

Patrick Trevor-Roper: a Born Teacher

A. R. ELKINGTON

Southampton

There must be many doctors throughout the world who recognise Patrick Trevor-Roper as an outstanding teacher. His little book 'Lecture Notes on Ophthalmology',¹ now in its sixth edition, has peeped out of the coat pockets of generations of medical students training in a wide variety of countries. The needs of the postgraduate have for long been met by 'Ophthalmology: A Textbook for Diploma Students'² now revamped as 'The Eye and its Disorders'.³ There is no doubt that countless patients have been helped by the knowledge passed on in these supremely readable texts.

The successful teacher must achieve at least three things. He must first engender an enthusiasm for his subject. Secondly, he must impart a core of basic knowledge and thirdly he must stimulate in his students a critical approach to the subject - particularly the perceived wisdom of the moment. The man we honour in this commemorative issue achieves admirably all these aims with his infectious interest in his chosen speciality, his gift with words and his ability to spot the flaw in an argument.

There is another aspect to successful teaching and that is what might be termed 'feedback'. It is important that any instructor takes steps to find out how his audience is responding to his efforts for only in this way will he be able to improve his tuition. There is little point in someone 'teaching' if no one is learning.

In most universities the teaching of undergraduates is repeatedly re-assessed. However, a review of the literature has failed to reveal any study that has attempted to discover what the postgraduates think of their training in ophthalmology in the United Kingdom.

This paper, based on the results of a questionnaire, is an attempt to begin to fill this glaring void.

Material and Methods

A list of the names and addresses of the registrars and the senior registrars working in the United Kingdom was obtained from the Faculty of Ophthalmologists.* A number was assigned to each name appearing on the list. A copy of the questionnaire was sent to each trainee together with a personally addressed covering letter and a return stamped addressed envelope (SAE) which bore the number assigned to the addressee. This numbering system was explained in the covering letter.

On the return of the numbered SAEs, before the envelopes were opened, the numbers were used to identify the names of the trainees returning the completed questionnaires. Their names were then ticked off on the list. The envelopes were opened and destroyed after the completed questionnaires had been removed. No attempt was made to relate any particular numbered envelope to the questionnaire that it contained, so ensuring anonymity of each reply.

Three months after the despatch of the initial batch of questionnaires a reminder, together with a further copy of the questionnaire, and another numbered SAE was sent to those trainees whose names had not been ticked off on the list. The resulting additional returns were handled as previously described.

After a further two months the study was wound up. The information on the completed questionnaires, apart from that under

*Now the College of Ophthalmologists

the heading 'Comments', was given digital form and was computerised.

Results

A great deal of information was obtained;

only a selection is presented here. For ease of interpretation the material is presented in a question and answer form. To avoid confusion the reader should bear in mind that not every respondent answered every question.

(a) *How many Trainees replied to the questionnaire?*

Table I

<i>Grade of trainee</i>	<i>Number of replies</i>
Registrar	108
Senior Registrar	60
Honorary Registrar	7
Honorary Senior Registrar	12
Total	187

(b) *What was the overall reply rate?*
70.03%

(c) *How many of the replying trainees are taught formally?*

Table II

<i>Grade of trainee</i>	<i>Formal teaching</i>	<i>No formal teaching</i>	<i>Total</i>
Registrars	84	23	107
Senior Registrars	59	1	60
Honorary Registrars	5	2	7
Honorary Senior Registrars	10	2	12
Total	158	28	186

(d) *What difficulties do trainees encounter in attending formal teaching sessions?*

Table III

Difficulties Experienced in Attending Formal Teaching Sessions

<i>Grade of trainee</i>	<i>Clinical commitment</i>	<i>Distance from teaching centre</i>	<i>Consultant opposition</i>	<i>No difficulty</i>	<i>Total</i>
Registrar	39	5	3	50	97
Sen. Registrar	30	2	2	23	57
Hon. Registrar	1	0	0	5	6
Hon. Sen. Registrar	7	2	0	2	11
Total	77	9	5	80	171

(e) *Do those that are in training feel that they have significant informal teaching?*

Table IV

<i>Grade of trainee</i>	<i>Significant informal teaching</i>	<i>No significant informal teaching</i>	<i>Total</i>
Registrar	53	50	103
Senior Registrar	32	27	59
Honorary Registrar	7	0	7
Honary Senior Registrar	11	1	12
Total	103	78	181

(f) Do trainees have time allocated for study?

Table V

Grade of trainee	Time allocated for study		
	Yes	No	Total
Registrar	51	56	107
Senior Registrar	26	33	59
Honorary Registrar	5	2	7
Honorary Senior Registrar	9	3	12
Total	91	94	185

(g) Is there good access to library facilities?

Table VI

Access	Number of replies
Good	168
Poor	19
Total	187

(h) How many books on ophthalmology are there in the library?

Table VII

Number of books	Number of replies
0 - 9	7
10 - 49	48
50 - 200	80
Over 200	52
Total	187

(i) Is there good access to ophthalmic journals?

Table VIII

Access	Number of replies
Good	171
Poor	17
Total	188

(j) Is there ready access to audio-visual teaching material?

Table IX

Access	Number of replies
Good	79
Poor	108
Total	187

(k) How long have the senior registrars been qualified, how long have they worked in ophthalmology and how long were they registrars?

Table X

Years	Number of replying senior registrars		
	Since qualification	Working in ophthalmology	As registrar
1 - 2	0	0	11
2 - 3	0	0	29
3 - 4	0	1	11
4 - 5	0	6	4
5 - 6	1	5	0
6 - 7	3	9	1
7 - 8	5	11	0
8 - 9	6	13	0
9 - 10	11	5	0
10 - 11	8	6	0
11 - 12	12	2	0
12 - 13	6	1	0
13 - 14	3	1	0
14 - 15	2	0	0
15 - 16	2	0	0
Average	10.1 Years	7.4 Years	2.3 Years

- (l) How many senior registrars took the Diploma of Ophthalmology, how often did they take it and how often did they take the FRCS Examination?

Table XI

Number of attempts	Number of senior registrars	
	DO Examination	FRCS Examination
1	30	35
2	9	15
3	0	7
4	0	2
5	0	1
Total number of Senior registrars	39	60
Average number of Attempts	1.23	1.65

- (m) Are senior registrars encouraged to go on courses and to conferences?

Table XII

Encouraged	Number of replies
Yes	35
No	24
Total	59

- (n) Is it easy for senior registrars to obtain study leave?

Table XIII

Study leave	Number of replies
Easy to obtain	38
Not easy to obtain	21
Total	59

- (o) How many days have senior registrars spent on courses in the past two years?

Table XIV

Time in days	Number of replies
1 - 8	52
8 - 15	4
15 - 22	3
24 - 29	1
Total	60

- (p) How many days have senior registrars spent at conferences in the past two years?

On average: 7.9 days

- (q) How many senior registrars have been on the Junior Tour arranged by the Faculty of Ophthalmologists?

Table XV

Tour	Number of replies
Been on Tour	15
Not been on Tour	45
Total	60

- (r) Do trainees have time allocated for research?

Table XVI

Grade of trainee	Time allocated for research		
	Yes	No	Total
Registrar	50	56	106
Senior Registrar	26	33	59
Honorary Registrar	5	2	7
Honorary Senior Registrar	9	3	12
Total	90	94	184

(s) *Do clinical commitments impinge on research time?***Table XVII**

<i>Grade of trainee</i>	<i>Imposition of clinical commitments</i>				<i>Total</i>
	<i>Very rarely</i>	<i>Sometimes</i>	<i>Almost always</i>	<i>No research time allocated</i>	
Registrar	4	27	13	56	100
Senior Registrar	2	20	19	17	58
Hon. Registrar	0	6	0	1	7
Hon. Senior Registrar	0	7	5	0	12
Total	6	60	37	74	177

(t) *How many trainees have spent a period in full-time postgraduate research?***Table XVIII**

<i>Grade of trainee</i>	<i>Period of full-time postgraduate research</i>		<i>Total</i>
	<i>Yes</i>	<i>No</i>	
Registrar	13	93	106
Senior Registrar	17	42	59
Honorary Registrar	2	5	7
Honorary Senior Registrar	6	6	12
Total	38	146	184

(u) *How many of those in training have the following degrees?***Table XIX**

<i>Grade of trainee</i>	<i>Degree</i>								<i>Total</i>
	<i>MD/DM =1</i>	<i>MS =2</i>	<i>PhD/DPhil =3</i>	<i>MSc =4</i>	<i>BSc =5</i>	<i>No such Degree</i>	<i>1+2</i>	<i>1+2 +3+5</i>	
Registrar	8	4	1	2	21	69	1	0	106
Senior Registrar	2	0	2	1	13	38	0	1	57
Hon. Registrar	0	0	0	0	1	6	0	0	7
Hon. Sen. Registrar	0	0	0	0	4	8	0	0	12
Total	10	4	3	3	39	121	1	1	182

- (v) *Are the senior registrars being formally assessed?*

Table XX

Assessor	Number of senior registrars
No assessment	40
CRA alone	7
RPD alone	6
RPD + CRA	1
RPD + CT	1
RPD + CRA + CT	2
RPD + CRA + CT + C	1
Total	58

Key:

CRA: College Regional Adviser

RPD: Regional Postgraduate Dean

CT : Clinical Tutor

C : Consultant

Discussion

The findings of this study largely speak for themselves and they will probably come as no surprise to those working in eye departments within the United Kingdom. Nevertheless, there are several points that are worth highlighting.

The reply rate of 70.03% is very gratifying. No Central Register is completely up-to-date, particularly when posts are sometimes held for a relatively short time. Moreover, it would have been entirely natural for many of those who were approached to question whether the anonymity of their replies would really be strictly observed. Some might have felt that frank answers would jeopardise their careers. This fear was groundless but it may have deterred some from participating in the survey.

It is surely a disgrace that 21% of Registrars have no formal teaching at all (Table II). There would be some mitigation if there was significant informal teaching, which has always been one of the cherished hallmarks of postgraduate medical education in Britain. This seems no longer to be invariably the case in our specialty, for 43% of trainees recorded that they did not receive any significant informal teaching (Table IV).

This loss of the opportunity to learn on an informal basis may well stem from the relentless increase in workload which is inevitable as a mere four hundred and eighty or so Consultant Ophthalmologists try to cope with the demands of an ageing population. An excessive clinical commitment makes it difficult for 45% of trainees to get to formal teaching sessions (Table III). It also almost always impinges upon the time allocated to research for 36% of those who have the opportunity of carrying out this activity (Table XVII).

One of the aims of research is to sharpen critical faculties which leads in the long-term to enhanced care of patients. In some disciplines senior registrars have a considerable proportion of their timetable devoted to research. Reference to Table XVI makes clear that most registrars and even senior registrars in ophthalmology have no time at all that is earmarked for research endeavours. We all know that much useful research can be done out of hours; but almost certainly the major advances in the future will stem from collaboration between clinicians and those working in laboratories devoted to the basic sciences and this must occur largely within working hours. The fact that 79.3% of trainees have never spent a period of time in full-time postgraduate research (Table XVIII) must contribute to 66.5% of them not having even one of the higher degrees listed in Table XIX.

The discovery that 69% of the senior registrars had not undergone a formal assessment by any of the four senior colleagues who might be held responsible for carrying out such a check was surprising (Table XX). The benefit of such assessments is two-fold. Those responsible for organizing the training programme have a chance to advise the trainee on his apparent strengths and weaknesses so that constructive advice may be given. However, even more important is the opportunity the trainee has of giving his views on the training he is receiving. An uninhibited, but tactful, frankness can achieve wonders, not only for the present incumbent of the post but for those who follow in his footsteps.

It is important to realise that there is a system of accreditation of senior registrars

under the aegis of The Specialist Advisory Committee of the Joint Committee on Higher Surgical Training of the Royal Surgical Colleges. It is clearly crucial that this system should work well so that those in training should have the opportunity to comment on how they are being taught.

Many of the respondents wrote extensively under the 'Comments' heading on the questionnaire. Some tragic professional predicaments were described. It became clear, in addition, what changes many young ophthalmologists want to see implemented as soon as possible.

They are eager to see proper training programmes set-up that allow time to be spent studying for examinations and higher degrees and which is free from clinical duties. They do not mind that inevitably the competition to secure a place on these programmes will be fierce. They would much sooner be a casualty early on in their training than become stuck higher up the ladder when forging an alternative career is far more difficult. Interestingly, such a scheme fits in well with the thinking that underlines 'Achieving a Balance'⁴ and so there is a chance that it could be brought about should this be the general wish.

In his final Editorial,⁵ Patrick Trevor-Roper allowed himself a touch of nostalgia as he looked back over the various changes to this Journal that took place during the forty years that he was in charge. There must be a host of us who experience a similar sentiment when we recall his many years of instruction,

guidance and friendship which so helped us, particularly in our formative years. This article is my salute to him. It shows that there is much that needs to be done to improve the teaching of our specialty. His example, and that of other mentors of his generation, should embolden us to take up the challenge and, through a College of Ophthalmologists, put things right.

This survey was possible only because many people helped me. I thank them all most warmly. Mr and Mrs P T Khaw designed the format of the questionnaire and they dealt with the computerisation. Miss Margaret Hallendorff and Professor Philip Rhodes made helpful comments on the questions to be asked. Miss Mary Bartlett co-ordinated the study. Mrs Sara Haswell and Mrs Anna Quick produced the typescript. Finally, my thanks go to those in training who took the trouble to fill in the questionnaires.

References

- ¹ 'Lecture Notes on Ophthalmology' Patrick D Trevor-Roper 6th Edition (1980), Blackwell Scientific Publications.
- ² 'Ophthalmology: A Textbook for Diploma Students' Patrick D Trevor-Roper (1955), Lloyd-Luke.
- ³ 'The Eye and Its Disorders' Patrick D Trevor-Roper and Peter V Curran Second Edition (1984), Blackwell Scientific Publications.
- ⁴ 'Hospital Medical Staffing: Achieving a Balance: Plan for Action' United Kingdom Health Department, Joint Consultants Committee, Chairmen of Regional Health Authorities Department of Health and Social Security, London (1987).
- ⁵ 'Editorial' Patrick D Trevor-Roper Eye 1987, 1, Part 6.