**1. TMS Device**
- Components
- Coil types
- Induction
- Field depth/area

**2. Adverse Events**
- Scalp discomfort
- Headache
- Fatigue
- Dizziness
- Tinnitus
- Seizure
- Manic switch
- Mood decline

**3. Monitoring**
- Movement
- Overheating
- Adverse effects

**4. Clinical Application**
- PFC asymmetry
- Left PFC HF or LF
- Right PFC LF

**5. Head Measurement**
- Nasion-Inion
- Tragus-Tragus
- Vertex

**6. Treatment Marking**
- EEG Cap
- Cap size
- Cz over Vertex
- Align EEG cap
- Mark DLPFC site

**7. Coil Template**
- Centre template
- Coil to nose
- Safe Placement
  - i. Rotation
  - ii. Move
  - Draw outline

**8. Patient Prep**
- Recline (if able)
- Neck support
- Legs uncrossed
- Electronic items
- Position head
- Ear buds

**9. Coil Placement**
- TMS machine
- Coil arm < 90°
- Coil weight
- Tangentiality
  - i. Above
  - ii. Side
  - iii. Front
- Location (< 5mm)

**10. Machine Settings**
- Enter protocol
- Pause
- Restart
- Ramping
- Switch-off

**11. Changing Coils**
- Switch-off all
- Unplug cable
- Plug new cable

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*List at least five (5) adverse events in total, of which one must be Seizure

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**Seizure Response**

*During Seizure*
- Switch-off
- Clear area
- Remove coil
- Send for help
- Time seizure

*After Seizure*
- Recovery
- Clear airway
- Medical review

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**Signature**

**Assessor**
1. **TMS Device**: Practitioners must demonstrate an understanding of the theory underpinning rTMS, including the basic components of a TMS machine, the different TMS coil designs (e.g. figure-of-8 and circular), the principle of electromagnetic induction, and depth/area of the cortex effectively stimulated by TMS.

2. **Adverse Events**: Practitioners must be able to describe at least five (5) adverse events, including a brief description of their severity.

3. **Monitoring**: Practitioners must be aware of the need to provide frequent monitoring during treatment for issues such as Patient movement, overheating of the TMS coil, and development of adverse events (including seizure).

4. **Clinical Application**: Practitioners must be able to provide an explanation of the rationale underlying the clinical application of rTMS in depression. Briefly, depression has been characterised by hypoactivity in the left prefrontal cortex, and hyperactivity in the right prefrontal cortex. rTMS delivered using high frequency to the left prefrontal cortex, or low frequency to either left or right prefrontal cortices, normalises this asymmetry and is efficacious in the treatment of depression.

5. **Head Measurement**: Practitioners must correctly determine the treatment location through scalp measurements. Measurements must be accurate to within 5mm. Correct identification of the Vertex must include a visual check and Patient check to ensure correct placement.

6. **Treatment Marking**: Practitioners must correctly follow the steps outlined for their chosen method of identifying the treatment location (EEG cap or BeamF3)

7. **Coil Template**: A TMS coil template must be used to ensure that placement of the TMS coil will be safely away from the eye. The outline of the template must be over bone, and not soft tissue, at all points. If not, a safe placement can be found by firstly rotating the template, and secondly moving the template the minimum distance necessary towards the Vertex, until a safe placement is obtained. Practitioners must then mark the anterior outline and direction of the template using a safe placement.

8. **Patient Preparation**: Practitioners must comfortably position the Patient, in a reclined position (if able), with the head supported and rotated “30-45° away from the TMS coil. Practitioners must remove any electronic items from the Patient, remind the Patient not to move during the procedure, and provide them with hearing protection.

9. **Coil Placement**: The TMS coil must be placed on the scalp, with appropriate pressure, in line with the outline drawn using the template. The TMS coil must also be tangential on the scalp as seen from the front and side. The mechanical arm holding the TMS coil must be bent at less than 90°. The final location of the coil must be accurate to within 5mm.

10. **Machine Settings**: Practitioners must be able to enter, commence, and cease a protocol supplied to them by the Assessor. Practitioners must also demonstrate an understanding of the importance of ramping stimulation intensity to the desired target to improve Patient comfort during the procedure.

11. **Changing Coils**: When changing TMS coils Practitioners must first switch off the TMS machine at all points, including the electrical plugs in the wall. Prior to removing the main cable of the TMS coil, Practitioners must first remove any auxiliary cables, including wires relaying TMS coil diagnostic information (e.g. temperature) and tubes with cooling fluid.

12. **Seizure Response**: Practitioners must be able to identify, assess and provide first response for unexpected complications of rTMS, including seizures. This includes general training in immediate seizure management and first aid.