The programme design and assessment planning regarding the research component is not clear. Information is required regarding the WIL (work-based) for the programme as well as the high proportion of assessment time (30%) of learning activity time.

UCT Response:

As per the DHET definition, we have drawn a distinction between practical learning that is integrally linked to the formal tuition process as opposed to workplace based learning that takes place after the formal instruction (WIL as defined by DHET). In this qualification, all practical/experiential learning takes place within the duration of the qualification. The HEQSF definition of WIL covers both forms. The students are registrars who are employed by the province on the UCT teaching platform and they therefore enter into an employment contract that spells out their clinical duties. Their academic and clinical training are integrated into the clinical duties since they work under supervision of registered specialists. Training is supervised on site on the UCT platform by our own UCT or joint staff. It is the institution's responsibility to place students. Students are not accepted unless they can be formally accommodated in the teaching hospital. The students are held against an HPCSA training number which has been allocated by the HPCSA to the University of Cape Town, where the training takes place. The clinical competence of students is assessed daily on clinical ward rounds. Formal appraisals are held to discuss progress and areas of concern. A logbook is kept of all procedures performed and competency is verified by training supervisor or the Head of the unit.

Regarding the research component in relation to programme design, the research component (MMed in Emergency Medicine Part 3 (CHM7058W)) consists of a 60-credit dissertation, which is required for completion of the degree . The outcome is to demonstrate advanced scholarship in emergency medicine. The production of the dissertation aligns to the outcome of being able to collect, analyse and critically evaluate information and the ability to design, execute and report on research. The dissertation is conducted under supervision. The dissertation must be between 15 000 and 20 000 words in length and must be on a topic in emergency medicine. The dissertation must be based on a study for which the work was commenced while the candidate was registered as a postgraduate student. The dissertation should generally be on a clinical topic of a standard publishable in a peer-reviewed medical journal. In the duration of the qualification, students are trained in statistics, research methods, in conducting literature reviews, and in designing a research proposal. Having obtained formal ethics approval where necessary, candidates proceed with their research, analyse the results and write up the dissertation. Candidates may also be required to present the work at a congress and submit the research for publication. The dissertation is externally examined.

Regarding the proportion of time allocated to assessment, it must be noted that this is determined by the nature of the programme that is as a four-year specialty programme with a ongoing clinical component that requires ongoing assessment of performance through regular supervision sessions, involvement in seminars, evaluation by means of observed clinical interviews, CMSA assessments and assessment of a 60-credit dissertation. Thus we feel it is appropriate to allocate 30% of the total learning time to assessments.