TABLE I
Comparison of allocation into groups by the two methods of analysis

		Neural network	
		Depressed	Not depressed
Discriminant	Depressed	3	3
function	Not depressed	0	12

McNemar's Test (Binomial 2 tailed test) $n = 18$ $P = 0.25$.

the discriminant function allocated the 18 test cases between the two groups (i.e. agreement between prediction of group membership).

It is clear therefore that this neural network compares favourably with a well established method of case assignment, namely discriminant analysis.

In developing 'Expert Systems' to aid clinical diagnosis and decision making, the technology of pattern recognition used by neural networks is intrinsically suited to the clinical process. This is in contrast to earlier attempts to implement rule-based logical systems which, apart from a few specialised applications, have not lived up to their initial promise. The use of neural network technology and its application to a wide variety of clinical problems merits further study.

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Reference

LUCAS, C. P., RIGBY, J. C. & LUCAS, S. B. (1989) The occurrence of depression following mania – a method of predicting vulnerable cases. *British Journal of Psychiatry,* **154,** 705–708.

Difficulties facing post MRCPsych registrars

DEAR SIRS

I would like to report the findings of a CTC working party which was set up to look at the difficulties facing post MRCPsych registrars. The initial difficulty that faced the working party was in identifying the 'pool' of these registrars. No adequate details of numbers were available. A recent survey (Bhate, to be published) did suggest that out of a total of 1034 registrars (for whom information was available) 26 were still registrars after eight years in psychiatry.

Following a letter in the *Psychiatric Bulletin,* eight post MRCPsych registrars agreed to answer a few

questions on their experiences. Half had been 18 months post MRCPsych and the rest for a longer period. The number of jobs applied for varied from 3–60 and the times respondents had been shortlisted varied from none to eight. All were advised to "do some research – any research"; "publish something – anything!". The tutors had been instrumental in giving career advice. Three of the registrars were working as locum consultants.

The working party would like to make the following recommendations:

(a) An inbuilt mechanism ought to be created to look at the actual numbers of post MRCPsych registrars.

(b) Appointments at SR levels should be monitored and suitable advice available to the unsuccessful candidates.

(c) The College through the Tutors' Committee or Education Committee could take on the task of advising such registrars on presentation, interview techniques and skills.

(d) Closer links with teaching and nonteaching hospitals, easy access to research supervisors and an increase in research training either through the College or The Regional Health Authorities (RHAs) should be encouraged.

(e) Regional advisers could be asked to monitor the numbers of post MRCPsych registrars in various regions.

(f) The time table of such registrars should reflect their status and each case could be assessed on an individual basis for the possibility of accreditation in deserving cases.

The members of the working party were Drs D. Double, S. Griffin and O. Junaid.

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Registrar training

DEAR SIRS

I would like to make some comments in support of Drs Haigh & Wear's article in Trainees' Forum (*Psychiatric Bulletin,* October 1989, **13,** 556–557) entitled 'Training for An Uncertain Future'. Specifically, they were presenting some suggestions for change in registrar training, especially including some time as a general practice trainee.

Following my psychiatric training at Maindiff Court and Pen-y-fal Hospitals in the mid-seventies under the auspices of the University of Wales, I spent ten months as a GP trainee attached to a rural practice centred on Abergavenny. This experience