Some South African universities provide good specialist otorhinolaryngology training

To the Editor: I respond as head of one of the units ‘studied’ in Peer and Fagan’s ‘descriptive audit’.1

I support strongly the maintenance of the highest standards of training, patient care and self- and peer-reviewed critical evaluation. The evaluation of my unit does not threaten me. Although no heads anywhere in the world should think that their unit is perfect, as there are always challenges and room for improvement, I am confident that my trainees at Tygerberg Hospital/Stellenbosch University receive a good and balanced training, comparable to most first-world countries. Ironically, the above-mentioned paper found exactly this of some units—but, as written, discards all ENT training units in this country; perhaps the authors think that readers will assume that their authorship implies that theirs is exempt?

I am concerned about how this survey was conducted, how the article was written, that it was published as ‘research’ in the SAMJ, and that it has (unsurprisingly) been sensationalised in the media.

Firstly, it is inappropriate for a head of one unit to assume the right to direct a trainee, under the guise of the National Registrar’s Committee, to enquire into the various training units. Secondly, there are ethical processes to be followed. No mention was made if ethical permission had been obtained, and from whom. One would further have expected that the various heads of department should have been approached, either through the Academic Subcommittee of the ENT Society, or directly, for permission to conduct the survey and for input into the protocol. Should this permission have been denied, appropriate action might have been taken to obtain access to information. But, in my opinion, this study as conducted constitutes an unacceptable breach of ethics.

The ‘research’ methodology was, as the authors intimate, weak, and it is unfortunate that the SAMJ saw fit to publish it. An unvalidated and undisclosed questionnaire of whatever questions they chose to deem representative of good training, with no wider input from other academics, sent to whichever registrar they selected (only one per unit), hardly constitutes ‘research’.

The main problem is the imprecise way in which this article was written, resulting in the publicising of misleading information. What is meant by ‘This study demonstrates that all South African universities do not provide the required training platforms for ENT specialist training? Do they mean that all universities are deficient? Or do they mean ‘Not all South African universities provide the required training? These statements have different meanings; if the authors meant the latter, they should be more careful with their use of language.

The authors purport to ‘protect … respondents and institutions’ by keeping them anonymous; but this brings into disrepute those institutions that received favourable reports. This obnoxious effect is aggravated by the failure to publish a table of the criteria used, plotted against the various units (represented by a code, if anonymity is sought). Consequently, it seems that deficiencies were spread across the board, and it is not possible to see that some institutions (Tygerberg is one, I believe) received good ratings.

There are reports of serious problems in certain parts of the country. But it is naïve to imagine that there are countries, including Switzerland and the UK, where all units are perfect. We should strive for better and conduct self-examination. However, the ill-advised manner of the study has damaged the reputation of ENT specialist training in this country and discredited those units that strive for excellence. It has put at risk the international recognition of Fellowship qualifications of the SA College of Medicine, and the potential for our excellent graduates to pursue further studies, exchanges and fellowships abroad. Arguably, they have exposed all SA-graduated ENT specialists, wherever trained, to blanket compromise and have done South African ENT a grave disservice.

This is an example of poorly conducted and incorrectly reported research being worse than no research at all.

The authors should explain what ethical processes were followed, clarify the ambiguities in their article, confirm whether they found that there are good training units in South Africa, and apologise for the damage done.

James Loock
ENT Division
Tygerberg Hospital/Stellenbosch University
Tygerberg
jool@sun.ac.za