Foreword from the Editor

Dear Members,

It was fantastic to see so many people at the conference last month, and hear some thought-provoking and inspirational speakers.

I hope you enjoy the new format of this newsletter. In this issue we have a foreword from our new chair, Dasha Nicholls, updates on QED and outcome measures, and articles from our bursary winners.

Finally if anyone (students and trainees especially) would like to write an article for the next edition of the newsletter in the summer, please do so!

If you are unsure of where to start, contact me on sophie.tomlin@nhs.net or on twitter @sophie_tomlin

Wishing everyone a happy and healthy 2016!

Sophie Tomlin
ST5 at South London and Maudsley and Darzi Fellow at Lambeth CCG
Faculty, and Faculty are still struggling to get to grips with all that has happened in the college and in the Faculty since I was last on the Executive in 2011 (including becoming a Faculty)! Added to this are the rapid developments in the child and adolescent eating disorders world in England following the spring budget announcement about investment in ED early intervention. And then there is the NICE guideline revision in well underway too. Change is happening fast, and we have a key role as a Faculty in the process.

What is clear however is that where once the Faculty was a key driver for change, for instance establishing QED, developing MARISPAN guidance, auditing and mapping services for eating disorders and so on, our role is changing as the impetus for change takes hold. We are now important stakeholders, and are thinking carefully about how and where to ensure the voice of eating disorders psychiatry is heard and, just as importantly, where not to interfere. The Faculty works through keeping links with all the key bodies, such as the CRG, the QED network, and more recently the Access and Waiting Times expert reference group and national Training Curriculum development group for child and adolescent eating disorders. These connections are so important in maintaining transparency and to make sure that the energetic volunteers on whom these networks and committees rely are not inventing the wheel. Luckily I think there is pretty good consensus on what needs to be done, albeit with plenty of scope for arguing the details. We also mindful that while these changes are happening a pace in England, some of our partners in the jurisdictions are in a different place (often way ahead), and that our job as a Faculty is to think about the recruitment, training and development of psychiatrists in the eating disorders field, whatever the service context.

With this in mind, the Faculty has set out its aims and objectives, and identified a key number of projects in which to invest time, energy and a bit of money over the coming year. These are reviewed each year in June at our annual strategy day in towards our goals as we get nearer to our year-end.

The work plan for the Eating Disorders Faculty focuses on the following three areas, each with specific objectives:

1. **SUPPORTING PROVISION OF ED SERVICES**
   a. Promoting relationships with public health professionals
   b. Quality of care (equitable care and psychiatric standards)

2. **ENCOURAGING HIGH QUALITY CLINICAL PRACTICE**
   a. MARISPAN Implementation
   b. Publish revision of CR130 Guidance on nutritional management of anorexia nervosa
   c. Develop a New to Eating Disorders Training Programme
   d. Develop a transition guide
   e. Develop a position statement on early intervention
   f. Public education and engaging with the media

3. **SUPPORTING TRAINING AND PROFESSIONAL DEVELOPMENT IN EDs**
   a. Deliver Faculty Conferences
   b. Publish Faculty newsletter and maintain website

On this last objective, I am delighted that Dr Navjot Bevi and Dr Andrea Brown have taken on responsibility for the website. We hope it will become a ‘go to’ place for information and resources. If you have ideas or information you would like included please email Lauren Wright, our fantastic administrator, who will pass it on.

In addition to the Faculty objectives, the college is preoccupied with recruitment into psychiatry, workforce planning and outcome measurement. I am grateful to all Exec members who have volunteered to make sure our views are represented in these areas on behalf of the Faculty.

I end on a note of sadness. Many of you will have heard that Professor Bryan Lask died in October this year. Bryan was hugely influential in putting child and adolescent eating disorders on the national and international stage, hosting the first ever International Eating Disorders conferences together with Rachel Bryant-Waugh, and leaving a substantial legacy in the form of papers and books. He was also a fantastic facilitator who recruited countless clinicians and researchers into the field, myself included. A whole page obituary in The Times, and his memorial service gave testimony to Bryan the man and to his accomplishments. I dedicate this piece in memory of him, and his insistence on writing in plain English.

A final thanks goes to Dr Sophie Tomlin, our new trainee representative, for taking on the role of Newsletter Editor. Please email any comments or questions to d.nicholls@ucl.ac.uk, but be warned I may not always respond immediately…
Bryan Lask, Professor Emeritus, University of London; Honorary Consultant, Great Ormond St. Hospital; and Visiting Professor, University of Exeter, Centre for Clinical Neuroscience Research, died on 24th October 2015, aged 74 at his home in Bermondsey after a long battle with illness. Over these last months in particular he has had the unfailing love and support of his family: his sons Gideon and Adam, and Judith, their mother, who has been a true friend and companion to him under the most difficult of circumstances. Bryan was a doting grandfather to Raffie, Lucas, Cassius and Lila and fond father-in-law to Sarah and Lisa, frequently sharing photos of his beloved family with his colleagues.

Bryan was a passionate man who loved his work with his patients and their families. He leaves behind an unparalleled legacy in the eating disorders field. He was a pioneer in the field of childhood onset eating disorders, letting nothing stand in his way of working to improve understanding and treatment of young people and their families struggling with these devastating conditions. He never held back in pushing for improvements, was a gifted teacher and mentor, and the most generous of colleagues. He leaves a vast body of written work in the form of books and papers, many clinicians and researchers whose career paths he has fostered and encouraged and, not least, many friends across the globe. We are fortunate indeed to have counted him as one of our colleagues. I hope you will, like me, remember him with fondness and appreciation.

Rachel Bryant-Waugh
I took up the post of Vice Chair in June 2015. My principal aim in this role is to facilitate the improvement of patient safety and the quality of eating disorder services. Significant progress has been made over the last few years, but there is still a lot more to do.

The Quality Network for Eating Disorders (QED), which was an EDSIG initiative, has become well established, and many inpatient services have gone through the accreditation process. Feedback from participating services has identified a number of issues for further development, such as the need to coordinate QNIC and AIMS standards, and to enhance shared learning and networking as part of the peer review process. We invited Peter Thompson to our Exec Meeting in October to discuss how the Faculty and the CCQI can work together in the future. Peter explained that QED will be jointly managed by the same team for all age groups, and that new benefits will be introduced for members, including an e-mail discussion group and an annual forum. Dr Sonu Sharma represents the Faculty on the Advisory Board at present.

Improving patient outcomes is high on the government’s agenda, and the College has been asked to suggest a list of outcome measures that can be applicable for all patient populations. This work is lead by Dr Laurence Mynors-Wallis. In October I attended a meeting as the Faculty representative to discuss options. Not surprisingly, it was difficult to find outcome measures that would be appropriate for all psychiatric patients. After much discussion, the following have been suggested: ICD-10, HONOS, Friends and Family test and a patient rated outcome measure that which is disorder specific (for eating disorders the EDE-Q is the best-established in the literature). The final decision will be made at the Council meeting in January.

Finally, I am keen to improve how eating disorders psychiatry is examined in the MRCPsych. Core trainees have drawn to my attention that there are few questions about eating disorders and that some of them are out of date. Given that severe eating disorders have a high risk of morbidity and mortality, it is important that junior doctors offering frontline services are competent in assessing and managing risks associated with such disorders, as they are often the first to assess a seriously unwell patient in an emergency. Currently, it is possible to pass the MRCPsych without much knowledge of eating disorders, and this has significant implications for patient safety. I joined the MRCPsych Written Papers Clinical Topics Panel and learnt that the College is always open to receive new questions, both for the written exams and for the CASC. At present there are significant gaps in the questions relating to eating disorders, and I am keen that we substantially improve the question bank. A small group of us (Mima Simic, William Rhys Jones, Phil Crockett and Sonu Sharma) have started writing MCQs and EMIs, but ideally I would like to encourage all consultants to contribute at least 3-4 questions each. If you are interested in this work, please let me know: agnes.ayton@oxfordhealth.nhs.uk.

Update from the Vice Chair: Dr Agnes Ayton

I took up the post of Vice Chair in June 2015. My principal aim in this role is to facilitate the improvement of patient safety and the quality of eating disorder services. Significant progress has been made over the last few years, but there is still a lot more to do.

The Quality Network for Eating Disorders (QED) currently consists of 32 inpatient wards in the UK, 25 of which have now achieved accreditation - 11 "as excellent". The nine wards which took part in the pilot phase of the project, back in 2012, are now undertaking their second accreditation cycle, after which all 32 wards will have been assessed against the same set of standards - this will provide us with lots of informative data for when we come to revise the standards in the second half of 2016.

In the first half of 2016, we will be producing QED's first National Report; highlighting emergent themes in the data, areas of achievement and areas for improvement, on a national level. We will also be holding our first Forum on the 9th of May, which will focus on current key themes within ED services, quality issues and how these can shape standard development, as well as an opportunity to develop the network as a whole. Any suggestions for the forum programme can be sent to the Project Team at QED@rcpsych.ac.uk. This is also the address for the QED Discussion Group, which all staff from member services are entitled to join.
The Annual Meeting was the first conference that I had attended and it was a great experience to learn about the types of issues that face professionals in the field. As a third year medical student, I am immersed in ‘medicine’ every day, and it was interesting to learn more about this area of psychiatry that has such significant implications on physical health. What I enjoyed the most was the debate at the end of the day, where the panel and audience discussed the place of long hospital admissions in eating disorder treatment. I entered the day feeling that in-patient stays were surely always ‘undesirable’ and that everything should be done to get patients back home as soon as possible. But hearing experts debate this topic made me realise that the issue isn’t straightforward. The main debate was between the concept of ‘revolving door patients’ (who chronically relapse and remit) verses those who have one longer stay in hospital. It became apparent that many patients fall somewhere in between these two categories, and that external factors play a significant role in determining what is best for the patient, such as the suitability of the home environment and resource limitations. The conference as a whole really opened my eyes to the complexities of this area of psychiatry. I took a great deal away from the day, but one important learning point was that there is no ‘textbook’ way to treat these patients. This makes eating disorder psychiatry a challenging area to work in, with plenty of scope for research and innovation.

I am a 4th year medical student at the University of Leeds who was fortunate enough to receive a bursary to attend the eating disorders conference this year. I thoroughly enjoyed the first talk of the day delivered by Dr Lee Hudson. One particular point he drew attention to, was an issue I had not previously considered - the communication barriers between paediatricians and psychiatrists. In particular, we discussed the difficulty in suggesting possible mental health diagnoses to paediatricians or other medical doctors without sounding patronising or confrontational. It would be interesting to do some qualitative research into how psychiatrists feel about challenging their fellow medics and also how paediatricians feel about being questioned - I got the impression that this could be an obstacle that might impact negatively on patient care. In the afternoon, I attended Dr Caz Nahman’s talk about eating disorders in athletes. I did not realise the extent to which young athletes are pressured to be slim and I found the concept of public weigh-ins, particularly amongst young female gymnasts and ice skaters, shocking. I perhaps found it most worrying to hear that psychiatrists had struggled to contact and communicate with sports coaches. We discussed the fact that there are financial incentives for coaches and families of having young athletes in national and international teams. I enjoyed reading snippets of the posters during breaks, particularly the research into ECT, drug use and Ehlers-Danlos syndrome in eating disorders. The lunch provided, on a day about food and eating, was first-rate. This may or may not have helped cement my decision to look for an elective in Psychiatry and eating disorders next summer.
Thanks to the kind bursary awarded from the Royal College of Psychiatrists I was able to attend the Eating Disorders Annual Conference in November 2015. I was able to present my two posters regarding the high number of psychiatric and physical health co-morbidities in patients with eating disorders.

In a varied conference programme what I found most thought provoking was the opening lecture from Dr Paul Robinson. This lecture featured an all too familiar real life case study. A young girl’s diagnosis of anorexia nervosa was missed after multiple emergency department attendances. She failed to receive the specialist treatment she required in a timely manner and tragically passed away as a result.

This felt like an all too familiar story from having recently completed an FY2 rotation at Cotswold House, a specialist eating disorders unit in Oxford. It made me think of a patient who had been discharged home from a non-psychiatric hospital with a BMI of 9. My consultant had to arrange urgent hospital re-admission for her and she was quickly escalated to intensive care.

Clearly this patient should never have been discharged from hospital without specialist eating disorder input. The lack of understanding about eating disorders in mainstream medicine appears to be a widespread issue and one that so many of the excellent healthcare professions involved with eating disorders are trying to combat.

As a CT3 core psychiatry trainee with an interest in a career in eating disorders psychiatry, it was tremendously kind of the Faculty to award me a bursary to attend the 2015 Eating Disorders Faculty Annual Meeting.

With the availability of training posts in eating disorders psychiatry being so varied, it can be difficult to meet others trainees with an interest in the sub-specialty. As such, this bursary granted me a unique opportunity to meet fellow trainees with an interest in eating disorders. It also provided an ideal opportunity to talk to consultants in the field, allowing me to gain an increased understanding of alternative and less-trodden training pathways and of exciting opportunities in the sub-specialty.

As a trainee with an interest in academic psychiatry, it was great to witness the active and diverse nature of academic work in the sub-specialty at present. Of particular interest was the growing concept of early intervention in eating disorders, with Dr Nicholls’ and Dr Schmidt’s plenary sessions being especially thought provoking, and could have great implications for our approach to eating disorders and service organisation in the future.

To summarise, it was a true delight to attend the conference. The bursary allowed me to meet many like-minded and inspirational eating disorders psychiatrists, has given me new ideas for future projects, and has vastly increased my interest in pursuing the sub-specialty in the future.
Attracting new enthusiastic trainees has always been important for the Faculty. With this in mind we joined other College Faculties in Careers Fayre on 30th July 2015 in Birmingham. It was our first time at the International Congress, shall we say careers virgins....

Our stand stood out as it had fresh, colourful fruit display and one of the visitors commented positively on it. We also had College information leaflets about Eating Disorders and Marsipan guidelines, which proved popular with trainees.

Looking around other stands gave us some ideas for the next year. Some faculties have a very professional approach to advertising and a clear logo, even a colour scheme. You could say that giving key rings has never attracted a doctor into a specialty? Think twice. It's been a couple of months now and I am still thinking of a catchy logo....

Maybe "Nothing tastes as good as working in Eating Disorders Psychiatry feels"?

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**International Congress Careers Fayre, Birmingham 2015**

- Izabella Jurewicz

**Poster Presentation Prize**

Congratulations to Dr Tulika Jha and Dr Ilona Szeredko for winning with their poster “Are you with the right team, are you getting the right treatment?”
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