

ROLE OF AN EATING DISORDER ADULT CONSULTANT PSYCHIATRIST

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Introduction

Eating disorders are a group of disorders characterised by a distorted attitude towards eating shape and weight and in their most severe forms carry the highest standardised mortality ratios of any psychiatric disorder.

The disorders are complex and involve the interplay between physical, psychological and psychiatric components and as such require the leadership of a clinician who is trained in each of these aspects of care. Whilst the management of the disorders involves psychological, nutritional and physical components, it is only consultant psychiatrists who have the necessary training in all of these areas in order to balance the complex needs of these patients. Their expertise is essential in conducting risk assessments to prevent deaths from the physical consequences or from suicide and their training and role in Mental Health Legislation empowers them to safeguard those in their care. In addition to their role involved in the direct care of patients, a clinician with the training and experience of a senior psychiatrist is also essential to support the education and leadership needed in an Eating Disorder service.

Clinical

- Medical assessment of patients.
- Psychiatric assessment including eating disorder and non-eating disorder psychopathology .
- Formulation of complex cases with medical and psychiatric needs.
- Risk assessment and management for the medical and psychiatric components of the disorder.
- Taking a leading role in the monitoring and treatment of physical complications of eating disorders in collaboration with other health care professionals (dietitians, physicians, paediatricians, general practitioners, etc).
- Liaison with acute hospital consultants, general practitioners and acute psychiatric consultants.
- Implementation of guidelines e.g., MARSIPAN guidelines.
- Treating and monitoring of psychiatric aspects of eating disorders, including core psychopathology and psychiatric co-morbidities, such as depression, obsessive compulsive disorders, borderline personality disorder, autistic spectrum disorders.
- Prescribing, which extends beyond the usual psychiatric formulary, and appropriately monitoring medications (according to relevant NICE guidelines).
- Using the Mental Health Act as appropriate in the management of eating disorders and general psychiatry.
- Liaison with and providing feedback to families.
- Report writing for patients in education, training, work and accessing benefits.
- To decide on most appropriate treatment setting (in, out, day patient).

Educational

- Training of psychiatrists.
- Education of medical students.
- Training of multidisciplinary staff in community eating disorder teams.
- Training of inpatient staff especially in physical and psychological health.
- Training primary care staff in early recognition, management and referral of eating disordered patients.

- Improving awareness in community settings e.g. schools, universities, primary and secondary care. Ensuring knowledge of management of high risk cases in secondary care.
- To challenge stigma and discrimination against patients with eating disorders in community and health settings.

Leadership/Managerial

- Lead clinical decision making in the multidisciplinary context.
- Contain anxieties, manage dynamics and resolve conflicts within the team.
- Be accountable for the overall clinical performance of the team.
- Manage and appraise medical staff in the team.
- Lead and participate in audit and research.
- Lead the direction of clinical management of eating disorders within the team taking account of the physical, psychological and nutritional evidence base.
- Liaise with clinical and managerial leaders in commissioning and providing services with the aim of improving and developing services.
- Provide specialist input to contract negotiations.
- Provide specialist input to clinical and managerial advisory groups both locally and nationally.

Job Description and Job Plan

There is wide variation in the way Eating Disorder Services are delivered across the country reflecting differing needs and priorities, available resources, historical development of the services and lack of evidence base to define best practice. In general the three main forms of service delivery are inpatient, outpatient and day patient, but there are variations to these basic models e.g., development of intensive community treatment packages, many of which have showed good clinical outcomes for patients and high cost effectiveness. In addition to the variety of services there is also wide variety in the available resources within services, particularly in community services. Because of these factors the work of a consultant psychiatrist within these teams cannot be exactly defined. However from examining different models it is possible to define the approximate amount of time that a consultant psychiatrist would need to deliver high quality care within a team with satisfactory resources.

For inpatient work, a consultant psychiatrist would require 1.5 – 2.5 PAs for each 3 beds.

For out patient work they would require 1.5 – 2.5 PAs for each 300,000 people in the population.

(The need for medical consultant time varies depending on the availability of other staff in the team, particularly staff grade doctors, senior psychiatric trainees, psychologists and senior nursing staff.)

The above figures are built around a full-time post of 10 PAs per week of which 7.5 are for direct clinical care and 2.5 are for supporting professional activities. In the above figures the sessions quoted are purely for PAs ie do not include SPAs.

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