

JFM/JB

19 September 2014

Dr Karen Henderson  
HM Coroner for Surrey  
HM Coroner's Court  
Station Approach  
Woking  
Surrey  
GU22 7AP

Dear Dr Henderson,

**Re: Miss Clare Cooper (Regulation 28 Report - Action prevent Future Deaths).**

Thank you for your letter dated 25.7.2014. I have been aware of this case since the family approached me prior to the Coroner's hearing, seeking to instruct me in an expert capacity regarding their daughter's tragic death. At that stage, I indicated a conflict of interest, given my leadership of the Royal College of Psychiatrist's Eating Disorder Section, but I do therefore have a longitudinal knowledge of the case.

I have already responded to the family's own correspondence with myself, and I attach this for your interest.

The issues raised in your report address the need for better EDS proformas in the triaging of patients with eating disorders. On behalf of the Royal College of Psychiatrists, I agree with this entirely.

However I would add two additional points. First, the Royal College of Psychiatrists is generally concerned about risk assessment in psychiatry, over and above eating disorders, with undue reliance on risk assessment proformas.

This is reflected in the Alderdice and the Kennedy reports on suicide and homicide prevention, with services increasingly using risk assessment proformas as a type of 'checklist', necessary but not sufficient in the evaluation of risk. Proformas provide a helpful aide memoire, but are insufficient to allow the detection of relatively rare differential diagnoses. Thus, as well as decent proformas, we require eating disorder specialists with adequate medical training.

As a Faculty, we assert the need for better standards of eating disorder specialism, and have submitted a curriculum to the GMC for training standards to be met before a doctor is recognised as a specialist in eating disorders.

We also have concerns over the heterogeneity of outpatient services across the UK. I have established standards for inpatient services (available at: <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement.aspx>), but outpatient services are based on local commissioning decisions. For example, we are aware of some outpatient services with limited medical input.

The specific issue of robust EDS proformas is best tackled through the MARSIPAN Guidelines of the Royal College of Physicians and the Royal College of Psychiatrists, which address physical risk monitoring in eating disorders. I co-authored the original guideline, and have co-authored a revised guideline, but the lead in this has been [REDACTED] whose expertise in risk assessment in eating disorders is well recognised.

As you will see in my correspondence with the family, I will ask [REDACTED] to consider how best to disseminate robust EDS proformas across the UK health economy, probably best tethered to the launch of the revised MARSIPAN Guidelines, which is forthcoming.

It would be within the remit of MARSIPAN to provide '*a national protocol for assessing patients seriously ill with an eating disorder with a possibility of detecting individuals with an organic basis for the condition*'. I also understand that [REDACTED] has knowledge of this specific case.

I am likely to step down as Chair of the Royal College of Psychiatrists Eating Disorder Section before the end of the year, though will attend the next Executive Committee Meeting in the autumn. I will raise the issues within your letter at that meeting, but wished to correspond prior to the next meeting, given the deadline for a response of 56 days. Thereafter, the administrator of the committee [REDACTED] at The Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB.

Kind regards,

[REDACTED]

[REDACTED]  
**Consultant Psychiatrist**