



ECT Competencies

The trainee by year 3 ought to be able to administer ECT without direct supervision, prepare patients for ECT, explain to patients and relatives about ECT, its indications and broad place within psychiatric treatment. Trainees ought to be able to monitor a patient's mental state and cognitive functioning during a course of ECT.

Consultants and trainees by the end of year 6 ought to have a good understanding of the place of ECT in modern clinical practice sufficient to obtain informed consent from patients to reach level 1 competency. Only consultants responsible for the ECT clinic or trainees (ST4-6) with a special interest in the administration of ECT would be expected to have level 1 competency in the practical aspects of the administration of ECT (sufficient to run an ECT clinic).

Name:.....

- 1 = fully conversant (FC)**
- 2 = working knowledge (WK)**
- 3 = awareness (A)**

Verbally assessed

1 FC = Is able to explain accurately all the important features to a standard that shows sufficient understanding that would allow them to competently and independently apply the knowledge

2 WK = Is able to explain the key features to a standard that shows sufficient understanding that would allow them to apply the knowledge in common situations and access further information if necessary

3 A = Is aware of the topic and knows where to get further information but not to a level that provides a WK

Observed

1 FC = Is able to carry out the procedure to a standard that shows sufficient skill and understanding that would allow them to competently and independently carry it out.

2 WK = Is able to carry out the procedure to a standard that shows sufficient skill and understanding that would allow them to carry it out in usual situations but to know their limitations and access further help if necessary

3 A = Is aware of the topic and knows where to get further information but not to a level that provides a WK

1. Theory and background

	Competency	How evidenced	Level	Date	Signature
1.	Demonstrate a knowledge of NICE Guidelines.	Verbally			
2	Demonstrate an awareness of Royal College and ECTAS Guidelines.	Verbally			
3.	Demonstrate a knowledge of local policies and procedures, including a. emergency ECT b. outpatient ECT c. high risk patient	Verbally			
4.	Demonstrate a knowledge of the Consent to treatment requirements, including Common Law and MHA documentation/ requirements (p. 20 NICE)	Verbally			
5.	Knowledge of the indications for ECT with special reference to NICE	Verbally			
6.	Able to describe the contra-indications to ECT.	Verbally			
7.	Able to describe the possible side effects, risks and benefits of ECT.	Verbally			
8.	Able to describe the pre-treatment preparations required to be undertaken by referring doctor.	Verbally			
9.	Able to describe the procedure for the administration of ECT.	Verbally			
10	Able to describe the	Verbally			

.	procedure for the referral of an outpatient for ECT.				
11	Demonstrate a knowledge of: NICE Guidance on a. Continuance ECT. b. When ECT should be discontinued. Unilateral or bilateral treatment.	Verbally			
12	Knowledge of current theories of mechanism of action of ECT	Verbally			
13	Knowledge of physiological effects of ECT	verbally			

2. Practical Aspects of ECT

	Competency	How evidenced	Level	Date	Signature
1.	Attaching EEG leads	Observed			
2.	Set correct stimulus	Observed			
3.	Apply Electrodes bilateral	Observed			
4.	Apply Electrodes unilateral	Observed			
5.	Impedance testing	Observed			
6.	Observe motor seizure and EEG monitoring	Observed			
7.	Understand clinic dosing protocol	Verbally			
8.	Understand when to restimulate	verbally			
9.	Understand procedure for prolonged seizure	verbally			
10	Understand how to interpret EEG	verbally			
11	Correct recording of treatment in patient record	Observed			
12	Knowledge of anaesthetics and muscle relaxants used in ECT	Verbally			
13	Basic resuscitation training*	Written			
14	ILS training	Written			

3. Other aspects of ECT practice

a)

	Competency	How evidenced	Date	Signature
1.	Attended Induction to ECT			
2.	Observed clinical application of ECT	Observed		
3.	Supervised clinical application 1	Observed		
4.	Supervised clinical application 2	Observed		
5.	Supervised clinical application 3	Observed		
6.	Additional clinical application 1	Observed		
7.	Additional clinical application 2	Observed		
8.	Additional clinical application 3	Observed		
9.	Additional clinical application 4	Observed		
10	Additional clinical application 5	Observed		
11	Additional clinical application 6	Observed		

b)

	Competency	How evidenced	Level	Date	Signature
1.	Participation in audit of ECT				
2.	Participation in one day of CPD relating to ECT each year				
3.	Able to advise consultant colleagues on relative merits of bilateral/ unilateral treatment				
4.	Able to advise colleagues on suitability of patient for ECT				
5.	Involved in regular review of policies and procedures in ECT clinic				
6.	Evidence of training and supervising doctors in training in ECT practice				
7.	Able to advise colleagues on drug treatments during ECT				
8.	Able to advise colleagues				

	on the management of side effects during ECT				
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Required competencies:

Foundation doctors

Theory & background	awareness	1-13
Practical aspects of ECT	not required	
Other aspects of ECT practice a	not required	
Other aspects of ECT practice b	not required	

ST1-3

Theory & background	working knowledge	1, 3-13
	Awareness	2
Practical aspects of ECT	fully conversant	1-11, 13
	Working knowledge	12
Other aspects of ECT practice a	1-5 to be achieved	
Other aspects of ECT practice b	not required	

ST4-6 & prescribing consultants

Theory & background	fully conversant	1-13
Practical aspects of ECT	working knowledge	1-13
Other aspects of ECT practice a	not required	
Other aspects of ECT practice b	not required	

ECT consultants

Theory & background	fully conversant	1-13
Practical aspects of ECT	fully conversant	1-12,14
Other aspects of ECT practice a	not required	
Other aspects of ECT practice b	1-8 to be achieved	

* for resuscitation training:

- Fully conversant = training in last year
- Working knowledge= last 5 years

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