



Faculty of Health Sciences University of Cape Town

**FIT FOR PURPOSE
MBChB
Admission, Curriculum & Outcome**

Parliamentary Portfolio Committee

20 April 2011

What we stand for:

Mission

The mission of the Faculty is to address the health challenges facing South African and African society by promoting quality and equity in health care services, educating health practitioners for life and undertaking research relevant to Africa's needs.

Values and principles

The Faculty strives to be evidence-based in teaching, research, health care and public service. In exercising this, the Faculty is:

- led by the values of health equity and social justice embodied in the Primary Health Care philosophy;
- guided by high ethical standards; and
- committed to the principles of respect for human rights and human dignity.

The goals of the Faculty are to:

- promote quality and equity in health care;
- produce and support health practitioners capable of addressing the health needs of our country;
- promote a spirit of enquiry; and
- engage constructively with the health care needs of South Africans and Africans through research and the application of our academic and institutional resources.

Our challenge: Producing graduates fit for purpose

This challenge is addressed in the context of the National Development Policy, in particular, the National Health Act and the Higher Education Act, which define the way forward for Health Sciences Faculties.

National Health Act 2003: Preamble

- Unite elements of the national health system to promote and improve the national health system
- Establish as health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognised standards of research and a spirit of enquiry and advocacy

National Health Act 2003: HR Planning & Academic Health Complexes

- 48. (2) The policy and guidelines must advance the provision of appropriately trained staff at all levels of the national health system to meet the population's health care needs...
- 51. (a) The Minister may establish academic health complexes which may consist of one or more establishments at all levels of the national health system, including peripheral facilities ... to educate and train health care personnel and to conduct research

The three components of our response to this challenge are as follows:

- the extent to which our curriculum meets the requirements of the health sector;
- the response of our admissions policy to the challenge for redress; and
- the support we provide to ensure success.

Curriculum:

The overall purpose of the curriculum is to produce a generalist doctor who is capable of providing health care in a decentralised health system; who can manage those conditions responsible for the national burden of disease; who is imbued with a spirit of enquiry; and – above all - who is committed to the principles of equity and social justice embodied in the primary health care approach (See Appendix 1).

The goals of our graduate policy are encapsulated in the graduate profile and have seven core elements:

- Professional values, attitudes, behaviour and ethics
- Scientific foundation of medicine
- Communication skills
- Population and health systems
- Clinical skills
- Management of information
- Critical thinking and research

Curriculum design

Structure – pre-clinical years

- Year 1:
 - Becoming a professional
 - Becoming a health professional
 - Introduction to cycle of life
 - Transitions in health
- Year 2 / 3:
 - Integrated health sciences
 - Becoming a doctor
 - Intro to clinical practice
 - Special study module (research)

Structure – clinical years

- Year 4 / 5:
 - Medical and surgical disciplines
 - Public health
 - Primary health care (and 4 week elective)
 - Family medicine
 - Forensic medicine
- Year 6:
 - Student internships

Approach:

The approach to delivery of the curriculum is based on globally accepted adult education principles and practices, and a multidisciplinary approach underpins the content and delivery of the curriculum.

Transversal skills that run through all years of the curriculum are:

- Ethics
- Human rights
- Primary Health Care
- HIV/AIDS

A model of social accountability is core.

Special attention is paid to the diversity of language in South Africa and students learn how to communicate in the languages spoken by their patients. A multidisciplinary approach underpins the content and delivery of the curriculum. The medium of instruction is English. In addition, all students are expected to learn Afrikaans and isiXhosa, the major languages of the Western Cape.

Educational strategies:

The educational approach includes the following elements:

Student-centred; problem based learning; self directed; community-based and community-engaged learning.

Computer-assisted and information technology supported learning and teaching are core components of the education approach. This enables self-directed learning and also prepares students for practice in a modern information age.

Sites of teaching and learning:

The sites of teaching and learning are closely aligned with the goal of the programme – to produce graduates capable of working in a decentralised health system, focused on the district.

Our Academic Health Complex, i.e. the clinical teaching platform, is therefore based on this model of health service, with sites of teaching and learning extending beyond the central tertiary hospitals to secondary and primary level care facilities located in rural and other underserved areas.

Community-engaged learning is a key component with learning taking place not only in health care facilities, but also with communities.

Tertiary Hospitals

Groote Schuur Hospital
Red Cross Hospital

Secondary Hospitals

Mowbray Maternity
Valkenberg
Somerset
Victoria
GF Jooste
Lentegeur
False Bay
Alexandra
2 Military
Booth Memorial
Brooklyn Chest
Vredenburg

Community Health Centres

Vanguard
Retreat

Lotus River
Mitchells Plain
Khayelitsha Site B
Heideveld
Hanover Park
Gugulethu
Green Point
Conradie Care Centre
Athlone

NGOs and communities

Khayelitsha
Mamre Community
Bonteheuvel and Langa
communities
Christel House
Metro Ambulance Service
Nazareth House
Nyanga SHAWCO Centre
Rehoboth Age Exchange
Centre (Hanover Park)

St Josephs Home (Phillipi)
St Luke's Hospice
SACLA (Manenberg)
Western Cape Rehabilitation
Centre

Schools

Habibia Primary
Levana Primary School
(Lavender Hill)
Molenbeek School
Palm Tree Educare Centre
(Heideveld)
Red River Primary (Heideveld)
Blouvlei School (Retreat)
Zeekoevlei Primary (Lotus
River)
Zerilda Park Primary School
(Steenberg)

Admissions policy – our legacy:

In 1959, the Extension of Universities Act resulted in the designation of the Medical Schools of the University of Cape Town being designated “white”. The University of Natal provided medical education for black students only, and in later years, MEDUNSA was established as a university exclusively for African medical students. Under this law, universities which had been designated “white” had to apply for special permission to admit black students.

Prior to 1986, there were no black African medical students at UCT. Few were admitted in successive years and the first African medical student graduated in 1991 – just twenty years ago. In 1990, the introduction of an academic development programme led to a gradual increase in admissions of black African students, and that trend in increasing numbers continues, as a result of changes to admissions policy (Admissions policy attached in Appendix 2).

Higher Education Act 101, 1997

- Restructure and transform programmes and institutions to respond better to the human resource, economic and development needs of the Republic
- Redress past discrimination and ensure representivity and equal access
- Provide optimal opportunities for learning and creation of knowledge
- Promote values of human dignity, equality and freedom
- Pursue excellence, promote the full realisation of the potential of every student

The goal of our admissions policy:

On the basis of the requirements of higher education legislation (*see Box above*), the goal of our admissions policy is to redress the imbalances of the past, expand access to medical education, support the progression of students and ensure throughput in order to provide a cohort of “fit-for-purpose” medical graduates.

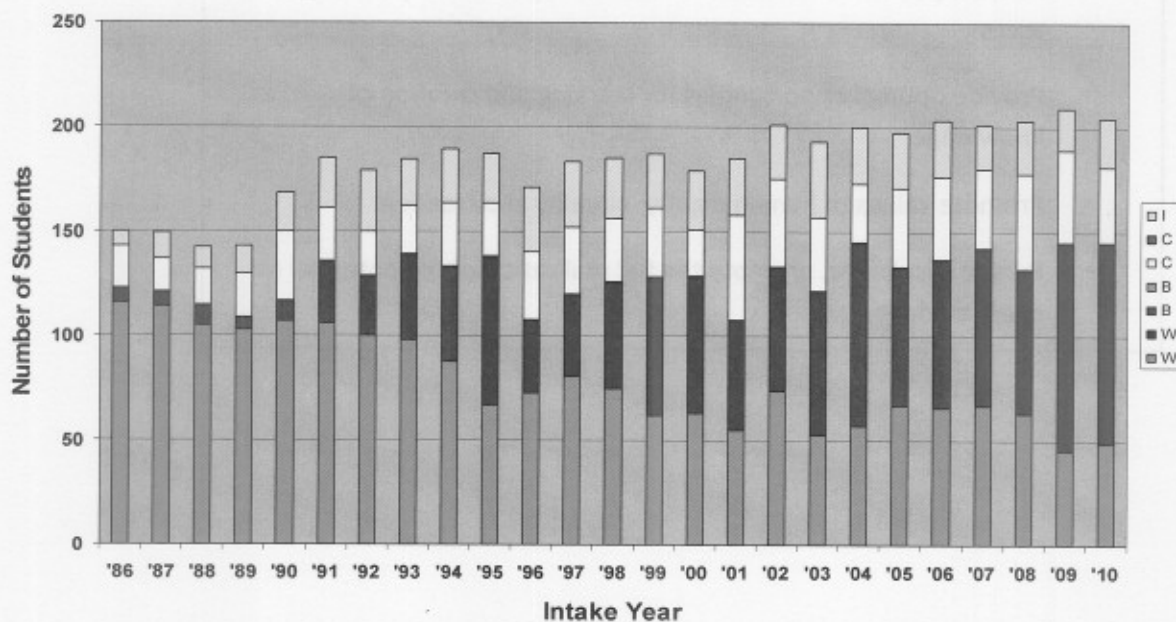
Ways in which we strive to achieve this goal include engagement with scholars in historically disadvantaged schools, active recruitment from underserved areas and streamlining the process of admissions while implementing a policy of redress. In these efforts we work closely with our student body.

The details of the policy are contained in the attached document (Appendix 2), and its outcome is presented in the graphs below.

Graph 1 below shows the trend by race composition, in absolute numbers, from 1986 – 2010, and *Graph 2* expresses the same data in percentages.

Across all years of the MBChB, 36 % of students are black African.

Graph 1: Race composition of 1st Year MBChB Class by number: 1986-2010



Support and mentorship

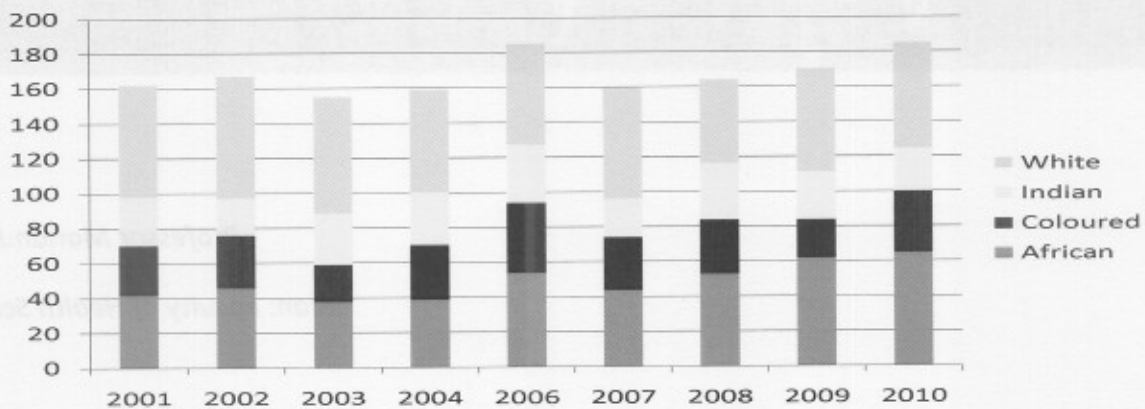
Other key strategies to ensure throughput are a strong student support team, through which there is an early warning system to identify faltering students, and to intervene with academic and other forms of support timeously.

In addition, various forms of peer and academic mentorship are provided to ensure good academic performance and improve the students' learning experience.

The result of our efforts

The combination of our admissions policy, the curriculum and the support offered to students to ensure that they succeed has resulted in a change in the profile of our graduates as shown here below.

Profile of Graduates (2001 – 2010)



Outcomes:

Most of the students admitted into the MBChB programme succeed and the overall throughput rates ranges between 89.3% and 93%. In the higher education sector this throughput rate is considered as being very high.

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The MB ChB Class of 2010:

The change in profile of our graduates is illustrated by the picture of our 2010 class.

UNIVERSITY OF  CAPE TOWN

MEDICAL CLASS OF 2010



Professor Marian Jacobs

Dean: Faculty of Health Sciences