

looking at three sources. For instance, in the *British Journal of Psychiatry* London trainees contributed to 26% of the papers compared to Scotland's 13%. In the *Bulletin* this changed to 40% and 3% respectively. Are Scotland's trainees half as productive as London's or one-fourteenth? The fact is that the sources and number of publications analysed are inadequate to answer the questions posed. To investigate research activity it would be necessary to supplement a much more extensive literature search with a survey of actual research carried out by trainees. In this way it would be possible to see if any regional differences in publication rate were related to differences in research activity or some other factor (for example poor supervision resulting in a project that is less likely to be accepted for publication).

Audit is here to stay and it is of the utmost importance that activities such as research are documented carefully and methodically. The dangers of producing inaccurate "league tables" are obvious. Further studies should address these issues. There are already "lies, damned lies and statistics". Let us ensure that research audit is not added to the list.

JOHN T. O'BRIEN

PSE

Fulbourn Hospital
Cambridge CB1 5EF

Reference

EASTERBROOK, P. J., BERLIN, J. A., GOPALAN, R. & MATTHEWS, D. R. (1991) Publication bias in clinical research. *Lancet*, **337**, 867-872.

DEAR SIRS

Thank you for giving us the opportunity to respond to Dr O'Brien's letter. Our study is not a "first attempt to look at an important area". Hollyman & Abou Saleh reported a survey of trainee research activity in the Southern Division. Forty-eight per cent of junior trainees and 79% of senior trainees were involved in research, response rate 25% (*Bulletin*, 1985, **9**, 203-204). Davidson reported that 86% of post membership trainees and 20% of pre-membership trainees in Mersey Region were involved in research, response rate 67% (*Bulletin*, 1987, **11**, 94-95). The CTC found that in five divisions research activity by trainees was 95%, response rate 33% (*Psychiatric Bulletin*, April 1991, **15**, 239-243). Our study goes a step further and looks not only at process but also outcome. As success in achieving promotion is often dependent on publishing, it is necessary to look at trainees' publications, an objective measurable outcome of successful research.

The paper (Easterbrook *et al*, 1991) that Dr O'Brien quotes actually found that "rejection of a

manuscript by an editor was an infrequent reason (9%) for a study remaining unpublished. However, failure of the investigator to submit for publication (because of null results, limitations in methodology, loss of interest, or unimportant results) accounted for 39% of the reasons given for non publication". If Dr O'Brien re-reads our paper he will find that we have provided separate figures for original research articles and case reports in the *Journal* and the *Bulletin*. All the entries in the abstracts were original research articles.

It was our intention to describe current practice in order to compare regions and hopefully cause change in the direction of improvement. Remember the Colleges' preliminary report on medical audit "unless the reviews in audit lead to improvement, the collection of data is a waste of time" (*Psychiatric Bulletin*, 1989, **13**, 577-580). It is our contention that rather than conduct further, perhaps more elegantly designed surveys, practical steps should be taken to support and encourage research by all trainees.

OLA JUNAID
RACHEL DALY

Mapperley Hospital
Nottingham NG3 6AA

Reference

EASTERBROOK, P. J. *et al* (1991) Publication bias in clinical research. *Lancet*, **337**, 867-872.

Training in the North West

DEAR SIRS

Drs Junaid and Daly (*Psychiatric Bulletin*, June 1991, **15**, 353-354) end their article on the research activities of trainee psychiatrists by pointing out that trainees in the North West carry out as much research as those in three other regions added together, with only one-third the number of teaching hospitals. They ask what the factors are that contribute to our high level of productivity.

There are four factors. First, trainees here find themselves working with consultants who encourage and value research, and allow them time in their working week to undertake it. The level of research activity is high both among academic psychiatrists and their NHS colleagues, and consultants who supervise research give up their time helping their trainees in their endeavours.

Second, the University of Manchester offers an MSc in Psychiatry in which a research dissertation forms an integral part, and candidates for senior registrar appointments know that a good track record in research will give them an advantage.

Third, the existence of the Mental Illness Research Unit in the University Department, with an annual