Professor Cottrell raises a number of challenging questions in his commentary on our article, and we welcome further debate. Dialogue may create a space in which new possibilities can be thought about and explored, and this lies at the heart of our conception of mentoring.

Our assumption has been that the step from trainee to consultant is challenging and that newly appointed consultants are often anxious, particularly about non-clinical aspects of their new job. Such anxiety sometimes makes it hard to think. At the core, mentoring is about facilitating thought by the mentee, and often by the mentor too. In that sense, considering mentoring as ‘a wise older colleague imparting wisdom’ is unhelpful, as it both implies a power inequality and fails to acknowledge the possibility of new thinking taking place.

Cottrell asks how much support mentors had. In our scheme, mentors met at least yearly for peer supervision and support, and these meetings were facilitated by a consultant in psychodynamic psychotherapy. Scotland is a small country, where most people in our field know each other and where the Scottish Institute of Human Relations, by providing a variety of training courses in psychological therapies, has provided a common training experience in psychodynamic ways of thought. Let us be clear, however: mentoring was never conceived of as a therapeutic relationship – the aim has always been to facilitate thinking about uncertainty and ambiguity at work.

Given the potential entanglement between work and private concerns, the mentor comes from outwith the mentee’s immediate working service, both to provide a degree of privacy and confidentiality to the mentoring relationship and to facilitate thinking about potentially difficult relationships with colleagues. We argued it would be harder to explore such organisational dynamics if the mentor was intimately acquainted with the colleagues the mentee was struggling with. Having a mentor from outwith one’s immediate working service also provides some protection against the potential of continuing local poor practice such as ‘perpetuating ethnic or gender biases’.

Lastly, Cottrell asks difficult questions about evaluation of mentoring relationships that go to the heart of what it is to be a consultant child and adolescent psychiatrist. We would counsel against a narrow and positivistic definition of the role of a consultant as an unthinking cog in a machine, but tough questions of how one demonstrates that a good job is being done do not go away. We would argue that a good consultant is able to continue to think empathically and creatively in complex organisational dynamics, and mentoring aims to promote that ability. How does one evaluate quality of thinking?

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