admirable letter, this is if anything *worse* than privately paid for therapy. But the fact that people are willing to pay for something says nothing about an activity's efficacy or its morality.

It is kind of Dr Davison to correct my "misconceptions" about the subject. Nevertheless, he is quite correct in assuming that I am happy to lump together psychotherapy and counselling – my criticisms apply to both – and anyway, to be frank, they do not seem "very different" to me. As for the confident assertion that non-psychoanalytic forms of psychotherapy "do not produce a dependent relationship"... Well, I can only respond, in a loud voice, "Oh Yes They Do?".

I enjoyed Dr Davies' image of myself as some kind of anti-pretentious gunslinger. He might be interested to know that my arguments with him do not, apparently, stop at psychotherapy: I have written against the prevailing views of triumphalist scientism in *A Critique of Biological Psychiatry* (Charlton, 1989). But I would not challenge the basic idea that talk is (sometimes) strong medicine: the big question is – talk from whom? When I want conversation I choose a person from those I know something about. I do not look them up in a list of "trained" professionals.

I am happy to see that Dr Acland is as interested in my professional subject of anatomy as I am in psychiatry. If it makes my own arguments more valid, I am pleased to inform her that – aside from extensive undergraduate experience of the subject, including a two year research project, and study abroad – I spent a year as a full-time psychiatric registrar having MRCPsych training, followed by three years of clinical research culminating in an MD on neuroendocrine aspects of depression and dementia, with (at the last count) 18 papers plus assorted other communications on the subject. It might be said that I am about as "qualified" to write on psychiatry as anybody who is not actually in clinical practice – although I honestly do not see why one has to be an expert to unmask the pretentions of psychotherapy. As for the pretentions of anatomy, if Dr Acland would like my views, she might look at a recent issue of the *BMJ* (Charlton, 1991).

I must be careful not to trip and impale myself on one of Dr Mitchison's barbed witticisms. I would just ask her to think again about her comment that it is psychotherapists who listen and the patients who talk. If this is true – which I seriously doubt – then why set-up a full-time profession of highly paid "listeners" (as opposed to a friend, a relation, teacher, GP, priest, the Citizen's Advice Bureau, the Samaritans, the landlord of the local pub, Uncle Tom Cobbley – or a cardboard cut-out of Sigmund Freud for that matter)? And finally, " 'inner authority' and the liberation involved in discovering, owning and delighting in it" is *not* what psychotherapy is all about. No – that is what *life* is all about. There is a difference.

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Research audit

DEAR SIRS

The recent article on research activity among trainee psychiatrists (*Psychiatric Bulletin*, June 1991, **15**, 353–354) cannot go unanswered, particularly by someone who is apparently in the unenviable position of recently moving from the most productive region to the least productive one. Although the study may be seen as a reasonable first attempt to look at an important area, it appears to suffer from such severe methodological problems as to invalidate the conclusions reached. The initial claim that it audits research activity in the training grades is erroneous. In fact it audits authorship of publications by trainees, in a very limited number of publications, over a short time. Research activity and publications are not the same thing for several reasons, one of which is publication bias as Easterbrook *et al* (1991) have recently shown. Nor is it acceptable, as the authors have done, to combine original research articles with case reports if one is interested in research activity, as the amount of research time involved in producing each is very different.

Even if one were interested in regional differences in trainee authorship of publications, no real conclusion about this can be reached from the article. This is because, although the article contains a breakdown of publications per teaching hospital, there is no attempt to control for the total number of psychiatric trainees at each teaching centre. This can vary by several fold and unless allowances are made for this, results cannot be interpreted meaningfully. The authors acknowledge "certain deficiencies" in their methodology, including inadequate sampling, but then comment that there is "significant regional variation" in research activity. This may well be the case but the study fails to demonstrate it. What, for instance, is the year by year variation for a given region in the journals studied? Are different journals selected preferentially by different regions? Judging by the table the authors produce there is considerable variation in choice of journal, even when only

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.

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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.

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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