

## **MINUTES**

1. **Present:** Dr Agnes Ayton, Dr Christina Barras, Dr Rebecca Cashmore, Dr Frances Connan, Dr Phil Crockett, Dr Pippa Hugo, Dr Adrienne Key, Dr Jessica Morgan, Dr John Morgan (Chair), Dr Jane Morris, Dr Dasha Nicholls (Items on AED/Junior MARSIPAN), Dr Sandeep Ranote, Dr Lorna Richards, Dr Jane Shapleske, Dr Christine Vize, Dr Ken Yeow, Dr Irene Yi. Minutes: Alex Crowe

**Apologies:** Dr Chris Freeman, Ms Veronica Kamerling, Ms Sue Ringwood.

2. **Minutes of previous meeting** on 15 July were approved.

### **3. SECTION WORKPLAN**

Ai) **Commissioning.** It was agreed that the Joint Commissioning Panel's commissioning guidance for EDs should recommend commissioning across the age range, and that Dr Richards should represent this view to the Expert Reference Group. The JCP guidance on CAMHS should mirror this if possible. CAMHS representation on this ERG was seen to be desirable.

Aii) **HoNOS.** Dr Connan had secured College agreement to the HoNOS scoring guidance developed by EDSECT earlier in the year. It would shortly be circulated to EDSECT members and posted on the section webpages. She noted that the HoNOS glossary itself had also been amended so that substance misuse now encompassed laxatives, diuretics etc, not just psychoactive substances. It was noted that HoNOSCA was already better adapted to ED patients than HoNOS. However, it was agreed that if HoNOSCA was expected to be widely used, it would be worth creating a HoNOSCA scoring guide.

**ACTION: Pippa Hugo to consult Ann York to assess the likely future use of HoNOSCA, and if necessary to lead development, with Sandeep Ranote, of scoring guidance.**

Aiii) **PBR.** Dr John Morgan reported on his e-mail exchange with the College Lead on PBR (circulated with the agenda). Dr Richards clarified that ED inpatients were to be excluded from PBR.

**ACTION: Pippa Hugo to consult Ann York on CAMHS PBR and its implications for EDs PBR.**

Bi) **QED.** Dr Connan talked through her QED update e-mail, which had recently been circulated to the ED listserv. She had concluded that EDSECT's ideal of a single accreditation system for all ED services was not deliverable. However, she believed that CCQI's proposed model, using existing quality networks to apply ED standards, would provide a reasonably seamless service to ED services, eg each

ED unit would only have to sign up once, and an “account manager” would be provided. Piloting would begin in January, except that delivery of the adult outpatient network had now been delayed, despite previous agreement, to 2013. After piloting, the QED steering group would be replaced by a multi-disciplinary accreditation steering group which would be entirely independent from EDSECT. The QED standards were due to be finally agreed by 23 November, and would then be circulated to EDSECT.

Biii) **Junior MARSIPAN.** Dr Nicholls reported that this was near completion. She said that RCPCH were considering whether to endorse the document (which had been developed with paediatrician involvement), and had agreed to make a decision within 6 weeks. Their endorsement was desirable, but not essential. It was noted that RCGP, RCN and RCP endorsement might also be useful, given that adolescent ED patients were sometimes treated on adult wards. Dr Nicholls agreed to consider this in consultation with Paul Robinson. She said the next step following publication would be to develop a series of short guides on long term management of EDs written mainly by and for paediatricians. The Exec thanked Dr Nicholls for her work on Junior MARSIPAN.

Biv) **Diabetes and EDs.** Dr Key said that Dr Sylvia Dahabra had convened an interdisciplinary working group to produce a report within 6 months.

Bv) **Revision of CR130 on nutritional management of AN.** A number of Exec members felt they would have contributions to make to the project.

**ACTION: Jane Shapleske to contact Tony Winston and report back to January Exec on CR130 revision.**

Ci) **Curriculum.** It was noted that Paul Robinson was following up on the GMC’s request for further work on the application for sub-speciality status. Dr Nicholls said that an ED curriculum was on the agenda for the next Child & Adolescent Faculty Education and Curriculum Committee.

Cii) **Conferences.** It was agreed to hold a Spring meeting on care pathways/packages for use in PBR, perhaps issuing in a document for local areas describing possible models.

**ACTION: Frances Connan and Lorna Richards to develop proposals for a Spring meeting on care pathways/packages.**

It was agreed that Dr Adrienne Key and Dr Irene Yi would judge the poster prize competition at the November conference.

Ciii) **Newsletter/website.** Rebecca Cashmore and Irene Yi agreed to take over the editorship of the Section newsletter, and Phil Crockett of the Section webpages.

**ACTION: Rebecca Cashmore, Phil Crockett and Irene Yi to liaise with Jon Arcelus and Sylvia Dahabra on taking over newsletter and website editorship.**

#### 4. Chair’s Business

4.1 **EDSECT contribution to College “Consultant norms” document.** It was noted that ED consultant psychiatrist jobs vary a great deal, and that non-psychiatrist-led services needed to be suitably acknowledged. Nonetheless, it

was agreed that guidance in this area – including on patient numbers per consultant - was urgently needed and could be probably be formulated, and that a survey of EDSECT members would be a useful way to understand the current norms for and range of consultant jobs. This would need to avoid duplicating Paul Robinson’s recent survey relating to GMC/sub-speciality status. Finding relevant comparators would also be useful, eg liaison psychiatry.

**ACTION: Jessica Morgan to lead on EDSECT section of College “Consultant norms” document.**

## **6. Finance Officer’s Business.**

6.1 Dr Shapleske said the Section’s balance was some £15k. The Section was still due half of the profit from the joint event in January with the Child and Adolescent Faculty, and she was still pursuing this with the Finance Department.

6.2 Dr Shapleske passed on the College Treasurer’s request to Faculty/Sections to consider funding bursaries to attend the College Annual Congress. It was agreed this was a good idea in principle, but that at present EDSECT, as a small and new section, needed to focus on its own conference. It was agreed that from 2011, EDSECT would increase the number of bursaries for its own conference by introducing an additional medical student bursary (ie 2 in total) and a separate bursary for Foundation doctors, in addition to the existing core trainee and higher trainee bursaries. It was also agreed to ensure that the conference fee discount for trainees was no less than the norm for other Faculties/Sections, but that Dr Shapleske should consider a cap on the number of discounted trainee places (to be allocated on a first come first served basis).

**7. Academic Secretary’s Business.** Pippa Hugo and Adrienne Key agreed to take over the role of Academic Secretary following the 2012 conference. See Cii) above.

**8. Regional Reps.** It was agreed that Alex Crowe should arrange an informal election of a Chair of the regional reps. It was agreed that Exec meeting minutes should be circulated to all regional reps.

**ACTION: Alex Crowe to arrange an informal election of a Chair of the regional reps.**

**ACTION: Rebecca Cashmore and Jane Morris approach their respective Divisions to volunteer as ED regional reps.**

## **9. Other College committees.**

9.1 Dr Vize was confirmed as EDSECT’s representative on the Central Policy Committee. Dr Richards said she was writing a factsheet on eating disorders for primary care settings through her membership of the Primary Care Mental Health Forum. John Morgan had asked Nick Kosky, Chair of the General & Community Faculty, to seek a member of their Exec to be co-opted onto EDSECT Exec. Exec members volunteered to act as “links” to other Faculties, by receiving their minutes and reporting back to EDSECT as necessary, as follows:

- Addictions Faculty: *Jane Shapleske*
- Forensic Faculty: *John Morgan*
- General & Community Faculty: *Jessica Morgan*
- Liaison Faculty: *John Morgan*
- Psychotherapy Faculty: *Phil Crockett*

9.2 It was agreed to seek closer links with the Child & Adolescent Faculty, particularly in the light of the need for cross-age range services as PBR and service redesign proceeds.

**ACTION: Pippa Hugo to propose to the Child & Adolescent Faculty Chair that she be co-opted onto the CAF Exec, and seek a CAF representative to be co-opted onto EDSECT Exec.**

10. **Other organisations.** Dr Dasha Nicholls, as President Elect of the Academy of EDs set out the benefits of EDSECT affiliating to AED, which included easier collaboration with non-UK AED members (eg as conference speakers etc), access to a broader international perspective on the field, and reduced membership fees for EDSECT members wanting to join AED. She noted that AED was already working with Beat, so would have a UK presence in future. She said that AED's ethos was one of collaboration and partnership, and that it was increasingly seeing itself as international, not just American. There was no cost to affiliation, though affiliates had to pass through a vetting procedure. The Exec agreed to affiliate to AED.

11. **AOB.** Several Exec members who had participated by telephone said they had found it less than ideal, but it was noted that the teleconference option had allowed participation by some people who would have been unable to attend in person. It was agreed to provide this option for future Exec meetings.

#### **Dates for Forthcoming Meetings**

Wednesday 11 January, 11am-2pm, College

Wednesday 18 April, 11am-2pm, College

Wednesday 4 July – Strategy Day, 10am-4pm, College

Wednesday 17 October, 11am-2pm, College + teleconference