

## **Capabilities for Administering Electroconvulsive Therapy: Expectations for Nurses and ODPs**

### **Introduction**

This document aims to set out the capabilities and scope of practice of registered nurses and operating department practitioners (ODPs) who are administering Electroconvulsive Therapy (ECT) to patients in the UK.

This document complements the following:

- ECTAS Standards 16<sup>th</sup> Edition
- The ECT Handbook 4<sup>th</sup> Edition (Chapter 21 “Nursing Care of the Patient Receiving ECT and the Roles of the ECT Nurse”)
- National Association of Lead Nurses in ECT (NALNECT) Practitioner Administered ECT Course Guide & Workbook
- Royal College of Psychiatrists Capabilities in ECT – Expectations for Consultant and Speciality Doctors

### **Capabilities**

ECT can be administered to patients by registered nurses and ODPs who are:

- Band 6 and above
- Substantively employed in an ECT Clinic
- Have previously completed the NALNECT ECT Foundation Course & Experienced ECT Practitioner Course
- Have attended the ECT Practitioner Administration Course, completed the required learning outcomes, submitted the workbook AND received certification of this from NALNECT
- Completed the Royal College of Psychiatrists Capabilities in ECT – Expectations for Consultant and Speciality Doctors workbook

The practitioner also needs to attend 10 clinics (with a minimum of 20 administrations of ECT) supervised by their assessor. Assessors need to be a professional with at least two years’ experience of ECT and works substantively within the ECT Clinic. The assessor must be committed to working with the practitioner to enable them to achieve their learning outcomes and competencies.

### **After Completion of Capabilities/Scope of Practice**

Once the above capabilities have been met and certification awarded, the practitioner is able to administer ECT to patients independently. They can administer ECT to patients without direct supervision of the lead consultant psychiatrist, however they should have access to senior/medical assistance via telephone. Practitioners can also supervise resident doctors who are not signed off to give ECT without direct supervision (CT1-CT3), in line with ECTAS Standards. Clinics where non-medical practitioners are authorised to give ECT are required to have a lead consultant psychiatrist who has been in post for at least six months.

Where practitioners are administering ECT, there should be sufficient other staff on duty so that the administering practitioner is not responsible for other tasks in the clinic. For example, if the administering practitioner is a nurse, there needs to be a second nurse in the treatment room to fulfil the role of the nurse.

### **Maintenance of Competencies**

Practitioners who administer ECT should conduct sessions frequently in order to maintain their competence. They should aim to administer ECT a minimum of between 10-12 sessions per year, in line with the Royal College of Psychiatrists' Capabilities in ECT: Expectations for Consultants and Speciality Doctors document.

Practitioners are required to have monthly clinical supervision with the lead consultant psychiatrist of the ECT Clinic.

Practitioners will also need to continue to meet the requirements set out in the ECTAS Standards, and should continue to maintain up to date knowledge by attending ECT related training and events.

### **Further Advice & Support**

Further advice, support and information on practitioner administered ECT can be sought from NALNECT via emailing [trainer@nalnect.org](mailto:trainer@nalnect.org)