

# So you want to be ... a child and adolescent psychiatrist

**C**hild and adolescent psychiatry specializes in the study, diagnosis, prevention and treatment of psychopathological disorders of children, adolescents, and their families.

## The training pathway

The current requirements for training in child and adolescent psychiatry in the UK are: possession of a medical degree recognized by the General Medical Council, e.g. MBBS, 2 years of foundation training in general medical specialties, 3 years of core (basic) psychiatric training and 3 years of specialist child and adolescent psychiatric training. There are opportunities to gain experience in psychiatry on some foundation programmes. As psychiatry is a rapidly growing speciality and gaining in popularity, the number of applicants for core training posts is rising every year.

Core training involves working in a variety of different psychiatric specialities, e.g. adult, old age, learning disability and child and adolescent psychiatry. Core trainees are expected to pass the membership examination of the Royal College of Psychiatrists (MRCPsych) before applying to a programme offering further specialist training specific to child and adolescent psychiatry.

The current MRCPsych examination consists of four parts. Papers 1, 2 and 3 are written exams while the final part of the exam is the Clinical Assessment of Skills and Competencies: an objective structured exam in which candidates examine simulated patients. There is a mandatory requirement for candidates to have 12 months' recognized experience to sit Paper 1, 18 months' experience for Papers 2 and 3 and 24 months' experience to take the Clinical Assessment of Skills and Competencies exam.

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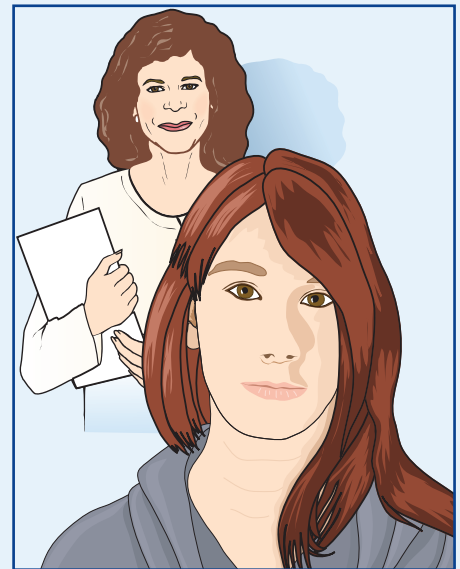
Specialist training in child and adolescent psychiatry focuses on the trainee developing a wide range of assessment and management skills to deal with the range of mental health problems (biological, psychological and social) which can be encountered during childhood and adolescence. All trainees have guidance and supervision from a clinical and an educational supervisor throughout their core and specialist training.

A new curriculum for child and adolescent psychiatry was launched in August 2009 which is competency based and strives towards excellence. Even when speciality training is completed and accreditation has been awarded, consultants are expected to continue to develop their competencies and acquire new skills. Trainees in child and adolescent psychiatry are allowed 1 day a week protected time for research, development of a special interest or pursuit of a specific psychotherapeutic training. They are also required to attend a local rolling academic programme of protected training specific to child and adolescent psychiatry which acts as a forum to discuss current issues and developments, as well as to present cases, audits and research work.

## A trainee's perspective

Child and adolescent psychiatry allows the trainee to work in a multidisciplinary team with a variety of other health-care professionals, e.g. psychiatric and general nurses, clinical psychologists, family and occupational therapists, and social workers. Trainees also liaise closely with professionals from other agencies such as education, social services and the voluntary sector.

Child and adolescent psychiatrists work in a range of settings, e.g. inpatient units, outpatient clinics, in the community and in private practice. They assess and manage a wide range of developmental, behavioural and mental disorders. Although therapeutic work is child-focused, close working with family and/or carers is usually essential. As children with mental health problems are still developing, intervention at an early stage enhances the chances of a full recovery, which is very rewarding.



## A consultant's perspective

The role of the consultant within a community child and adolescent psychiatry team has changed over the past 10 years. Far more children are now referred with a specific request for an assessment to exclude a neurodevelopmental disorder such as attention deficit hyperactivity disorder or autism spectrum disorder than previously.

As with most psychiatric disorders, there are no diagnostic tests available at present which allow the clinician to diagnose with absolute certainty. Thus the child psychiatrist has to be both detective, collecting evidence from multiple sources, as well as judge and jury, weighing up the available evidence to see if the diagnosis in question is beyond reasonable doubt. This can be challenging but also satisfying. As many of the children seen have difficulties which are chronic in nature, the relationships developed with families can be long standing and the clinician often has the privilege of watching the child grow up. **BJHM**

*Conflict of interest: Dr G Salmon has been paid to present at a meeting on ADHD by Janssen-Cilag.*

## KEY POINTS

- Child and adolescent psychiatry trainees have protected time for research, pursuit of a special interest or psychological training.
- Training programmes for child and adolescent psychiatry have a rolling academic teaching programme which trainees are expected to attend.
- Child and adolescent psychiatrists work within multidisciplinary teams and liaise with professionals in other agencies.