

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

soft money spend of over £1m, attests to the importance which is attached to research by the academic staff, and helps to provide an infra-structure for research activities by the trainees. There is ready access to statistical advice, and regular meetings of the Research Society.

However, none of this would work if it were not for our annual course called "Choosing a Research Project", first described on these pages ten years ago (*Bulletin*, 1981, 5, 148). This course continues to provide every trainee who wants one with a research project, and we would advise places which wish to catch up to imitate it.

The basic idea is quite simple. Each week the course is addressed by a different potential supervisor who starts by describing the problems surrounding one-person projects in the particular field, and lists the projects that still need doing. In the second part of the afternoon a trainee describes how s/he would carry out an actual project that has been assigned by the supervisor at a meeting two or three weeks earlier. At the end of the afternoon the trainee is asked whether they would like the project they have thought about; if not, it is offered to the class.

The success of the course is its symbiotic nature: supervisors need trainees to help them with field-work, and trainees need help from a more experienced person in order to think of a worthwhile idea and bring it to a satisfactory conclusion. By the end of the term each trainee has heard from a wide range of supervisors and has listened to a bewildering variety of ideas for one-man projects.

It remains to be seen whether our research record will remain as strong when the only real manpower gateway is between SHO and registrar appointments, since it would be unreasonable to expect an SHO to have made a start on a project. However, we suspect that there will always be competition for more desirable jobs, and that provided the training climate favours research, it will continue to flourish.

DAVID GOLDBERG

*School of Psychiatry and Behavioural Science
University of Manchester
Manchester M20 8LR*

Audit of research

DEAR SIRs

Audit is spreading (Junaid & Daly, *Psychiatric Bulletin*, June 1991, 15, 353–354). It is right that research activity is audited. This is particularly so when one considers the quantity of research literature that is produced annually. Junaid & Daly, however, have focused on quantity to the exclusion of quality.

Such an emphasis is surprising since audit has traditionally been concerned more with the maintenance of standards. Should this not also be so of

research? It may well be that quality in research is difficult to measure. However, if audit of research is to be repeated in the future then some attempt should be made. I would suggest that useful data is currently in the hands of editors.

While quality levels for research have never been formally agreed upon, in practice they have been set by editors of journals. Quality is reflected to a large degree by 'publishability'. All this is to point to the obvious – that editors have been expert auditors for years. The difference is that, unlike auditors, their glory has gone unnoticed. Perhaps their time has come?

While Junaid & Daly perform a quantitative audit on those articles accepted for publication they omit an analysis of the more important data: the amount of research that is refused. Such data is the domain of the editor-cum-auditor. Surely such an analysis is of greater evaluative importance. An audit of the number of successful operations in NHS hospitals would surely say little if it excluded the number that had failed.

I hope Drs Junaid and Daly will forgive me for auditing their audit.

BRIAN WILLIAMS

*North Wales Hospital
Denbigh, Clwyd*

DEAR SIRs

Dr Williams is correct to address the issue of failed research. Currently trainees spend countless hours on projects that have no hope of succeeding. In a climate where research has to be done to improve CVs it is perhaps understandable that research undertaken for the wrong reason often fails. Professor Goldberg's Manchester Scheme, where research is given high priority, money is available and a structured approach to supervision is welcome news. While it may be impossible to accurately quantify the time, effort, energy and number of failed projects it is possible to determine factors which positively contribute to productive research.

Perhaps it is time that trainees look more carefully at the research activity of potential training rotations. In order to attract the right sort of candidate, and indeed provide all round training, all rotations need to look more closely, and more carefully at the degree of research supervision available and provided.

We arrived at only one conclusion in our paper, that is, there is a wide variation of productive research by trainees in psychiatry in the United Kingdom. We suggested that further work needs to be carried out to identify those factors which encourage trainees to successfully complete research. Professor Goldberg has listed four factors that he considers contribute to a high level of productivity for trainees in his region. It would appear a fairly