

# Faculty of Eating Disorders Newsletter



July 2019

### Contents

1. Foreword from the editor	page 2
2. Update from the Faculty Chair	page 3
3. Update from the Academic Secretary	page 5
4. Start spreading the news	page 9
5. Spring conference in Glasgow 2020	page 12
6. Conference poster prize winners	page 13
7. Report from bursary winner	page 14
8. Trailblazing training	page 15
9. Transitions study	page 23

### Foreword from the Editor

Dear Members

Welcome to the July 2019 Newsletter.

This edition is a special one, as Chair, Dasha Nicholls, says her good bye. Thank you, Dasha, for all your amazing work!

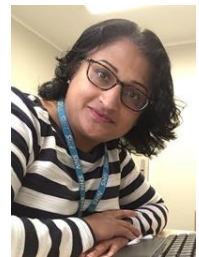
The academic secretary gives an update on past and coming events, including a 2-day conference in December –save the date now! Look out also for the Spring conference in Glasgow.

We have an article from our roving reporter at the AED International Conference in NY as well as our usual updates on poster prize and bursary winners.

We also have a 4-section article about training in Eating Disorders, with comments from a supervisor, trainee, patient and carer. It is always good to hear from different perspectives.

As well as Dasha, a number of other officers are moving on. [The executive committee](#) updated list is here. I, too, am at the end of my term, so I will hand over the newsletter and webpages to Stephen Anderson and Darren Cutinha. Goodbye!

Best wishes and have a good summer. Navjot Bedi



## Update from the Faculty Chair

### Dr Dasha Nicholls



This is my final piece as Chair of the Faculty of Eating Disorders (FED). It has truly been an honour and privilege to serve in this role and to be as close to the centre of what is happening in mental health as I am likely to come (I have no intention of running for President, but whoever does I wish you all the best!).

In my four years as FED Chair I have sat on Council, on the Board of Trustees on behalf of all the Faculty Chairs and on the International Advisory Committee; I have represented the Faculty at NHS England and Public Health England, given evidence at a Public Administration and Constitutional Affairs Committee (PACAC) hearing in the House of Commons examining the findings of the Parliamentary and Health Services Ombudsman (PHSO) report 'Ignoring the Alarms'; and I have represented the college at Professor Gerald Russell's funeral. It's been a busy few years and all in my 'spare' time! Of all the achievements of the past four years, I think having initiated the [British Eating Disorders Society](#) is the one of which I am most proud, because together we are definitely stronger, a theme you will see recur through this piece.

The greatest pleasure in all this, has been working alongside committed and energetic colleagues, trainees, service users and carers, all with the same aim, to improve the care of people with eating disorders. At our recent strategy day we welcomed new incoming FED executive committee members and said goodbye to those whose term of office is, like mine, complete. I particularly want to thank (in alphabetical order) Navjot Bedi for redesigning the website and editing these newsletters; Rhys Jones for championing MARSIPAN; Sandeep Ranote for her 'Day in the life' blogs and willingness to appear on the BBC at short notice; Mima Simic for spearheading our successful joint conference with the Medical Psychotherapy Faculty; and Jane Whittaker for her role in QED and Junior MARSIPAN.

### Eating Disorders in the Spotlight

Eating Disorders make an unprecedented appearance in the programme for this year's RCPsych Congress, which has just begun at the time of writing. In honour of Gerald Russell, Janet Treasure will give a Keynote lecture entitled 'The legacy of Gerald Russell: Eating disorders as Paradigms of Psychosomatic Illnesses'; Hubert Lacey will Chair a symposium dedicated to the legacy of Gerald Russell's work; and I have the pleasure of chairing a symposium on Eating disorders - a lifetime perspective for the generalist. It does feel as if eating disorders might be

coming out of the shadows, and I was heartened to hear Professor Tim Kendall, National Clinical Director for Mental Health, tell the PACAC that eating disorders were more common than, and potentially as serious as, psychosis. Coming from the person who chaired the NICE guideline on Schizophrenia, that is an important milestone!

Eating Disorders have yet again been headline news and I have had to overcome my natural reticence about media appearances. Shortcomings in adult ED services were in the [papers](#) and Sandeep Ranote and Rhys Jones appeared on TV discussing the recommendations and the state of services. Importantly, commentary in the [BMJ](#) will have brought eating disorders to the attention of our medical colleagues in other disciplines. The rise in hospitalisations for boys with ED also featured on CBBC's [newsround](#).

### **Service developments**

Despite lots of work behind the scenes, recommendations from the PHSO report have not yet begun to have much impact on the ground for those delivering services. The PACAC hearing was a timely reminder of the need for some tractable outcomes for the work. So far we have a benchmarking audit of adult ED services in England; development of commissioning guidance for adult services, currently being piloted; and a promise of inclusion of eating disorders in future psychiatric prevalence studies. There is work to do on training, and your incoming chair, Agnes Ayton, will no doubt be making this her top priority. The challenge is how to engage the other medical disciplines in prioritising eating disorders. Our starting point has been to put together a position paper based around the findings of the PHSO report, highlighting the importance of risk assessment and coordination of care (the building blocks of MARSIPAN) with the aim of using the Academy of Medical Royal Colleges to engage with our colleagues in other fields.

Meanwhile Jacinta Tan has completed her review of Welsh eating disorders services and we all eagerly await publication of the report, as I am sure England could learn from the findings.

My last task as Faculty Chair (and I am hoping that having demitted office will give me more time....) is to update the report on the state of ED services. It is long overdue – CR170 was published in 2012. It will include a study of the role of the ED psychiatrist (thanks to Erica Cini), and a study of ED psychiatrists views on inpatient care (with thanks to Parsa Amin), as well as a summary of the current state of play. Let's hope the NHS Long Term Plan brings some of the promised change.

### **What next for the Faculty?**

I hand over now to the very able and dedicated Agnes Ayton, with Ashish Kumar as her Vice Chair. You will be in good hands. The FED strategic

plan has been refreshed and some realistic but ambitious plans are afoot for training, advocacy, and of course Professional development. For the first time our [annual Faculty conference](#) will be a two day affair, with one day run in conjunction with the newly formed European Chapter of our partner organisation, the Academy for Eating Disorders. So mark your calendars for 4 and 5 December. Next year our usual Spring Conference will be in the form of co-hosting the [Eating Disorders International Conference](#) with BEAT on 18 and 19 March. What a treat these both promise to be. Matthew Cahill is taking over from Ashish Kumar as Academic Secretary, and I am sure he would welcome ideas for themes and speakers that would interest you.

If you want to make contact with any members of the committee you can do this via the Faculty Secretary; Stephanie.Whitehead@rcpsych.ac.uk

Farewell. It's been a pleasure.

**Dasha Nicholls**  
**Outgoing Faculty Chair**

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## **Update from the Academic Secretary**

### **Dr Ashish Kumar**

#### **Changes afoot**

This is an amazing time at your very own Faculty of Eating Disorders of the Royal College of Psychiatrists. This is the time to share with you new events which will be taking place and also welcoming new members to the Faculty Executive Committee and saying goodbye to colleagues who are leaving.

One of the ambitions of our Faculty is to offer opportunities to our faculty members and non-members to become involved in faculty activities. Please look out for some exciting opportunities which are coming your way. We are going to offer a number of bursaries to medical students, psychiatric trainees, service users and carers to attend our faculty conference in December 2019.

Also, coming soon, we will have an opportunity for you to write an essay on the theme of Eating Disorders. The essay may cover any aspect of the theme and the winner will receive prize money of £250 for their efforts. There will also be a similar cash prize and a certificate for members of the general public. This will be advertised on the website in due course.

## Research



We at the Faculty of Eating Disorders want to promote research in this area and also encourage our psychiatric trainees and other Doctors to join the field of Eating Disorder Psychiatry. Hence, we

have instituted two research grants of £2,500 each; one for applicants from within the UK and one for applicants from outside the UK. They will be expected to present their completed project at next year's annual conference. I am thankful to Andrea Brown (Faculty Finance Officer) for all her hard work in getting the financial support for these plans approved by the College.

## Recent Media Coverage

You may be aware of recent media coverage of the Public Administration and Constitutional Affairs Select Committee's critical report which highlighted how inadequate training of doctors in the field of Eating Disorders is seriously affecting patient care. We can reassure you that our Faculty has been working on this for some time and we have put forward plans to get knowledge and clinical training in Eating Disorders included in the medical student and psychiatric training curriculum. We are aware that it will take time and effort to achieve this and your support at each level will be important.

## Conferences

I hope that you enjoyed our annual conference on the theme of "Mind over Matter" in London last November. We had an amazing line up of speakers and Chairs, some of whom are pictured below.



U Schmidt, P Robinson,  
J Treasure, A Kumar.



Andrew Radford



S Higgs and S Ranote

Many of you were also able to join us for the Spring Joint ED and Medical Psychotherapy Faculty conference at Oxford in February 2019. A number of our enthralling speakers and Chairs are pictured below.



H C Friederich and D Nichols



M Podlejske-Eyres, A Kumar, P Bains and A Ayton



A Ayton and R Taylor



S Mizen and P Robinson

We are going to have a two day [annual Faculty conference](#) in London on 4-5 December 2019 on the theme of "Art and Science of Eating Disorders: A Global Vision to Help Eating Disorder Patients and Carers". We cover the latest evidence based topics in this conference; some very eminent speakers from across the globe will speak about their clinical experience and research in the field of science, therapy, law, treatment and policy related to eating disorders. The second day of the annual conference will be part of the European Chapter of Academy of Eating Disorders and will give us an opportunity to mix with clinicians and researchers from Europe and beyond and share our ideas. We invite you to join us at this conference.

The next conference will be a two day international conference in the partnership of Beat on 18-19 March 2020 in Glasgow. Programmes will be out shortly.

As Dasha has said in her article, it is a time of change in the Executive Committee. I take this opportunity to thank Navjot Bedi (Editor of this Newsletter and our Faculty lead on communications) for all her help and support in getting our Newsletter published and also making the Faculty webpage attractive and informative the link is here - [FED webpages](#). Her contribution during our conferences has been immense. I also want to thank our outgoing faculty chair Dasha Nicholls for leading us on the path of action and achievement in last four years. It was a great opportunity and learning experience to work with her. I also want to thank our other outgoing faculty colleagues for all their hard work and contributions and making our conferences and other activities successful.



**Agnes and Ashish**

I welcome Agnes Ayton as our new chair and look forward to working with her for the next 4 years in my new role as Vice Chair. I also welcome the new members of the faculty and it will be a great pleasure to work with them. It was a great pleasure to lead in organising faculty conferences over the last four years. I feel happy that we have been able to institute two bursaries for research and new essay prizes for members of the general public and the medical profession which will help raise awareness about eating disorders and hopefully attract more doctors to our field. We continue to offer a number of bursaries to attend our

conferences, which demonstrate our commitment to continue to work to improve knowledge and awareness about eating disorders. With this, I will be handing over the responsibilities of the academic secretary role to Matthew Cahill, who will lead us in our future conferences.

With best wishes

Dr Ashish Kumar

Outgoing Academic Secretary and Incoming Vice Chair



## Start Spreading the News – International Conference of Eating Disorders 2019

By Dr Matthew Cahill



I was extremely lucky to have been awarded a bursary to attend the AED International Conference in New York. It was an incredible experience, and I would urge anyone, if they can, to attend one of these events. I was blown away by the scale of the conference, with well over 1000 delegates, from a variety of different countries. Although the AED is heavily

US orientated, it was clear that efforts were being made to be more inclusive, with a range of speakers from round the world, a strong recognition of other Chapters, partner organisations and affiliates, and a clear global vision.

Often, with large-scale conferences, there can be a bias towards a research, rather than a clinical focus. However this conference seemed to have got the balance just right. The options for workshops, and short-paper sessions, were huge, giving the delegate enough choice to attend their preferable, and most useful choices. If anything, there was too much choice, and I felt I was missing out on other topics that were running concurrently.

It feels more special to be able to take knowledge and skills away from a conference, which can be used in everyday clinical practice, at the coal-face of patient care, and to be able to disseminate these concepts to the wider team. This was certainly the case following this conference.

Thomas Joiner, the keynote speaker, presented his new theory of suicidal behaviour, and proposed three factors that mark those most at risk for suicide: the feeling of being a burden on loved ones; the sense of isolation; and, perhaps chillingly, the learned ability to hurt oneself. He tested the theory against diverse facts taken from clinical anecdotes, history, literature, popular culture, anthropology, epidemiology, genetics, and neurobiology and included facts about suicide rates among men and women; white and African-American men; individuals with anorexia, athletes, sex workers, and physicians; members of cults, sports fans, and

citizens of nations in crisis. He proposed a new category entitled 'Acute Suicidal Affective Disturbance' and presented two fascinating vignettes exploring the possibility of using blink rate, during episodes of suicidality, as a risk marker. Watch this space.

There was a fascinating plenary session, **Treatment Quicker and Better: What is the Evidence for Short-Term Treatments in Eating Disorders?** where treatment duration versus symptom improvement was explored. Glen Waller proposed his case for CBT-T and quashed the myth that more therapies led to better outcomes. He argued that it is often clinicians who are reluctant to work with shorter therapies, but ultimately the patient, and those waiting for treatment, could suffer most if treatment is prolonged.

I then attended a workshop on the important role of reproductive hormones in eating disorders, before presentations on FREED, and blind versus open weighing.

The second day began with a fascinating and hugely well-received plenary session titled **Let's Get Things Straight, I'm Not: Eating Disorders in the LGBTQ+ Community.** The session began by outlining more general challenges faced by this community and showed how mental illness prevalence increased in areas where tolerance of the LGBTQ+ community was less. We also received a lesson on the correct terminology to use, what to do and what not to do, such as using the correct terms, asking for a person's pronoun, respect those who choose not to have a pronoun, acknowledging their varied life experiences, and keeping an open mind, which was all extremely useful. The plenary then moved on to more specific eating disorder themes, such as understanding the relationship between sexual orientation and eating disorder psychopathology.

The conference did not shy away from difficult themes and controversial subjects. This was best showcased in the plenary session, **When Has the Time Come for Compulsory Treatment?** which opened up the debate about compulsory versus voluntary treatment, and went further to discuss ethical considerations, capacity to make decisions and promising alternative approaches. The most divisive part was, understandably, when the issues around futility of treatment and palliative care were explored. The tension was palpable.

Shannon Calvert, from Western Australia gave her perspectives on compulsory treatment from a lived experience. She also expertly

reframed the DSM V view of Anorexia Nervosa towards a person-centred view. For example:

Restriction of food, leading to significantly low body weight – defined as a weight less than minimally normal or expected

Versus

Denying nourishment /food to minimise one's distress around (lack of) self-worth. To numb emotional distress.

And:

Persistent lack of recognition of the seriousness of the current low body weight

Versus

Denies acknowledging the severity of the illness out of fear of losing autonomy including treatment expectations

The highlight for me though (apart from the horse-ride through Central Park and Wicked on Broadway), and the intervention I think will be most useful to me, my team and my patients, was the call for change regarding exercise and anorexia nervosa. A team from Australia argued that promoting exercise abstinence is futile, and that we need to work with the patient to introduce exercise safely at every stage. They proposed the **Safe Exercise at Every Stage (SEES)** model which skillfully takes physical risk into consideration, yet balances this with increasing levels of activity throughout recovery, empowering the patient to work through the stages, with the necessary nutrition, in collaboration with psychological treatment alongside.



**Matthew Cahill at Hudson Bridge**

Unlike many conferences I have attended, I have returned with tools, knowledge and skills which I sincerely believe will help patients at service level. Please contact me if you would like further information about any of the topics I have discussed.

## Spring Conference in Glasgow in collaboration with Beat

The Faculty of Eating Disorders and eating disorder charity Beat have joined forces to present the Eating Disorders International Conference in Glasgow on Wednesday 18 and Thursday 19 March 2020.

The conference will cover four main themes: Brain theories and interventions; Early intervention; Community alternatives to admission; LGBTQ+ communities and eating disorders.

The programme is influenced by the experiences of people who have recovered from their illness, and family members who have supported a loved one into recovery, and several sessions will be supported or led by Beat Ambassadors.

Keynotes will present on topics of critical importance, while seminars, workshops and other breakout sessions will explore a wider range of emerging research findings.

Speakers provisionally agreed to date:

- Severe and enduring eating disorders: What to do while we are waiting for recover? – **Janice Russell**
- Neuropsychology - **Aikaterina Fotopolou**
- Obesity and eating disorders: mechanisms - **Tony Goldstone**
- Medication, eating disorders and co-morbidity - **Nathalie Godart**
- Early intervention across the age range - **Ulrike Schmidt**
- Alternatives to hospital for anorexia nervosa - **Beate Herpertz Dahlmann**
- LGBTQ issues - **Jon Arcelus**

Visit <https://edic.beateatingdisorders.org.uk/> for further information and to take advantage of early bird tickets (guaranteed until 31 July), with at least 30% off full ticket prices and significant reductions for students.

You can also register for more information, while details on how to submit abstracts and posters will be shared online shortly.

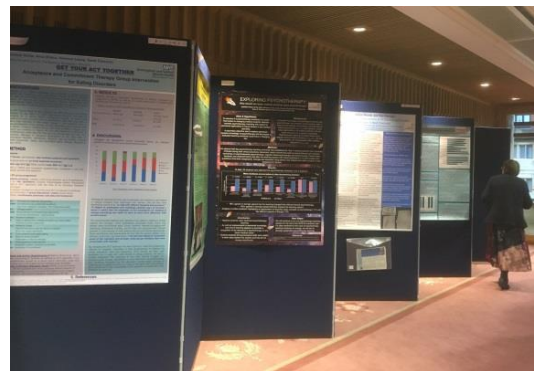
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## Poster Prize winners

### Spring conference 2019

#### **Get your ACT together. Acceptance and Commitment Therapy Group Intervention for Eating Disorders**

Karolina Wutke, Alina Braicu, Newman Leung, Sarah Corcoran. Eating Disorders Service, The Barberry, Birmingham, B15 2FG



Spring conference poster prize winners with Academic Secretary, Ashish Kumar

### Annual conference 2018

#### **What is the impact of adding online guided self-help to outpatient treatment for anorexia nervosa? The Self-Help And Recovery guide for Eating Disorders (SHARED) trial**

Cardi V, Albano G, Cao L, Ambwani S, Macdonald P, Todd G, Schmidt U, Crosby R, Treasure J. Kings College, London

Both [winning posters](#) can be found on the FED webpages



## Report from Bursary Winner 2018

### Clare McGivern, ST6 General Adult Psychiatry



I am grateful to have been an advanced trainee recipient of the RCPsych educational bursary to attend the Eating Disorders Conference in November 2018, while working at Cotswold House, Oxford Adult Eating Disorders Service. I was delighted to attend the conference for the chance to consider current advances in eating disorders research and the implications for translation towards clinical management.

Professor Janet Treasure described Professor Gerald Russell's career and legacy providing us with an appreciation of his significant contribution to the literature. It was illuminating to consider the profound impact of his work and how it was set within the historical narrative of eating disorders. I gained a new awareness of the progress that has been made; from the moral authority approach of the nineteenth century to the cultural and feminist theories of mid twentieth century, to the neuroscientific metabolic and endocrine theories of the present. It is fascinating to reflect on Professor Russell's innovative areas of clinical research, including hypothalamic regulation of satiety as well as the Maudsley method of family therapy, that elucidated both brain based and social pathways of behaviour.

The conference also afforded me an opportunity to consider current research in eating disorders. I was particularly interested in Professor Fernandez-Aranda's findings on the neurobiological factors at play in emotional regulation. Professor Suzanne Higgs talk that covered the psychobiological aspects of appetite control, adds to our understanding of eating and overeating in relation to higher level cognitive function and the use of cognitive remediation therapy. Another highlight of the conference was Professor Ulrike Schmidt's insights into the potential use of non-invasive neuromodulatory treatments for the future management of eating disorders.

Andrew Radford, BEAT Chief Executive, gave an inspiring account of the strategic vision of BEAT over the next five years, with its emphasis on early intervention and family engagement and empowerment, raising awareness towards universal prevention. A key issue raised was the delay between recognition of symptoms, assessment and treatment with an eating disorders service. It was heartening then to hear of BEAT's success in introducing school-based training, where they are making strides towards training education professionals on the early signs of eating disorders. Overall, it was an excellent opportunity to attend this informative and inspirational conference.

## Trailblazing training in Eating Disorders

Different lenses - one vision:



By Dr Kiran Chitale  
MBBS, MRCPsych, MD OB-Gyn,  
PG Dip Applied Systemic Theory, Tavistock  
Clinic, London  
Consultant Child and Adolescent Psychiatrist –  
Eating Disorders

### Introduction

The Parliamentary Health Service Ombudsman's *'Ignoring the Alarms'* report identified lack of training in this field as one of the major factors needing urgent consideration. There have been some concerning findings from a recent survey of medical schools in the country, which concluded that the total average teaching time for Eating Disorders is around 1.8 hours, with some medical schools offering none throughout the medical degree.

In March 2019, a Parliamentary roundtable was convened with Baroness Parminter, leading eating disorders experts, the GMC, politicians, medical educators and clinicians discussing training in Eating Disorders.

The PACAC (Public Administration and Constitutional Affairs Committee) released a report in June 2019, which concluded:

*"There is a serious lack of training for doctors about eating disorders and the treatment of eating disorders patients as evidenced for example by GPs relying on BMI as a sole indicator of whether people can access treatment, preventing patients from receiving treatment".*

The GMC report "Mind matters: Why medical students must be taught about Eating Disorders", validated and supported the recommendation for training of all medical students across the UK.

As the light shines on the path of training and education in the field of Eating Disorders, there has been a growing urgency and energy to build a skilled workforce that can have a shared language of communication to deal with such complexity.

Foundation doctors and GP trainees can be the eyes of the medical workforce in all tiers including primary, secondary and tertiary care and across acute health settings and may be the first to recognize and triage clinical risk for this illness.

It is therefore vital that Foundation and GP trainees receive training about the spectrum of Eating Disorder presentations and nutrition, to enable the

comprehensive assessment of risks associated with this severe illness. This could guide safe care, facilitate pathways for risk management, and whilst doing so also preserve their own career trajectory. As they say "Your eyes do not see what your mind does not know".

### **Our Vision for development of Foundation and GP training in Eating Disorders**

2014 saw the dawn of Foundation Training in CAMHS Eating Disorders in Norfolk. With the rise in referrals of young people with eating disorders with high acuity at first presentation requiring acute medical stabilization, it was envisaged that placement of Foundation doctors in the Eating Disorders service would afford a holistic training experience in identification of physical, nutritional and psychological risks associated with this severe illness and its co-morbidities.

The vision gained further momentum with the support of the Director of Medical Education for Norfolk's mental health trust and we jointly proposed that Foundation trainees and GP trainees should be offered the opportunity to develop skills in this specialism.

This was welcomed by the Deanery, Training Programme Director, Foundation Programme Leads and GP Leads and so began the trailblazing journey of training newly qualified doctors in Eating Disorders.

Important guidelines such as Junior MARSIPAN had set the scene for facilitating joint bio-psycho-social care pathways with Pediatricians, Gastroenterologists, A&E professionals, AMU Consultants, Dieticians and Endocrinologists. There was passion and energy amongst experts and leaders in these specialties and support from local CCGs. This offered trainees the opportunity to learn at every stage of care provision and actively participate in pathway development and liaison.

As such, this was an opportunity for what could be a rich training placement in Community Psychiatry. The duration of Foundation trainee placements was four months, while GP placements lasted three months. With positive feedback from trainees and the Deanery and a growing demand for training in Eating Disorders, this emerged to be one of the most popular placements in Community Psychiatry training.

In 2015, Professor Simon Wessely introduced guidance for expansion of the Foundation Programme in Psychiatry, with a clear vision and specific goals to ensure that the next generation of doctors were better prepared for life in the health service.

There was tremendous vigour and support for such training, with a view to be able to offer specific opportunities for trainees to develop transferrable skills, that would afford them the ability to manage a patient in any setting. Holistic care was the mantra, and community-based postings became the need of the hour.



### From the lens of a Clinical Supervisor

As Clinical & Educational Supervisor, Consultant Child & Adolescent Psychiatrist and Clinical Lead for a Community Eating Disorders Service for Children and Young People (CEDS-CYP), it was a privilege to help develop this training programme and curriculum and supervise up to fourteen Foundation Trainees (FY1 & FY2) and a similar number of GP Specialist Trainees (GP-ST) between 2014 and 2018.



This was a Consultant-led service with a small critical mass, though fulfilled criteria for a Specialist Eating Disorders Service as recommended by Access and Waiting Time Standard for Children and Young People with an Eating Disorders.

The service catered to a population size of over 500,000 with 100-150 referrals per year, of patients up to age 18. Transition pathways were developed for seamless transitions to the Adult service, Inpatient care, universities and other services.

The service aimed to offer a holistic, multidimensional and intensive Eating Disorders treatment model for young people, which included:

- *Service delivery, in the form of an 8am – 8pm breakfast, lunch and dinner supervision with family-based therapy and support at home or in clinic*
- *Triage and assessments of urgent and routine referrals*
- *Multi-disciplinary team (MDT) meetings and multi-professional meetings*
- *Nutritional interventions and weight and health restoration plans*
- *Junior MARSIPAN pathways and liaison with acute health providers*
- *Psychoeducation: for individuals and family using an interactive torso*
- *'RESPECT-ME': Young peoples' evening groups using creative art*
- *Carer / Sibling support groups*
- *Eating Disorders joint clinics at schools with School Nurses*
- *NICE concordant therapies: FT-AN, CBT-E, MET*
- *Multi-Family Therapy*
- *CPA attendance at Specialist ED Inpatient Units out of area*
- *Ethical & Legal aspects: Consent, Capacity, Mental Health Act assessment*

- *Safeguarding / Social services shadowing*
- *Training and teaching for Medical students, trainee nurses, trainee social workers, Granada Medical School students*
- *Team training*
- *Audits*

Trainees could choose from this menu and tailor it to their individual training goals and needs identified at induction and throughout placement. A weekly timetable was developed to reflect a trainee's commitments and learning events. They were encouraged to develop leadership skills through supervising medical students attached to the team and leading on teaching sessions.

The foundation programme guide listed fundamental training goals, which were reviewed at mid-placement and assessed at the end of the placement to submit the CSR (Clinical Supervisor's Report).

The Foundation Programme e-portfolio included personal development plans, summaries of feedback from Educational and Clinical supervisors, significant achievements, reflections, educational activities, assessments. SLE (Supervised Learning Event): interaction between a foundation doctor and trainer, which led to immediate feedback and reflective learning helped consolidate the experience.

Goals were similarly set for GP trainees at induction and reviewed at mid placement and at the end CSR meeting.

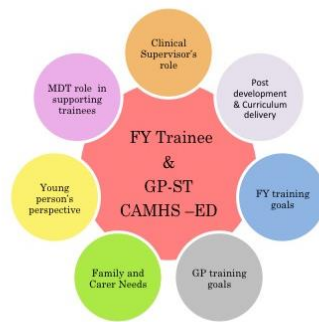
The service was on its own trajectory of development and stepping into a world of Local Transformation Plans. Trainees were able to witness this wave of change and service expansion.

Towards early 2017, the CEDS-CYP saw managerial restructuring to fit in with a model of 'New ways of working' and as such was no longer Consultant-led.

### **Reflections**

Supervising trainees in Eating Disorders was a rewarding and humbling experience. Each trainee brought with them their own unique strengths and left with their own unique goals fulfilled. Each one brought a fresh outlook to the service and helped shape the bright vision. They were generous with their skills and strengths and compassionate and supportive towards patients, families and colleagues.

Trainee experience may be shaped by numerous factors as shown in the model below



Training need not be limited exclusively to the medical profession and needs to be offered to all professionals in all settings.

Universal education and tackling stigma and prejudices is required for primary prevention and early intervention. Educating society as a whole on the importance of nutrition for healthy bodies and happy minds is quintessential in the face of a daily diet of controversy on good and bad food and what defines a perfect body.

Building resilience, self-esteem and hope for young people amidst all the challenges they may face can be just as important as future training in this field. And this must be everyone's responsibility.

Myth busting can also be a part of education. It is important to know that eating disorders come in all shapes and sizes, and risk is not weight dependent. But it is our collective responsibility to tackle this epidemic and fostering a culture of education is the first step.

### **From the lens of a Trainee** **By Dr Alex Pawsey, Core Medical Trainee, London**

There are few foundation training roles across the country which incorporate a pure eating disorders-based placement into their rotations. During my FY1 year I was attached to an outpatient-based Child and Adolescent Eating Disorders (ED) service in the Norfolk area, supervised by Dr. Kiran Chitale. Prior to this role I had little experience with the dealing with the issues I would face here. Training during medical school consisted of a few lectures and very limited placement time dealing with the matter.

I was hesitant at first about what I could bring to the role, being limited by not only my experience to date but also by practical factors such as not being able to provide outpatient prescriptions (being pre-registration) and difficulties getting used to a new systems (having only become used to how the hospital works over my first four months as a doctor).

The team I was joining consisted of a Consultant Psychiatrist, an Associate specialist, a GPVTS, as well as a wealth of nursing and support

staff to help the burden of the heavy demand of referrals that were received.

Towards the start of my time there was the necessary "sitting-in" with clinic appointments and meetings in order to simply understand the nature of the work that was accomplished there. I was enthusiastic to become integrated into the team, a quality which I think was essential for me to make the most out of the placement.

I began joining the senior doctors and nurses on visits to the hospital to meet young people on the Pediatric wards as well as assisting with home visits and school visits for meal support and supervision. This variety was a different experience to that which I had grown accustomed to during my first FY1 rotations (a surgical attachment in a busy firm).

As I grew more confident in the clinical nature of the work, I was able to expand on the role by taking on additional projects within the job. I began to co-ordinate the undergraduate medical student placements attached to us, travel to the Medical School to deliver Clinical Skills teaching as well as undertaking a large audit into the referrals received by the service.

As part of this audit the large amount of inappropriate referrals were revealed and together with my Consultant we set to work on organizing a GP referral system for eating disorders in keeping with RCPsych guidelines (JUNIOR MARSIPAN). We developed a referral form for GPs to assist robust referral pathways, which was very helpful to GPs and other referrers and was shared widely on Knowledge Anglia – a forum for information and guidance to GPs.

At the same time as this I was becoming increasingly more confident in dealing with young people with ED and was able to contribute more in clinic appointments including assisting with physical health care needs. I was offered the opportunity by my Consultant to help train newly appointed Band 5 and 6 nurse colleagues in physical health monitoring as the team was expanding.

Having shadowed my Consultant and Clinical Nurse Specialist, I began to offer Psychoeducation for young people and families about the importance of nutrition and the consequences of starvation or purging on the body and brain, using an interactive torso.

When you are able to get all of this variety of work out of a rotation in foundation training, it not only develops your knowledge and clinical skills with general psychiatry, but also builds confidence in other areas pertinent to a career as a more senior doctor.

With over 1.25million people in the UK suffering from eating disorders, it

is likely that doctors from all fields will encounter this disease group at some point in their careers. Beginning education early in foundation and core psychiatry training will only work to build on doctors' understanding and ability to manage what can be patients with very complex needs.

How to make that training worthwhile and something which trainees engage with can be accomplished by building on these experiences. With good, engaging supervision, variety in the work and a foundation of knowledge which can only be gained from clinical exposure, the incorporation of ED into training at undergraduate and postgraduate level for both psychiatry and non-psychiatry trainees will make us more able to engage with this challenging but rewarding patient group

### **From the lens of a Young Person By an expert by experience**

I was involved with the CAMHS Eating Disorders team from the age of fourteen and a half until my eighteenth birthday and during that time I have had many experiences with a number of junior doctors.

A junior doctor was present at my very first appointment with the team and I immediately connected with her. This doctor was already a few weeks into her placement when I met her so the Specialist nurse I was seeing asked her to go through a motivational enhancement booklet they had to help introduce me to the service and how they might be able to help me.

I admit that my brain was malnourished at the time so my memory of the appointment is sketchy but this doctor explained it to me well and showed genuine care.

I continued to see this junior doctor, who was closely supervised by the Consultant Psychiatrist, in the following weeks and her support, along with that of the Consultant and clinicians in the team, played a role in ensuring that at that point I did not require an inpatient admission.

During appointments the junior doctor was able to work with me as well as being offered the chance to observe other professionals, similarly this was the case for other junior doctors I was involved with. Of all the junior doctors I met at the service it is this one who stood out the most. Throughout the three and a half years I saw the service I met with several junior doctors and I always saw the importance of giving them the opportunity of experience and training.

I had unfortunately had a difficult experience with my GPs prior to my referral. The first two GPs I saw missed my eating disorder and because of this I was severely physically compromised in addition to my mental distress when I finally met the team.

I believe that when junior doctors have placements in eating disorder services this is mutually beneficial as it diversifies the clinical team, provides necessary training and widens experiences for newly qualified doctors.

### **From the Lens of a parent By a parent**

In the process of getting my daughter diagnosed with an eating disorder I saw three separate GPs over a period of just over two months. Over this period my daughter had lost approximately 7kg and hence needed immediate admission to a general hospital. The anorectic behaviors had also become much more obvious and at the point of admission she was eating barely 300 calories a day.

The first GP attempted to weigh her fully clad in coat and boots. I suggested she remove these and she got her to take her coat off. She seemed unconcerned about the weight even though it was already below the first percentile. In fact she requested blood tests and an ECG but told my daughter she was not worried and was only doing it because her Mum was worried. I raised the possibility of Anorexia at which point she asked her to do the squat test and because she could do that said she did not have Anorexia.

Following on from the ECG I had a phone call from another GP who was concerned about it, after two appointments this GP referred my daughter to the eating disorder clinic. However, in the course of the second appointment he asked my daughter if she was depressed. She said that she was not, even though I said she seemed to be quite down.

We discovered later that the referral letter had said that there were no psychological issues. This referral was bounced at triage by the assessment service separate to the ED team and instead we were offered a pediatric dietician appointment in about 3 months. We also had a referral to the acute general hospital about the ECG, the GP did not forward the ECG and the one they did on the day was normal.

I asked the pediatrician if they could support the referral to the eating disorder clinic but they were not able to, (at this stage we were not aware the first referral had already been bounced).

After a number of contacts with the surgery eventually another GP saw her and requested more blood tests and also referred her to the CAMHS Eating disorders service, which was accepted. I was told she would get an appointment with the clinic in approximately two weeks.

In the interim the GP phoned me to say the blood tests were all

normal. This was followed the next day by a call from the CAMHS - Eating Disorder clinicians who were concerned about the blood test results and requested the GP to do an immediate referral to the Children's assessment unit on the Pediatrics ward, and she was admitted the following day.

She then received intensive input from the CAMHS-ED service as soon as she was assessed and has continued to work hard towards recovery.

I feel that training in eating disorders is very important for GPs and all doctors dealing with this illness.

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## **Are you interested in taking part in a study about improving transitions between CAMHS and Adult eating disorder services?**

Jackie Wales & Nicola Brewin, Service Evaluation & Research Associates, Leicestershire Adult & CAMHS Eating Disorders Services

Leicestershire Adult and CAMHS eating disorder services are conducting a research project aimed at improving the transition process between CAMHS and Adult eating disorders services for young people and their families. There is currently little research in this field, and this study will be the first to examine the priorities for transition from the perspectives of clinicians, patients and parents/carers in the UK.

We are seeking to include patients who have been eligible for transition between ED services, their parents/carers and clinicians who have experience of referring young people to adult services for their eating disorder OR see patients who have been referred to adult services from children's and young people's services.

Taking part in the study would involve a sorting task. We have already conducted a service evaluation with patients, parents/carers and clinicians and have generated a list of 40 statements about the transition process from this. The task involves ranking these statements based on your strength of agreement/disagreement. If you would like to receive a sorting task pack, or would like any further information about the study, please email the study team [ResearchED@leicspart.nhs.uk](mailto:ResearchED@leicspart.nhs.uk)

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