

Eating Disorder Consultant Psychiatrist Job Description for CR174 Revision

Introduction

Eating Disorders (ED) are a group of very complex Psychiatric Disorders and include Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorders and Atypical Eating Disorders. The complexity of these disorders can be gauged from the fact that at 12 months only fifty percent of adolescents with anorexia nervosa go in remission and only 40 % of patients with bulimia nervosa go in remission by six months, with relapse common. Research indicates childhood onset of ED carries a high risk of continuity in adulthood. Hospitalisation of patients with ED appears to be associated with worse prognosis; the number of patients with eating disorders who needed hospitalisation has doubled in last three years. More than six out of every ten people with ED suffer from other psychiatric co-morbidities such as depression, anxiety and obsessive compulsive disorder (OCD). People with ED carry the highest risk of mortality among all the psychiatric disorders because of significant level of medical complexities associated with restriction of food intake. Patients with ED also carry higher risks of self-harm and suicide. People with Eating Disorders display a distorted attitude towards eating, weight and shape and may have irrational fear of becoming fat.

The treatment of Eating disorders involves offering the patients individual and family based therapies, management of their physical and psychiatric risks and offering them nutritional support. The Consultant Psychiatrists with their comprehensive Psychiatric, Medical and Psychological training offer clinical leadership to Eating Disorder Services teams to deliver high quality care to patients who suffer from Eating Disorders and have very complex needs. Consultant Psychiatrists, besides offering consultation on management and supervision to team colleagues, are also able to use their expertise in Mental Health Act, Mental Capacity Act and other forms of legislations (e.g. Children's Act) to offer best possible care to the patients and safeguard their interests.

Clinical Role

Apart from the general roles applicable to Consultants, Consultant Psychiatrists working in an Eating Disorder Service have very specific roles:

- Psychiatric assessment of patients to establish Eating Disorder and other Psychiatric Psychopathology.
- To take a leading role in medical assessment of patients with Eating Disorders and offer them suitable advise by ordering necessary investigations and to liaise with Medical, Paediatric, GP and A&E colleagues in order to manage physical complications of the Eating Disorder patients.

- Offer Psychiatric and Medical Risk assessment and Management to Eating Disorder Patients.
- To Liaise with Children's services, Social services, Education Authorities, GPs, Medical and Psychiatric Colleagues in CMHTs and families to offer comprehensive care to patients with Eating Disorders.
- Help with implementation of National (NICE ED Guideline, MARSIPAN (Junior and for Adults), Local guidelines and Pathways.
- Work with team colleagues to help the Eating Disorder teams achieve NHS England and Department of Health set Eating Disorder service related directives (i.e. Access and Waiting time directives).
- Work with team colleagues to help ED teams comply with use of Routine Outcome Measures (ROMS) and effective use of different ED specific tools for better screening and diagnosis of ED patients and also for effective monitoring of their progress with treatment.
- Offer suitable therapeutic input to patients with Eating Disorders in different modalities such as CBT-E, Family Therapy and DBT.
- Offer supervision to ED team colleagues in complex case management of ED patients (e.g.-Patients on CPA).
- Offer management and monitor progress of Psychiatric co morbidities among ED patients such as Depression, Anxiety, OCD and ASD.
- Offer Psychopharmacological management to ED patients both licensed and off-licence as indicated in NICE guidelines and monitoring of such patients.
- Knowledge and use of Mental Health Act, Mental Capacity Act, Children's Act and other applicable legal frameworks in the management of patients with ED and to safeguard their needs.
- Write reports to help ED patients in relation to use of legal framework such as Mental Health Review Tribunals, Courts and in relation to help them with their social care, work, training, education and accessing benefits.

Leadership Roles

- Take a leadership role in developing guidelines, pathways and to set, develop and embed ED services.
- Take a leadership role in liaison with managers in local and regional negotiations with Commissioners and providers to attract and generate funding for Eating Disorder Service.
- Take a leadership role and offer Psychiatric expertise in contract negotiations and employing suitable staff with required training and qualifications to the ED teams.
- Take a leadership role in being part of local and regional clinical network to enhance understanding about Eating Disorders and promote co-working among professionals with varied backgrounds and colleagues from third sector to deliver high quality of care.

- Take a leadership roles in clinical governance, audit and standard setting of ED service and monitoring of patient feed-back and outcome measures in collaboration with other colleagues of the team and to use service user and carer feedback to set direction of the service.
- Take a leadership roles in setting and running suitable transition groups between Young People's ED service, Adult ED service, tier 3 CAMHS services, Adult CMHTs and Tier 4 Regional Inpatient units for ED patients for effective transition of care of ED patients to suitable services.
- Take a leadership roles in RCPsych ED Faculty and similar such forums such as NHSE policy making bodies to contribute to national policy making and direction setting in the field of ED.

Educational Roles

Key components of the leadership role within the specialty

- Take an active role in training and teaching of staff from ED Service Team and wider mental health services staff to improve their understanding and knowledge of latest evidence based practice on Eating Disorders.
- Take an active role in education of people from wider networks such as parents, carers, social workers, schools, colleges, youth centres, school nurses, GPs and other medical and paediatric colleagues to reduce stigma about ED patients and promote awareness, early detection, diagnosis and management of patients with ED for better prognosis.
- To educate and train primary and secondary care staff in early recognition and referral of ED patients to suitable services.
- Take active role and contribute to innovation and research in the field of ED.
- Offer Educational and Clinical supervision to junior and senior psychiatric trainees and offer teaching to medical students.

Information to support job descriptions and job plans

Include a model job where appropriate

- There is a wide variation in staffing, set-up and delivery of ED services across the country.
- The variation is pronounced in terms of staff background and numbers between Young People's, Adult's and Inpatient ED services though the principles of evidence based treatment remains the same. There is evidence in young people under 18 to suggest that Community based treatment for patients with ED such as outpatient and day patient services work as well as or better than inpatient treatment for ED patients.
- The RCPsych Eating Disorders Faculty report CR170 (2012) recommended that a specialist ED service needs 1.2 WTE of Consultant and 2.4 WTE of senior and junior trainee psychiatrists per 1 Million population for adult ED services.

- Based on CR170 and other guidance, the NHS England Access and Waiting Time directive (2015) recommends 1.2 WTE Consultant Child and Adolescent Psychiatrist plus 1.6 psychiatry trainees for each Child and Young people’s ED service with annual referral of 100 ED patients.
- For Inpatient ED service jobs 1.5-2.5 PAs of Consultant Psychiatrists are needed for each 3 beds.
- The need of Consultant Psychiatrist time can change based on availability of non-career grade doctors and trainee doctors in the ED services.
- The consultant Psychiatrists should have 7.5 DCC and 2.5 SPA split for a 10 PA whole time equivalent job.

Description of duties	PAs per week
Triage/CPA Review	1 (DCC)
Assessment Clinics/Out Patient/Inpatient Review	2.5
Emergency/In reach/Ward Round	1 (DCC)
Case Management/CBT/FT Group	1 (DCC)
MDT Meeting/Case Discussion/Supervision	1 (DCC)
Admin+ Professional Meetings	1 (DCC)
SPA- Audit/Teaching/Research/CPD	2.5 (SPA)