techniques, including the problems of mentally handicapped children. There should be exposure to a variety of theoretical orientations and exponents of different sorts of treatment including individual and family therapy. The trainee should become familiar with the range of community services available including visits to penal and social service provisions. Liaison work with paediatricians should be undertaken wherever possible.

ii. *Theoretical instruction*

a. A course of lectures forming part of a day-release programme, organised regionally, provides a systematic introduction to the field and should form the core of formal training.

b. Seminar-tutorials, small group discussions, case conferences and journal club meetings need to be organised in a planned way, preferably arranged on a multidisciplinary basis.

c. Meetings concerned with child psychiatric topics should feature regularly in the programme of activities arranged for all general trainees, throughout the period of general professional training required for the MRCPsych.

d. The library must provide an adequate supply of books and journals concerning child, adolescent and family psychiatry.

Organisational requirements

i. These training programmes in child and adolescent psychiatry require experienced teachers and their implementation calls for major investment of time and energy by consultants and the other members of multidisciplinary teams. Furthermore, in some clinics, full introduction of these recommendations may call for the provision of additional staff time.

ii. Intermittent attachments make the case load of hospitals and clinics difficult to cope with. The development of training in small clinics may generate problems if there is not a constant flow of trainees.

iii. Child psychiatrists should be invited to committees selecting trainees.

iv. Some trainees wish to acquire more than the minimum of six months' experience in child and adolescent psychiatry and exceptionally, it should be possible to offer a post of a year's duration in child psychiatry to some trainees to assist them in making a decision about specialising before completing the MRCPsych examination.

v. Placements should not normally occur until after at least 12 months experience in psychiatry.

Specific recommendations

i. In their consideration of general professional training programmes, Visiting Approval Panels should enquire fully into the availability and quality of training in child and adolescent psychiatry. Approval should not be given to posts for general professional training without careful consideration of the child psychiatry training in the locality. Child psychiatrists with experience of training programmes should be members of the Approval Panels.

ii. In all training schemes incorporating placement in child psychiatry departments, a representative consultant child psychiatrist should be involved actively in the selection procedure. In this way suitability for training in the child and adolescent psychiatry field could be given due consideration.

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Correction

The document 'The Role, Responsibilities and Work of the Consultant Forensic Psychiatrist' (*Bulletin*, June 1988, **12**, 246–249) is not, as previously stated, a discussion document but was approved by Council on 16 March 1988.