



FACULTY OF EATING DISORDERS NEWSLETTER

Foreword from the chair

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Dr Dasha Nicholls

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As I write this, the winter chill is really setting in. Whilst we spare a thought for the homeless and those in poverty, we also know that suffering from cold becomes a real issue for those who are severely malnourished. A number of my young patients have been diagnosed with Raynaud's syndrome, as their eating disorder went undetected. I remain hopeful that we are getting better at early detection and diagnosis.

So what lies ahead for the Faculty?

First on the agenda is a meeting, co-hosted with b-eat, with key organisations and some leaders in the field to look at the question of whether the time is right to create an eating disorders network for professionals working in eating disorders. The UK appears to be unique among countries with a recognised population of ED sufferers, in that it does not have such a multidisciplinary membership body. There are many active groups of course with energetic members who have achieved a great deal. We wonder if the impact of these groups, including our own, would be enhanced by the creation of a network representing the range of stakeholders interested in

improving knowledge and care for people with eating disorders. I would be interested in your views on this topic. Meanwhile watch this space and we hope to have more news soon.

Our next big event is the Spring Meeting. This year we will be in Liverpool at Alder Hey Hospital (the first ED Faculty Conference outside London to our knowledge!) on Friday 12th May. Dr Ashish Kumar, who is taking over from Dr Irene Yi as Academic Secretary this year, is organising a great array of expert lectures and workshops around the theme of complex decision making. The theme seems particularly pertinent in the wake of some interesting and provocative legal judgements that have been made recently. We hope you will be able to join us for the day which promises to be highly stimulating.

We are working on our college reports, including guidance on Transitions, a revision of Junior MARISPAN, and our service report CR170, which this time we have decided to focus on the issue of inpatient care. Jane Morris has edited a superb training text for those New2 Eating Disorders. It can be used by all professions but looks particularly valuable as a workbook for higher trainees. All this we hope to have in print by the end of 2017. Meanwhile, the new NICE guidelines will undoubtedly impact us all, and the transformation of child and adolescent services in England continues apace. We are certainly living in exciting but challenging times as the NHS continues to be stretched to its limits and we continue to be expected to do more for less.

Which brings me to a vote of thanks to all those executive members whose term of office will expire this year. In particular, Irene Yi has worked tirelessly since she became Academic Secretary to bring you high quality educational events. We are extremely indebted to her.

Whilst it is always with regret that we lose people from the executive, it does provide an opportunity to find new ED psychiatrists with energy and drive. The closing date for applying for a role on the Faculty Executive Committee is 15 March 2017. For any queries, please e-mail lauren.wright@rcpsych.ac.uk. If you need more information about what it involves and the level of commitment please do get in touch.

If there are any burning issues that you think the Faculty needs to address please let us know before our Strategy day in July, so that we can think about it more.

It will be a busy year!

Dasha

Dates for the diary

Spring Conference

12 May 2017

Alder Hey Hospital

Annual Conference

03 November 2017

RCPsych, 21 Prescot Street, London

The programmes for both and the details on how to book will be made available later in the year. All faculty members will be emailed when it becomes available to view online.

Thinking about the 'social' in biopsychosocial:

Talking to health professionals about gender and treatment

Dr Su Holmes, University of East Anglia

Eating disorders are now often approached as biopsychosocial problems, and are widely recognised as being caused by a range of different factors. But it has also been suggested, by both feminist and socio-cultural approaches to eating disorders, that all is not equal within this biopsychosocial framework, with the 'social' aspects of the equation frequently relegated to secondary or facilitating factors in treatment contexts (Bordo, 1993, Holmes, 2016, Malson, 1998). As such, whilst feminist and socio-cultural perspectives on EDs now represent a visible area of study, very little has been written about these aspects in the context of treatment, and such areas frequently find themselves at the margins of (or absented from) discussions about evidence-based interventions and approaches. In terms of the context of current treatment, if socio-cultural issues are addressed, they are often seen to be 'dealt with' in mainstream approaches under the category of body image work. But body image only represents one aspect of the ways in which the relationships between eating disorders and socio-cultural contexts can be considered, and there is also evidence to suggest that such approaches may themselves often be marginalised in clinical settings (Ferrer-Garcia & Gutierrez-Maldonado, 2012).

This article reports on research which forms one part of a larger study of the relationship between socio-cultural perspectives on eating disorders and UK eating disorder treatment, with a primary focus on questions of gender. In particular, it reports on a series

of interviews with health professionals who work in eating disorder treatment in the East Anglia region about the extent to which socio-cultural approaches to eating disorders shape their practice.

Although there has been a rising interest in the treatment of eating disorders in the male population, it remains the case that female gender is the biggest predictor of risk, and the participants in the study dealt with an almost exclusively female patient population (with either occasional or no contact with male clients to date). In this respect, the study asked such professionals whether or how this preponderance was addressed in treatment - in terms of thinking about why girls/ women are disproportionately affected by eating problems.

A total of 12 participants were interviewed across NHS and private treatment contexts, in-patient and out-patient services, and adolescent/ adult patient populations. The sample included participants with different roles ranging from counsellors, consultant psychiatrists, occupational therapists, to clinical support workers. Qualitative data was gathered through semi-structured interviews, and analysed using discourse analysis (Braun & Clarke, 2006). In terms of the results, a brief summary of the key themes emerging from the study suggests that:

- * Participants offered various and often divergent views on this issue, ranging from an insistence that it was a vital aspect to consider in treatment, to the suggestion that such an issue didn't really 'come up'.

- * The idea of recognising socio-cultural connections between patients (as suggested by the socio-cultural construction of gender) was often seen as sitting in tension with a desire to consider the patient as an individual. Issues relating to themes such as gender and/or sexuality were often framed as 'personal' issues that were best discussed in one to one settings (if at all).

* Within this context, it was often suggested that the significance of socio-cultural issues such as gender needed to be 'brought' or raised by the patient in order for it to be acknowledged or addressed.

* Only 2 out of the 12 participants felt that their training had incorporated any socio-cultural perspectives on eating disorders, and some admitted that they felt ill-equipped to address such issues in their work.

Although the sample is clearly limited, this data raises some potentially important questions about the scope of current eating disorder treatment. Firstly, the results suggest that the desire, ability and inclination to address socio-cultural aspects of eating disorders - such as gender - in treatment is uneven. A patient may find themselves in a setting in which this is seen as an integral aspect of eating disorder treatment, or they may find themselves in a context in which it is virtually absent.

Secondly, whilst respecting the individuality of the patient should clearly be a high priority, the individualising thrust of much eating disorder treatment may mean that patients miss the opportunity to understand their eating/ body distress in social/cultural terms, and to explore these relationships with their peers. Thirdly, the idea that the patient should flag the relevance of gender for it to be addressed may be seen as concerning. This is particularly so when the training of the practitioners had rarely - and mostly never - explored such perspectives on eating disorders, meaning that the relationship between eating/body distress and cultural constructions of femininity may sometimes go unrecognised and unheard.

The questions explored in this study are by no means an argument against gender inclusive ED treatment. It is clearly imperative that ED treatment is gender inclusive (for both males and gender minorities), and

qualitative research with male patients has highlighted the difficulty which may be faced in negotiating the 'female character of the services' - in terms of the lack of gender-appropriate information or assessment criteria, or being in environments which are largely occupied by females (Räsänen, & Hunt, 2014; Strother et al, 2012). But the insistence in such discussions that 'treatment paradigms have been geared toward females' (Strother et al, 2012: 436) may be misleading in the assertion that such 'tailoring' has clearly taken place, and that it rests on consistent and solid ground.

Author note:

Results from this work, as well as a related treatment group at Newmarket House clinic, Norwich, will be presented at a workshop at the London Eating Disorders Conference, March 2017.

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Why are we not using ECT in Anorexia Nervosa?

Miss Eleanor Reynolds, Medical Student, University of Liverpool

Dr Matthew Cahill, Consultant Psychiatrist, Cheshire and Wirral Partnership NHS Foundation Trust

We are currently seeing a trend back towards physical therapies in the treatment of Anorexia Nervosa (AN), such as Transcranial Magnetic Stimulation, and Deep Brain Stimulation. However, we have a well-established physical treatment in ECT, but have we really exhausted this as an option for refractory AN?

Electroconvulsive therapy (ECT) has been used in anorexic patients, but the current literature for this is sparse, and therefore the efficacy may not have been fully tested.

We undertook a review of published cases documenting the use of ECT in anorexic patients. It appears that the current tendency to use ECT in this patient population is low; however we acknowledge that the practice may be higher than the reported evidence.

It does raise the question however, whether this treatment, which has been used extensively in other psychiatric groups, should be further examined?

As we know, patients with severe low weight often present with severe low mood, poor motivation, lack of drive and negative thinking, all of which are commonly seen in depressive disorders, where they are often successfully treated with ECT. Patients with AN often get into a vicious cycle of low mood, with perpetuation of anorexic thoughts and feelings. Sometimes, when the depressive features are successfully treated, this leads to a

'softening' of the anorexic drive, leading to an increased chance of change. Why are we then not treating the depressive features more aggressively, especially with the lack of current evidence we have for treatment in severe AN?

NICE currently recommends the use of ECT only for the treatment of severe depressive illness; a prolonged, severe episode of mania, or catatonia where a fast and short-term improvement of symptoms is required, or when the situation is considered to be life threatening. NICE recommends a perioperative risk assessment be performed on every patient prior to ECT, with special consideration to those risks associated with a general anaesthetic. This risk assessment must consider the anorexic patient's low BMI and consequent physiological sequelae. Any impact on the cardiovascular, respiratory, skeletal and endocrine systems will affect the required anaesthetic management and safety of the therapeutic procedure.

Could the anaesthetic risk, and poor overall physical health status be the main reason why this has not been studied further? We found six case reports of patients who were given ECT during the course of their AN. Of the six case reports identified, there were no documented observed side effects or complications during or following treatment. Giving a general anaesthetic, and inducing a seizure to a fragile patient with a severely low BMI, seems counter-intuitive, and could be seen as an obstacle for the treatment, especially with a poor evidence base. But one could argue that this risk is proportionate and positive, especially if the patient is severely stuck, hospitalised, with a poor quality of life. And do we not commonly say that the level of BMI in our most poorly patients is 'life-threatening'?

Five of the cases we found, cited comorbid depressive symptoms as an indication for treatment with ECT. One gave life-threatening, refractory anorexia nervosa as the sole indication. Each patient had already received various unsuccessful pharmacological treatments; including a selective serotonin reuptake inhibitors, tricyclic antidepressants and mood stabilisers.

The results of our review were found to be in favour of ECT. Each of the patients received between 8 and 31 ECT treatments as inpatients. Five of the six patients reported a good response, with both improvements in mood and eating behaviours. ECT was discontinued in only one case following an inadequate response. This patient eventually responded to psychosocial and medical therapies.

There will also be issues around the patients' willingness and choice to accept the treatment, and their capacity to make the decision, as well as other clinical and governance issues. There is still a lot of controversy around ECT, whether it is efficacious overall, long term side effects, etc. but generally, it seems that there is a reluctance to discuss this as an option for treatment. This is surprising, given its apparent overall efficacy in other psychiatric disorders. As eating disorder psychiatrists, we are very used to working in a field with limited evidence, and naturally hold on to any evidence we can find, but ECT does not seem to be evoking this response?

In recent times, we have given two patients ECT on our eating disorder unit. There were clear improvements overall in mood for both patients. One patient then made progress with her eating disorder, the other remained stuck.

It would be interesting to explore whether eating disorder psychiatrists are thinking about ECT as a treatment option in severe cases of AN, with associated depression, where other treatments have been exhausted. We may be wrong. There may be more ECT being offered

than we estimate, but we are just not hearing about it. Maybe clinicians are considering it, and there are other reasons why patients are not utilising it?

ECT does divide opinion. It always has done, and probably always will, but with the resurgence of more physical treatments in AN, we should not forget that we already have a treatment that may not have been fully explored, and it may be time to revisit this old friend (or foe!)

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The case for expanding the number of core trainee posts in eating disorders

Dr Robert Freudenthal, CT3, North Central London

Despite having the highest mortality rate of any psychiatry disorder, exposure to specialist eating disorder services at core training level is limited. There appears to be a considerable amount of anxiety about treating patients with eating disorder amongst core trainees, who may be fearful of managing the complex physical health difficulties that can be a result of severe eating disorders, particularly anorexia nervosa, and as a result these posts rarely feature in core trainees 'first choice posts' when going through the job allocation process.

With that in mind I had several worries about starting a core trainee post in eating disorders – do I have the necessary knowledge to detect the physical health complications of anorexia nervosa and other eating disorders? How will I manage electrolyte abnormalities? How will I approach the high risk situation if a patient with a low BMI continues to restrict their diet? In addition, there were also worries about managing the practical realities of the job – will it be frustrating having to frequently liaise with the acute medical team based in a different Trust? How will it be to be an inexperienced doctor in a multidisciplinary team with highly skilled nurses, dieticians, psychologists and other professionals?

Certainly managing the physical health complications of eating disorders was a core component of my day to day job on the eating disorder unit, however I feel my training on this post was far broader than this relative narrow remit. There were excellent opportunities to construct biopsychosocial and psychodynamic formulations with the

patients and through this I came to understand how the psychopathology for each patient was unique. There were some common underlying themes – for some it seemed the eating disorder was driven by guilt and worthlessness, for others it was about being able to control one aspect of an otherwise chaotic life, for others still there was the sense of the eating disorder as 'an identity' which served as a protection against other life challenges. There were also times when the patient and I were unable to make any understanding of the eating disorder, and also times when it seemed to be based on a delusional belief about being obese despite having a low body mass index.

Given that few psychiatry core trainees will end up as eating disorder specialists, it is also helpful to reflect on what can be learned through eating disorder experience that can be helpful in general adult psychiatry and other specialties. There is a growing awareness of the need to address the significant physical health disparities between those with severe and enduring mental illness, such as paranoid schizophrenia or bipolar affective disorder, and the general population. The cause of this disparity is complex, however obesity and the prevalence of diabetes is likely to be a key factor. It is also not uncommon for patients with severe and enduring mental illness to be underweight, particularly in the context of negative symptoms and self-neglect in chronic psychotic illnesses.

Having worked with eating disorder patients, I feel better able to come to a shared understanding with patients that I treat in other areas of psychiatry about the driving causes behind being either overweight or underweight. There may often be complex biological and psychological reasons behind why general psychiatry patients have disordered eating however it is rare that they would have access to the expertise of eating disorder psychiatrists.

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Given the breadth of training opportunities available from an eating disorder post that is useful across all areas of psychiatry, perhaps it is time to expand core trainee posts in eating disorder services, and to proactively assuage the anxieties of core trainees so that more are keen to select these posts during their training.

EEATS

Dr Muriel Foreman, Associate Specialist, CAMHS, Borders

I had only one young person with an eating disorder in 3 years. This surely would not last. And I would be ill prepared. I took a deep breath, faced my avoidance and agreed to take a lead role in eating disorders for our rural community CAMHS.

In the intervening 3 years I have never been without a case; a trickle, but enough to set up a multidisciplinary working group and begin together to clunkily implement evidence based early intervention strategies.

Absolutely invaluable to support me in this process has been Eating Disorder Education and Training Scotland, otherwise known as EEATS. It provides a curriculum of training, clinical work, supervision and specialist experience to ensure an accredited level of knowledge and skills in the assessment and management of eating disorders for all disciplines. Evidence is collected in a portfolio, and yes, there is an MCQ. I had vowed after a quarter of a century of sitting exams (between the 11 plus, MRCP and MRCPsych!) never to sit another one. However the EEATS trainee day more than makes up for that. Nurturing, positive and creative, trainees share progress and new research, give presentations and practice for the exam, all in an atmosphere that reminds you that despite current pressures, psychiatry has not lost its heart. It is hoped that eventually all those working in a specialist team

in Scotland will gain this accreditation, perhaps become supervisors, and so contribute to attaining NICE concordant standards.

The NES SAS project funded this opportunity, including a short secondment with the specialist eating disorder team at Great Ormond Street Hospital. Their practical assistance and efficiency has been second to none.

GOSH was an invaluable opportunity to be immersed in the processes of assessment, management, multidisciplinary working, risk holding, and transition planning of some of the most complex young people with ED in the country.

To see a young person who was mentioned 3 years ago at a conference, because she had sewn batteries into her shorts to mimic weight gain, now glowing and ready for discharge, was heart-warming. The family reflected on the change in their life course over those years. But the days of "following Mum around like a lapdog, chewing on celery", were over. Adolescent life was embraced with all its colour, reflected in her vibrant head band. This success amidst the concern for the young person with severe and enduring anorexia, who became bradycardic and went for a walk rather than attend A&E; managing the shock, denial, defensiveness, conflict, guilt and despair amongst parents; young people either silent and refusing, ambivalent and feisty, hampered by comorbid ASD, or other major life stressors; the impressive resilience of parents, encouraging and coaching others in the parents' group; then in a crumpled heap having weathered the storm of another battle, day in, day out, month after month.

I was privileged to meet a staff group, working with cohesiveness and hope, holding the fractured lives of families and emaciated children, while managing the logistics of providing individual work, family work, medical assessment, young persons' group, parents group.... all in one day.

I did my best to greedily osmose as much as possible from the team who were so generous with their time.

How am I doing? After GOSH we were referred a young person at 67% wt/ht. I hadn't even seen anyone that thin there; they were translucent, like a ghost. Two years ago I would have been terrified to manage this in the community, despite the assurances of the paediatrician that the bradycardia of 40 was manageable as an outpatient. There was the sibling with functional dysphagia, carer fears that the first drop of milk would clog up the arteries. Those more seasoned in this field than me will recognise a straightforward case. Indeed, a resourceful and resilient family, they have gone from strength to strength. At 85% this outstanding young person was already happy, doing life and stretching the family clothes and shoes budget to the limit they were growing so fast.

Our working group has active objectives; my EEATS portfolio is nearing completion. And I am inspired by, rather than in trepidation of, this patient group. One only has to read all that Eva Musby¹ has poured into her family and this area to be both humbled and inspired.

As well as Eva, and all the families she stands for, a thank you to:

- The EEATS² steering group, my supervisor and trainees
- SAS funding project³
- GOSH ED team⁴
- Our local CAMHS who have supported this and are such superb clinicians.

1 Eva Musby. Anorexia and other eating disorders.

2 www.eeats.co.uk

3 <http://www.scotlanddeanery.nhs.scot/>

Medical Student Bursary Recipient

Paula Busuuwla, KCL

I am a final year medical student at King's College London and was the recipient of the Royal College of Psychiatrist's Medical Student Bursary to attend the Eating Disorders Faculty Annual Meeting in November 2016. This was a great opportunity to meet with experts in the field and I enjoyed learning from national and international speakers who discussed different aspects of Eating Disorders research, much of which overlaps with other disorders including autism spectrum disorders and OCD.

A highlight of the day was hearing a personal account from Dr Elizabeth McNaught who spoke candidly of her own experience of living and studying at medical school with an eating disorder. Hearing her story gave a real insight into the daily challenges associated with eating disorders and OCD, and the internal conflict patients face. Her talk also highlighted the role family and friends play in supporting patients.

The afternoon workshops proved incredibly informative. The workshop on 'Food, the body and the "other": Relational complexity in eating disorders' explored a real-life case and highlighted the complexities surrounding personality disorders and eating disorders, it was helpful discussing our thoughts as a group with the two clinicians currently involved in the patient's care.

My hope in attending the conference was to gain a greater understanding of eating disorders. I now feel more informed and aware of the complexities of eating disorders as well as the challenges they pose to the patients, families and professionals.

Higher Trainee Bursary Recipient

Dr Georgina Chan, ST4, South West
London & St George's Mental Health
Trust

I am a CAMHS ST4 with an interest in Eating Disorders. I am therefore very appreciative of the bursary offered to me by the Eating Disorders Faculty to attend their 2016 Annual Conference. For me, this marked a great start for my higher specialty training.

As a core trainee, I gained clinical experience working on inpatient Eating Disorders Units with both adults and children. However, the conference allowed me to gain a different type of experience in eating disorders - the academic perspective. It was a really good opportunity to be immersed for a day in the academia of eating disorders.

The conference covered a breadth of psychiatric illnesses as the theme was Co-Morbidities in Eating Disorders. The talk by Professor Shafran on Anxiety, OCD and Perfectionism was captivating, both in terms of the content and the punchy delivery of the presentation. I learnt about the different types of perfectionism and serendipitously could apply this newly learnt knowledge to my clinical practice.

The next week in clinic, I assessed a 16 year old girl with a history of anxiety and depression. Her anxiety had worsened since starting A-levels; this led to her delaying the start of her homework, staying up until 2am each night trying to complete this, a drop in her grades and a marked reduction in her self-esteem. When I labelled her as somebody with procrastinating perfectionism, and explained the concept of this, she nodded vigorously, lifted her head up and smiled at me - I had understood her problem.

Another enthralling talk was Dr Elizabeth McNaught's personal account of eating disorders. It's difficult for doctors to share details of their own mental health conditions with other doctors and health care professionals. Therefore, for Dr McNaught, who has recently graduated from medicine, such exposure was bold; not only for the fact that this was also done in front of such a large group, but because this was a large group of eating disorder specialists.

The variety of the talks at the conference and the poster presentations on display brought together a wealth of current thinking in the world of eating disorders. It was a stimulating day and I would really encourage trainees to apply for the bursaries, as attendance at the conference may well (further) pique your interest in this exciting field.

Annual Conference Poster Presentation Winners

Congratulations to Dr Harriet Tan, Dr Tamara Simmons and Dr Margaret Murphy for their poster 'Clinical Dilemma of Re-feeding Syndrome' which won the prize for best poster at the Section of Eating Disorders Annual Conference in November 2016!

In order to submit posters for the conference this November, please look out for emails later this year, or for more information go to <http://www.rcpsych.ac.uk/workinpsychiatry/faculties/eatingdisorders.aspx>.



**The Royal College of Psychiatrists
Quality Network for Community CAMHS**

QNCC-ED network now open!

We are pleased to announce that our QNCC-ED network is open. We would like to invite all Community Eating Disorder services for children and young people to join

The quality improvement network is aimed at raising standards of care that people with mental health needs receive by helping providers, users and commissioners of services assess and increase the quality of care they provide

Benefits of membership

- A peer review visit from a multi-disciplinary team of eating disorder and CYP service clinicians from throughout the UK
- A detailed team report recognising areas of achievement and suggesting approaches to improvement
- The opportunity to visit other Community Eating Disorder Services and CYP services as a peer-reviewer
- Free attendance at our annual National CYP MH Conference discussing findings across the network and sharing service development
- Regular newsletters updating members on developments within the network
- Access to our email discussion group providing the opportunity to contact other experienced and knowledgeable professionals from community eating disorder services and CYP service professionals from a range of disciplines
- Special interest days held free of charge on topics such as the transitions from CYP services to other services including adult mental health services
- Use the standards and review process to develop dialogue with commissioners and use this as a framework to monitor contracts and develop service level agreements
- Use your review report to demonstrate quality of care for local young people, parents/carers, referrers and commissioners
- Use your review findings to support CQUINs and demonstrate progress towards meeting the ED AWT and compliance with the ED guidance and delivery of the service model

Membership options:

- Self review only (£995 + VAT)
- Peer review (£2495 + VAT)
- Accreditation review (£2495 + VAT)

10% and 15% discount available for 3 year and multiple team sign up.

Please contact jasmine.halvey@rcpsych.ac.uk for more information and booking forms

If you would like to join or find out more about the network please contact Jasmine Halvey at jasmine.halvey@rcpsych.ac.uk

List of Executive Committee Members

Member	Year of joining	Position
Dr Dasha Nicholls	2015 (E)	Chair
Dr Helen Murphy	2015 (C)	Financial Officer
Dr Agnes Ayton	2015 (E)	Vice Chair
Dr Navjot Bedi	2015 (E)	Elected Member
Dr Mark Berelowitz	2015 (E)	Elected Member
Dr Andrea Brown	2015 (E)	Elected Member
Dr Joan Brunton	2013 (E)	Elected Member
Mr Andrew Radford	2016 (C)	Co-opted Member
Dr William Jones	2015 (E)	Elected Member
Dr Izabella Jurewicz	2013 (C)	Co-opted Member
Ms Veronica Kamerling	2015 (C)	Co-opted Member
Dr Ashish Kumar	2015 (E)	Elected Member
Dr Jessica Morgan	2015 (C)	Co-opted Member
Dr Carolyn Nahman	2013 (E)	Elected Member
Dr Sandeep Ranote	2015 (E)	Elected Member
Dr Sonu Sharma	2013 (E)	Elected Member
Dr Miroslav Simic	2015 (E)	Elected Member
Dr Sophie Tomlin	2015 (C)	PTC Rep
Dr Jane Whittaker	2015 (E)	Elected Member
Dr Irene Yi	2015 (C)	Academic Secretary

SUBMISSIONS FOR THE NEXT NEWSLETTER

The Faculty of Eating Disorders newsletter is bi-annual. We are always keen for people to submit articles to be published. Suggestions for themes you may wish to write about include, but are not limited to:

- Updates on innovative working in your local area
- Articles about personal experiences of working in Eating Disorders
- Interviews with professionals working in ED
- Articles relating to observations of ED in popular culture and the media
- Reports and reflections from any relevant courses or conferences

This is not limited to consultants, and it would be great to get as many articles as we can from trainees and students. Please look out for emails from the Faculty later in the year for the next submission deadline, or email lauren.wright@rcpsych.ac.uk for more information.