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# Eating Disorder Psychiatry

Royal College of Psychiatrists Credential Curriculum

Version 2.0

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## Purpose Statement

### Overview

The Royal College of Psychiatrists is currently supporting the creation of post-CCT credentials, in collaboration with the GMC and HEE with the opportunity to expand this offer to other health care professionals.

It has been recognised that the skills to deliver high quality eating disorders treatment are required across many medical specialties, particularly Child and Adolescent Psychiatry, General Adult Psychiatry, Medical Psychotherapy, General Practice, Paediatrics and acute Medicine. These psychiatric skills are unique and could be evidenced by awarding a post-CCT credential. This provides clinical assurance and raises the profile and importance of integrating physical and psychiatric skills across medicine

This document outlines the requirements for the credential, including curricula capabilities and plans for supervision.

### Who is this credential designed for?

The credential is designed for higher trainees (ST5 or ST6), consultants who have been awarded a CCT in any medical speciality, although we anticipate this will be of particular interest to psychiatrists, GPs, paediatricians, and physicians who work in settings where patients with eating disorders present, and SAS doctors working with this patient population.

### Need for credential

Currently, there is limited flexibility for other medical specialty CCT-holders to access training in Psychiatry apart from via the CCT pathway. Furthermore, there is currently no GMC endorsement or other route to demonstrate competencies in eating disorders psychiatry. This has resulted in insufficient training (Ayton and Ibrahim, 2018), significant variations in practices, difficulties in recruiting consultants to specialist Eating Disorder Services and a negative impact on medical monitoring and treatment of high-risk patients (House of Commons Public Administration and Constitutional Affairs Committee, 2019; Parliamentary and Health Service Ombudsman, 2017).

According to the RCPsych 2021 census, Eating Disorder Psychiatry has 12.5% vacancy rates and there are only 49 full-time and 48 less than full time substantive consultants in the UK working in specialist adult eating disorder services (Royal College of Psychiatrists, 2022). Approximately half works in the independent sector. The number of child and adolescent psychiatrists working in this field is not recorded, but it is estimated around 50-60. These numbers are in stark contrast with the 23,954 patients needing hospitalisation in England for a primary or secondary diagnosis of eating disorder in 2020/21 across the age range (NHS Digital, 2021). There are no specialist posts in Wales or in Northern Ireland. According to a 2020 survey by the Faculty of Eating Disorder Psychiatry, 30% of consultants have taken up their post in specialist eating disorder services without any specific training. Furthermore, 40% is planning to retire in the next 4 years, at a time when there is commitment to improve eating disorder services across the age range by NHSE and the devolved nations. The need to improve and standardised training in this field has been highlighted by several key documents,

such as the PHSO report and the recent Reports for Prevention of Future Deaths (Horstead, 2021). Currently, there are approximately 15 higher training posts across the age range in the UK (<https://www.rcpsych.ac.uk/members/your-faculties/eating-disorders-psychiatry/supporting-trainees>), however 20-80% are unfilled in various deaneries. There are no training posts in Wales or Northern Ireland.

Given this context, developing a credential in eating disorders is urgently needed to improve standards of care in this high-risk population that affects 4% of adults in England (NHS Digital, 2020). Credentialing will ensure consultants across medical and psychiatric specialties can develop specialised skills and knowledge to assess and treat people with eating disorders across the age range. ED credentialing will help ensure that patients with eating disorders are correctly diagnosed and receive optimal care for their physical and psychological health when being treated in the general hospital, in general practice as well as in specialist settings. This would help reduce the risk of further avoidable deaths.

Furthermore, non-psychiatry CCT-holders will have the opportunity to credential in eating disorders because of the extensive physical comorbidities in people with eating disorders, including, but not restricted to, the physical consequences of prolonged fasting, purging and significant weight loss, or the metabolic aspects of bingeing.

Currently, there is often a lack of specialist care when needed, but at a psychiatric level. Referencing to the multi-system nature of eating disorders and the overarching role of the psychiatrist (as below)

### **Proposed route**

The credential will be open to applicants who are approaching or have achieved a CCT or equivalent (ST5-6 trainees in CAMHS, general adult psychiatry and medical psychotherapy, and new consultants with <3 years' experience in eating disorders), or who have been working as a SAS doctor for a minimum of 2 years amount of time. Once the credential has been undertaken, a certificate will be presented by the RCPsych to state that the applicant has completed the credential pilot. It is important to note that at this stage participants will not be formally awarded the credential via the GMC's specialist register.

### **Supervision arrangements**

Supervision with a Psychiatry Consultant Psychiatrist with the relevant CCT and working with in eating disorders will need to be attended least fortnightly. This can be achieved remotely or in person. A minimum of 20 hours clinical supervision should be undertaken over a period of 12 months. This will be funded at the annual PA rate, at 0.25PAs per week.

The role of the supervisor will include both clinical and educational supervision. Supervision records will need to be demonstrated in a portfolio.

### **Eating Disorder Psychiatry**

Eating disorders are complex disorders that are associated with high rate of

physical and psychiatric comorbidities and increased risk of mortality both from the physical complications and from suicide. They include Anorexia Nervosa (AN), Bulimia Nervosa BN, Binge Eating Disorder (BED), Avoidant and Restrictive Food Intake Disorder (ARFID), Rumination and Regurgitation Disorder, Pica, and Other Specific Eating Disorder (OSFED) and Feeding and Eating Disorders, Unspecified. They can affect people regardless of age, gender, sexual orientation, ethnicity, or body mass index (BMI). They commonly start in childhood and adolescence or young adulthood but can last a lifetime. Anorexia Nervosa has the highest mortality rate among all the mental disorders.

Eating disorders are treatable, and early recognition and prompt treatment can prevent physical and mental health complications and can lead to better outcomes.

This competency-based curriculum for GMC credentialing for specialist training in all-age eating disorders psychiatry document offers a framework of competency-based training to psychiatrists to gain credential in all age Eating Disorder Psychiatry.

### **Guidelines and Policy Documents used to prepare the competency-based curriculum for GMC Credential in All-age Eating Disorder Psychiatry:**

- NICE Guideline for Eating Disorders (all-age) (National Institute for Health and Care Excellence, 2017)
- NICE Quality Standards for Eating Disorders (National Institute for Health and Care Excellence, 2018)
- NHS-E Access and Waiting Time Directive for CYP-EDS (NHS England, 2015)
- Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care Guidance for commissioners and providers (National Collaborating Centre for Mental Health, 2019)
- Improving core skills and competence in risk assessment and management of people with eating disorders: What all doctors need to know ((Ayton et al., 2020)
- SIGN Eating Disorders Guideline(Scottish Intercollegiate Guidelines Network, 2022)
- Medical Emergencies in Eating Disorders (formerly MARSIPAN report) (RCPsych 2022)
- Transition between inpatient mental health settings and community or care home settings(NICE, 2016)
- Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition(NICE, 2006)
- Other NICE and NHS-E guidelines and latest research evidence - please refer to references

## Framework of training in all-age Eating Disorder Psychiatry

1. **Training Arrangement:** Across Children and Young People and Adult Eating Disorder Services with sessions in Specialist Paediatric/Medical Eating Disorder Clinics.
2. **Duration of training:** One year in Eating Disorder Services – experience will be required in Children and/or Young People and Adult Eating Disorder Services. The proportion of CAMHS and adult experience can be individually negotiated depending on the individual's personal circumstances, but experience across the age range is important part of the credentialling.
3. **Eligibility for GMC Competency based Credential Training:** The higher trainee should have completed MRCPsych qualification or Equivalent and should have completed basic psychiatric training in Psychiatry.
4. **Core Competencies:** A. Assessment and management of ED B. Assessment and Management of Physical Health Complexities related to ED C. Awareness of Social Impact of ED-Family, Education, Employment, Finances, NHS D. Across all ages- Children and Adult E. Quality Improvement, Audit, Research F. Legal framework –MHA, MCA, Children's Act, Safeguarding G. Assessment and management of Mental and physical health risks H. Working with systems and Teams I. Leadership and interpersonal skills J Knowledge of pathways, guidelines, latest evidence K. Knowledge and Skills in different models of therapy.
5. **Placement:** In recognised Adult ED and CYP-ED services across UK.
6. **Supervision:** Training under the supervision of recognised and approved clinical supervisor and educational supervisor with overall supervision from Training Programme Director (Joint Adult and Child and Adolescent Psychiatry TPD). Trainees to have designated weekly supervision with their educational and clinical supervisors.
7. **Framework of Training:** RCPsych managed portfolio-online and 360-degree feedback system to be used to keep and manage higher trainee's training portfolio. They must go through periodic progress meetings with their clinical/educational supervisors before final annual review of their progress and achievement of competencies- which will lead to recommendation for successful candidates to GMC for grant of credential in pan-age Eating Disorder Psychiatry.
8. **Assessment of Achievement of Core Competencies:** It will be demonstrated by completion of relevant work based place assessment (WBPA) tools (Assessment of Clinical Expertise (ACE), Mini-Assessed Clinical Encounter (mini-ACE), Case Based Discussion (CBD), Direct Observation of Procedural Skills (DOPS), Multi-Source Feedback (MSF) is obtained using the Mini Peer

Assessment Tool (mini-PAT), Case Based Discussion Group Assessment (CBDGA), Structured Assessment of Psychotherapy Expertise (SAPE), Psychotherapy Assessment of Clinical Expertise (PACE), Journal Club Presentation (JCP), Assessment of Teaching (AoT), Direct Observation of non-Clinical Skills (DONCS).

The completed tools and structured Educational Supervisor's report will feed to the Annual Review of Competency Progression (ARCP) process and ARCP panel will decide the suitable outcome for the trainee at its annual review. The number of tools needed to be completed shall be decided by current guidance on ARCP process as applicable to ST4-ST6 Psychiatry trainees. The trainees are expected to be reflective in their approach to the training and demonstrate it by using their e-portfolio suitably in consultation with their educational supervisor during their supervision time. The trainees are expected to undertake and complete certain number of short and long therapy cases in different models of therapy during this all-age ED competency-based training.

9. **Regulation of Training:** The trainees must have registration and licence to practice with the GMC and should be a member of RCPsych or equivalent Royal College. They should follow the GMC's good medical practice guidance and RCPsych's Good Psychiatric Practice Guidance while pursuing their training. The trainee should undergo local induction with their employing trusts and follow local policy and procedures as required including regulations on data protection and patient confidentiality. The trainees will be regulated by relevant GMC, RCPsych, HEE (Health Education England), Psychiatry Training Schemes (where relevant) and employing NHS Trust's regulations. Co-produced training with those with lived experience - must be written in, IMHO, as it is best practice. But must be resourced and done well.
  
10. **Funding:** Health Education England, NHS England, and Local NHS Trust (where the trainees will be placed) to jointly fund the training. The trainee's salary and allowances will be decided in line with prevailing NHS employer's terms and conditions for Junior Doctors., or their existing consultant salary.

## Eating Disorders Credentialing Curriculum

The below table outlines the High Level Outcomes (HLOs) and Key Capabilities (KCs) to be achieved under 16 key themes. Please use this curriculum in conjunction with the credentialing handbook.

**By the end of the credential in Eating Disorders, you will be able to:**

High Level Outcome 1 (GPC 1)	Demonstrate the professional values and behaviours required of a Consultant Psychiatrist with reference to Good Medical Practice, <u>Core Values for Psychiatrists (CR204)</u> and other relevant faculty guidance.
Themes	Key Capabilities (KCs).
<b>1.1 Professional Relationships</b>	Work collaboratively with patients presenting with eating disorders and their carers across the lifespan, regardless of gender, ethnicity, sexual orientation, protected characteristics, or body mass index (BMI).
	Manage the complexities of diversity. Recognise, validate, and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and their carers of all ages and on working relationships with colleagues.
	Consistently demonstrate person-centred holistic (which includes biological, psychological, and social) clinical approach to children, young people and adults with eating disorders and their families and carers, that is honest, empathic, compassionate, and respects their dignity while maintaining therapeutic optimism and boundaries.
	Work collaboratively with professional networks, including third sector to help manage eating disorders in Children, Young People, and adults.
	Demonstrate the ability to be flexible, lead, use initiative, be able to prioritise, and be adaptable, including use of new technology.
<b>1.2 Professional Standards</b>	Consistently demonstrate a positive and conscientious approach to the completion of your work.
	Actively demonstrate the management of your own well-being at work and help trainees and other colleagues in doing so too.
	Demonstrate reflective practice as a clinical leader within the team and actively promote reflective practice as a means of understanding the emotional impact of the clinical work (including managing trauma, medical emergencies, and serious incidents) at an individual and systemic level.
	Use supervision and reflection effectively, recognising your skills, limitations, and your duty of candour. Adapt your practice to the changes and evolution of the scientific basis of working in eating disorder psychiatry.
	Promote eating disorder psychiatry as a specialty, including acting as an advocate for patients and parents, family members and carers of all ages.

	<p>Work with colleagues in a way that demonstrates appropriate professional values and behaviours, in terms of supporting colleagues, respecting difference of opinion, and working as a collaborative member of a team.</p> <p>Raise and address issues of patient safety and quality of care in a timely manner.</p> <p>Demonstrate the capacity to adapt practice to changing circumstances, clinical models, evolution of scientific knowledge to improve patient care.</p> <p>Maintain appropriate professional standards while working clinically as a leader within healthcare organisations.</p> <p>Work autonomously and collaboratively to provide clinical leadership and psychological understanding to MDT colleagues.</p> <p>Develop a supportive professional and clinical network to enable you to work effectively as a specialist in eating disorders.</p> <p>Uphold the need for confidentiality in information sharing towards maintaining a high standard of patient care whilst allowing safety to be maintained.</p> <p>Make clear, accurate and contemporaneous records.</p>
<b>High Level Outcome 2.1 (GPC 2)</b>	<b>Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>
<b>2.1 Communication</b>	<p>Consistently demonstrate high level skills in empathetic and effective communication with children, young people, and adults with eating disorders, adopting developmentally appropriate techniques in assessment, communication, and interaction. This may include the use of communication tools and technologies to meet the needs of patients, families, carers of all ages and others (including other professionals).</p> <p>Consistently use active listening skills, sensitive and empathic language which respects the individual, facilitates engagement, removes barriers and inequalities, ensures partnership and shared decision-making, and is clear, concise, non-discriminatory, and non-judgemental.</p> <p>Demonstrate ability to offer hope to patients and families to promote their recovery. To demonstrate ability to remain calm while faced with highly distressed patients and families, who may present with challenging behaviours due to the severity of their illness and explore their views in a constructive manner.</p> <p>Demonstrate skills in supporting those in whom English is not their first language.</p> <p>Demonstrate ability to gather information from different agencies and families and carer to offer a robust management plan to patients and families. Collect, assimilate, formulate, and share information effectively with others, systemically, in a timely manner.</p> <p>Consistently demonstrate high level of skill to help contain the anxiety and/or difficult dynamics within the multidisciplinary team and/or external stakeholders.</p> <p>Produce specialist reports that are comprehensive, timely, accurate, appropriate to context.</p>
<b>High Level Outcome 2.2 (GPC 2)</b>	<b>Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic* management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Medical Psychotherapy.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>



## 2.2 Clinical Skills

### ASSESSMENT

To be able to offer expert assessment of common psychiatric co-morbidities such as OCD, anxiety, depression, personality disorders, substance abuse and self-harm.

To recognise how disordered eating can be a symptom of other psychiatric conditions.

To demonstrate specialist expertise in assessing the physical health of patients with eating disorders, considering the impact of their physical health on their mental health and vice versa. This assessment should include consideration of nutritional, metabolic, gastrointestinal, cardiovascular, and endocrine factors, and the physical and mental impact of substance use and addiction on eating disorder presentation and associated risk.

Perform an expert assessment of family systems and their strengths and difficulties when supporting someone with an eating disorder.

Expertly assess physical, psychological, and social developmental processes in young people with eating disorders.

Expertly assess individual psychological processes in eating disorders

Expertly assess a person's attitudes to and understanding of and the maintaining factors of their eating disorder and share this information as part of personalised treatment plan with the patient and the family.

Be able to provide an expert assessment of the needs of carers and relatives of patients with eating disorders

Understanding of Thrive model of care and relevance of ED to Thrive model.

To demonstrate the ability to perform a thorough physical examination and undertake and advise on relevant physical investigations and seek appropriate specialist consultation regarding treatment of medical consequences and/or comorbidities of eating disorders, including malnutrition, refeeding, osteoporosis, diabetes, etc.

Ability to assess patient's physical health risks and appropriately arrange suitable blood tests, ECG, X-rays, CT, DEXA Scans, MRI scans in timely manner.

### FORMULATION/ DIAGNOSIS

Apply relevant classification systems to establish a psychiatric diagnosis and differential diagnoses and use these in a developmentally and systemically informed manner when communicating with patients and relevant parties.

Establish a formulation based on the clinical presentation using an appropriate framework and share with patients and others in a timely and appropriate manner.

Demonstrate expert knowledge and skills to differentiate ED from other mental disorders, how to look for early warning signs of ED.

Ability to recognise other neurodevelopmental conditions such as ASD, ADHD and developmental delay presenting as or comorbid with ED.

Ability to carry out a comprehensive risk assessment including risks to self – due to disordered eating behaviours, self-harm, suicide, neglect; and from others, including safeguarding concerns and any other concerns about abuse. Be able to assess level of severity of physical health and mental health compromise and risks based on ICD 11 diagnostic category in young and adult patients based on clinical assessment and also by using suitable investigations.

	<b>TREATMENT PLAN</b>
	Act on your findings in a timely fashion (including liaison with other relevant professionals.) Ability to offer suitable treatment and seek help from suitable experts including paediatricians/medical specialists/gynaecologists to offer suitable and safe medical treatment to ED patients.
	Ability to offer suitable medical care including hormonal treatment as required to ED patients.
	Construct a management plan to treat the patient holistically, including managing the risks identified in the risk assessment, in collaboration with the patient and other professionals involved in the network around the patient, as well as parents/ persons with parental responsibility in CYP.
	Assess the suitability of the case for appropriate psychotherapeutic intervention and discuss the options with the patient and others.
	Assess the effectiveness of psychotherapeutic interventions, especially when used in conjunction with other treatment modalities such as psychopharmacology and other biological/physical treatments
	Provide advice and consultation to other professionals about evidence based psychotherapeutic interventions as appropriate to the case.
	Safely prescribe pharmacological treatment to support treatment of eating disorders as well as comorbid conditions in line with relevant NICE guidelines and research evidence. Expert understanding of available licensed and unlicensed psychopharmacological treatments in patients with ED, their potential benefits and side effects. Take into account the impact of other health issues (including feeding and nutrition, substance use, and development) in devising safe and effective medication treatment plans.
	Awareness of concepts of remission, relapse and recovery in ED and its use in formulation of patient care.
	<b>WORKING WITH SYSTEMS AND IN DIFFERENT SETTINGS</b>
	Provide consultation to primary care, paediatric and acute colleagues, and other professionals on the interaction between physical health and mental health (including factors such as nutrition, substance use and endocrinological state) and the impact these have on the clinical presentation, risks and management plans.
	Knowledge of appropriate thresholds for community treatment and consideration of inpatient treatment including Paediatric ward, medical ward and Tier-4 Specialist Eating Disorder Unit for Children, young people and adults.
	Ability to work with paediatric and medical wards and tier 4 inpatient CAMHS/Adult mental health units/Specialist ED units/Day care services to offer suitable medical care to ED patients.
	<b>MANAGING EATING DISORDERS IN SPECIAL GROUPS</b>
	Demonstrate expertise in management of eating disorders in special groups, such as people with diabetes, pregnancy, people with autism spectrum disorders, men, athletes, ethnic minorities and LGBT groups.
	Ability to work with patients with chronic and severe eating disorders across the diagnostic spectrum, understanding prognosis of eating disorders and managing expectations of patients and families.
	<b>EXPERIENCE OF MODALITIES OF PSYCHOTHERAPY</b>

	Demonstrate appropriate psychotherapeutic capabilities through having delivered treatment in at least two NICE approved modalities. Can apply and supervise CBT-E, Family Therapy treatment models, has experience of Group Therapies, or other relevant therapies such as Dialectical Behaviour Therapy.
	Ability to offer comprehensive management plan with MDT input (Therapy, Dietician, GP, Paediatrician, Medical Specialist, Nursing, OT, Social worker, Education) and also physical health and mental health risk management plan.
	<b>SUPPORTING FAMILIES AND CARERS</b>
	Actively promote and help patients and their families/ carers to develop self-management strategies and use help from experts by experience.
<b>2.3 Clinical Knowledge</b>	<b>GENERAL PRINCIPLES</b>
	To demonstrate expert knowledge about the epidemiology, aetiology, presentations, differential diagnosis, and prognosis of eating disorders, including AN, BN, BED, ARFID, Rumination and Regurgitation Disorder, Pica and OSFED and Feeding and Eating Disorders, Unspecified, across the age range.
	Develop an appropriate understanding of a person-centred holistic (which includes biological, psychological, and social) approach to assessing and managing eating disorders, including a knowledge of developmental, genetic and epigenetic risks (including resilience and vulnerability factors) and neurobiological influences on mental disorder (suitable for independent consultant practice).
	Apply expert knowledge of the impact of human psychology, including the importance of early relationships, adverse childhood experiences and traumatic events on the clinical presentation and maintenance of various eating disorders across the age range.
	Apply expert knowledge of learning and behavioural stages of human development across the age range, including knowledge of normative development as well as variations in presentations, for example with neurodevelopmental conditions, and across cultures and apply this knowledge to your clinical practice when working with young people and emerging adults.
	Apply expert knowledge of the social determinants of health, and systemic factors including the “lived environment”; environmental factors, technologies, social media, and the impact these have on the aetiology and presentation of eating disorders.
	<b>ASSESSMENT</b>
	To demonstrate expert skills and knowledge in assessing people with eating disorders across the whole age range and diagnostic spectrum of eating disorders, considering their full medical and psychiatric history from the patient and collateral history from a range of appropriate informants.
	To demonstrate expert knowledge of the physical effects of Eating Disorders and acute or chronic malnutrition on developing physiology, e.g. in female/male adolescents/adults – effects on puberty, development, menses (primary and secondary amenorrhoea), development of bones, knowledge of adverse effects for future health (in terms of fertility, osteoporosis, brain growth and maturation); differences in presentation for male/female adolescents/adults, appropriate physical investigations, knowledge regarding re-feeding programmes and risks therein (re-feeding syndrome). Expert understanding of physiological changes taking place in overeating, bingeing, purging, excessive exercise, restriction and

	re-feeding and risks related to these.
	<b>TREATMENT PLAN</b>
	Knowledge of impacts of eating disorders on family, individual, education, jobs, social relationships, finances, health systems.
	Demonstrate expert knowledge and skills in recognising and managing emergencies in eating disorders, in line with the MEED (previously MARSIPAN) guidance. This should include safe refeeding in different settings, monitoring and managing electrolyte disturbances, and managing specific patient populations, such as diabetes and pregnancy.
	Expert knowledge of NICE Nutritional Guidelines and Medical Emergencies in Eating Disorder Guidelines.
	Demonstrate knowledge of different types of evidence-based treatments available for eating disorder patients including co-morbidities (Depression, OCD, ASD, Anxiety Disorders, Personality Disorders etc.). Expert knowledge of co-morbidities (medical and mental health related which may influence risks in patients with ED such as Personality disorders, ADHD, ASD, Diabetes, menstrual cycle related changes, growth delay, developmental delay, IUGR etc.
	Expert knowledge of NICE guidelines on ED, risk management, Personality disorders and management of different comorbidities. Expert understanding of available treatment models and whole team approach to patient care in different age group in patients with ED.
<b>High Level Outcome 2.4 (GPC 2)</b>	<b>Apply advanced management skills within Eating Disorders in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>
<b>2.4 Complexity &amp; Uncertainty</b>	Demonstrate an understanding of individual variation and the impact of biological, social and cultural factors, including effects of deprivation, and discrimination in the aetiology and maintenance of eating disorders.
	Demonstrate the acknowledgement of where people have had historic poor care, and the commitment to redressing historic injustices in ED treatment as referred to in adult community guidelines.
	Safely manage varying levels of complexity and uncertainty across the range of clinical contexts in routine, urgent and emergency situations. Ensure timely review of the formulation and management of the health and care needs of patients when the outcome is not as expected or hoped for.
	Work within the limits of your clinical capabilities, seeking timely support and consultation.
	Observe, absorb, contain and reflect on complex clinical/non-clinical situations.
	Develop a balanced response as a part of helping other professionals and trainees in managing differences of opinion and professional disagreements in complex and uncertain situations.
<b>High Level Outcome 3.1 (GPC 3)</b>	<b>Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Eating Disorders.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>
<b>3.1 Knowledge of legal and organisational frameworks in</b>	Apply knowledge of health and care systems, as well as national policies, priorities and national drivers linked with delivery of eating disorder services across the age range and in all settings: community, day patient, inpatient, and acute hospitals.

<b>your UK jurisdiction</b>	Demonstrate proficiency in the application of current legislation in your UK jurisdiction governing the care and treatment of people with eating disorders, including the use of emergency powers and compulsory treatment aspects. Apply the current legislation governing the care and treatment of children and young people with mental disorders.
	Apply knowledge about the role of parents/ persons with parental responsibilities and the relevant medico-legal frameworks (e.g.: Parental Consent, Competence, Capacity, MHA, MCA, Safeguarding Children and Adults)
	Expert knowledge in different age groups and applicability of different laws. Ability to use different and appropriate framework of law to prepare suitable care plan in collaboration with multiagency framework (Education, Children's services, social care, employers, Universities, housing, GP, Tier 4 inpatient units, Paediatric and medical wards, medical/paediatric specialists, and allied health professionals) for robust patient care.
	Balance the duty of care to the patient and the protection of others within the framework of human rights when considering the use of legal powers. To demonstrate an empathic ability to discuss and use different framework of law for patient care while being respectful of patient's autonomy and human rights.
	Expert knowledge of Education and employment provisions and models of employment and fitness to work concepts.
	Good understanding of your own responsibilities and accountability to different authorities such DVLA and others.
<b>High Level Outcome 3.2 (GPC 3)</b>	<b>Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>
<b>3.2 Working within NHS and organisational structures</b>	Apply an advanced understanding of organisational policy, dynamics, and practice at a national and local level in the wider health and social care system that influence the funding and delivery of services for people with eating disorders across the age range.
	Apply knowledge of how healthcare governance and policy influences patient care, research, and educational activities at a local, regional and national level.
	Expert knowledge of local and regional pathways to treat ED patients.
	Provide clinical leadership and consultation regarding the optimal management of people with eating disorders in all settings and ensuring safe transitions to support patients and families to achieve optimal outcomes. Demonstrate effective working relationships with GP's and other agencies –schools, college, employers, children's services, social services, non-statutory agencies.
	Ability to liaise with paediatric/medical teams and where possible offer suitable and timely medical inpatient/paediatric inpatient treatment or Tier 4 specialist ED unit admission to patients.
	Ability to work with different agencies (Safeguarding, Children's services, Vulnerable Adult's teams) to help manage protect vulnerable patients.
	Contribute to pathway and service developments related to ED
<b>High Level Outcome 4 (GPC 4)</b>	<b>Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Eating Disorders and the wider community.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>
<b>4.1 Health promotion and illness</b>	Use knowledge of social determinants of mental health (such as inequalities, discrimination, social, economic, and

<b>prevention in community settings</b>	cultural factors, the impact of technology and social media) to promote good mental health and prevent eating disorders.
	To understand public health aspects of prevention of both eating disorders and obesity across the lifespan.
	To understand the impact of malnutrition - to be familiar with anosognosia and to realise the negative impact of language such as unmotivated to recover, ambivalent, failure to engage with treatment, and challenge the concept of EDs as choice.
	To be able offer psychoeducation to patients, carers, schools, and universities about the impact of malnutrition and disordered eating, including binge eating, and compensatory mechanisms such as purging, excessive exercise and the misuse of medications such as laxatives.
	To understand and the importance and contribution of third sector organisations such as BEAT and FEAST in health promotion and prevention in the field of eating disorders.
	Demonstrate understanding of the national health priorities in your UK jurisdiction, including ensuring effective medical monitoring of people with eating disorders.
	To demonstrate an understanding of the benefits as well as potential harms and risks inherent in health-care interventions and apply this to working with people with eating disorders in different settings.
<b>High Level Outcome 5 (GPC 5)</b>	<b>Demonstrate effective team working and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.</b>
<b>Themes</b>	<b>Key Capabilities (KCs).</b>
<b>5.1 Teamworking</b>	Show an awareness of how individual personal qualities, emotions, and behaviours of both yourself and your team, impact on teamworking and the quality of patient care.
	Use this awareness to model, educate and adapt the service, including conflict resolution within and between teams.
	Identify and challenge stigma and other barriers to accessing eating disorder services, particularly for underrepresented groups, such as males, ethnic minorities, people who live with obesity and LGBT communities.
	To demonstrate collaborative leadership skills to work effectively as part of MDT.
	To be able to lead on helping people with eating disorders in multi-agency environments and to achieve best clinical care depending on individual needs.
	To offer expert advice in liaison with dieticians and medical colleagues on refeeding programmes, NG tube feeding, weekly meal plans to help patients with their recovery.
<b>5.2 Leadership</b>	Understand the importance of leadership and the role you hold as a consultant, SAS doctor or GP, in the context of team and multiagency working to deliver high quality of care for eating disorder services.
	Demonstrate willingness to lead, take charge, and offer opinions and direction. Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.
	Understand your own leadership skills and behaviours, and an awareness of how these impact on others, and an ability to reflect on and explain decisions in a transparent manner. Demonstrate the development and application of your own leadership skills in a variety of clinical and non-clinical settings.

	Mentor and support colleagues to enhance their performance and support their development. Critically appraise the performance of colleagues and escalate concerns.
<b>High Level Outcome 6 (GPC 6)</b>	<b>Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.</b>
<b>Themes</b>	<b>Key Capabilities (KCs).</b>
<b>6.1 Patient safety</b>	Understand and use the principles of clinical governance and the impact of 'human factors' and team dynamics to assure patient safety and quality of clinical care. To lead/ or contribute to establishing local care pathways to safely manage emergencies in eating disorders across different settings, from primary care to acute hospitals, in line with national guidance. Advocate for the inclusion of the 'voice' of patients and families/carers as an important part of assuring patient safety and quality of services. To engage with national quality networks, such as RCPsych QED.
<b>6.2 Quality improvement</b>	Understand the importance of involving 'experts by experience' (patients and carers) in improving patient care. Use quality improvement methodologies to identify and implement improvements within your service. Undertake at least one quality improvement or audit project relevant to eating disorders. Mentor or supervise others within quality improvement processes.
<b>High Level Outcome 7 (GPC 7)</b>	<b>Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Eating Disorders. Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.</b>
<b>Themes</b>	<b>Key Capabilities (KCs).</b>
<b>7.1 Safeguarding</b>	Demonstrate knowledge of the individual and systemic factors contributing to and recognising vulnerabilities and safeguarding concerns in people of all ages. Understand the impact of victimisation/exploitation and trauma in vulnerable groups. Work within legislative frameworks and local processes to raise and report safeguarding concerns in a timely manner and contribute to safeguarding processes. Advocate, educate, support, and supervise colleagues in the recognition of safeguarding concerns, and how to act in a timely manner within relevant local protocols.
<b>High Level Outcome 8.1 (GPC 8)</b>	<b>Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>

<b>8.1 Education &amp; Training</b>	Demonstrate knowledge of principles and methods of learning, education, teaching and training, and apply these principles in a variety of clinical and non-clinical settings.
	Understand your own training needs and pursue your own continuing professional development.
	Demonstrate an awareness of the principles of feedback and be able to implement this knowledge in the giving and receiving of feedback related to your teaching and learning activities.
	Demonstrate the professional qualities of an effective trainer; be able to teach and guide individuals and groups at different levels (medical students, trainees, MDT, and external stakeholders).
<b>High Level Outcome 8.2 (GPC 8)</b>	<b>Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>
<b>8.2 Supervision</b>	Actively takes part in clinical, psychiatric and educational supervision; demonstrate effective supervision and mentoring skills and promote safe and effective learning environments.
<b>High Level Outcome 9 (GPC 9)</b>	<b>Apply an up-to-date advanced knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.</b>
<b>Theme</b>	<b>Key Capabilities (KCs).</b>
<b>9.1 Undertaking research and critical appraisal</b>	Demonstrate awareness of the importance of translating research relevant to eating disorders into local clinical practice. Ability to critically evaluate data, scientific papers, reviews, and meta-analyses; and implement findings.
	Demonstrate and maintain an understanding of evidence-based practices and methodologies, including critical appraisal of existing published research.
	Undertake clinical research or academic activity relevant to eating disorders.
	Demonstrate knowledge of research ethics, consent, and governance.
	To be able to communicate the evidence-base, including guidelines, in your clinical practice, to help patients, families and carers make informed decisions about their treatment.



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