treat severely damaged and aggressive individuals with personality disorders in general hospital psychiatric units.

A Request to our Colleagues: In relation to all these issues it is essential that the College should be able to draw upon the wisdom and experience of all our colleagues. We would welcome comment on these issues from those working within our College at all levels who have relevant observations, experiences or viewpoints to contribute. We need the widest possible discuseon within the Regional Divisions to ensure that our representatives come to the dialogue on which we are engaged fully briefed with information from the grass roots. At an informal meeting for the College participants which we are holding on 27 March we hope to clarify the main issues that face psychiatrists in these areas at the present time.

Yours sincerely,
MARTIN ROTH.
President.

Thc College Appeal

DEAR COLLEAGUE,

I felt I should write to let you know what progress we are making with our College Appeal. Our negotiations are in a delicate stage, and I have therefore to confine myself to the general points. I hope to be able to communicate more detailed specific information at some time within the next few months.

We are pressing ahead on a number of fronts with our attempts to secure funds with which to endow a home and headquarters for, and certain central activities within, the College. For the present our Appeal is being developed mainly along private channels. A group of individuals with access to Foundation and other funds have been brought together and have met informally on a number of occasions to consider ways and means of putting the College's objectives into effect.

A home in which to house our Library, the *British Journal of Psychiatry*, the administrative organization, facilities of our own for scientific meetings and other educational activities, rooms to accommodate our Council and Committees and to enable us to conduct collegiate social activities on a modest scale are not the only purposes to which we are addressing ourselves. The funds we secure are to be used for more than bricks and mortar.

The College is particularly well placed to develop those types of scientific enquiry that demand the co-operation of a number of psychiatric centres. Its grass root connections with psychiatric departments in every part of Great Britain and Ireland endow it with advantages not at the disposal of more Olympian organizations. The College would be particularly well placed to undertake evaluative studies of mental health services, investigations into the results achieved with the aid of certain forms of physical and psychological treatment, and to address itself to problems of certain socially important areas such as the steep rise in the rate of attempted suicide during the past decade in many affluent societies.

It is hoped, therefore, to establish through our Appeal, research fellowships in the gift of the College and facilities to enable investigators to undertake certain aspects of their work at College headquarters. It will aim to put the Library on a more solid and secure foundation, and will seek also to endow an administrative structure that will enable the College to fulfil its obligations in a prompt and effective manner.

We hope to establish close relationships both with the Medical Research Council and with the new organization for the Development of Operational Research to be created under the direction of a Chief Scientist within the Department of Health and Social Security. The College intends to play a vigorous role in the formation of research priorities and will in due course bring its views to the attention of those concerned with the allocation of funds.

We are aware that in all the areas touched upon, whether the improvement of standard professional training, the organization of meetings and conferences and scientific communication, or the nurturing of scientific enquiry, the College will have to work with discrimination, concentrating its endeavours in places where it is best equipped to excel. We have to be prepared to give counsel to and co-operate with many bodies, but we place first and foremost in our concerns the interests of the profession of psychiatry and the members of the community it serves.

The College owes a deep debt of gratitude to the Appeal and Building Committee, a small group which has worked very hard in these first formative months of the life of the College in an attempt to establish it in a home with an adequate endowment. As it wages a constant battle against time, it has had to work at a rapid pace, assembling information and making contact with local authorities who may be in a position to offer land or property on terms that are within our reach, and securing the interest and support of individuals who may be in a position to help us. I am unable to go beyond saying that a number of possibilities are being explored with the

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generous help of a few public-spirited men to whom the College is greatly indebted for their efforts.

If we are to gain our objective we will need all the spirit, vigour and ingenuity we can muster within the College and the goodwill we can mobilize from supporters outside it. I hope that anyone who is able to help either with his own efforts or by enlisting the support of others will communicate with me as soon as possible.

Yours sincerely,
MARTIN ROTH.
President.

MEMORANDUM ON TRAINING IN CHILD AND ADOLESCENT PSYCHIATRY

INTRODUCTION

Training in child and adolescent psychiatry has been discussed in several Memoranda of the Child Psychiatry Section of the Royal Medico-Psychological Association. The earlier Memoranda were understandably concerned with defining the functions of child psychiatrists, and with problems of recruitment and supply and the provision of training posts (1951, 1955, 1960). These are still live issues needing frequent review. The most recent statement (1968) set out the basic principles underlying the practice of child and adolescent psychiatry. It also dealt with the content of training programmes in broad outline, laid great stress on the need for basic training in general psychiatry, and touched on the further need for specialized training in certain areas of theory and practice, but did not go into details of a comprehensive training scheme.

The importance of experience in child psychiatry for trainees in general psychiatry was cogently argued at a Conference on Post-graduate Psychiatric Education (1970). Here it was emphasized that all psychiatrists should know something of the facts of child development and the significance and consequences of child-parent interaction. The relevance of the study of child psychiatry to the understanding of disorders in adult life, and the importance of deviant or disordered behaviour in family members and their effect on the children were underlined. The interdependence of adult and child and adolescent psychiatry, emphasized in so many earlier memoranda, seems now generally accepted and has important implications for any proposed training schemes.

This Memorandum sets out in more detail the desirable content of a comprehensive training scheme in child and adolescent psychiatry, taking into account the variations in facilities and differences in practice in different parts of the country.

RECRUITMENT FOR AND ENTRY INTO CHILD AND ADOLESCENT PSYCHIATRY

General experience supports the opinion expressed in earlier memoranda that the main avenue for recruitment will be from general psychiatry, with some others coming from paediatrics, general practice, community medicine and family medicine. A flexible method of entry is desirable in order to include candidates with a variety of experience which could be useful for later Consultant work in different aspects of the specialty. With the increasing amount of time given to psychiatry, including child psychiatry, in undergraduate teaching programmes, it is possible that decisions to go into child and adolescent psychiatry may be taken earlier than formerly. Teachers of child psychiatry in undergraduate medical schools and hospitals have an added responsibility for presenting basic principles and practice in such a way as to catch, maintain and deepen interest among students which will exert an influence in later years.

Paediatric experience is desirable for all entrants into child psychiatry. For those who will have Consultant responsibility for children with serious physical disorder (as is often the case with child psychiatrists working in a paediatric unit) it is essential. Accordingly, it is recommended that the newly qualified doctor who knows already that he wishes to specialize in child and adolescent psychiatry should be advised to seek a paediatric post.

If six months clinical experience in child psychiatry is provided during the initial period of two years obligatory training in general psychiatry (and we recommend that it should be), this would ensure the minimum basic clinical experience required for entry into specialist training. A similar requirement for child psychiatry to be part of specialist training in paediatrics might make entry from this field easier, quite apart from its importance to future paediatricians. The range of training experience in general psychiatry for those intending from the outset to specialize in child psychiatry should aim to provide the appropriate basis for progress in the specialty rather than be a series of haphazard assignments. The fields of acute psychiatric illness, neurotic and personality disorders, community or social psychiatry and neuro-psychiatry are more appropriate for this purpose than, for example, psychogeriatrics. Supervised experience of psychotherapy is also desirable.

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