



STUDENT CURRICULUM LEKGOTLA

UNIVERSITY OF CAPE TOWN

MBCHB PHAKAMISA PROJECT

LEARNING PILLAR: STUDENT SUPPORT

OCTOBER 2026

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Summary

This document brings together the Learning Pillar's work on Deliverable 3, the review of student support measures. It compiles the support inventory (drawing on SWS and SDSO input), sets it against the HPCSA's starting recommendations and a tiered frame of universal, targeted and intensive support, and records the evidence, standards and open questions the pillar needs to settle before presenting.



The central issue is whether existing support is adequate and simply needs to be demonstrated, or whether the gap lies in measures, in staffing, or in how well students know about and can reach what already exists.

Question for the committee

Is existing support adequate and simply needs to be demonstrated? Is the gap in measures or in staffing? How would “continuously monitored” be met?

Key Messages

- An inventory is in progress, with some documents still to be collected.
- Mental health is the dominant need, supported by SWS and SDSO data.
- Mapped against the tiered frame, universal measures are short in multiple domains.
- A recurring concern is awareness and access rather than only the absence of services: students may not know what exists, when to use it, how to reach it, who to contact or what it costs.
- Gaps may lie in human resources rather than measures.
- If universal and institutional interventions are to be taken, how can student-staff groups be mobilised, should new or existing groups or departments be tasked.
- The evidence favours bundled, institution-wide approaches with accountability. Institutional changes tend to last longer, with individual coping strategies as a complement.
- Measures of student support are not evident – *“not merely the absence of disease or infirmity”*



I. Task and Deliverable

Item	Detail
Deliverable	Deliverable 3: Review of Student Support Measures
Co-leads	Milani Dlamini, Sebastiano Parenti, Dr Dina-Ruth Lulua (SWS information), (Dr Morne Visser) with input from the whole group
Task	Compile the support inventory and review (drawing on SWS and SDSO input and slides)
Format	5 minutes per deliverable, report or slides
Status	Inventory in progress, with some documents still to be collected
Output	The current support inventory, academic theory, adequacy, using the pre-meeting pack's tiered frame (universal, targeted, intensive) to show where cells are full or empty, plus questions to the committee on adequacy

2. Starting Point: HPCSA Recommendations

The review begins from the HPCSA's recommendations on culture and student support. The 2025 wording asks for psychosocial support that is continuously monitored as well as strengthened, which is why monitoring features in the discussion points in Section 7.

Area	Theme	2025	2019
HR/Transformation Office	Culture	Reported incidents of racism, bullying and indifferent attitudes to students in clinical departments need investigation.	–
<u>Student Support</u>	Student Support	Psychosocial support measures must be continuously monitored and strengthened.	The plans in place and efforts to support both the students and staff in distress must be fortified with early warning measures improved.



3. Student Voices: Review and Improvement of Student Support Measures

A tiered approach to student support acknowledges that students may not always recognise or be able to articulate that they need help, especially during periods of significant distress (as framed in Mhlongo, 2026, as Bronfenbrenner's Socio-Ecological Systems Theory).

- **Tier 1:** universal, proactive and preventative support available to all students and integrated into the programme
- **Tier 2:** early support for students who may be experiencing difficulties
- **Tier 3:** targeted interventions for students who have been identified as requiring additional support or who have sought assistance

3.1 Financial wellbeing

Financial strain can directly affect a student's ability to participate effectively in academic work. Students highlighted factors such as:

- Food insecurity
- Lack of access to data in areas not covered by Eduroam
- Financial pressures associated with clinical training, including certain course handbooks requiring additional fees on top of course fees

These issues can easily be misinterpreted as academic disengagement when they may instead reflect circumstances beyond the student's control. Financial wellbeing should therefore be considered as part of the broader student support framework.

3.2 Mental health and psychosocial support

There is a concern about relying exclusively on students to recognise their own need for help and initiate support. FHS needs to develop a more proactive approach to addressing student mental health, and one suggestion is to bring this first-line, proactive approach to course level.

Wellness days held once or twice per semester are a welcomed initiative and give students an opportunity to reflect collectively and access support. However, mental health and wellbeing support should not rely on occasional initiatives. Given the sustained academic and clinical pressures throughout the year, it should be meaningfully integrated into each course and embedded within the curriculum and learning environment.

This could include regular check-ins, opportunities for facilitated reflection, early identification of students who may be struggling, and clear pathways to additional support. In this way, wellbeing becomes an ongoing component of medical education rather than an intervention offered at designated points in the calendar.



3.3 Academic support

Students identified course-level structures as potentially effective models of support. For example, the General Surgery course has incorporated student representatives who can raise both academic and broader student concerns within smaller groups. This provides a mechanism for issues to be identified earlier and an established channel for raising concerns. Similar structures could be considered across other courses.

For preclinical students, peer tutoring could be expanded as a means of providing accessible academic support while also creating opportunities for senior students. Senior students in good academic standing could serve as paid peer tutors for preclinical courses, giving junior students relatable academic support and senior students legitimate financial opportunities, while building a culture of collaboration between year groups.

3.4 Accessibility and communication of existing services

A significant concern is not necessarily the absence of support services, but that students may not know:

- What services exist
- When they should use them
- How to access them
- Who they should contact
- Whether there are costs involved
- What happens after they make contact

Information about these services cannot be left on Amathuba pages in the hope that a struggling student will look for them in the midst of a crisis. Students should be reminded about them regularly throughout their training, and the information needs to be kept up to date.

3.5 Responsive support and DP requirements

Students have raised concerns about situations where health-related needs and academic requirements appear to be treated as competing priorities. For example, requiring a student who is unwell for a single day to incur the time and cost of seeing a doctor solely to obtain a sick note places an unnecessary burden on the student. A more reasonable approach may be an email exchange between the student and course administration to decide how the student can make up any DP requirements missed during ill health.

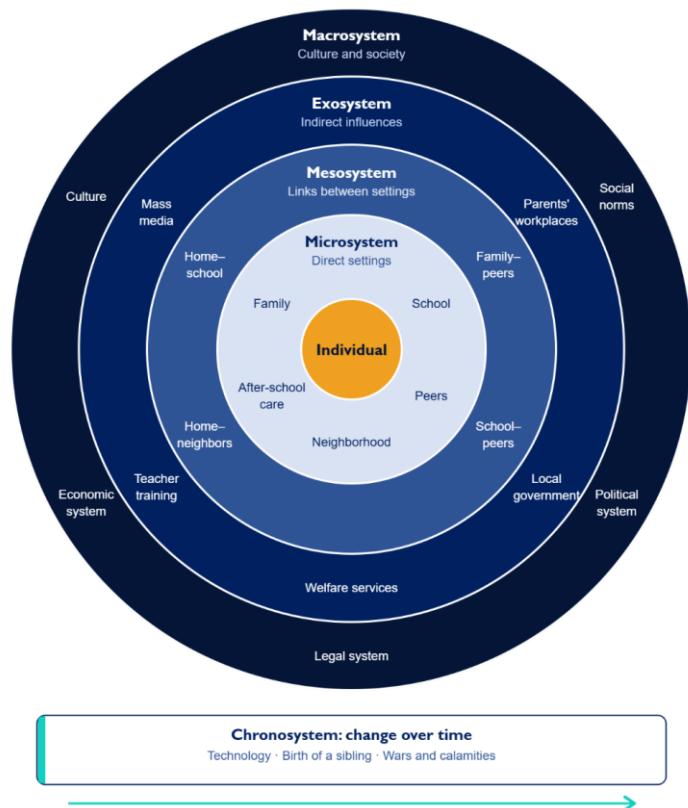


More broadly, students feel that academic progression requirements should not come at the expense of wellbeing. This does not mean removing academic standards or expectations; it means appropriate flexibility and mechanisms for responding to genuine health and wellbeing needs without unnecessarily penalising students.

Written by SCL Members: Sarah Philander, Sebastiano Parenti, and Milani Dlamini



Figure 1: Ecological Systems Theory
Nested systems that influence the individual student (after Bronfenbrenner)



4. Current Support Inventory by Tier

The inventory maps current FHS student support onto the pre-meeting pack's tiered frame: universal (primordial and primary) support for every student, targeted (secondary) support for those at risk, and intensive (tertiary) support for those already in need, struggling or suffering. Items are placed once, in their best-fit tier, and condensed from the inventory lists. Cells reading "None identified yet" reflect an inventory that is still in progress.

Information courtesy of Nonkosi Malala



Tiered Public Health Integration	Universal (Primordial & Primary) Every student	Targeted (Secondary) Those at risk	Intensive (Tertiary) Those already suffering
Mental Health and Wellbeing	- Wellness Drives (Main Campus; twice annually at FHS) - Medicine in Motion (est. March 2022) - First-year support, mindfulness, walks and fun runs - First-year support groups and workshops - Mentorship Programme - Main SWS Clinic and Upper Campus walk-in services - Indigenous Health Advisor service	- Dedicated FHS counselling (two psychologists, 2023–2026) - Targeted group support - Peer support groups: RECESS; Mental Health & Wellbeing; Holistic Health & Wellbeing; Loss & Bereavement; Talking Spaces - One-on-one peer support and counselling by trained Peer Supporters (senior UCT Social Work students) - Debriefing and short-term counselling - Academic support and referral pathways - Medication arrangements for online consults on clinical placement - SWS Retail Pharmacy: student-priced medication	- Counselling and psychological support (SDS, SWS, Social Work) - Clinical referrals, psychiatry, medical and medication support - Residence psychiatric nurse (19:00–07:00; 24-hour standby)
Funding and Fee Debt Relief	- Student Finance and Accessibility Oversight Committee: governance and oversight - FHS Student Development & Support Office: coordinates day-to-day support - R28.54m identified UG funding support, 2017–2026 - Cross-sector support: philanthropic organisations, charitable trusts, named bursaries, institutional and government programmes	- NSFAS, HWSETA, Public Health Enhancement Fund, Mayosi Impilo Student Bursary Fund, Renshaw Relief Fund, Mncherje Potash - Donations and partnerships mobilised within FHS - SFAC: selected bursaries and scholarships	SFAC: fee-debt relief
Food Security and Essential Support	<i>None identified yet, would have to address determinants</i>	- Food vouchers - Toiletry packs - Comfort gift packs	- Emergency relief - Student-in-Distress (SID) funding and essential-needs connections - Gift of the Givers food parcels



Tiered Public Health Integration	Universal (Primordial & Primary) Every student	Targeted (Secondary) Those at risk	Intensive (Tertiary) Those already suffering
Probationary Student Support	<i>None identified yet.</i>	- Wraparound academic support and monitoring - Nyukela Academic Success Programme	Semester reviews: RACB, FECC, FECC, RLOA and relapse RLOA
Disability and Impairment Support	- UCT policies: Disability; Inclusivity & Sexual Orientation; Teaching & Learning Charter; Mental Health; Health & Safety; Bullying & Harassment; Anti-racism - UCT Transformation Report 2024	- Psychosocial support: ongoing check-ins, containment, support and referral - Prevention and risk mitigation: proactive identification of risk	Optimal clinical treatment: coordination with treating clinicians for continuity of care
Health, Safety and Collaboration	- UCT policies: Disability; Inclusivity & Sexual Orientation; Teaching & Learning Charter; Mental Health; Health & Safety; Bullying & Harassment; Anti-racism - Trend monitoring; guideline review and proactive interventions	Faculty: Keep-Safe Handbook; TB / COVID; LOA / CMC; Draft Pregnancy Policy	- Student Support: navigation and referral - Faculty guidance: exposure to bodily fluids - Post Exposure Prophylaxis Procedure: needle-stick and sharps injuries, blood or body-fluid splash, non-intact skin exposure; covers immediate actions, clinical assessment, reporting and follow-up

Ongoing review

Measures vs resources as constraining, and access vs awareness.

4.1 Capacity and uptake notes

The inventory list context notes:

- Dedicated FHS counselling capacity is currently two clinical psychologists (2023–2026).
- The residence psychiatric nurse covers 19:00 to 07:00, with 24-hour standby within the residence system.
- The Indigenous Health Advisor service is available, but the post is currently vacant.



- High rates of missed booked appointments remain an ongoing challenge, and FHS uptake of prevention and wellbeing initiatives remains low.
- The Post Exposure Prophylaxis Procedure and Addenda was updated in December 2024, with a review date of December 2026. Student Support assists with navigation and referral.



5. What the Data Show: SWS/SDSO Trends

Student Experience and Wellbeing. Student FUEC #4, Tuesday 6 October 2026, courtesy of Nonkosi Malala.

30%

UGS need mental health support

632

Students accessed SWS for MH support in 2026

- Steadily increasing undergraduate FHS needs in mental health services.
 - Increasing general and mental ill-health presentations.
 - Increasing suicidality, but steady mental health admissions and attempts.
 - Major risks seen: IoD, LoA, bereavement, admissions, GBV/harassment.
- Leave of absence due to mental health are the most common.
- Additional risks: the highest was Disability unit accommodations, then the previous mass effect of COVID-19. TB incidence and pregnancy presentations to SWS are low, but present.



6. Frameworks and Standards

6.1 Mhlongo (2026): Tiered Public Health Integration

Mhlongo's Integrated Student Well-Being and Resilience Model works across micro, meso, exo and macro levels (Bronfenbrenner's Socio-Ecological Systems Theory), as a whole-university approach.

- **Limits of the clinical service model.** Historically, university mental health support has been dominated by students self-referring to a counselling centre for one-on-one therapy. While essential, this model is reactive and often accessed only at a point of crisis, can be a barrier for students facing stigma or difficulty seeking help, and does not address the underlying systemic stressors that cause distress.
- **Why health professions students are vulnerable.** Depressive symptoms are driven by the convergence of academic, financial, social and institutional stressors: heavy academic load, high-stakes examination, financial instability and social isolation, with institutional shortcomings exacerbating risk.
- **Sacrificed recovery.** Recovery time is sacrificed, and rest is perceived as secondary to productivity.
- **Social connectedness** is noted as a theme to carry into the review, as being a protective factor against mental ill-health and a target for institution wide intervention.

6.2 WFME (2020), Standard 4.2: Student Counselling and Support

The medical school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

Guidance

- Students might require support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances, and in career planning.
- Consider what emergency support services are available in the event of personal trauma or crisis.
- Specify a process to identify students in need of academic or personal counselling and support.
- Consider how such services will be publicised, offered, and accessed in a confidential manner.
- Consider how to develop support services in consultation with students' representatives.



Key questions

- In what ways are the academic and personal support and counselling services consistent with the needs of students?
- How are these **services recommended and communicated** to students and staff?
- How do **student organisations collaborate** with the medical school management to develop and implement these services?
- How **appropriate are these services procedurally and culturally**?
- How is the feasibility of the services judged, in terms of human, financial, and physical resources?
- How are the services **regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality**?

6.3 Further literature notes

- **Kajee and Archer (2025), Beyond one-size-fits-all.**
 - *“It is ironic that even wellness programmes can leave people feeling “othered” or “excluded”.”*
 - *“Any programme that does not include its participants in every stage of planning, development and quality improvement is likely to struggle to build an engaged student user-base.”*
- **Frajerma (2019), Which interventions improve the well-being of medical students?**
 - *“A meta-analysis pointing towards comprehensive care at three levels of prevention: primary (institutional interventions, speech groups, psycho-education), secondary (screening of those at risk, speech groups, psycho-education and others) and tertiary (individual interventions). Institutional, in-group and individual interventions were compared, with limited effectiveness of group interventions.”*
- **Dyrbye et al. (2019), Survey of US medical schools’ well-being programmes.**
 - ‘Well-being’ curricula were widely present, mostly scheduled during regular curricular hours and held at least monthly. Attendance was a mix of optional and mandatory. Most schools offered a variety of activities addressing emotional/spiritual, physical, financial, and social well-being.
 - Schools primarily used participation rates and student satisfaction to evaluate effectiveness. Survey data and self-assessment tools were most common.
 - Common elements included a dedicated individual overseeing student well-being, a student well-being committee, pass/fail grading in preclinical courses, and learning communities.



- U.S. medical schools have implemented a broad range of curricula and activities to promote self-care, reduce stress, and build social support for students. However, there is variability in resources, infrastructure, and evaluation methods.
- Implementation of dedicated well-being competencies, and strengthening of evaluation is recommended to ensure effective use of resources and to determine the true impact of these strategies on student well-being.
- **Example Implementation:**
 - Scheduling regular well-being sessions during curricular hours
 - Offering both optional and mandatory attendance options
 - Providing access to self-assessment tools and learning communities
 - Using participation and satisfaction data to evaluate programs
- **Tan et al. (2024). How do medical students' expectations shape their experiences of well-being programmes?**
 - *"Students expected a strong support system **to be provided**... However, their experiences did not always align with their expectations...Where their **expectations were unmet**, students responded by reducing their engagement with the formal support system and creating their own peer-support network that supplemented existing formal support."*
 - *"Where expectations are unmet, students may disengage and/or find alternatives. This **may be easier for some students compared with others**. More understanding of the relationship between expectations and engagement with support can inform the development of institutional support structures that meet the needs of all students across time."*

7. Discussion Points and Items to Confirm

7.1 Points for discussion

These are the questions the pillar needs to settle before presenting. Each is followed by the considerations in this document that bear on it, with section references so the evidence can be traced.



1. Is existing support adequate and simply needs to be demonstrated?

The inventory in Section 4 shows a substantial range of measures, particularly in mental health and funding. The question is whether that offering meets the need, or whether it mainly needs to be made visible and defended.

- **Need against a growing cohort.** Undergraduate FHS mental health needs are steadily increasing, with more general and mental ill-health presentations (Section 5), while dedicated FHS counselling capacity is currently two clinical psychologists.
- **Awareness and access.** Students may not know what exists, when to use it, how to reach it or what it costs (Section 3.4). Low uptake of prevention and wellbeing initiatives and high rates of missed booked appointments (Section 4.1) suggest that demonstration alone may not close the gap.
- **The HPCSA response.** Whether to respond with the current offering, or to show where more is needed, depends on the answers to the questions below.

2. Is the gap in measures or in staffing?

Several items in the inventory depend on a small number of posts, so a gap that looks like a missing measure may in fact be a capacity problem.

- **What measures are in place? Impact versus participation.** The inventory records what exists, but little is recorded about effect. Dyrbye et al. (2019) found that schools tend to evaluate participation rather than impact (Section 9.5).
- **Is SWS/SDSO adequately staffed?** The office is reportedly three staff, to be confirmed (Section 7.2) and the Indigenous Health Advisor post is vacant).
- **Where the tiers are thin.** No universal measures are yet listed for food security, probationary student support, or disability and impairment support (Section 4).

3. Could further interventions be universal?

Universal, proactive support is the first tier of the framework (Section 3), and the evidence leans towards bundled, institution-wide approaches over individual coping strategies alone.

- **Course-level integration.** Wellbeing could be built into each course through regular check-ins, facilitated reflection, early identification of students who are struggling, and clear pathways to additional support (Section 3.2).
- **Models already in use.** General Surgery's small-group representative system gives students an established channel for raising concerns, and paid senior peer tutors could extend academic support in preclinical courses (Section 3.3).



- **Who would own it.** If universal and institutional interventions are taken forward, how can student-staff groups be mobilised, and should new or existing groups or departments be tasked? Candidates include HSSC, the SRC, the SCL, SWS and SDSO.
- **Evidence.** Institutional changes tend to last longer than individual interventions (Frajerman, 2019; Section 9.2).

4. How would “continuously monitored” be met?

The 2025 HPCSA wording asks for psychosocial support measures to be continuously monitored as well as strengthened (Section 2). Meeting it needs a defined process rather than a one-off review.

- **What would be monitored.** Uptake, student awareness at each tier, and impact rather than participation alone. The SWS and SDSO trend data presented at the Student FUEC (Section 5), is this regular reporting and review?.
- **Who reviews it, and how often.** WFME standard 4.2 asks for services to be regularly reviewed with student representatives to ensure relevance, accessibility and confidentiality (Section 6.2). It is still to be confirmed which initiatives already review mental health services with students.

5. What is missing for students on the clinical platform?

- Whether accommodations follow students onto the clinical platform, and whether a faculty-facing pathway exists for convenors who are worried about a student, are both unconfirmed (Section 7.2).
- Clinical-year support appears largely informal and convener-dependent, and formal mentoring may stop after first year. Current mentoring beyond first year is to be confirmed with SDSO.

6. How should social connectedness be addressed?

- Social connectedness is a theme carried over from the Mhlongo model (Section 6.1). The open question is which student-led initiatives already address it generally, and whether HSSC or the SRC should hold that role (Section 7.2).
- Students also need to be cognizant of SWS at every tier, so awareness should be tracked alongside connectedness.

7.2 To confirm

Item	Source or owner
Staffing of the SDSO/SWS office	SDSO and SWS
Current mentoring beyond first year	SDSO



Item	Source or owner
Whether accommodations follow students onto the clinical platform	To be confirmed
Whether a faculty-facing pathway exists for convenors worried about a student	To be confirmed
What student-led initiatives address social connectedness generally	HSSC, SRC?
Are student cognizant of SWS at all tiers	To be confirmed
What initiatives are currently in place to review MHS by students	HSSC; SRC; SCL: SWS and SDSO



8. Collaboration and Data Requests (Ongoing)

Partner	Input or data requested
SWS	Including the 6 October SWS presentation and data
SDSO	Uptake and waiting-time data, current mentoring beyond first year, and confirmation of the gaps above
FHS Transformation & Equity Committee	The full Transformation Report 2024
OIC Disability Service	Disability service data
Course convenors	Good-practice examples

9. Evidence Base and Literature Pack

9.1 Core resources

- SWS External Referrals SOP and form (2026)
- FHS Student Development & Support Office information
- UCT Transformation Report 2024
- Mhlongo (2026)
- WFME standard 4.2
- July 2026 brainstorming notes

Suggested from the literature pack: Tan et al. (2024); Kajee & Archer (2025); Bennett-Weston et al. (2024); Wasson et al. (2016); Dyrbye et al. (2019); Kemp et al. (2019).

9.2 Key messages from the literature so far

- Mistreatment is documented locally and underreported.
- Neglect and indifference are common and under-defined.



- Bundled, institution-wide approaches with accountability appear most promising.
- Reporting systems depend on trust.
- Measurement tools exist, but their validity is uneven.
- “Safety” is not experienced equally.
- Institutional changes tend to last longer, with individual coping strategies as a complement.

9.3 How the pack was compiled

The pack is an exploratory, AI-assisted scoping exercise, not a systematic review.

- **Seed documents:** the project brief and email trail (HPCSA recommendations, UCT and WCG policies, SWS documents, GMC and WFME standards), plus papers suggested by members.
- **Elicit:** four research questions covering mistreatment investigation, validated learning environment instruments, principles of supportive clinical learning environments, and evaluation of student support systems.
- **Perplexity:** one structured prompt for 2010–2026 literature, prioritising South African and other LMIC settings.
- **Screening:** Claude read the outputs, removed duplicates, mapped sources to deliverables and spot-checked some references. Sources were screened for whether they inform a pillar decision, are undergraduate and clinical, and transfer to our context.
- **Judgement:** Morne set and reviewed the questions, criteria and selection.

Please apply your own critical judgement

- Summaries are largely based on abstracts, and no sources have been read in full.
- AI tools can misattribute authors and generate incorrect DOIs, and several such errors were found. Please check authors, details and figures against the original before citing anything externally.
- The evidence leans toward North America and Europe. South African evidence is limited, particularly on racism in clinical training.
- Whether and how a source is used is a decision for the pillar and each deliverable’s co-leads.



9.4 Known gaps

- Racism and discrimination specifically in South African clinical training.
- Evaluations of student support and well-being systems in South African medical schools.
- South African use of instruments such as DREEM or UCEEM.



9.5 Reference table for Deliverable 3

Reference	What it could speak to
Mhlongo (2026). An Integrated Student Well-Being and Resilience Model for health professions education in South Africa. [link]	Tiered frame for mapping supports and gaps
Tan et al. (2024). How do medical students' expectations shape their experiences of well-being programmes? <i>Med Educ.</i> [link]	Student experience of support, not just what exists
Kajee N, Archer E (2025). Beyond one-size-fits-all (commentary on Tan et al.). <i>Med Educ.</i> [link]	Student expectations and agency
Bennett-Weston A, et al. (2024). Interventions to promote medical student well-being: an overview of systematic reviews. <i>BMJ Open.</i> [link]	What may work; low overall evidence quality
Wasson LT, et al. (2016). Association between learning environment interventions and medical student well-being: a systematic review. <i>JAMA.</i>	Bridges Deliverables 1 and 3
Frajerman A (2019). Which interventions improve the well-being of medical students? <i>L'Encéphale.</i>	Institutional effects persisted longer than group interventions
Dyrbye LN, et al. (2019). Survey of US medical schools' well-being programmes.	Schools tend to evaluate participation rather than impact; informs monitoring design
Shapiro SL, Shapiro DE, Schwartz GE (2000). Stress management in medical education: a review of the literature. <i>Acad Med</i> 75(7).	Individual strategies as a complement
WFME (2020). Basic Medical Education Standards, standard 4.2.	Audit criteria for student support

Supplementary: Kemp et al. (2019); Moir et al. (2018). Crombie et al. (2024) is also relevant here.

