

Name:.....

### ECT COMPETENCIES 2017

**Junior trainees by year 3** ought to be able to administer ECT without direct supervision, prepare patients for ECT and explain to patients and relatives the facts about ECT, its indications and broad place within psychiatric treatment. They ought to be able to monitor a patient's mental state and cognitive functioning during a course of ECT. **Higher trainees ought to maintain this competency until the end of year 6.**

**Consultants and higher trainees by the end of year 6** ought to have an 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 would be expected to have Level 1 competency in the practical aspects of the administration of ECT (sufficient to run an ECT clinic).

**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**

#### Required competencies:

##### Foundation doctors

Theory & background	<b>awareness</b>	1-7
Practical aspects of ECT	not required	
Other aspects of ECT practice a-c	not required	

##### CT1-3

Theory & background	<b>working knowledge</b>	1, 3-6
	<b>Awareness</b>	2, 7
Practical aspects of ECT	<b>fully conversant</b>	1-5, 7
	<b>working knowledge</b>	6
Other aspects of ECT practice a	<b>1-8 required</b>	
Other aspects of ECT practice b	<b>required by the end of CT3</b>	
Other aspects of ECT practice c	not required	

##### ST4-6

Theory & background	<b>fully conversant*</b>	1-7
	<b>working knowledge**</b>	1-7
Practical aspects of ECT	<b>fully conversant*</b>	1-7
	<b>working knowledge**</b>	1-7
Other aspects of ECT practice a & c	not required	
Other aspects of ECT practice b	<b>fully conversant*</b>	
	not required**	

##### Prescribing consultants

Theory & background	<b>fully conversant</b>	1-7
Practical aspects of ECT	<b>working knowledge</b>	1-7
Other aspects of ECT practice a-c	not required	

##### ECT consultants

Theory & background	<b>fully conversant</b>	1-7
Practical aspects of ECT	<b>fully conversant</b>	1-7
Other aspects of ECT practice a	not required	
Other aspects of ECT practice b & c	<b>fully conversant</b>	

\* For ST4-6 in General Adult Psychiatry and Old Age Psychiatry

\*\* For ST4-6 in specialities other than General Adult and Old Age Psychiatry

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### 1. Theory and background

	Competency	Evidenced	Level	Date	Signature
1.	<i>NICE Guidance:</i> Demonstrate knowledge of NICE guidance relevant to ECT, including TA59 and CG90	Verbally assessed			
2.	<i>Royal College Standards:</i> Demonstrate an awareness of standards, including ECTAS and SEAN	Verbally assessed			
3.	<i>Local protocols:</i> Demonstrate a knowledge of local policies and procedures, including: Emergency ECT Outpatient ECT High-risk patients Continuation/Maintenance ECT When ECT should be discontinued Choice of bilateral or unilateral treatment	Verbally assessed			
4.	<i>Consent process:</i> Demonstrate a knowledge of the consent to treatment requirements, including MHA/MCA documentation and principles	Verbally assessed			
5.	<i>ECT process:</i> Able to describe: Indications for ECT Contraindications to ECT Benefits, risks and possible side effects of ECT The pre-treatment preparation which needs to be undertaken by the referring doctor The procedure for the administration of ECT	Verbally assessed			
6.	<i>Mechanisms of action:</i> Able to describe: Current theories of mechanism of action of ECT The physiological effects of ECT	Verbally assessed			
7.	<i>Related treatments:</i> Demonstrate knowledge of other neuromodulation treatments, including rTMS	Verbally assessed			

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## 2. Practical aspects of ECT

	Competency	Evidenced	Level	Date	Signature
1.	<i>Clinic protocol:</i> a. Understand the clinic stimulus dosing protocol b. Understand when to restimulate c. Know how to manage a prolonged seizure	Verbally assessed			
2.	<i>Using the ECT machine:</i> Able to: a. Attach the EEG leads b. Apply electrodes bilaterally c. Apply electrodes unilaterally d. Test impedance	Observed			
3.	<i>Delivering the dose:</i> Able to set and adjust the current	Observed			
4.	<i>Monitoring:</i> Able to: a. Observe and assess motor seizure b. Observe and end recording of EEG seizure c. Interpret the EEG	Observed			
5.	<i>Recording:</i> Able to correctly record the treatment details in the patient record	Observed			
6.	Has knowledge of anaesthetics and muscle relaxants used in ECT	Verbally assessed			
7.	Is up-to-date with basic resuscitation training (within the last year)	Written			

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### 3. Other aspects of ECT practice

a)

	Competency	Evidenced	Date	Signature
1.	Has attended ECT induction			
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.	Supervised clinical application 4	Observed		
7.	Supervised clinical application 5	Observed		
8.	Supervised clinical application 6	Observed		

b)

	Competency	Evidenced	Date	Signature
	Able to run an ECT list unsupervised	Observed		

c)

	Competency	Evidenced	Level	Date	Signature
1.	Participate in <i>audit</i> of ECT	Audit reports			
2.	Participate in one day of <i>CPD</i> relating to ECT each year	CPD returns			
3.	Able to <i>advise consultant colleagues</i> on: a. Relative merits of bilateral/unilateral treatment b. Suitability of a patient for ECT c. Drug treatment during ECT d. Management of side effects during ECT	Practice			
4.	Is involved in <i>regular review</i> of policies and procedures in the ECT clinic	Practice			
5.	Can provide evidence of <i>training and supervising</i> doctors in training in ECT practice	Practice			

Review due: May 2020