

SAMJ gets new Editor-in-Chief

With their retirement from their present roles in the *SAMJ*, Professors Dan Ncayiyana (Editor-in-Chief for 20 years) and JP van Niekerk (Managing Editor for 11 years) are pleased to announce that Professor Janet Seggie has been appointed as Editor-in-Chief of the *SAMJ*.

Professor Seggie has had a distinguished medical career. She graduated MB ChB (Birm) from the University of Rhodesia, doing an intercalated BSc (Hons) degree at the University of Birmingham. Further qualifications include FRCP (Lond), FCP (SA) and MD (Birm). Following specialist training in the UK she was a lecturer in the Department of Medicine, University of Rhodesia, senior lecturer at the University of the Witwatersrand and since 1989 at the University of Cape Town (UCT), where she was appointed *Ad Hominem* Professor.

She has had many leadership roles in clinical medicine, UCT Faculty of Health Sciences, Colleges of Medicine, etc., where her sound judgement, ability to work with others and to mentor younger colleagues have been appreciated. She has received many awards in recognition of her contributions and is the President-elect of the Cape Western Branch of the South African Medical Association (SAMA).

Janet's research publications reflect her interests in general medicine and nephrology and more recently medical education. She has contributed several guest editorials in the *SAMJ* and most recently was the editor of the large UCT Centenary issue. She has been an active member of the editors' advisory group that reviews each submission to the *SAMJ*.

With a wealth of appropriate qualifications, experience and personal characteristics, Janet will no doubt readily transfer her skills to her new role. We wish her everything of the very best and will continue to be available to ensure a smooth transition.

DJN, JPvN

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, discredits 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 opprobrious 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 nowhere in the world, including 'Switzerland and the UK', are all units 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.

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1. Peer S, Fagan J. Do South African universities provide the required training platforms for otorhinolaryngology specialist training? *S Afr Med J* 2012;102(8):691-692.