

## **Capabilities in Electroconvulsive Therapy: Expectations for Core and Higher Training**

### **Introduction**

This document aims to promote learning in electroconvulsive therapy (ECT), by setting out the capabilities expected of psychiatry trainees. Specifically, it lists the minimum knowledge, skills and experience expected of core (CT1-3) and higher (ST4-6) trainees, including the administration of ECT. It also suggests further experience from which higher trainees might benefit.

### **Other training documents**

This document complements the following Royal College of Psychiatrists publications:

- Psychiatry Silver Guide
- Annual Review of Competency Progression (ARCP) Decision Aid for Core Training
- Core Training Curriculum
- MRCPsych examination syllabus

The Psychiatry Silver Guide states that all core trainees should be provided with opportunities to deliver ECT and that evidence of having done so under direct supervision should be documented using the Direct Observation of Procedural Skills (DOPS) framework.

The ARCP Decision Aid for Core Training recommends that this be carried out, with at least one DOPS completed, during each of the three years of core training. The Core Training Curriculum states, that by the end of the third year of core training, doctors should be able to demonstrate an understanding of how ECT can be used for mental disorders and be able to administer the treatment under supervision.

Lastly, the MRCPsych examination syllabus states that trainees should be able to demonstrate knowledge of the indications, benefits, risks and outcomes of ECT and the practical aspects of ECT administration.

### **Methods of achieving capabilities**

By completion of the third year of core training (CT3), it is strongly recommended that trainees have attended formal academic teaching on the theory and practice of ECT, such as a module on a regional MRCPsych course or the annual national training day organised by the Royal College.

However, to acquire most of the required capabilities, trainees will need to attend their local ECT service. It is strongly recommended that trainees attend a locally agreed number of sessions every year during core training. This standard number of sessions will vary between localities, depending on factors such as the average number of patients treated per session, but will typically be at least three sessions per year.

It is strongly recommended that some capabilities be evidenced by means of Workplace-Based Assessments (WpBA), including DOPS and the mini-Assessed Clinical Encounter (mini-ACE).

It is strongly recommended that higher trainees in general adult or old age psychiatry attend a further block of three or more sessions, at least once during higher training. This should enhance the knowledge and skills gained during core training. It is recommended that higher trainees in other subspecialties attend at least one refresher session during higher training.

### **Completion of capabilities**

The local Lead ECT Consultant Psychiatrist may sign off this document once a core trainee has:

- met all the capabilities for core trainees listed in Sections A and B, *and*
- attended ECT sessions during each of the three years of core training, as evidenced in Section C.

It may then be recorded in the trainee's portfolio and submitted for the ARCP at the end of CT3, along with evidence of ECT-related WpBAs.

This document can also be used to confirm that a higher trainee in general adult or old age psychiatry has become fully conversant with the capabilities listed in Sections A and B by the time they complete training.

### **Independent practice**

Safe administration of ECT without direct supervision requires not only the knowledge and skills set out in this document, but also a level of general medical and psychiatric expertise gained through broader training. A trainee should only be permitted to run an ECT clinic list once they have:

- had this document signed off, *and*
- successfully passed the ARCP at the end of CT3.

### **Non-psychiatric trainees**

It is strongly recommended that all Foundation (FY1-2) and General Practitioner trainees (ST1-2) working in psychiatry attend at least one ECT session during their post, to gain at least a "basic awareness" of the knowledge and skills covered in this document. "Basic awareness" is defined as being aware of the topic and knowing where to get further information, but not to a level that provides a working knowledge.

Those who wish to gain enhanced knowledge and skills may, where possible, attend further sessions and become involved in the supervised administration of ECT. They too may use this document to demonstrate their learning.

Name: \_\_\_\_\_

## A. Knowledge

These capabilities are to be verbally assessed by the Lead ECT Consultant Psychiatrist completing this document.

- Core trainees should demonstrate a "working knowledge" (WK) of each topic, i.e. they should be able to explain the key features to a standard that shows sufficient understanding to allow them to apply the knowledge in common situations and access further information if necessary.
- Higher trainees should be "fully conversant" (FC) with each topic, i.e. they should be able to accurately explain the key features to a standard that shows sufficient understanding to allow them to competently and independently apply the knowledge.

	<b>Capability</b>	<b>Level WK / FC</b>	<b>Signature &amp; Date</b>
1.	<p><i>Basic medical knowledge</i></p> <p>Knowledge of</p> <ul style="list-style-type: none"> <li>• diagnostic indications</li> <li>• clinical scenarios that indicate ECT</li> <li>• beneficial effects vs other treatments</li> <li>• physiological effects, including autonomic</li> <li>• induction agents and muscle relaxants</li> <li>• relative contraindications and cautions</li> <li>• risks</li> <li>• side effects.</li> </ul>		
2.	<p><i>Local protocols</i></p> <p>Knowledge of local procedures covering all aspects of ECT provision, including</p> <ul style="list-style-type: none"> <li>• referral and acceptance of patients</li> <li>• preparation of patients by referring doctors</li> <li>• specific requirements for outpatients</li> <li>• balancing risks and benefits, including concerns over physical fitness to receive ECT and anaesthesia</li> <li>• choice of electrode placement</li> <li>• stimulus dosing protocol</li> <li>• when to restimulate</li> <li>• management of prolonged seizure</li> <li>• monitoring of side effects, including cognitive effects</li> <li>• discontinuation of acute ECT</li> <li>• continuation and maintenance ECT.</li> </ul>		

Name: \_\_\_\_\_

(cont.)

	Capability	Level WK / FC	Signature & Date
3.	<p><i>Legal frameworks</i></p> <p>Knowledge of the frameworks for the legal authorisation of ECT, namely</p> <ul style="list-style-type: none"> <li>• informed consent</li> <li>• formal procedures under applicable mental health and mental capacity laws.</li> </ul>		
4.	<p><i>NICE guidelines</i></p> <p>Knowledge of publications relevant to ECT, specifically</p> <ul style="list-style-type: none"> <li>• TA59</li> <li>• NG222.</li> </ul>		
5.	<p><i>Evidence base</i></p> <p>Knowledge of studies confirming the</p> <ul style="list-style-type: none"> <li>• safety of ECT</li> <li>• efficacy of ECT for primary indications.</li> </ul>		
6.	<p><i>Mechanism of action</i></p> <p>Awareness of current theories.</p>	N/A	
7.	<p><i>National quality standards</i></p> <p>Awareness of ECTAS or SEAN standards.</p>	N/A	
8.	<p><i>Formal academic teaching on ECT</i></p> <p>Evidenced by certificate of attendance.</p>	N/A	

## B. Clinical skills

These capabilities are to be either directly observed by the Lead ECT Consultant Psychiatrist completing this document or signed off by them based on workplace-based assessments recorded by senior colleagues.

- Core trainees should demonstrate a "working knowledge" (WK) of each clinical skill, i.e. they should be able to carry out the task to a standard that shows sufficient skill and understanding to allow them to carry it out in usual situations, but to know their limitations and access further help if necessary.
- Higher trainees should be "fully conversant" (FC) with each clinical skill, i.e. they should be able to carry out the task to a standard that shows sufficient skill and understanding to allow them to carry it out competently and independently.

Name: \_\_\_\_\_

	<b>Capability</b>	<b>Evidence</b>	<b>Level WK / FC</b>	<b>Signature &amp; Date</b>
1.	<p><i>Preparation for treatment</i></p> <p>Able to</p> <ul style="list-style-type: none"> <li>• decide upon the dose</li> <li>• set the machine to the dose</li> <li>• communicate clearly and sensitively with the patient</li> <li>• attach the EEG leads.</li> </ul>	DOPS		
2.	<p><i>Delivery of treatment</i></p> <p>Able to</p> <ul style="list-style-type: none"> <li>• apply treatment electrodes bilaterally and unilaterally</li> <li>• test impedance</li> <li>• communicate clearly with the rest of the clinical team during treatment.</li> </ul>	DOPS		
3.	<p><i>Monitoring</i></p> <p>Able to</p> <ul style="list-style-type: none"> <li>• observe and assess the convulsion</li> <li>• observe and end the EEG trace</li> <li>• interpret the EEG.</li> </ul>	DOPS		
4.	<p><i>Recording</i></p> <p>Able to</p> <ul style="list-style-type: none"> <li>• correctly detail the treatment in the patient record</li> <li>• devise and document a plan for the next session.</li> </ul>	DOPS		
5.	<p><i>Patient consultations</i></p> <p>Able to</p> <ul style="list-style-type: none"> <li>• explain to a patient and/or carer about ECT, imparting knowledge set out in Section A</li> <li>• consult with a patient and/or carer prior to an ECT treatment, focusing on clinical progress and/or side effects.</li> </ul>	Mini-ACEs		
6.	<p><i>Immediate Life Support training</i></p> <p>Completed in the past 12 months.</p>	Certificate	N/A	

Name: \_\_\_\_\_

**C. Experience (for core trainees only)**

	<b>Experience</b>	<b>Evidence</b>	<b>Signature &amp; Date</b>
1.	Attendance at three or more ECT sessions during CT1.	Rota	
2.	Supervised clinical applications of ECT during the above sessions in CT1.	DOPS	
3.	Attendance at three or more ECT sessions during CT2.	Rota	
4.	Supervised clinical applications of ECT during the above sessions in CT2.	DOPS	
5.	Attendance at three or more ECT sessions during CT3.	Rota	
6.	Supervised clinical applications of ECT during the above sessions in CT3.	DOPS	

**D. Optional activities (primarily for higher trainees)**

	<b>Activity</b>	<b>Evidence</b>	<b>Signature &amp; Date</b>
1.	Participation in clinical audit of ECT practice.	Audit report	
2.	Involvement in review of policies and protocols in the ECT clinic.	DONCS	
3.	Training and supervision <ul style="list-style-type: none"> <li>• Teaching medical students or trainees</li> <li>• Supervising core trainees in ECT.</li> </ul>	DOPS completed by the HST / AOT	
4.	Participation in the local ECTAS or SEAN accreditation process.	Observed	
5.	Working knowledge of the RCPsych's <i>ECT Handbook</i> .	Observed	

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Lead ECT Consultant Psychiatrist