



Date: 16 October 2025

Dear Ms Bourke

Re: Jacob Wooderson (Regulation 28: Report to Prevent Future Deaths).

Thank you for sending this Regulation 28 Report to the Royal College of Psychiatrists regarding the death of Jacob Wooderson.

We are grateful for the opportunity to comment upon this report but before doing that, we would like to extend our deepest sympathies to the family and loved ones of Jacob.

The Royal College of Psychiatrists (RCPsych) is the professional medical body responsible for supporting psychiatrists. The College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. The College does not work on the care of individuals and are therefore not able to comment on the specific circumstances surrounding the case of the death of Jacob Wooderson.

However, we have considered your findings and have the following comments to make in relation to the issues that you raise.

In addition, we wanted to highlight actions the College has already undertaken in this area and what further activity we plan to take to improve practice in the treatment and care of people with ADHD, including issues that are directly relevant in this case.

Overarching comments on issues raised in PFD

In terms of a few overarching comments on the issues raised:

- In acknowledging the importance of safe and effective prescribing, with benefits and risks appropriately understood and balanced in the decision making of the clinician, we think it is important in the context of this case to

recognise that, while we cannot comment specifically on this particular death, several large case series published over the last decade did not find an increase of cardiovascular complications in adults treated with ADHD medication (Habel et al., JAMA 2011). Stimulants like lisdexamfetamine have relative small effects on BP/pulse (Farhat et al., Lancet Psychiatry 2025).

- You identified within your Report issues around the recording, storage and sharing of information, sadly we recognise this as something as a feature in many Serious incidents that occur within healthcare. This is an area with existing guidance, but more should be done to promote awareness and consistent implementation of best practice, the College is committed to playing its part in that regard.
- You also highlighted the issue of remote consultations and how they potentially, when used for engaging with a patient runs a risk of the clinician not getting a full picture of the patient because of the limitations of observing the person compared to a face-to-face interaction. As with the point on information recording, storage and sharing, there is already guidance to clinicians on how to use this mechanism most effectively and safely so again is an area where further awareness raising to ensure best and consistent practice is needed.

Actions already taken by the College on ADHD

The College recognises the increasing priority needed to address the significant increase in neurodivergence in the population. In the case of ADHD, this specifically includes:

- The appointment of an ADHD Champion with responsibility for influencing and promoting increased priority to this condition both in the College and beyond, in particular Government and policy makers.
- Participation in the NHSE established ADHD Taskforce, which recently reported on a range of actions that need to be undertaken to improve the diagnosis and treatment of people with ADHD.
- Good practice guidance published by the College in 2023 on ADHD in adults based on work undertaken in relation to the health system in Scotland. The issues are largely generic so this has been promoted across the whole of the UK including advice on prescribing. [ADHD in adults - Good practice guidance CR235](#)
- Because of its higher prevalence of co-existence, we also produced guidelines to support the management of people with ADHD who also had an Intellectual Disability, this also included advice on medication related

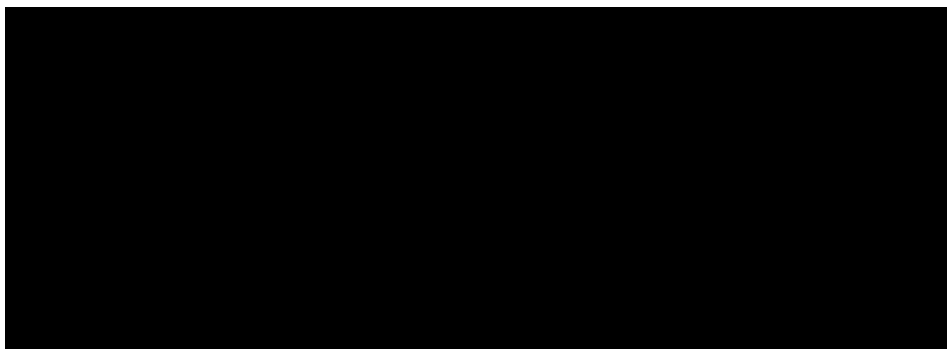
issues [Attention deficit hyperactivity disorder \(ADHD\) in adults with intellectual disability \(CR230\)](#)

Further actions that the College has planned in relation to relevant matters

- We will use suitable opportunities to remind members of the importance of adhering to NICE 2018/2019 (and other UK ADHD guidelines) when prescribing ADHD medication.
- We will discuss the aspects raised in this case at a RCPsych webinar on “Common prescribing errors and complex prescribing” planned for 12.11.2025. The last edition of this event was attended by more than 1500 psychiatrists in 2024.
- The TIMESpan consortium (<https://timespan.eu>) is currently developing consensus recommendations for the treatment of ADHD patients with increased cardio-metabolic risks that go beyond recommendations for BP/pulse/weight monitoring at baseline, after dose increase of ADHD medication and 6 monthly reviews for patients stabilised on medication.
- The GMC have guidance on remote consultations ([Remote consultations - ethical topic - GMC](#)), mentioning that prescribers should ensure they have means to give all the information required about treatment options (detailed here: [Remote prescribing high level principles - summary - GMC](#)). We will be highlighting the GMC guidance in a forthcoming College newsletter. We will also be looking at what more the College might do to provide specific advice in relation to the use of remote consultations for those with ADHD.

I do hope that this response is helpful, please come back to us if you would like to discuss any aspects of it.

Yours sincerely,

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Registrar
Royal College of Psychiatrists