December 2006
Issue 5

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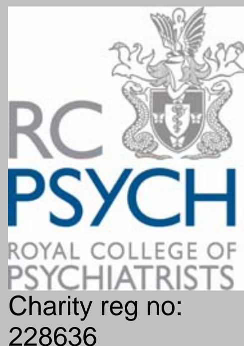

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ECTAS Newsletter

Hello and welcome to the fifth edition of the ECT Accreditation Service newsletter. ECTAS is member-led and promotes an inclusive, interactive approach to quality improvement. If you have any comments or suggestions about the peer review day, the accreditation process, the email discussion group or your experience of ECTAS in general, please let us know. Your input is much appreciated.

MEMBERSHIP UPDATE

ECTAS has recruited 13 new members this year – exceeding its target for 2006. A further two clinics are due to join in January and several more have received funding for membership and plan to join in the near future. In line with the current trend towards centralisation, three ECTAS member clinics have closed this year. At present we have 88 members, out of approximately 150 ECT clinics operating in England, Northern Ireland, Wales and Ireland. Of these, 61 have been accredited, seven with excellence. A list of members is given at the end of the newsletter.

CYCLE TWO

The first clinics to join ECTAS began their second accreditation cycle in September. We have since received a steady stream of self-review data, submitted online via SNAP. The first Cycle 2 peer review visits will take place in January, and we look forward to seeing how practice has progressed since the first wave of visits in January 2004.

'PRESCRIBING FOR ECT' TRAINING DAY

The first update course for prescribing psychiatrists took place on Monday 27th November at the College Research and Training Unit in London. The two half-day sessions consisted of three lectures; 'An update on current practice', 'Anaesthesia for ECT' and 'Information giving and consent'. Over forty prescribing psychiatrists attended the event and the feedback received from delegates was very positive. In the future we hope to hold the event in other locations around the country.

THE EMAIL DISCUSSION GROUP

The ECTAS email discussion group continues to attract regular queries and lively debate. We encourage members to post queries, exchange ideas on current practice

and offer their opinion on contentious issues. We also welcome comments and questions about the ECTAS standards and all aspects of the accreditation process.

RECENT QUERIES AND DEBATE

Questionable capacity to consent

A query was raised regarding the treatment of a voluntary inpatient who had consented to ECT in the hope that she would die under anaesthetic. Debate ensued over whether the patient should be treated informally, under the Mental Health Act, or under common law. Several respondents commented that the patient in question was compliant but lacked capacity and as such should be treated under common law, according to the principle of best interests. Others felt that the consultant should proceed informally as this would be the least restrictive option for the patient. One respondent commented that the patient did not lack capacity as she appeared to understand the implications and complications of treatment. The fact that her hopes of outcome differed from her doctor's was, he argued, irrelevant. In contrast, those in favour of treatment under the Mental Health Act believed that the patient's consent was not valid and therefore ECT should not be given without a Mental Health Act assessment. Dr Maria Atkins commented that the chances of dying whilst having ECT are extremely remote, and thus the patient's reasoning did not demonstrate that she had either understood the information given or weighed it up appropriately.

Advance refusals of ECT

Advice was sought regarding the status of advance refusals of ECT. If a patient with capacity states that they never want to receive ECT, should they be offered only palliative care, regardless of their future condition? Dr Steve Taylor made an important distinction between 'advance statements' and 'advance directives'. An 'advance statement' is best described as person's 'wish list' of what they would want to happen should they become mentally incapacitated, and although those providing care for the patient must take these wishes into consideration, they need not comply with them. In contrast, an 'advance directive' is a refusal to consent to a particular kind of treatment, and this is binding in law. If a patient has made an advance directive not to have ECT, the treatment cannot then be given to that individual, unless there is strong evidence to suggest that they did not have capacity at the time the directive was drawn up, or they are detained under the Mental Health Act. Even when the Mental Health Act is used in this manner, the clinician must take the advance directive into account when determining the most appropriate treatment plan.

Assessing junior doctors in ECT

Discussion arose regarding the level of expertise required of FY2 and ST1 trainees. As yet, there are no formal standards relating to the training and assessment of junior doctors in ECT. However, several members shared their current practice with the group, providing some helpful pointers. Dr Durga Harsh gave a comprehensive description of the 6 month training scheme offered at Hellesdon Hospital, Norwich. This course begins with an introductory lecture on ECT practice. The FY2/ ST1 trainees are then roistered to attend one ECT session per week. They observe the procedure for as many weeks as deemed necessary, before themselves taking part in the delivery of the treatment (usually within 4 weeks). During this period

trainees are expected to familiarise themselves with the College ECT Handbook and with the hospital's policies and protocols. The areas in which trainees taking part in the ECT rota are expected to be competent include; assessing and preparing patients for ECT, explaining the procedure to patients and relatives, assessing capacity and obtaining consent, the Mental Health Act and SOAD, liaison with the lead ECT nurse and the anaesthetist, equipment required for ECT, CPR and management of post-ictal complications. Trainees are also encouraged to attend the College ECT training day. At the end of the 6 month scheme each trainee is assessed by the clinic team (all disciplines) and a certificate is issued to those found to be competent.

PAST QUERIES

A selection of contentious past queries was taken to the last meeting of the Special Committee for ECT. Dr Chris Freeman summarised the Special Committee's view on each issue, and this document is attached along with the newsletter

RESEARCH UPDATE

Mapping ECT clinics

In December last year Dr David Bickerton undertook a mapping exercise to measure ECT activity in England. The results of the survey have now been collated and Dr Bickerton is currently preparing his findings for publication

THANKS TO OUR REVIEWERS

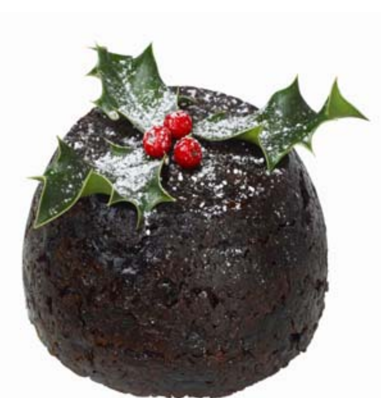
Once again, many thanks to all those of you who have been carrying out peer reviews on behalf of ECTAS. The service could not operate without your generous support. With the first wave of member clinics undergoing their second peer reviews from January, there will be more visits next year than ever before. Becoming a reviewer for ECTAS offers the opportunity to visit other clinics around the country and share ideas and experience. Reviewers have reported back to us that they find the review day a valuable learning experience. If you are interested in becoming an ECTAS reviewer, please contact us for further information.

LEAD REVIEWER TRAINING

The next Lead Reviewer Training event will take place on Monday 4th June 2007. The purpose of the day is to inform potential lead reviewers about the role and its responsibilities. The course includes an introduction to ECTAS and the accreditation process, an overview of the various sessions on the day, and a discussion about how to deal with potential problems and difficult scenarios. If you are interested in attending, please email ECTAS.

REVISED STANDARDS

The Reference Group met in October for the annual review of the ECTAS Standards. Our thanks to those of you who forwarded comments and suggestions. Year by year the standards become more comprehensive and more refined. As a result, far fewer amendments were made this year. The new edition is attached, along with the newsletter.



AND FINALLY – Warmest Season's greetings to all our members. With best wishes from Jo, Lauren, Chloe and John

Member Clinics

Member clinics that have not yet been accredited and are currently in the process of self- and peer-review

Becklin Centre, Leeds Briary Wing, Harrogate Broadmoor, London Briary Wing, Harrogate Calderdale Hospital, Halifax Charing Cross Hospital, London Coity Hospital, Bridgend Diana Princess of Wales Hospital, Grimsby Downshire Hospital, Downpatrick Fairfield Hospital, Bury Farnham Road Hospital Fieldhead, Wakefield Forston Clinic, Dorset John Connolly Wing, Southall John Elliot Unit, Rochdale	Lagan Valley Hospital, Lisburn Morecambe Bay Miranda House, Humber Oxleas, Sidcup Princess Grace Hospital, London Royal Preston Hospital, Grimsby Saffron Suite, Wolverhampton Sligo Clinic Springfield Hospital, London Stonebow Unit, Hereford St Georges, Staffordshire Tameside Hospital, Ashton-under-Lyne The Mount, Leeds West Cumberland Hospital, Cumbria Weston General, Weston Super Mare West Middlesex University Hospital, London

Accredited Clinics

Ablett Unit, Denbighshire Addenbrookes Hospital, Cambridge Airedale Hospital, West Yorkshire Barnes Hospital, London Barnsley District General Hospital Bethlem Royal Hospital, London Bodmin Hospital, Cornwall* Broadoak Unit, Liverpool* Bushey Fields Hospital, Dudley Callington Road Hospital, Bristol Cefn Coed ECT Suite, Swansea Chase Farm, London Cheadle Royal Hospital, Cheadle Cherry Knowle, Tyne and Wear Clatterbridge Hospital, Wirral Clos Bran Hospital, Carmarthenshire Derby City General Dorothy Pattison Hospital, West Midlands Edward Street Hospital, West Bromwich Glenbourne Clinic, Plymouth Green Lane, Devizes Hadrian Clinic, Newcastle General Hospital Hartington ECT unit, Derby Ladywell Mental Health Unit, Lewisham Lakeview Clinic, Coventry Maudsley Hospital, London* Millbrook Hospital, Nottingham Montpellier Unit, Cheltenham ** = accredited with excellence*	Mount Gould Hospital, Plymouth Needham Suite, York Newton Abbot Hospital, Devon Parkhouse Hospital, Manchester Parkwood ECT Suite, Blackpool Princess Marina Hospital, Northampton* The Priory Hospital North London The Priory Hospital, Roehampton* Prospect Park Hospital, Reading* Purbeck Suite, Poole Queens Medical Centre, Nottingham Royal Oldham Hospital, Oldham Sevenacres, St Mary's, Isle of Wight Shelton Hospital, Shrewsbury Somerset Partnership, Taunton Stepping Hill Hospital, Stockport St George's Hospital, Morpeth St Patrick's Hospital, Dublin* St Vincents, Dublin (formerly Clonskeagh) Sutton Hospital, London The Riverside Clinic, Uxbridge University College Hospital, Galway Warneford Clinic, Oxford Waterford Regional Hospital West Park, Darlington Whiston Hospital, Prescot Whitchurch Hospital Wigan & Leigh Hospital Wotton Lawn, Stroud

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