

Faculty of Eating Disorders Newsletter



July 2018

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Foreward from the Editor

Dear Members

Welcome to the July Newsletter.

I hope that you enjoy reading about what the Faculty have been doing over the last 9 months in our updates from the Chair and the Academic Secretary. Importantly, our vice Chair also updates us on Faculty work in response to the Parliamentary Health Services Ombudsman report following the sad news of the deaths of three people with eating disorders.

Jacinta Tan writes about her work in the current Eating Disorder Service Review in Wales. We also have a request from Stephen Anderson for feedback from colleagues who may have worked with patients with co-morbid Intellectual Disability and ED; a challenging area.

We list the Poster Prize Winners from the Annual Conference 2017. Well done to all of you who presented posters! Finally we have feedback from some of the trainees who were fortunate enough to receive a bursary to attend the Annual Conference. We hope these inspire other trainees to apply for a bursary.

I look forward to seeing some of you at the conference in Cardiff...There are still places available! [Spring conference](#)

Best wishes, Navjot Bedi

Update from the Faculty Chair

By Dr Dasha Nicholls

Greetings all.

Summer is in full swing as I write this and I had to go back to my last newsletter piece to remind myself where we were when I wrote it – things move so fast. Newsletters allow me to take stock and mark progress – we are all used to this as clinicians. Keeping track and maintaining focus is challenging in the face of the complexity of the Faculty's work. Our strategic plan helps keep us on task, with everyone on the executive committee having clear areas of responsibility. You can find the org chart for the Faculty executive, and therefore who to approach about what, [here](#).

First of all, an apology. I am aware that my knowledge of what is happening in the ED field, and therefore the contents of this piece, is somewhat greater for England than it is for the devolved nations. Whilst this is somewhat inevitable, please be aware that this Londoncentric view of the world does not reflect our mindset. Parity of ED services across all of the UK is high on our agenda. Please do keep me aware of issues in your area, particularly if you think there are matters that the college might be able to address. On which note, I want to thank Jane Morris, who steps down as chair of ScotFED and therefore from the Faculty executive this year, allegedly, is retiring. She has made such an important contribution to our field. I am sure you will all want to join me in thanking her for tireless and thoughtful advocacy.

The overall mood for the NHS has been a major feature of the past 6 months, in its 70 anniversary year, with some predicting catastrophic collapse. Mental health pathways that were developed to take forward the Five Year Forward View in England lay waiting for approval as the financial picture was so unclear. Among them is a pathway for inpatient and daypatient care that complements the commissioning guide for community ED services for children and young people. As I write this it looks as if the NHS in England will be getting a financial boost, with the caveat that the money is well spent. What it means for mental health is not yet clear, although I think the mood is optimistic. And the sun is (literally) shining.

With an eye on cost effectiveness, the Faculty launched a survey, and thanks to the many who responded, looking at ED psychiatrists perspectives on inpatient treatment. I cannot conceive of good care that does not include inpatient treatment for a proportion of our patients. However, there is little research, and little consensus, on when in the patient pathway, and for what purpose(s), inpatient treatment is the most cost-effective option. And I am sure, like me, that you are all aware of

situations where admission has not gone well. So this is a small step towards exploring the topic, and will be supplemented by more comprehensive qualitative interviews. The outcomes will be reported in our college report on ED services. My thanks to Parsa Amin, currently doing her Foundation Training, for her help with these studies. Alongside this, Erica Cini has undertaken a review of the role of ED psychiatrists which will appear in the same report.

On a more sombre note, the Parliamentary Health Services Ombudsman (PHSO) [report](#) into the death of Averil Hart, age 19, was published in December 2017. My thanks to Agnes Ayton, Vice Chair, for her advisory role in this. Averil's death, and the other tragedies highlighted in the report, have mobilised a specific response but the lessons apply to ED services everywhere. We have written an editorial, led by Paul Robinson, highlighting the issues and the relevant guidance that might prevent such tragedies. A key message is that eating disorders are every doctor's business. NHS England has convened a task and finish group to oversee implementation of the report, to which we have been invited. The GMC has reviewed all the aspects of the curricula across disciplines relevant to ED. We highlighted the need for severe malnutrition to be considered a medical emergency, alongside sepsis and resuscitation. Commissioning guidance for adult community services will look at addressing parity of access to that for CYP and will include workforce recommendations. Trainings comparable to the national CYP whole team training we have just completed are under discussion. NICE quality standards for ED, ready for publication, include the PHSO recommendation regarding coordination of care. Whether these measures are transformative remains to be seen, but all are welcome.

At the same time a review of Welsh ED services is underway, led by Jacinta Tan. This report is due in the autumn and we hope will offer insights into ED service delivery from which we can all learn and benefit.

Meanwhile, development of a community adult ED quality network is beginning. This will complete the 'quadrant' (CYP, adult, inpatient, outpatient) of quality networks that made up the original QED network developed by the ED SIG (as we were when the standards were first proposed in 2007). The first joint adult/CYP QED forum is imminent, and next year will hopefully see more services signed up to these peer review networks which support team development as much as ensuring quality standards.

Among other areas the Faculty has been working on recently, the Mental Health Act review in England is in progress, in which the RCPsych are major stakeholders. Jacinta Tan helped with developing our response to the consultation earlier this year. The potential recommendations will have major implications for how compulsory care is utilised. Our [Spring](#)

[conference](#) in Cardiff on 11th July, entitled 'Autonomy, Compulsion or Coercion?' The Clinical, Legal and Ethical Dilemmas in the Treatment of Eating Disorders will explore this subject more fully. It promises to be a highly stimulating event. My thanks to Jacinta and academic secretary Ashish Kumar for organising this event. And save the date, Friday 2nd November, for the annual meeting in London, and next year our spring conference will be offered in collaboration with the Medical Psychotherapy Faculty. More on these soon.

Congratulations are in order for Ashish Kumar, who has also been elected to chair the European Chapter of the [Academy for Eating Disorders](#), of which the Faculty is a partner organisation. I attended the inaugural meeting in Rome earlier this year, along with representatives of all the major national ED associations in Europe, where Ashish was elected. We hope to keep our links with Europe strong as we have much to learn from practice in other countries, as I know they do from us. We have also committed to supporting the British Eating Disorders Society ([BrEDS](#)), which officially launched at the EDIC conference this March. If you haven't already, join now (it's still free) and join the psychiatrists forum to access news, support and advice.

One thing I have learnt over my time in office is that it is personal stories and data that have the greatest influence. Our ambition is to get on top of the data, for which Matthew Cahill has been appointed our lead. We hope to produce some eye-catching infographics to fuel debates over priorities and resourcing. The fact that ED were excluded from the adult psychiatric morbidity survey has contributed to our relative invisibility as a subspecialty, something we anticipate will be rectified for the 2021 survey. Demand and capacity need to inform our [workforce and training calculations](#). John Carroll has been promoting our speciality among trainees as part of the PRIP campaign. Kiran Chitale, with support from Agnes Ayton, has oversight of both subspeciality training in ED and training for all psychiatrists in ED, while John Roche is taking a lead on exploring the option of a credential in ED psychiatry.

As I approach my last year as chair, I have an eye on completing the tasks I set out at the beginning of my tenure, and am keeping an eye out for future leadership. Recruitment to the Faculty executive will be next spring, so please consider whether you have the capacity and energy to apply. It really can be very rewarding work.

Finally, if you are doing anything of interest to our membership and want to 'wave' to us via social media, please use the hashtag #RCPsychFED. Have a lovely summer and be sure to make the time to look after yourselves.

Yours - Dasha

Faculty work in response to the Ombudsman's Report

By Dr Agnes Ayton, Vice Chair

The Parliamentary Ombudsman's report concerning the investigation into the avoidable deaths of three people with eating disorders makes hard reading. 'Ignoring the alarms: How NHS eating disorder services are failing patients' is a hard-hitting title of a thorough document which forensically examines the systemic factors contributing to these tragedies. The implications will be relevant to the work of the Faculty for years to come. I outline work and progress since the wider recommendations were made. These included:

1. 'The General Medical Council should conduct a review of training for all junior doctors on eating disorders'

We have been working with senior educators in the College, including the Dean, Kate Lovett, who forwarded our proposals for improvement to the GMC. BEAT has also been very helpful supporting the cause (<https://campaigning.beateatingdisorders.org.uk/page/25360/petition/1>), so we have an opportunity for change. Unfortunately, eating disorders are still often seen as a niche area, which is not relevant to the majority of doctors. There has been some progress in this respect, as the foundation curriculum contains relevant competencies, although trainees are not systematically assessed whether they have gained these competencies. The goal is that recognition and management of the life threatening complications of severe eating disorders will be included in the curriculum at all stages of medical education –starting in medical schools and examined in the new MLA.

Among psychiatric subspecialties, only Child and Adolescent Psychiatry include a comprehensive list of ILOs related to eating disorders. This explains why we have an overrepresentation of child psychiatrists in our field, even though the majority of patients are adults. The College is working on a new curriculum, and, as the Faculty, we need to consider how to influence this process as best we can. Given that the estimated prevalence of eating disorders is 1-4%, and that there are fewer than a hundred eating disorder psychiatrists in the UK, it is important that all psychiatrists are competent in initial assessment and management. At present, the core psychiatry curriculum is limited to anorexia and bulimia nervosa, and there are few questions in the MRCPsych exam. I have contributed to the revision of Paper A syllabic curriculum, and have also written questions for Paper B. The Chief Examiner has suggested that each Faculty should contribute to the improvement of the question bank in their area of expertise. It would

be helpful to set up a question writing group in the Faculty to ensure that this task continues to be addressed.

2. *'The Department of Health and NHS England (NHSE) should review the existing quality and availability of adult eating disorder services to achieve parity with child and adolescent services'*

The investment into CAMHS eating disorder services was much appreciated. However, eating disorders are often chronic conditions and patients should not be discriminated against based on age and should have access to prompt evidence-based treatment. At present, adult eating disorder services struggle with insufficient staffing to meet demand and deliver NICE approved treatments without lengthy waiting times. Many services in the UK are only commissioned to accept patients who are deemed to be moderate or severe, which makes early intervention impossible. Again, BEAT has raised this issue with senior politicians, and they have done significant research into this area. The Five Year Forward Review includes adult eating disorders for the current financial year, but so far investment has not been forthcoming. It is encouraging that NHSE recently invited our Chair, Dr Nicholls, to discuss the way forward.

3. *'The National Institute for Clinical Excellence (NICE) should consider including coordination as an element of their new Quality Standard for eating disorders'*

The Ombudsman report has had a significant impact on the forthcoming new NICE Quality Standards. I would like to thank executive members who contributed to the Faculty response which was submitted by the College. We have made the case for improving patient safety, access and choice. To achieve these goals, services will need significant investment into staffing and training.

4. *'Health Education England should review how its current education and training can address the gaps in provision of eating disorder specialists we have identified. If necessary, it should consider how the existing workforce can be further trained and used more innovatively to improve capacity. Health Education England should also look at how future workforce planning might support the increased provision of specialists in this field'*

This task is beyond the scope of the Faculty, as it affects other professional groups, such as nursing and psychology. HEE has funded CAMHS nationwide training for the new teams, and also the online training of CBT-E, which will be freely available for the next 5 years for all professional groups. The on-line training includes a rich resource

with case examples and video demonstrations, and it has been shown to be more effective than alternative training methods: <http://credo-oxford.com/index.html#topic9>.

- 5. 'Both NHS Improvement (NHSI) and NHS England (NHSE) have a leadership role to play in supporting local NHS providers and CCGs to conduct and learn from serious incident investigations, including those that are complex and cross organisational boundaries'.**

Learning from incidents is essential for improving practice. However, cross-organisational learning remains a challenge for the future. Members of our Faculty can take this forward in their locality and share good practice.

Update from the Academic Secretary

Dr Ashish Kumar

Dear Colleagues,

Hope you are enjoying a very warm summer. We at the Faculty of Eating Disorders of the RCPsych have been working tirelessly to contribute to clinical standards, research and academic aspects of Eating Disorders as you may have noted from our Chair Dr Dasha Nicholl's article with many colleagues making fabulous contributions to different work streams.

It is great to share with you that our Annual Conference in November 2017 at London was very successful and it provided exciting opportunities to our delegates from all across UK to come together and learn and share their ideas with our panel of eminent speakers. As you will agree that Eating Disorder is a very complex condition and within that Atypicality of Eating Disorders generates lots of anxiety either because of presentation of cases in terms of co-morbidities (e.g. Personality Disorders, Diabetes) or difficulties faced in management of completely new terms (though they have existed since long) which have come to be increasingly recognised in last five years (ARFID).



It was fascinating to hear from our eminent speakers led by our key note speaker Professor Anne Becker (pictured right) who talked about global and cultural perspective of Atypical Eating Disorders. Dr Rachel Bryant-Waugh helped many of us with her fabulous talk on assessment and management of Atypical ED and ARFID.



The service users and carer's experience of Eating



Disorders were very well shared by Ms Veronica Kamerling and Mr Mark Bowman (pictured left) with their talk on co-dependency and ED in males respectively. We cannot think about managing Eating Disorders without looking into physical health complexity and dietetic support and that was well represented by our eminent Paediatric colleague Dr Simon Chapman and by specialist dietician Ms Ursula Philpot. We had a very good talk on ED and Personality Disorders by Dr Jane Morris (ScotFED

Chair) who sadly is going to leave us, however we are going to welcome her again at our Spring Conference at Cardiff on 11th July 2018.

Our Spring Conference in Cardiff in July 2018 is going to focus on ethical and legal dilemma faced in the management of Eating Disorders, of which we know there are many. We have Dr Clementine Maddock and Dr Lee Hudson who will talk on complexity in the management of ED patients involving the Children Act, Mental Health Act and Mental Capacity Act from Psychiatric and Paediatric points of view respectively. We are also looking forward to hear about some interesting concepts such as "Anorexia as a Passion" by Professor Louis Charland and Authenticity, Values, Wishes and Desires by Dr Jacinta Tan. I can reassure you that it is going to be an exciting day in Cardiff and I invite you again to join us on 11th July in Cardiff and many of our faculty colleagues including our Vice-chair Dr Agnes Ayton are going to be there. Book here [Spring conference](#)

We have been successful in stimulating interests in ED among our medical students and trainee doctors by offering them bursaries to attend our conferences. We had some very high-quality applicants and smiles on the faces of these young winners of our bursaries at London was heart-warming and we are going to offer more Bursaries for our Cardiff Conference. Many thanks to our colleague Dr Navjot Bedi for taking our messages to a wider audience through our Faculty Newsletter and engaging our bursary and poster prize winners by encouraging them to write about their experience.

I am also going to inform you about some exciting developments, while Brexit is taking place, we have been successful in creating European Chapter of Academy of Eating Disorders (Our Current Chair Dr Dasha Nicholls was a past President of AED and remains a guiding force within AED), this is going to help us in joining hands together with our colleagues

in Europe and beyond and to develop and work on Research, Clinical and Educational Projects. Our faculty colleague Dr Erica Cini was successful in winning PCAC bursary of the Academy of Eating Disorders and was awarded at AED's International Congress at Chicago in April 2018, our Chair Dr Dasha Nicholls had won the PCAC AED Bursary for 2017. I would also like to share that yours truly was awarded for Visionary Leadership at AED annual awards ceremony in Chicago in April 2018 (pictured right).



It looks like it is going to be exciting time ahead for Mental Health in general and the Eating Disorders field in particular with enhanced spending promised by the current government and several new opportunities for research collaboration and educational work coming up. Hence, join us in Cardiff in July and later in London in November for our annual meeting to explore them further. Let's join hands to help our patients and families get better with more research and evidence-based treatment for ED patients!!

Annual Conference 2017 Poster Prize winners

Winner: Reducing use of prn medication on an inpatient eating disorders unit. Dr Sophie Tomlin, Dr Elizabeth Tyrrell Bunge, Dr Arnaldo Felix de Carvalho.

Runner up: Do we need men in eating disorder units? Dr Akira Fukutomi, Dr Pia Ghosh, Dr Francis Conan, Dr Anthony Winston

Joint Highly Commended: Poor knowledge on the assessment of underweight in children and adolescents among paediatric trainee doctors in Ireland. Eilis O Leary, Dr Senan O Connell, Dr Louise Kyne, Dr Elizabeth Barrett, Dr Lee Hudson, Dr Charlotte Cumby

Joint Highly Commended: Menstrual dysfunction across eating disorder: a population-based study. Dr MG Martini, L Robinson, Dr N Micali



The poster prize winners with Academic Secretary, Ashish Kumar



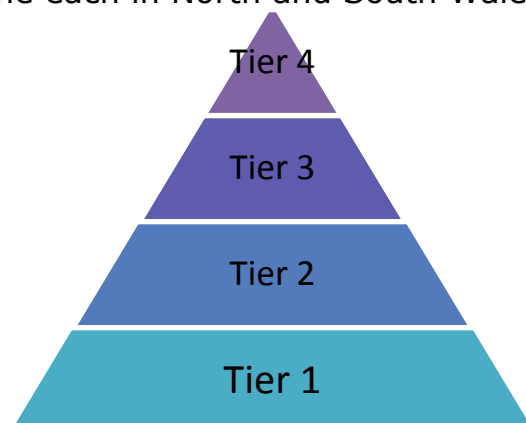
Review of The Eating Disorder Framework for Wales 2009 - An Opportunity to Re-Envision Services for Wales

By Dr Jacinta Tan, j.o.a.tan@swansea.ac.uk

Background

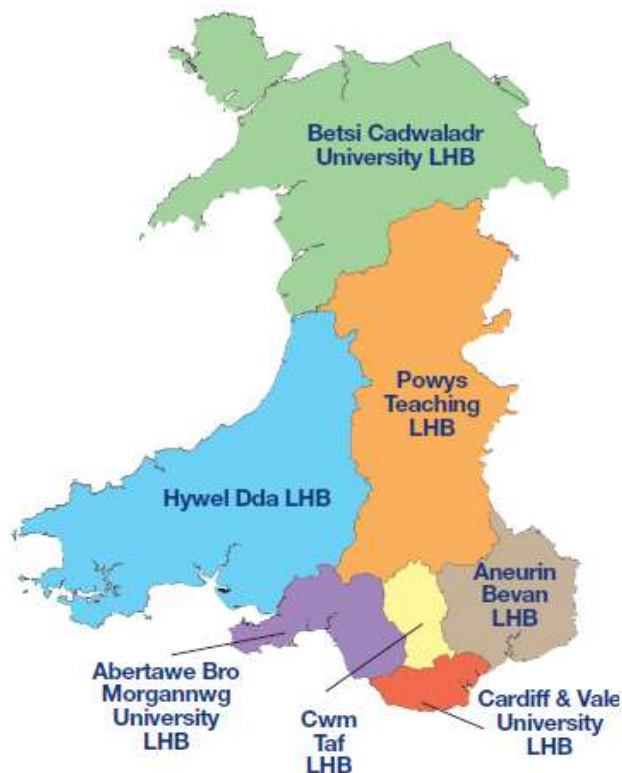
Wales has a population of 3.1 million, distributed across a large geographic area of 20,782 square kilometres (1). It has challenging terrain and a population density that ranges from 25.5 people per square kilometre in Powys, Mid Wales, to 2563.3 people per square kilometre in Cardiff, the largest city (population 361,468) (2).

Before 2010, there were no specialist services for eating disorders in Wales. In 2008, the 'Eating Disorders: Framework for Wales 2009' (3) was created with draft standards for local health boards (the Welsh equivalent to NHS Trusts) to assess themselves against the Framework. The Welsh Framework envisaged adult Eating Disorder Services in Tiers. Tier 1 care is provided by general practices and primary mental healthcare clinicians, with consultation and support from Tier 2 and 3 staff. Tier 2 care is provided in generic mental healthcare settings with support from Tier 3 staff. Tier 3 care is specialist eating disorder multidisciplinary care in the outpatient setting for the most severely ill, provided by multidisciplinary teams. Tier 4 specialist inpatient treatment is contracted from English providers for Welsh adults. The treatment of children and young people remained within generic CAMHS, and their inpatient admissions were either to paediatric wards or generic adolescent CAMHS wards (one each in North and South Wales).



The 2009 document became the basis for commissioning, design and delivery of eating disorder services. Tier 3 multidisciplinary teams were established in 2011, with the equivalent of one team per two health boards except for the Betsi Cadwaladr University Health Board which covers an extensive geographic area across North Wales. The development of Tier 2 has been patchy across Wales. Development of

adult services was supported by dedicated Welsh Government recurrent funding of £1m per year (for the whole of Wales). An additional £250,000 per year was provided from 3 years ago to support the establishment of the Eating Disorder Outreach Service team to train and supervise CAMHS teams and provide limited direct treatment within South Wales. In 2017, a further £500,000 annually was provided to improve transition and links between adult and CAMHS services.



Since the Eating Disorder (ED) Framework was published in 2009, there has been considerable innovation and change in the field of ED treatment globally and in the UK. These include the development of 'all age services', increased use of telehealth for remote areas, online self-guided CBT for eating disorders, new evidence-based therapies such as MANTRA and self-guided treatment, and early intervention services.

The Welsh Government has now commissioned an Eating Disorder Service Review which began in February 2018 and is due to report in Winter 2018-2019 (4). In particular the review will have regard to the publication of 'Eating disorders: recognition and treatment NICE guideline' [NG69] published in May 2017 (5).

The scope and process

The Welsh Government has specified that the goals of a good eating disorder service for Wales should include prevention, early intervention and timely treatment, as well as support for more long-term rehabilitative needs. There is a specific request from the government to examine the needs of patients with comorbidities such as diabetes and autism; to

decide whether waiting time targets are needed; and to recommend embedded monitoring and evaluation methods.

I am now running the Service Review with the help of 10 lay representative team members and an administrator. I have mentorship from Dr Jane Morris, who conducted a Service Review in Scotland, and Dr Dave Williams, CAMHS advisor to the Welsh Government.

Activity to date

We have run 4 Design Workshops across the country where the public has designed their ideal eating disorder service for Wales; we have an online survey for those unable to attend. We are now in the process of visiting clinical teams across Wales, both eating disorder teams and others; engaging with the education sector; and visiting centres of excellence to consider alternative models of treatment.

The public have been very enthusiastic and generous with their time and thoughts; and it has been striking how realistic and creative they have been. It is clear that Wales has patchy provision of services and is being left behind by service developments in England where major financial investments have been made with specialist adult and CAMHS eating disorder teams in most if not all NHS Trusts. There has been innovation both in Wales and elsewhere, but they have tended to be local and patchy, rather than systemic, and patients tend to suffer from a postcode lottery. This Service Review is an opportunity to redesign the eating disorder system for an entire country.

References:

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2. Stats Wales (2018) Population density (persons per square kilometre) by local authority and year. Available from: <https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/nationallevelpopulationestimates-by-year-gender-ukcountry> [Accessed 14th June 2018]
3. Boyle P. Eating Disorder: Framework for Wales. Consultation document for the Welsh Assembly Government. Cardiff: Wales; 2008. Available from: <http://www.rcpsych.ac.uk/pdf/Eating%20Disorders%20Framework%20for%20Wales%20Technical%20Consultation%20Document%20%28PDF%29.pdf> [Accessed 12th Feb 2015]
4. The Welsh Eating Disorder Service Review (2018) Survey (English language): <https://www.surveymonkey.co.uk/r/KJ3ZV3H>; Facebook: @TREDCymru2018 Twitter: @TREDCymru Instagram: www.instagram.com/tredcymru/

The challenges of managing patients with co-morbid Intellectual Disability and Eating Disorder - How might we do better?

By Dr Stephen Anderson, Consultant Psychiatrist, NHS Forth Valley Eating Disorder Service

The Faculty of Eating Disorders was asked for some advice and guidance on the assessment, diagnosis and management of eating disorders in people who have an intellectual disability. We are working with the Intellectual Disability Faculty on this and would value your input.

Eating Disorder colleagues tell us that they are occasionally asked for advice by ID colleagues but can find that it is difficult to elucidate specific eating disorder psychopathology in this population. Eating Disorder services do not generally feel skilled in working with people with ID, and we know from ID colleagues that they often lack the knowledge and skills required to assess and manage the physical aspects of being underweight or of engaging in various eating disorder behaviours.

Some ID clinicians have expressed frustration that mainstream ED services will not take these patients on for treatment because of the difficulty in accessing the cognitive symptoms that we would usually assess and then work with in therapy. This suggests some lack of understanding of the work that we do in ED services but can leave our colleagues feeling unsupported in managing patients who may have significant low weight or physical sequelae of eating disorder behaviours.

A small group, including Dr Shaun Gravestock who wrote the eating disorder section of the DC-LD (Diagnostic Criteria for psychiatric disorders for use with adults with learning disabilities, RCPsych 2001, OP48) together with psychology and psychiatry colleagues from both specialties is taking this work forward. Very little has been published in this area since Dr Gravestock's work other than a small number of case studies.

As part of the work in developing the guidance, I would appreciate feedback from colleagues in either specialty who have experience of managing patients with an intellectual disability and co-morbid eating disorder. This will help develop a better understanding of some of the issues that arise, and how these are managed.

I would be really grateful if colleagues with experience in this area could send me some information about the work they have done. For example;

- **Some anonymised clinical history**
- **Examples of difficulties in assessment and diagnosis**
- **Examples of success in assessment and diagnosis**
- **Examples of assessing and managing physical aspects**
- **Examples of joint working between the two services**
- **Examples of where behavioural and or cognitive behavioural (or other psychological) interventions have helped, or problems encountered in this work**
- **Examples of joint management, perhaps together with families or support staff with behavioural interventions**
- **Examples of issues in relation to capacity to consent to treatment or investigation**
- **Any specific assessment tools or modifications to measures such as the EDE-Q**

Please email any information or suggestions to stephenanderson@nhs.net or I would be happy to discuss on the phone and can be contacted on 01786 458549.

Reports from Bursary Winners 2017

Report from Dr Jennifer Parker, Core Psychiatry Trainee, Avon & Wiltshire Mental Health Partnership NHS Trust

Diagnostic frameworks and classification systems can encourage us to try and fit our patients into distinct categories in order to access services, and yet we recognise that service users are a broad and diverse group who may defy these constraints.

The Faculty of Eating Disorders Psychiatry Annual Conference's focus on atypical eating disorders was therefore not only fascinating, but in many ways vital to broadening my knowledge on those groups of people who may slip between the gaps of diagnostic categories. People with such atypical presentations may present as difficult to manage, or even be erroneously excluded from services.

Dr Jane Morris spoke about co-morbid eating disorders and personality disorders, which shed light on the complex multidimensional patients who present to services, and offered her experience on how we might approach assessment and management amongst this cohort who may

have experienced stigma and diagnostic overshadowing on their journey through services.

The keynote speaker, Professor Anne Becker, provided a fascinating global perspective, introducing us to her work on the development of eating disorders amongst the indigenous population in Fiji with the advent of media. I was struck by the central role of culture and society in shaping a culture-bound distinct constellation of symptoms related to disordered eating, which was distinct from what we might have a name or category for here in the UK.

There were a number of interesting workshops. I found the discussion on atypical dietary variants including veganism and vegetarianism particularly interesting and timely. There has been an enormous increase in the uptake of plant-based diets among the whole population in recent times, which has been widely covered by the mainstream media and received endorsements from athletes, celebrities and entire multinational companies alike. The conference workshop offered an overview of plant-based diets in general, and provoked much discussion about the potential interplay between vegan/vegetarian diets and eating disorders in some people presenting to services.

As a core trainee, I found the conference interesting and accessible, and found there was much to think about and reflect on in the coming weeks. I appreciated the opportunity to network with colleagues, and view and discuss poster exhibitions. I was extremely grateful to receive a bursary from the Faculty of Eating Disorders Psychiatry which allowed me to attend this event and would recommend other trainees to apply for this in the future.

Report from Dr John Carroll, Foundation Year 2 Doctor, South Thames Foundation School



I was very grateful to receive a bursary to attend the Faculty of Eating Disorders annual conference in November 2017. The programme offered a stimulating and varied insight into what is clearly a fascinating and crucial subspecialty.

Eating disorders aren't covered in depth in medical school or the foundation programme curriculum, despite having some of the highest morbidity and mortality rates among psychiatric disorders. Attending this conference greatly supplemented my knowledge and fuelled my interest.

The conference boasted an impressive line-up of international speakers and, crucially, warmly embraced contributions from both patient and carer representatives. Mr Danny Bowman, former patient and admirable mental health campaigner, spoke candidly about his personal journey with body dysmorphic disorder and the implications of social media. And Ms Veronica Kamerling, expert carer representative and mother of two daughters with eating disorders, ran an engaging and insightful workshop on co-dependency and its impact on recovery.

For me, the highlight of the conference was the workshop on assessing and treating patients with a co-morbid eating disorder and type 1 diabetes. This interactive session cleverly demonstrated the complexity of managing patients with this dual diagnosis. Individually, both diagnoses have major psychological, physical and social consequences, but in combination the burden is far greater. Superbly led by Dr Marietta Stadler and Dr Carol Kan, the workshop highlighted the importance of physician and psychiatrist working together. Currently, there is a paucity of evidence for effective interventions in this group which signals exciting research opportunities.

Eating disorders are one of the strongest examples of the complex interaction between physical and mental health. As a Foundation Year 2 doctor about to embark on Psychiatry Core Training, Eating Disorders psychiatry remains at the forefront of my mind when considering subspecialty training.

Report from Dr Josephine Neale, Specialist Registrar in Child and Adolescent Psychiatry, Great Ormond Street/Royal London Hospitals Training Scheme

As a budding eating disorders psychiatrist, RCPsych HQ was the setting for my first taste of the Faculty of Eating Disorders Annual Conference and I was lucky enough to be attending thanks to the provision of a bursary.

Having previously worked at Great Ormond Street Hospital, it was lovely to see some familiar faces starting proceedings, with Dr Dasha Nicholls and Dr Rachel Bryant-Waugh as some of the first to take to the stage. Rachel's whistlestop tour of ARFID and atypical AN got everyone concentrating hard on diagnostic criteria first thing in the morning, but it also made us think about how the diagnostic criteria can change our clinical practice. Dr Jane Morris from the Royal Cornhill Hospital then gave us a fascinating insight into the world of eating disorders and co-morbid personality disorders through her wealth of experience and humorous observations. Many members of the audience were nodding along knowingly throughout her talk.

Danny Bowman gave a very personal and honest account of how men are affected by eating disorders, followed by keynote speaker Professor Anne Becker, who talked about the role of media exposure and eating disorders in Fiji, supported by an extraordinary collection of photographs. In an era when television and social media are blamed for many of the problems we encounter, Professor Becker's experiences gave rise to questions about whether we are looking in the wrong place to lay blame and whether these problems are embedded in our culture regardless of media coverage.

The two workshops I attended were both brilliant. Firstly, Dr Simon Chapman covered in-depth case studies demonstrating how organic illness can masquerade as eating disorders and gave us tips on how psychiatrists can ask for help when we are feeling stuck. Just as I was thinking this was one of the most helpful workshops I'd ever attended, Ursula Philpot and Sarah Fuller's workshop on atypical dietary variants meant I really got bang for my bursary buck, with their witty anecdotes, practical advice and colourful slides, which I have referred back to several times since the event.

Thank you again for a wonderful conference – see you at the next one!

Report from Ali Ibrahim ST4

I am a child psychiatry registrar on the SLAM rotation. I was delighted to have been awarded the bursary for what was a very stimulating Faculty conference in November 2017. I particularly enjoyed Simon Chapman's presentation, who discussed the paediatric aspects of eating disorders. His talk was also relevant to our work, which reviewed eating disorder teaching during medical education. This was the first study examining the whole pathway of medical education from undergraduate to postgraduate training for all relevant specialties in the UK.



We found that eating disorder teaching is less than 2 hrs during the 10-16 years of undergraduate and postgraduate medical training in the UK, and most doctors are never assessed in their skills knowledge of eating disorders.

I was pleased that our poster generated interest and discussion with other participants, including patients and carer representatives. There is an opportunity for significant improvements in patient safety and outcomes if this area was given more attention at all stages of medical education. Since then we have published the work and the cause is supported by the recent BEAT campaign. Please sign and share

<https://campaigning.beateatingdisorders.org.uk/page/25360/petition/1>