The statement regarding the choice of the candidate to do the research should be explained as well as no planned work-based WIL. The high proportion of assessment time (30%) also needs more information.

UCT response:

As with all subspecialties the minor dissertation (MPhil in Infectious Diseases & HIV Medicine Part 2 (MDN7051W)), conducted under supervision, is a requirement for those senior registrars who wish to graduate with the degree. Those who choose not to complete a dissertation may register with the HPCSA as subspecialists after successful completion of the relevant College of Medicine Part 1 examination.

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. Senior registrars 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/subspecialists. Training is supervised on site on the UCT platform by our own UCT or joint staff. The employment contract includes a workplan, with related KPAs and indicators. It is the institution's responsibility to place student. 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 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 3 monthly 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 and is a standard CMSA requirement.

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 subspecialty programme with a substantial 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.