

# Transformation, Inclusion and Diversity Reporting Template 2022



Office for  
Inclusivity  
& Change



## Instructions:

- This reporting template has been developed to assist departments and faculties to report on their transformation, **inclusion and diversity - related** actions for 2022.
- Reports are submitted at the level of non-academic department or faculty. Where there are sub-departmental transformation committees in a non-academic department or departmental transformation committees in a faculty, the transformation committee at the level of non-academic department or faculty collates and submits the report. Non-academic departments and faculties are referred to as *entities* in the reporting template.
- The reporting template includes two components:
  - o **Reflection on transformation achievements and governance:** A set of open questions on transformation, inclusion and diversity-related achievements, challenges and governance matters.
  - o **Reporting on the transformation benchmarks:** UCT has adopted 9 transformation benchmarks with a total of 32 specific actions. The benchmark section is a self-rating scale which allows a faculty or non-academic department to score their achievements. To respond to the benchmark question you are invited to describe the actions taken (if any) in relation to the specific benchmark action and to give your non-academic department or faculty a score out of 1. For example if your entity did not complete the benchmark specific action you would use the score 0, if the action was partially achieved you would use the score 0.5 and if the action was completed you would use the score 1.
- Rating your performance using the transformation benchmarks:
  - o A description of the transformation benchmarks is available in [the A-Z of Transformation Section 1 of 11](#).
  - o The numbering in the transformation report templates aligns with each of the specific benchmark actions.
  - o Describe the actions taken to achieve the specific benchmark action in the space given.
  - o If evidence is available that all requirements of the specific benchmark action are met you can achieve a score of 1 for the specific benchmark action. If evidence is available to suggest some requirements are met or the specific benchmark action was partially completed you can achieve a score of 0.5 for the specific benchmark action. If the action was not undertaken you can achieve a score of 0.
  - o As there are 32 specific benchmark actions, a total of 32 points can be achieved. Don't forget to tally your scores before submitting your report.
  - o Unlike in 2019 you are not expected to submit an evidence folder with your report. However evidence that a specific benchmark action was completed is needed to achieve a score of 1.
  - o As this is a self-rating exercise, the department or faculty chooses the relevant score.

# The A-Z of Transformation | Template

## Transformation Committee (TC) Information

TC Chair	Professor Keertan Dheda		
Faculty or Department	Department of Medicine		
Reviewed by:	Professor Ntobeko Ntusi	Title:	Head of the Department of Medicine

## Open questions on transformation, inclusion and diversity

**Introductory remarks:** in 3-5 sentences tell us about your faculty or departments transformation story in 2022.

The Department of Medicine Transformation Committee (DoM TC) comprises a chairperson (Professor Keertan Dheda) who acts on behalf of the Department of Medicine Head (Professor Ntobeko Ntusi). Members of the committee include Associate Professor Sipho Dlamini, Dr Debbie Maughan, A/Prof Henry Adeola, Dr Anil Pooran, Ms Clare Jeffrey, and Associate Professor Jonny Peter. Dr Megan Dudley has now been replaced by Dr Darlene Boakye as Chief Registrar on the committee. Dr Clint Cupido has now reigned from the committee.

The DoM TC has continued to work on several projects during 2022. We have continued to drive initiatives for the development of staff and students by improving teaching/training capacity, facilitating activities for career progression, improving laboratory capacity, refining selection procedures for staff and promoting health and safety for both staff and students. In line with these goals, the DoM TC has continued with several initiatives; (1) Mentorship of registrars, (2) offering several health and wellness programs to staff and students, (3) working on the restructuring of job advertisements to attract more transformation candidates, and (4) the offering of research funding and development of research skills for students through various training programs.

**NOTE: The DoM TEC would like feedback from the FHS TEC on several issues that have ben highlighted in red throughout the report. We would appreciate any feedback by Q1 next year**

**Highlights:** List the transformation (including shifts in demographics or structural inequality), inclusion (practices which produced a sense of belonging) and diversity (differences as they're related to power) achievements from the preceding 12 months

- **Job advertisement and reach:** The DoM has engaged with several members of the Groote Schuur Hospital upper management to facilitate restructuring of job advertisement for PGWC consultant and senior registrar posts and their strategic placement i.e. where it is advertised and disseminated, for how long, and specifically in which electronic domains, societies, etc. to attract more transformation candidates. This was also discussed with Prof Tracey Naledi and

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representatives from UCT HR. Discussions were well received on both sides and a decision was made to disseminate newly restructured adverts via the block advert, firstly trialled with new consultants then extended to senior registrar appointments. In terms of dissemination, posts would be advertised via several popular online social media platforms (LinkedIn, Facebook). Furthermore, the Heads of Division within the DoM would also circulate adverts to academic societies and other platforms for increased exposure, including the SAMJ online advertising platform. Once this job advert restructuring is shown to work well, changes will be implemented via an advert dissemination SOP that is being developed by the DoM TEC.

- **Annual Mentorship programme:** The DoM TEC, and other members of the DoM, have facilitated registrar and senior registrar training in preparation for the FCP and specialist College examinations. Activities have included (1) organization and facilitation of training and teaching sessions (2) Organising of mock clinical exams in March and August 2022 to assist registrars in preparing for their final FCPII clinical examinations, (3) Contributions to mentor a specific person from a previously disadvantaged background (4) addition of new clinical rotations to provide registrars and MOs more exposure to general medicine and free up time for research activities (MMED projects etc)(5) facilitating health and wellness sessions for registrars (separate from the mentorship program)
- **Research grants:** We provide research grants to several transformation candidates at several levels. The DRC has successfully provided postgraduate research support grants ranging from ZAR 80,000 to 200,000 to 11 PhD and MSc candidates in 2021 and 2022, with over 90% being persons of colour. Specific DoM TEC-funded research capacity development awards were not advertised this year - we are in discussions with the DRC to combine TEC and DRC funds for more substantive research grant funding (~ZAR 50-100K). This can be used to better support research projects or as seed funding for commercialization of new innovative ideas. The adverts are being developed. Funds will be potentially attached to workshops or courses depending on the nature of the project to be funded
- **Bursaries and scholarships:** The DoM annually awards about 45 scholarships to undergraduate and postgraduate students in the Department and throughout the Faculty. This year, the number of recipients has increased was 60 students, most of which were black. The Head of Department raises funds annually to support the awarding of these bursaries. The

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Department considers this a key element in its transformation agenda.

- **Improvement to registrar training infrastructure:** Surveys conducted in 2021 by members of the TEC were performed to gain insights into the research support required by registrars to complete their MMed. Over 90% of respondents indicated a research methodology course incorporating developing and writing a research proposal, basic statistics, writing up of results etc would be helpful for completion of their MMed degree. In response to these issues, the DoM TEC is developing a basic lab skills induction and research methodology short course to assist MMEDs (funding is being sought by the FHS TEC and DRC to facilitate this course, which is currently in the early planning stages). This will be performed in conjunction with collating and providing easy access to available online resources as well as ongoing student support.
- **DoM Research Day:** The DoM organized a successful 47<sup>th</sup> Research Symposium to celebrate excellent scientific and clinical research going on within the Department and was the first face-to-face meeting in 3 years. A major focus of the symposium was encouraging and sustaining medical research in the context of South African health-related issues. Prof Thumbi Ndungu from AHRI gave the Bongani Mayosi Lecture and highlighted several training initiatives within sub-Saharan Africa to prepare African scientists to combat TB and HIV through innovative and translational research.
- **Restructuring of EE training:** The DoM has been investigating reasons EE targets have not been sufficiently met in recent years. One specific issue that was raised was the inadequate number of trained EE reps within the Faculty and the subsequent effect of delayed appointments to key posts within the faculty. A/Prof Henry Adeola was specifically brought onto the DoM TEC to facilitate and improve this process. He has reported that a new EE plan has been initiated throughout the University where all member of selection committees will be required to complete EE training. Furthermore, a Faculty EE Committee has been established (where A/Prof Adeola is a member) to oversee these processes. Once initiated, the DoM TEC will ensure training of all selection committee members within the DoM to reduce these recruitment delays. Further communication between the Faculty EE committee and the DoM TEC will occur through Prof Adeola.

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- **Reintroduction of the Research Block for Registrars:** One specific issue raised among registrars was the lack of sufficient time to conduct research and obtain their MMed. In previous years, the research block in the registrars training curriculum has effectively disappeared due to the COVID-19 pandemic. However, the DoM HoD, together with the TEC, has effectively reintroduced the Research block in May 2022 for registrars to complete their MMed training. This is also associated with improved project planning and milestone driven reporting
- **Mental health and wellness initiatives:** Several health and wellness initiatives have been implemented during the COVID-19 pandemic by members of the DoM TEC to assist registrars and staff in coping with heavy clinical workloads and burn-out. Monthly mental health wellness sessions with psychologists have continued to assist with the psychological trauma suffered by registrars due to heavy workloads etc. Furthermore, a new health and wellness centre has been launched by GSH in November (the DoM contributed to development of the centre) to provide facilities and resources for registrars and other medical professionals to cope with work-related stress.
- **Development of divisional transformation plans and policies.** The DoM TEC is continuing to develop transformation policies and reporting structures at the divisional level for efficient surveillance of transformation targets in the DoM, to gain a better understanding of the transformation landscape and to identify specific gaps where more attention is needed to improve transformation goals. The Division of Pulmonology transformation plan will be used as a template for other Divisions. This will require a transformation landscape analysis of each division including reporting of statistics and setting of achievable transformation goals.
- **DoM researchers mentoring unemployed graduates throughout the DSI/HSRC program** – Several researchers within the DoM are serving as mentors for young unemployed graduates (BSc level and focused on candidates of colour) so they can gain experience in their respective scientific and clinical fields of research to improve their employment opportunities and even pursue advanced research degrees. There are 3 interns of African descent that are being mentored in the Division of Pulmonology, Cardiology and Nephrology and we are currently conducting a survey to determine how many others are being mentored within the DoM.
- **Parking at GSH for UCT staff:** Sufficient parking at GSH for UCT staff continues to be an issue. The DoM TC has

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interacted directly with GSH building managers and Mr Nave Naidoo to secure additional parking bays for UCT staff. This is currently ongoing but continues to be a major challenge within the entire faculty. For now parking has been secured in the lower part of the property. This issue is especially relevant to gender based violence and equality and there have been several attacks on female staff after hours (when the local security kiosks no longer operate).

**Challenges:** List the transformation, inclusion and diversity-related challenges the TC and the faculty/department experienced in the preceding 12 months

TC-specific challenges	Faculty/departmental challenges:
<ol style="list-style-type: none"> <li>1. Lack of funding and resources committed to transformation. The DoM has raised funds to fund specific initiatives. The Department awards over R7 million in scholarships and bursaries for undergraduate and postgraduate students. In addition, the DRC also awards over R1 million in research fellowships. The DoM TEC has limited funds to work with.</li> <li>2. <b>Another issue taken up by the DoM TEC (at Faculty TEC) was the issue of lack of subsidies flowing back to research units (currently Departments only get 5%). These funds could be used to further the transformation goals as discussed above as there are no dedicated funds for transformation. Only preliminary discussions have been had and this issue needs to be taken up further</b></li> <li>3. Raising the profile of the TEC within the DoM so that staff and student in the DoM are aware and can communicate with the TEC on</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Lack of a top to bottom a granular transformation agenda that cascades through the University hierarchy. For examples there is no link between departmental TEC and a university wide TEC. Similarly, there is no substantive programmes that cascade from the HoDs via the TEC to the divisional level in each Department. Such an agenda would help to harmonize the transformation goals across all levels.</b></li> <li>2. Difficulties in attracting and retaining junior staff that are transformation candidates.</li> <li>3. Supporting the development of clinician scientists: this includes funding issues related to the cost of research and salary support, complex and unharmonised local and national regulatory environment, and inability of Units/ Centres and Divisions to sustain support. There is also a lack of sufficient training of these clinicians in basic laboratory skills</li> </ol>

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<p>transformation related matters. One potential solution was to develop a link (communication portal) to TEC on the DOM website</p>	<p>and techniques and research methodologies</p> <p>4. The issue of transformation has been raised within the Faculty. There has been little scrutiny of the transformation agenda within several Faculty committees such as the Faculty Equipment Committee, Ethics Committee and Biosafety Committee. Diversity and rotation of staff within these committees need to be further explored (this issue was taken up with the Faculty TEC).</p>
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### Questions related to governance:

How has the transformation committee/faculty/department engaged with and/or experienced (if at all) the institutional governance structures (such as council, senate or the institutional forum)?

The Department of Medicine Transformation Committee (DoM TC) comprises a chairperson (Professor Keertan Dheda) who acts on behalf of the Department of Medicine Head (Professor Ntobeko Ntusi). Members of the committee include Associate Professor Sipho Dlamini, Dr Darlene Boakye, A/Prof Henry Adeola, Dr Anil Pooran, Dr Debbie Maughan, Clare Jeffrey and Associate Professor Jonny Peter. Prof Peter is also Chair of the DoM Research Committee. Dr Pooran and A/Prof Dlamini are also members of the Faculty TEC and attend the FHS TC meetings. Prof Adeola also serves as a direct line of communication between the DoM TEC and the EE reps and he is also a member of the newly formed Faculty EE committee. The DoM HOD, Prof Ntusi is involved in regular meetings with the university executive staff (through his appointment to Council) and the Deanery.

Where no interaction has occurred, could you provide information on what are the other ways these structures could be held to account for transformation work at UCT? In your opinion, could any of these structures do their work differently?

It will be useful if there was a university wide TEC so that initiatives can be harmonised and implemented more efficiently.

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How has the transformation committee engaged with and/or experienced its faculty or departmental governance structures (such as a dean's advisory committee, or a management team)?

As stated above

How have students been incorporated into the governance of the faculty/department (where relevant)?

Student involvement at the DoM TC is occurring at several levels.

- i) Postdoctoral trainees and scientists in the DoM are represented by Dr. Anil Pooran. He is a senior scientist in the Department of Medicine. He is also leading the development of the lab induction course for MMed and clinicians interested in laboratory-based research
- ii) The DoM Research Committee, led by Prof Jonny Peter, also interacts with MSc and PhD students registered in the Department in terms of protocol development, ethics applications and registration.
- iii) The UCT/GSH registrars are represented by the Chief Registrar Dr Darlene Boakye (recently replaced Dr Meagan Dudley) She meets with the registrar body regularly to discuss problems that may arise, formulate innovative ideas within the academic programme, promote an integrated and inclusive body via the social committee, and address specific issues that are pertinent to the international registrars.
- iv) Dr Debbie Maughan, represents medical officers and junior consultants.
- v) A/Prof Henry Adeola deals with EE rep matters and is currently a member of the Faculty EE Committee.



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Benchmark self-rating for specific benchmark actions. Please refer to the A-Z of Transformation (section 1 of 11) for a detailed description of the specific benchmark actions.

## A. Strategic Integration of Transformation

Score For example:

A.1. The faculty/department systematically analyses **transformation, inclusion and diversity**, and incorporates findings into annual planning, monitoring and evaluation.

1

Context analysis reports, strategic plans, annual plans or faculty/department transformation plan which include content on transformation, inclusion and diversity

Enter description of actions taken to achieve A.1.:

There are several outlets and meetings where transformation related issues within and affecting the DoM can be openly discussed. These include the DoM TC, the office of the HoD, the offices of the Divisional Heads, the monthly consultants' meetings, and the quarterly Head of Department meetings.

The TEC is in the process of liaising with the various Divisions in the DoM to develop a Division-level transformation policy and plan. As previously stated, we have already been developed one for the Division of Pulmonology and this will be shared with the relevant Division Heads to assist in drafting their own policies. This will greatly assist in generating accurate data for the DoM and will allow for greater accountability and transparency regarding achievement of transformation targets in the DoM **(ATTACHMENT 1)**

Registrars comprise a significant portion of the staff/student compliment in the DoM. They are represented by the chief Registrar (Dr Darlene Boakye) who liaises with the HoD and the DoM consultants committee, where transformation issues are discussed. Transformation in this group, with regards to gender, health & safety and clinical/lab training, is facilitated through several initiatives including health and wellness sessions to cope with psychological stress and burnout, online training and mock examinations to help with examination preparation and the introduction of new rotations to provide more time for research. Finally, the DoM TEC is developing a lab induction and research methods training course to assist registrars with obtaining their MMedS.

There is currently no outlet where DoM staff and students can communicate with the TEC regarding transformation issues in the Department. Thus, in order to increase awareness of the DoM TEC and to improve communication between the TEC and DoM staff and students, we are engaging with an IT specialist, Mr Moegamat Johnson (who is currently employed part-time by the DoM), to assist in creating a link on the DoM website to relevant educational and transformation-related resources and a comments or section where staff can directly communicate any questions, queries or other issues regarding transformation to the TEC.

For the last few years, only ~10% of trained EE reps in the faculty were actively practicing and led to a bottleneck in the recruitment process of new staff in the DoM (and the FHS). In January 2022, a new University wide EE plan has been introduced where a proportion of chairs and members of selection committees will be required to undergo EE training (online) thereby reducing the need for dedicated EE reps. This process is in transition and it is hoped that a critical mass of staff members sitting on selection committees will be fully trained by Q2 of 2023. A newly formed Faculty EE Committee will promote awareness and provide oversight of this process. However, for now, the current practice of dedicated EE reps on selection committees is still in effect but play a crucial role in the transition. A/Prof Henry Adeola, who sits on the DoM TEC, is an EE rep and also sits on the Faculty EE committee will act as a liaison between the FHS and DoM on EE related matters and will ensure sufficient DoM staff members are trained before the end of the transition period. This will greatly assist in reducing delays while still maintaining equity in the recruitment process.

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The DoM also records the gender and race profiles and periodically undertakes a landscape analysis of its staff and students. The TEC also reviews these data at the staff/ consultant meetings. [\(ATTACHMENT 2\)](#)

A.2. Main knowledge product of faculty/department (for eg. annual report, special edition of journal or other) explicitly addresses issues related to **transformation, inclusion and diversity**

1

Knowledge products with transformation, inclusion and diversity dimensions highlighted.

Enter description of actions taken to achieve A.2.:

The issue of transformation, inclusion and diversity are discussed at consultant meetings (hosted every 6 months) and head of division meetings (hosted very quarter). The minutes of these meetings are recorded as thus serves as a knowledge product.

A major activity organized by the DoM in 2022 was the 47<sup>th</sup> Research Day Symposium which highlighted the ongoing research in the DoM by African scientists and clinicians and focused on encouraging and sustaining medical research in the context of South African health-related issues. There were also several guest speakers; one of which was Prof Thumbi Ndungu from AHRI in Durban who gave the Bongani Mayosi Lecture. His presentation highlighted several training initiatives within sub-Saharan Africa to prepare African scientists to combat TB and HIV through innovative and translational research. Some of these initiatives included the Sub-Saharan African Network for TB/HIV Research Excellence (SANTHE), and the community FRESH (Females Rising through Education, Support, and Health) study, which combines scientific questions with social programs (job and life skill training) for female participants enrolled in the study. [\(ATTACHMENT 3\)](#)

Prof Ntusi, the Head of the DoM, was involved in several transformational activities in the last year:

- Prof Ntusi was the focus of an article on structural racism published in the Fall 2022 Harvard Public Health publication entitled: "The long, low echo of apartheid in South Africa". In this article, Prof Ntusi speaks about racism that is still prominent within the medical education system as well as in gaining access to healthcare in South Africa. He also spoke about his strategy to improve equity within the South African healthcare system. [\(ATTACHMENT 4\)](#)
- Prof Ntusi gave a plenary talk at the 7<sup>th</sup> World Conference on Research Integrity in May 2022 where he present on the topic " Fostering research integrity in clinical and biomedical science". He highlighted the integrity issues facing research and the need to foster the new generation of African scientists in open, ethical and objective research. [\(ATTACHMENT 5\)](#)
- Prof Ntusi was one of four top African researchers (one of two from UCT) which was awarded a South African Medical Research Council Extra Mural Unit to study the intersection of noncommunicable diseases and infectious diseases in South Africa. [\(ATTACHMENT 6\)](#)

The DoM/FHS hosted the 2nd annual Bongani Mayosi Memorial Lecture which was given by Dr Matshidiso Moeti (WHO Regional Directo for Africa). She spoke about transformation during COVID-19 and what we can learn from Prof Mayosi's work and commitment to social justice, transformation and excellence [\(ATTACHMENT 7\)](#)

A.3. Key messages/communications on **transformation, inclusion and diversity** disseminated to faculty/department stakeholders

1

Examples of transformation, inclusion and diversity messages disseminated in form of email, poster or social or behaviour change campaign.

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Enter description of actions taken to achieve A.3.:

- Registrar Leadership and Resilience program.** This program has continued in 2022 aimed at registrars in the DoM. It involves improving the working environment through restructure of ward and clinical workflows, staffing rotation, creating an international registrar portfolio, MO portfolio, welcome packs, wellness committee, team building activities, consultant mentorship, workshops, protected research and teaching time, stress management etc. Some examples of these initiatives include:
  - Introduction of 2 novel rotations introduced in May 2022 to allow registrars to rotate in subspecialty divisions that they were unable to rotate through due to COVID and give them a dedicated time period to work on their research/MMED project. These rotations are assisted by medical officers, which also allows medical officers to have more general medicine exposure. This also bridges the gap between medical officers and registrars.
  - Mental health and wellness sessions are conducted monthly for the registrars and facilitated by Dr Darlene Boakye and Prof Jackie Hoare, Head of the Psychiatric Department). This is to provide psychosocial support for registrars suffering from burnout, anxiety and depression
  - FCP refresher mock examinations in March and August 2022 to assist in preparing registrars for their final exams and is supported by consultants who offer mentorship and constructive feedback. This is always well received by the registrars (**ATTACHMENT 8**)
  - A course entitled "Transition to private practice" and facilitated by MedX, was run in August 2022 to provide registrars with the knowledge and requirements to open up a private practice once they leave public service
- DoM Research Day:** The 47<sup>th</sup> DoM Research Day Symposium highlighted the ongoing research in the DoM by African scientists and clinicians and focused on encouraging and sustaining medical research in the context of South African health-related issues. There were also several guest speakers; one of which was Prof Thumbi Ndungu from AHRI in Durban who gave the Bongani Mayosi Lecture. His presentation highlighted several training initiatives within sub-Saharan Africa to prepare African scientists to combat TB and HIV through innovative and translational research. Talks were given by several students, clinicians and scientists in the Department and was well attended both in person and online by FHS members (**ATTACHMENT 3**)
- Division of Haematology** -Th Division has had 2 initiatives in particular that has been transformative in terms of education (**Pg 5 of ATTACHMENT 9**):
  - A weekly Haematology Deep Dive Webinar series which aims to educate attendees and establish national collaborations for hematological diseases. Speakers are invited from academic institutions across South Africa and the event is normally well attended by public and private sector haematologists.
  - Facilitation of a short course, in conjunction with UCSF and funded by the NIH, on designing clinical research that was attended by several post graduate students in the FHS. The course provided expertise from local and international sources on haematology and public health.
  - Another initiative by the Division was training of postgraduate researchers in HIV haematology research in conjunction with CPUT and funded by the NIH
- Consultants meeting:** This meeting is held every 3-months

A.4. Percentage of the annual budget spent on **transformation, inclusion or diversity** programming in the preceding 12-months

% of overall budget spent on transformation, inclusion and diversity programming.

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Enter description of % of budget spent on TID (A.4.):

The DoM has spent ~17.5% of its budget on transformation in 2022. The majority of this contribution was the provision of bursaries and scholarships to 60 students in the DoM. The majority of these students were black. The DoM also employs a person dedicated to raise funding for the department (Clare Jeffery). She also sits on the TEC and helps to facilitate transformation-related activities within the DoM. The DoM (via Prof Dheda and Dr Pooran) have also applied for FHS funding in the amount of R67,000 to trial a essential lab skills/research methods course aimed at registrars and othe health professionals in the DOM (and from other Departments as well) with an interest in lab based projects

Fund raising to support activities within the Dept is ongoing. One of the more personal stories that emerged from the DoM fund raising activities this year is provided below:

A touching offer from a retired Professor of Medicine, Emeritus Professor S. from the University of Adelaide, South Australia, to the Cardiology Division was received in July 2022.

The circumstances that prompted this donation was news of a patient whose cardiac condition was compromised through lack of follow-up after extensive treatment. The most frequent reason for this deterioration is lack of resources for transport, explained Professor Ntsekhe, Head of Cardiology, and the need to establish a Fund that "helps particularly disadvantaged patients getting to their appointments".

Emeritus Professor S. knew the Cape Town-based patient Mr M. personally and was so impressed by the follow-up treatment he eventually received, and having all his symptoms relieved, that he contacted Professor Ntusi to arrange the donation. The letter of offer particularly complimented the Team, deep in the throes of the COVID-19 pandemic, who continued to look after this patient so attentively.

The funds have been received, transferred to the Cardiology patient support fund, and the donor thanked. His response? "Keep me informed of your patient funding needs, and I'll try to spread the word amongst my colleagues here in Australia".

A.5. Percentage of annual budget allocated to **transformation, inclusion or diversity** programming in the forthcoming 12-months

% of overall budget allocated to transformation, inclusion or diversity programming.

1

Enter description of % of budget allocated to TID in forthcoming year (A.5.):

A similar % spent in the preceding year will be allocated to transformation activities (~17.5%). In addition to scholarships and bursaries, funds will be dispersed for development of the DoM TEC web page link with available resources. There are also plans to combine funds from the DOM TC and DRC to offer 2-3 grants (between 50-100K) to transformation candidates with novel research ideas or potential products for commercialization.

A.6. At least 3 staff members participate in the transformation committee with an agreed upon terms of reference and at least 10% of time allocated to transformation committee functions.

At least 3 staff members participate in the transformation committee an agreed upon TOR and at least 10% of time allocated to transformation committee functions.

0.5

Enter description of actions taken to achieve A.6. including TC member names and confirmation of TOR and relevant time allocations:

1. Professor Keertan Dheda (5% FTE); Chair of DoM TC
2. Dr Anil Pooran (5% FTE); Member of the DoM TC (lead for non-clinical scientific staff)
3. Dr Darlene Boakye (5% FTE); (medical trainee representative on the DoM TC)
4. A/Prof Henry Adeola (5% FTE); (Member of the DoM TC; leads EE rep issues)

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5. Associate Professor Sipho Dlamini (5% FTE); Member of the DoM TC
6. Associate Professor Jonny Peter (5% FTE); Member of the DoM TC; Head of the DoM DRC
7. Dr Debbie Maughan, Member of the DoM TC
8. Laurene Viljoen (5% FTE); secretariat of DoM TC
9. Clare Jeffrey (5% FTE); Member of the DoM TC

Dr Clint Cupido has now resigned from the DoM TEC and the Committee is actively looking for a replacement. The DoM TEC Draft Terms of Reference has been generated and is currently under review by all TEC members

### B. Student access, support and success

Score For example:

B.1. For faculties: Progress has been made towards attaining a more diverse student and graduate profile; with a minimum X% shift in the preceding 12 months.

For non-academic departments: Effort has been made to understand student demographics and challenges facing marginalized students.

Documentary evidence of faculty tracking faculty student profile (disaggregated by department and/or sub-departments if sub-department hosts more than 50 students) and faculty graduate profile (disaggregated by department and/or sub-departments if sub-department hosts more than 50 students).

Evidence of an X% shift in preceding 12 months towards achieving a more diverse student and graduate profile.

Summary note on actions taken to achieve diversity in student body or to understand student struggles.

1

Enter description of actions taken to understand, achieve or support diversity in student body in terms of race, gender, disability, and holistic well-being (specifically preventative measures to mitigate chronic mental health challenges) (B.1.):

See section C4 for a breakdown of student demographics in the DoM

Several DoM specific initiatives that began in 2019/2020 have continued this year, which centered around the development of students including registrars and postgraduates (many have already been mentioned in previous sections). As things settle after the last COVID wave peaks in 2021, in-person interactions are becoming more frequent but with remote access still being made available. This includes clinical teaching and online training sessions for students and teaching activities in clinics and at primary care level. On-site support is also provided for foreign students, and the DoM provides mentorship and hosting to students from several African countries, and from countries all over the world including USA, Canada, India. Mental health issues, particularly among the registrars, are being addressed through wellness sessions with mental health professionals. Research funding support has also been made available and primarily targeted at registrars and postgraduate students of colour. For example, since 2021, student bursaries were awarded to 9 PhD and MSc students through the DoM research committee of which 90% were persons of colour (and 60% female). These students have made excellent progress in their respective degrees (ATTACHMENT 10). There are also plans to promote at least 2 Transformation related grants (funded through the DoM TEC) specifically targeting transformation candidates either for initiation/completion of research or seed funding for commercialization of a product (an unmet need in the department). This will be in collaboration with the DoM RC who will also disseminate the information on their website

Other initiatives are discussed below:

The FCP II Mock Clinical exam took place in March and August 2022. It serves as an excellent platform for registrars to overcome any anxiety of doing the formal exams and they also receive very constructive feedback from consultants that take part in the initiative. An FCP refresher course is also planned for early 2023 (ATTACHMENT 8)

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The 47<sup>th</sup> DoM Research Day Symposium provided an opportunity for students and junior clinicians from all Division to present their research in an open forum with critical feedback. [\(SEE ATTACHMENT 3\)](#)

Based on feedback from a registrar survey performed in 2021, the DoM TEC welcomed back the research block rotation (which was effectively eliminated during the peak of the COVID-19 pandemic), thereby freeing up more time for registrars to complete their MMed degrees. However, there is still a need for better guidance and resources to be made available to registrars for their MMed. In direct response to this, the DoM is currently developing a basic lab skills and research methodology short course, specifically aimed at registrars pursuing their MMed or clinicians interested in basic science research. Ideally this would consist of a combination of online lectures and in person practical sessions that would be organized to accommodate the registrar clinical rotation duties (some support is also provided by the DoM RC). Although similar programs exist, such as the IDM lab techniques course, this is geared toward more experienced basic science students. Furthermore, this course is often oversubscribed and intensive thereby not being feasible for clinicians to attend. This course will be coupled with support from appropriate staff in the DoM (statisticians, researchers, basic scientists) in the required skills and techniques. Funding is being sought to pilot this course from the DoM and FHS in the coming months. Furthermore, the DoM TEC has plans to provide online resources on various research methodologies (protocol development, statistics and data analysis, project write up, etc.), which are available through several research bodies including the NIH, EU, in a central location, such as the DoM website. We are in discussion with a UCT-based IT specialist, Mr Moegamat Johnson, to set this up.

In July, a clinical research supervisor course was organized by the DoM to train potential supervisors to lead clinical research projects but also those that will supervise MMED students. Topics covered included, generating a research question, management of students via regular meeting etc and support thesis writeup [\(SEE ATTACHMENT 11\)](#)

There is currently no outlet where DoM staff and students can communicate with the TEC regarding transformation issues in the Department. Thus, in order to increase awareness of the DoM TEC and to improve communication between the TEC and DoM staff and students, we are engaging with an IT specialist, Mr Moegamat Johnson (who is currently employed part-time by the DoM), to assist in creating a link on the DoM website to relevant educational and transformation-related resources and a comments or section where staff can directly communicate any questions, queries or other issues regarding transformation to the TEC.

The mental wellness initiative has continued to provide support to registrars. Registrars have greatly assisted in managing patients during the COVID-19 pandemic but this has adversely affected their training and research time available to complete their MMed or rotations in special units. As a result, there has been an increase in the number of registrars who have been suffering from burnout, anxiety and depression leading them to take time off from the programme to recuperate. The DoM together with Prof Jackie Hoare (Head of the Psychiatry Dept) continues to facilitate monthly mental health wellness sessions to provide psychosocial support. Another excellent initiative, that was partly facilitated by the DoM, was the opening of a new health and wellness centre at GSH in response to the negative impact that the pandemic has had on all healthcare workers within the DoM. The new centre aims to provide a safe and stress-relieving environment for GSH healthcare workers and includes several facilities such as counselling and mental wellness sessions, leadership training programs and exercise and meditation facilities. [\(SEE ATTACHMENT 12\)](#)

The DoM also believes training of scientists from other African countries is important for transformation within the African continent as a whole. In addition to training of international registrars (discussed in other sections below), there are other initiatives that focus on providing mentorship and



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teaching to African researchers. One such program is TESA III, an EU funded initiative to assist in building and strengthening clinical trial research capacity on the continent through improvement of infrastructure and human resources. In June 2022, 3 postgraduate students from Zimbabwe, Namibia and Angola visited the CLII in the Division of Pulmonology to attend short courses in several aspects of clinical trials including quality assurance, SOP development, data management, laboratory skills and patient recruitment. Several staff in the Div of Pulmonology will also act as mentors to these students to allow completion of their degree. Funding was also provided to South African students through this initiative. TESAIII will continue training and mentorship until 2025 (when the grant funding ends). (SEE ATTACHMENT 13)

The DoM has been involved in facilitating the integration of students that studied medicine in Cuba. This programme is ongoing. There is a translator that is available and a specific support program for such students. Nicola Wearne from the DoM has been leading an inter-ministerial task team on operationalizing the Mandela Castro program.

We have also continued with policies to change the way we assess undergraduate students in the DoM. In order to prevent discrimination against students during exams due to their race, gender, language etc. we standardized our assessment methods for both oral and clinical exams. We have workshops for examiners to ensure fair assessments and have a SOP that is signed by each examiner before each exam. We also created objective marking sheets and invite external observers during our medicine exam.

We have requested the demographic profiles of student within the DoM form FHS since 2020 but this information was never received. However, we have attached the demographic breakdown of students (registrars and senior registrars only) within the DoM.

B.2. Students can access educational and psychosocial support.

Description of education support provided and/or communication of institutional services available to students, and number of users of faculty-specific service.

1

Description of psychosocial support provided and/or communication of institutional services available to students, and number of users of faculty-specific service.

Enter description of actions taken to achieve B.2.:

The DoM TC works closely with the Department of Medicine Research Committee (DoM RC). The chair of the DoM RC, Prof Peter also serves on the DoM TC.

In the few years, the Department of Medicine Research committee has started an interactive website that provides information to guide students through their post graduate degrees. The website offers help on the following matters:

1. How to register for their degree
2. How to submit progress reports
3. How to deal with challenges involving supervisory or discrimination etc.

More information is available at this link: <http://www.medicine.uct.ac.za/post-grad>

Web traffic to the DOM is periodically monitored to determine the number of visits to the site and links (SEE ATTACHMENT 14). Indeed, the DRC has received positive feedback for the website but we are planning to include a comment/suggestion section so that feedback can be provided by users on how to improve the system. Students can also access statistical support

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through the DRC website. Furthermore, and as mentioned above, the DRC offers student bursaries for post docs, PhD and MSc students. Since 2021, student bursaries were awarded to 9 PhD and MSc students through the DoM research committee of which 90% were persons of colour (and 60% female). These students have made excellent progress in their respective degrees (SEE ATTACHMENT 10).

There is currently no outlet where DoM staff and students can communicate with the TEC regarding transformation issues in the Department. Thus, in order to increase awareness of the DoM TEC and to improve communication between the TEC and DoM staff and students, we are engaging with an IT specialist, Mr Moegamat Johnson (who is currently employed part-time by the DoM), to assist in creating a link on the DoM website to relevant educational and transformation-related resources and a comments or section where staff can directly communicate any questions, queries or other issues regarding transformation to the TEC.

The DoM TEC has been made aware of an unmet need for better guidance and resources to be made available to registrars for their MMed. In direct response to this, the DoM is currently developing a basic lab skills and research methodology short course, specifically aimed at registrars pursuing their MMed or clinicians interested in basic science research. However, this course will be open to all medical and allied professionals interested in developing a knowledge base for lab work and conducting basic science research. This course will be coupled with long term support from appropriate staff in the DoM (statisticians, researchers, basic scientists) with expertise in their respective fields. The main purpose of the course would be to provide clinicians and nascent scientists with a solid foundation to build on by providing developing basic skills and providing greater confidence to pursue higher research degrees or conduct their own research project. We are currently pursuing several funding sources to pilot this course in 2023, including the FHS transformation award. Furthermore, the DoM TEC has plans to provide online resources on various research methodologies (protocol development, statistics and data analysis, project write up, etc.), which are available through several research bodies including the NIH, EU, in a central location, such as the DoM website. We are in discussion with a UCT-based IT specialist, Mr Moegamat Johnson, to set this up.

In addition to the above there have been several programs to facilitate registrar teaching and training. Nonetheless, these initiatives (facilitated by Dr Meagan Dudley and her successor Dr Darlene Boakye, with support from the TC) were successfully implemented and include:

1. Organising and facilitating weekly online teaching sessions
2. Organising two mock clinical exams (March and August 2022) to help registrars prepare for their final FCP II clinical examinations.

Other Divisions within the Dept have organised and facilitated their own educational initiatives. Some examples include:

- The Division of Pulmonology also hosted an annual Pulmonology Update – a 2-day workshop attended by registrars, private practitioners, consultants etc and provided an review of the advances made in Pulmonology and its application in clinical practice in South Africa (SEE ATTACHMENT 15)
- The Division of Haematology hosts weekly webinars on haematological speakers and has also hosted several short courses on designing clinical research in the context of haematological diseases (SEE ATTACHMENT 9)
- The Division of Endocrinology, which recently opened the new GSH Diabetes Centre to provides clinical services, educational courses and research capacity, has conducted several educational initiative including: (i) Basic Diabetes Education Courses for nurses (101 nurses trained) and Advanced Education Courses for healthcare workers (HCWs) (52 HCWs trained) (ii) webinars for doctors in the Western Cape and other areas of South



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Africa (iii) development of an App called "Practical Endocrinology" that is currently being populated with the content needed to inform doctors at all levels on how to best manage many aspects of diabetes (iv) establishing an Endo ECHO program that will give us extended reach into the Western Cape, South Africa and Africa (SEE ATTACHMENT 16)

- In June 2020, the Division of Hepatology launched the ECHO Hepatology Clinical Teaching Programme where Medical residents, Gastrointestinal and Hepatology Fellows alternate between presenting a clinical case and a formal liver seminar on the ECHO ZOOM platform. This has continued throughout 2022

The DoM subscribes to the staff wellness program being conducted at Faculty and UCT level. The mental wellness initiative has continued to provide support to registrars. Registrars have greatly assisted in managing patients during the COVID-19 pandemic but this has adversely affected their training and research time available to complete their MMed or rotations in special units. As a result, there has been an increase in the number of registrars who have been suffering from burnout, anxiety and depression leading them to take time off from the programme to recuperate. The DoM together with Prof Jackie Hoare (Head of the Psychiatry Dept) continues to facilitate monthly mental health wellness sessions to provide psychosocial support. Another excellent initiative, that was partly facilitated by the DoM, was the opening of a new health and wellness centre at GSH in response to the negative impact that the pandemic has had on all healthcare workers within the DoM. The new centre aims to provide a safe and stress-relieving environment for GSH healthcare workers and includes several facilities such as counselling and mental wellness sessions, leadership training programs and exercise and meditation facilities. (SEE ATTACHMENT 12)

There is also care taken to address issues of non-South African i.e. international registrars, and these issues are reviewed at the DoM consultant meetings. There are currently 18 international registrars (reduced compared to previous years) in the program which comprise almost 30% of the registrar pool. Many issues, including those of a transformation nature are shared at the registrar meetings, and the opinions and suggestions of all members, including international trainees are considered fairly and equally. Feedback from these meetings has also been analyzed and discussed at consultant level meetings. Numerous positive changes have been implemented following this feedback and advocacy from the consultant body, including changes to working SOP's, duty hours, and rotational planning to accommodate these concerns. In addition, Dr Siphon Dlamini has done important work on behalf of the Deanery for the international registrars. The DoM Head, Prof Ntusi, has regular meetings with the representative for international registrars, and meets with them several times a year to address their concerns.

B.3. At least one faculty/department-wide learning-activity, dialogue or discussion on issues (specific to the themes of **diversity, inclusion and/or transformation**) affecting students.

Enter description of actions taken to achieve B.3. Specify number of participants, name of event and date if possible:

1

Learning activity, discussion or dialogue agenda and list of participants.

Feedback collected from attendees about experience of event and effectivity.

One of the most successful initiatives for the year has been the continued growth of the Registrar Leadership and Resilience programme. This involves improving the working environment through restructuring of ward and clinical workflows, staffing rotation, creating an international registrar portfolio, MO portfolio, welcome packs, wellness committee, team

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building activities, consultant mentorship, workshops, protected research and teaching time, stress management etc.

Another initiative is the mentorship program which provides teaching and training of registrars and students on the research track to obtain their degree and for subsequent career progression. This has been facilitated by the DoM, the DoM DRC and the DoM TEC through the provision of scholarships, bursaries and transformation grants aimed primarily at transformation candidates. Additionally, the DRC provides several resources for the development of research skills, such as the provision of statistical support for research projects and guidance on applying for HREC approvals. The TEC is currently developing an essential lab skills/research methods course geared towards, medical registrars and other medical professionals interested in basic science research. This will be trialed in 2023 and depending on uptake will aim to become a registered UCT course. This would facilitate broad-based mentorship across several areas of research.

As stated in section B.2. above, several Divisions within the DoM have several educational initiatives aimed at medical students, registrars and postgraduate students.

The mental wellness initiative has continued to provide support to registrars. Registrars have greatly assisted in managing patients during the COVID-19 pandemic but this has adversely affected their mental wellbeing. As a result, there has been an increase in the number of registrars who have been suffering from burnout, anxiety and depression leading them to take time off from the programme to recuperate. The DoM together with Prof Jackie Hoare (Head of the Psychiatry Dept) continues to facilitate monthly mental health wellness sessions to provide psychosocial support. Another excellent initiative, that was partly facilitated by the DoM, was the opening of a new health and wellness centre at GSH in response to the negative impact that the pandemic has had on all healthcare workers within the DoM.

B.4. The faculty/department has an anonymous feedback and complaint mechanism or referral system in place to address student/staff grievances and student representatives are included in decision-making processes.

Description of student participation processes, mechanisms or referral system and number of users in the preceding year.

0.5

Description of process for resolving complaints, and number of complaints resolved in the preceding year.

Enter description of mechanism or referral process and process for resolving complaints as well as how you have included student representatives in decision-making processes (B.4.):

The DoM TC follows the Faculty of Health Sciences grievance procedures. There is no anonymous process. However, cases are confidentially and sensitively dealt with.

1. Grievances are in the first instance dealt with at individual supervisor/student level.
2. If not resolved the matter should be referred to the HoD.
3. If not adequately resolved or the supervisor is the HoD, the student or staff member can raise the matter with the Chair of the Postgraduate Student and Postdoctoral Support Committee (PSPSC).
4. A mediator in the PSPSC will be appointed to work with student and staff or department to try to resolve matters. Students are invited and encouraged to bring a friend or colleague in support. In addition, the committee itself has a student and postdoctoral representative as additional support.
5. If still not resolved, the matter will be referred to the Deputy Dean (Postgraduate Affairs) or Dean.

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6. Most commonly this results in the appointment of a formal grievance committee, that meets to investigate claims and tries to reach a suitable agreement. The deputy dean or dean deals directly with staff and HODS to resolve or remediate.
7. If still unresolved, the matter is referred to the Deputy Vice-Chancellor with the research portfolio.

However, we are currently looking into a mechanism on the DoM website that allows staff and students to directly communicate (via email or message board) with member of the TEC where they can provide suggestions, air any grievances or complaints in a anonymous manner

### C. Staff access, support and success

Score For example:

C.1. Progress has been made towards overall diversity (more black, women and disabled staff members) in the faculty/department; with a minimum X% shift in the preceding 12 months.

Documentary evidence of faculty/department tracking of staff profile (disaggregated by department and/or sub-departments (if sub-department hosts more than 20 staff members).

0.5

Evidence of an X% shift in preceding 12 months towards achieving a more diverse staff profile.

Summary note on actions taken to achieve diversity in staffing by relevant EE rep.

Describe how the faculty or department has systematically monitored staff diversity, the % shift towards diversity and any actions taken to encourage staff diversity.

Information on staff diversity is captured and stored on a database by the Department of Medicine HR administrators. Annual reports are shared with the divisional heads, DoM TC, and DoM research committee.

The staff diversity profile has remained relatively equivalent to last year's profile

Here are the 2022 demographics of the DoM (UCT-employed staff and excluding medical officers and consultants):

1. 19% African females
2. 12% African males
3. 23% Coloured females
4. 8% coloured males
5. 4% Indian females
6. <1% Indian males
7. 25% White females
8. 8% white males
9. 71% Total females (29% total males)
10. 67% total persons of colour (33% white)

**(SEE ATTACHMENT 2)**

A number of initiatives are undertaken by the DoM TC to try to improve the diversity of the department. These include:

1. Facilitating and promoting the revised UCT EE policy. In January 2022, a new University wide EE plan has been introduced where a proportion of chairs and members of selection committees will be required to undergo EE training (online) thereby reducing the need for dedicated EE reps. There are a number of members of the DoM TC that serve as EE reps. The new UCT EE policy which became effective 1<sup>st</sup> March 2021 is now being fully implemented within the DoM. A/Prof Henry Adeola, who sits on the DoM TEC, is an EE rep and also sits on the Faculty EE

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committee will act as a liaison between the FHS and DoM on EE related matters and will ensure sufficient DoM staff members are trained before the end of the transition period. This will greatly assist in reducing delays while still maintaining equity in the recruitment process

2. The DoM has initiated a programme to more widely disseminate vacant positions so that more POC can apply. Previously, diversity was constrained by the poorly visible 'block' adverts.
3. The DoM TC runs a mentorship programme for young clinical researchers and there's also an induction programme for transformation candidates wishing to undertake a career in translational research medicine.
4. The DoM also houses several interns through the DSI/HSRC intern mentorship program where young talented unemployed graduates of colour are employed to gain the necessary experience to enter the job market or to continue onto higher degrees. Two interns are being mentored in the Div of Pulmonology and Cardiology.
5. The DoM TEC itself has added new members inclusion to drive new and innovation approaches to facilitating transformation in the Dept and the University. This year welcomes Dr Darlene Boakye (Chief Registrar)

C.2. Progress has been made towards equal participation of diverse staff members (more black, women and disabled persons) in committees, advisory bodies and other decision-making entities; with a minimum X% shift in the preceding 12 months.

1

List of faculty/department committees/ decision-making bodies and percentage representation by race, gender and disability.

List committees and decision-making bodies and describe how diverse these are in terms of including women and gender-diverse persons, persons of colour, and persons with disability (C.2.):

### 1. Department of Medicine research committee

Percentage women: 33% (decreased by 3%)

Persons of colour: 45% (increased by 5%)

Persons with disabilities: 0%

### 2. Departmental ExCo (unchanged since the last year)

Percentage women: 50%

Persons of colour: 75%

Persons with disabilities: 0%

### 3. DoM TEC

Percentage women: 44% (increased by 1%)

Persons of colour: 66% (unchanged)

Persons with disabilities: 0% (unchanged)

### 4. Ad Hominem assessment committee (unchanged since the last year)

Percentage women: 0%

Persons of colour: 40%

Persons with disabilities: 0%

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C.3. The faculty/department has developed an advancement process of programme (sometimes referred to as a pipeline) to support and grow black, women and disabled academics and managers.

Enter description of advancement process or pipeline, number of participants and support provided (C.3.):

Description of advancement structure or pipeline, including milestones and number of participants.

1

Description of support (related to diversity, inclusion and transformation) provided and/or communication of institutional services available to staff, and number of users of faculty/department-specific service.

The DoM TC has a number of DoM structures (including the DoM TC, the office of the HoD, the offices of the Divisional Heads, the monthly consultants' meetings, and the quarterly Head of Department meetings) where any transformation-related issues and concerns can safely be aired.

A large part of the DoM comprise trainee doctors (registrars). They are represented by a chief registrar, who liaises closely with the HoD and the DoM consultants committee. Transformation issues are regularly discussed. Several programs have been put in place in order to facilitate transformation at gender and other levels.

The issue of a limited number of active, trained EE reps for the entire faculty has hampered hiring of transformation candidates to appointments within the DoM. With the implementation of the new university wide EE policy, the TC (A/Prof Henry Adeola in particular) is developing a plan to ensure proper training of all selection committee members in a timely fashion and communicate any concerns between the TC and the newly form Faculty EE committee.

It has been proposed that the DoM TC also has a representative on interview panels. UCT policies on equity are followed during interviews to employ registrars, consultants and research staff within the department.

The DoM TC is developing an essential lab skills/research methods course for any medical professionals within the Dept to provide a knowledge foundation for conducting lab based research – this will assist them when pursuing higher research degrees and eventual career progression. Funding is also being sought to support this initiative.

Funds from the DoM, including innovation funds and ad hoc donations from award grants received by members of the DoM, are being used to pay for several of our initiatives.

C.4. For faculties: Progress has been made towards diversity (more black, women and disabled postgraduate students and post-docs) in the faculty/department; with a minimum X% shift in the preceding 12 months.

For non-academic departments: effort has been made to include diverse (more black, women and disabled) in early career and entry-level positions.

Faculty postgrad profile (disaggregated by department and/or sub-departments (if sub-department hosts more than 20 staff members). Faculty post-doc profile (disaggregated by department and/or sub-departments (if sub-department hosts more than 20 staff members).

1

For non-academic department: a description of efforts made to include and support diverse entry level staff positions.

Summary note on actions taken to achieve diversity in staff body by relevant EE rep.

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Enter description of action taken to achieve C.4.:

In the DoM, the breakdown of registrars, senior registrars and Mos are as follows. The demographic breakdown of 80 registrars and MOs (post graduate student such as PhD and MSc were not included at data was not yet available):

1. 9% African females (increased by 1%)
2. 16% African males (decreased by 4%)
3. 11% Coloured females (increased by 2%)
4. 6% coloured males (unchanged)
5. 14% Indian females (decreased by 3%)
6. 11% Indian males (decreased by 1%)
7. 15% White females (increased by 4%)
8. 18% white males (unchanged)
9. 50% Total females (increased by 5%)
10. 64% total persons of colour (decreased by 3%)

The DoM is committed to promoting diversity within their student population (including registrars, post-graduate students and post-doctoral scientists).

We have implemented the following granular programs to assist transformation candidates with their post graduate studies:

1. The DoM as well as the DoM RC and TEC provide funding support for several students, most of which are black. The DoM provided 7 million in scholarships and bursaries in 2022 to primarily black students, the DRC provided postgraduate bursaries to 9 candidates (>90% are black) and the TEC has secured funding to provide research grants or seed funding for commercialization aimed specifically at transformation candidates.
2. Several teaching initiatives by various divisions in the DoM has been implemented for post graduate students as outlined in B.2.
3. A career mentorship programme has been initiated by the DoM. Members of the committee have already met with several mentees. In some cases, this has been very useful and relevant candidates have undertaken career progression steps facilitating the goal of becoming career academics. The mentorship program is being extended to include mentors and resources from other UCT affiliated accredited research groups such as the Centre for Lung Infection and Immunity and the UCT Lung Institute, both of which have close affiliations with the DoM.. The TEC is also developing a lab skill/research methods training course that will target nascent scientists who have started or plan to pursue higher research degrees.
4. The DoM research symposium provides a platform for postgraduate students to present their research and receive critique from FHS members that are experts in the field

We are still awaiting the full demographic profile of students from faculty. This information was requested in 2020.

C.5. Orientation to UCT's commitment to **transformation, inclusivity and diversity** is integrated into employee briefing for new employees.

Example of inclusion of diversity, inclusion and transformation into employee briefing, for example generic email to new staff members or briefing session agenda.

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Enter description of actions taken to achieve C.5. How was information on UCT's commitment to **transformation, inclusion and diversity** shared with new employees?

All new staff joining the Department of Medicine must attend an induction programme that is facilitated directly via UCT's Central HR office at Bremner Building.

There is also an induction booklet for registrars as outlined below and is attached as addendum D.

Here are the guidelines followed:

<https://www.uct.ac.za/main/explore-uct/transformation>

[http://www.hr.uct.ac.za/hr/staff/induction/UCT\\_intro](http://www.hr.uct.ac.za/hr/staff/induction/UCT_intro)

C.6. At least one faculty/department-wide learning-activity, dialogue or discussion on issues (specific to the themes of **diversity, inclusion and/or transformation**) affecting staff.

1

Learning activity/ discussion/ dialogue agenda and list of participants.

Feedback collected from attendees about experience of event and effectivity.

Enter description of actions taken to achieve C.6. Specify number of participants, name of event and date if possible:

As outlined above, our Registrar Leadership and Resilience programme is not only for students, but staff as well.

This Involves improving the working environment through restructure of ward and clinical workflows, staffing rotation, creating an international registrar portfolio, MO portfolio, welcome packs, wellness committee, team building activities, consultant mentorship, workshops, protected research and teaching time, stress management etc.

As stated in section B.2. above, several Divisions within the DoM have several educational initiatives aimed not only at students but staff as well. This includes nurses, healthcare workers and clinicians.

An initiative, that was partly facilitated by the DoM, was the new health and wellness centre at GSH in response to the negative impact that the pandemic has has on all healthcare workers within the DoM The new centre aims to provide a safe and stress-relieving environment for all GSH healthcare workers and includes several facilities such as counselling and mental wellness sessions, leadership training programs and exercise and meditation facilities. This received University-wide and national media coverage **(SEE ATTACHMENT 12)**

A major activity organized by the DoM in 2022 was the 47<sup>th</sup> Research Day Symposium which highlighted the ongoing research in the DoM by African scientists and clinicians and focused on encouraging and sustaining medical research in the context of South African health-related issues. There were also several guest speakers; one of which was Prof Thumbi Ndungu from AHRI in Durban who gave the Bongani Mayosi Lecture. His presentation highlighted several training initiatives within sub-Saharan Africa to prepare African scientists to combat TB and HIV through innovative and translational research. Some of these initiatives included the Sub-Saharan African Network for TB/HIV Research Excellence (SANTHE), and the community FRESH (Females Rising through Education, Support, and Health) study, which combines scientific questions with social programs (job and life skill training) for female participants enrolled in the study. **(ATTACHMENT 3)**

Prof Ntusi, the Head of the DoM, was involved in several transformational activities that received media attention:

- Prof Ntusi was the focus of an article on structural racism published in the Fall 2022 Harvard Public Health publication entitled: "The long, low echo of apartheid in South Africa". In this article, Prof Ntusi speaks about racism that is still prominent within the medical education system as well as in gaining access to healthcare in South Africa. He



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also spoke about his strategy to improve equity within the South African healthcare system. (ATTACHMENT 4)

- Prof Ntusi gave a plenary talk at the 7<sup>th</sup> World Conference on Research Integrity in May 2022 where he present on the topic "Fostering research integrity in clinical and biomedical science". He highlighted the integrity issues facing research and the need to foster the new generation of African scientists in open, ethical and objective research. (ATTACHMENT 5)
- Prof Ntusi was one of four top African researchers (one of two from UCT) which was awarded a South African Medical Research Council Extra Mural Unit to study the intersection of noncommunicable diseases and infectious diseases in South Africa. (ATTACHMENT 6)

D. Place and space: language, names, symbols, artworks and identity Score For example:

D.1. At least one example of contribution to development, amendment, implementation or dissemination of policies or processes related but not limited to heritage, disability, gender, language and/race.

0.5

Summary note on actions taken to contribute to policy or process development, amendment, implementation or dissemination.

Enter description of actions which contributed to policy development, amendment, implementation or dissemination:

Members of the DoM TC are actively involved in a number of DoM structures including the office of the HoD, the offices of the Divisional Heads, the monthly consultants meetings, and the quarterly Head of Department meetings. At these departmental structures members of the DoM TC consistently highlight policies related to transformation and reiterate the importance of policy implementation. See D3 below for specific details.

D.2. At least faculty/department-wide intervention which led to contributed to a more **transformed, inclusive or diverse** campus environment. Eligible actions include: (i) renaming of venues, buildings, roads or other infrastructure; (ii) procuring new or re-curating artworks; (iii) heritage projects which focus researching disseminating information or engaging communities on slavery, colonialism or apartheid; (iv) disability inclusion ie making all venues accessible; (v) specific dialogues about space or place which aim to improve classrooms, work and social environment; (vi) sexuality inclusion i.e. diverse pronouns and gender neutral restrooms; (vii) other specific interventions related to this theme.

1

List interventions in the form of events hosted, processes formally initiated or changes which occurred in the preceding 12 months.

Enter description of actions taken to achieve D.2. For example, include description of event, number of participants or evaluations received:

There were several interventions to generate a more inclusive and transformative campus environment:

- Prof Ntusi, head of the DoM, started an initiative to replace the artwork in the DoM on J floor of the Old Main building at GSH with more Afrocentric artwork. He commissioned Pipa Stoknes, the Director of the Michaelis School of Art, to have students produce bold and imaginative artwork with themes on medicine and healthcare in South Africa. However, this was delayed due to COVID-19 and during that Ms Stoknes retired. There are now plans to take this project forward with the new art school director
- In 2021, improvements were made to the registrar's room at GSH to provide a mor comfortable and safe space for registrars to work when they cannot travel home late at night after a long shift. This continues to be used



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- As stated in C6 above, the new GSH Health and Wellness centre opened on 1<sup>st</sup> November this year to provide a safe and stress-relieving environment for all GSH healthcare workers (SEE ATTACHMENT 12)
- To try and address these problems of diabetes, a major cause of morbidity and mortality (especially during COVID-19), in the Western Cape, the Division of Endocrinology at Groote Schuur Hospital and the University of Cape Town secured public-private partnerships with multiple pharmaceutical companies to establish the Groote Schuur Hospital Diabetes Centre. The main objective of the centre was to provide an extensive and expanded diabetes service providing optimal clinical and education services to PWD thereby transforming their healthcare experience at Groote Schuur Hospital. It also aims to provide education courses to all healthcare workers, training for medical students, medical registrars and endocrine fellows from South Africa and Africa and, finally, conduct research to provide local data to best inform local guidelines. Since its opening in November last year, ~2500 diabetic patients were seen and several education courses were given to staff and students (SEE ATTACHMENT 16)

D.3. Knowledge or advocacy product or communication which explicitly redresses historical privilege and power as manifest in colonialism and apartheid.

0.5

All staff or student communication or campaign which explicitly responds to historical privilege and power as manifest in colonialism and apartheid.

Enter description of campaign or communication which clearly responded to historical privilege, colonialism or apartheid (D.3.):

We have encountered resistance in changing names and honouring transformation-related activities. For example, we have suggested that certain parts of the OMB be named in order to honour student protests. There were also several requests to honour Prof Mayosi's transformation legacy by naming specific new entities. However, this has been refused by the hospital CEO because of further discussion required around naming of spaces after people and possible provincial directive around this.

The name of the Super Numerary Registrars changed to international registrars, which is less offensive, and a special committee was also formed. This was done to give them a sense purpose and belonging given the Afro-politan nature of UCT and its transformation landscape.

E. Institutional responses to discrimination, bullying, harassment and violence

Score For example:

E.1. At least one example of contribution to development, amendment, implementation or dissemination of policies or processes related but not limited to sexual offences, sexual harassment, bullying and harassment, discrimination, and gender discrimination.

1

Summary note on actions taken to contribute to policy or process development, amendment, implementation or dissemination.

Enter description of actions which contributed to policy development, amendment, implementation or dissemination:

The DoM subscribes to the staff wellness program being conducted at Faculty and UCT level. These include mental health wellness sessions for the registrars facilitated by the Chief Registrar and renowned academics such as Prof Jackie Hoare. At the sessions staff may discuss various issues including workload, discrimination, sexual harassment, etc. Also, the GSH wellness centre provides counselling sessions for all GSH healthcare staff where similar issues can be discussed.

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We have also identified the challenges in attracting and retraining transformation candidates. Thus, we have implemented the following policies:

1. **Review of appointments:** The DoM TC has also undertaken to review an annual report of the appointments made in the previous period and demographics of the current staff to ensure that the DoM is adhering to UCT transformation policy.
2. **Involvement in appointment process:** The DoM TC has taken a balanced view about reviewing the results concerning new appointments. More specifically, it will undertake to look at the reasons behind appointments and why EE targets may not have been met. These will include reasons why transformation candidates are declining posts even when specifically approached. A landscape analysis is planned.
3. **Training of EE reps:** The DoM TC is addressing the issue of a lack of properly trained EE reps, which is a contributing factor to delay of appointments within the DoM. The TC has ensured that selection committee members of the DoM will undergo appropriate EE training to ensure the transformation agenda is represented during the interview processes and so more transformation candidates can be appointed.

E.2. Students and staff have better access to support and services as survivors of discrimination, in relation to bullying and harassment or abuse, as counsel for alleged perpetrators or more broadly in relation to their mental health and emotional wellbeing.

Description of support/services provided and/or communication of institutional services available to students and staff. Provide number of users if faculty/department-specific service. For example, enabling access to services relevant to racial discrimination and harassment, sexual and gender-based violence, homophobia and transphobia, xenophobia, or any other example of discrimination.

1

Enter description of actions taken to achieve E.2. For example, communication which shared details to institutional survivor support services:

As previously mentioned, we have a successful Registrar Leadership and Resilience programme for both staff and students

This involves improving the working environment through restructure of ward and clinical workflows, staffing rotation, creating an international registrar portfolio, MO portfolio, welcome packs, wellness committee, team building activities, consultant mentorship, workshops, protected research and teaching time, stress management etc.

UCT provides counselling service via their Student Wellness service. However, additional support provides to registrars specifically within the DoM through debriefing sessions with trained psychiatrists and psychologists has been implemented to deal with mental health and burnout issue but support was also provided for other trauma related issues such as discrimination and abuse. Support was also offered in some divisions within the DoM for researchers and support staff.

Additionally the GSH wellness centre also provides counselling services for GSH and UCT staff, as described in E1.

E.3. Students and staff have better knowledge and awareness of services and support available related to discrimination, bullying and harassment or abuse, or broadly in relation to their mental health and emotional wellbeing.

Description of training, awareness or advocacy campaigns initiated which focus on sexual, gender or racial discrimination, bullying and harassment or abuse, or mental health and emotional wellbeing. Please mention if training

1

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conducted in partnership with the OIC. List of participants.

Feedback collected from attendees about experience of event and effectivity.

Enter description of event or campaign, number of participants or any feedback received (E.3.):

An Orientation Booklet has been designed for new staff that includes details of how to settle in Cape Town, open a bank account etc., and also to introduce new staff to the Department. **(SEE ATTACHMENT 17)**

Additionally, the Registrar Leadership and Resilience programme (as outlined above) provides support against discrimination, harassment or abuse.

The other initiatives described above is also available and promoted to provide mental health support

## F. Community engagement: anchoring UCT in community

Score For example:

F.1. The faculty/department directly has a written agreement to collaborate with a community-based, civil or social organisation or enterprise which seeks to contribute to social justice, human rights, redress or response to violence, discrimination or harassment, or is otherwise committed to transformation, inclusion or diversity.

Partnership agreements, reports or minutes of the meeting with organisation.

1

Assessment or reflection on how effective partnership has been to build community engagement.

Enter description of written partnership agreement and an assessment of its effectiveness (F.1.):

Community engagement in the DoM occurs at various levels.

1. DoM staff provide outreach services and specialised clinics to district level hospitals in the Cape Town Metropole. There are agreements in place.
2. Outreach in the form of teaching, training and also actively seeing patients is provided to several parts of the Western Cape Province including other cities like George. Level 1 facilities and district level hospitals in various parts of the province are targeted so that specialist expertise is available to parts of the province where they do not exist. The Faculty of Health Sciences has a comprehensive listing of outreach carried out by the DoM.
3. The DoM acquired funding to contribute for a new PET CT scanner at UCT CUBIC centre – which provides service to both public and private patients as well as facilities for research studies.
4. There are many research projects within the DoM that involves community engagement. For example, the XACT III and XACT-19 studies funded by the EDCTP (Division of Pulmonology) carries out active case finding for TB and COVID-19 within the communities of Langa and Gugulethu. This innovative programme takes portable molecular diagnostic TB technologies that are battery powered out in a small mobile low-cost scalable mobile clinic, and this clinic is stationed in congregate settings including shopping centres and entrances to informal settlements. Patients are actively tested for infectious diseases including COVID-19, TB and HIV. The community leadership structures in both these districts have actively been engaged. We have also engaged communities through NGO's such as TB-CAB and MSF. Another NGO called Free of TB is closely affiliated with the DoM and provides urine LAM testing kits to Groote Schuur Hospital. Future plans include TB testing and vaccination education programs in underprivileged communities as well as development of patient-centric facilities at Brooklyn Chest Hospital.

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Another is the activities of the Division of Endocrinology and the operation of the new Diabetic Centre, which has already provided clinical and support services (diabetic education, podiatrist, retinal screening, endocrinologist etc) services to over 2500 diabetic patients in the last year alone. Similar outreach activities are ongoing in other Divisions such as Cardiology (see section A4) and others. Thus, there are many projects within the Department of Medicine that involves community engagement. For example, the Desmond Tutu Foundation (a research grouping within the DoM) runs a youth centre that provides sexual and reproductive health services to young persons in underprivileged communities. Other initiatives include mobile testing centres for HIV, STIs, hypertension and diabetes in poor communities as well as vaccination drives through advertisements and media coverage. In many of the areas that these research units work in, the relevant communities have a very good understanding of UCT's profile and the work that's currently being performed to improve the health of such communities.

F.2. The faculty/department has participated in multilateral engagements with community-based, civil or social sector bodies, networks or other coordination mechanisms which seeks to contribute to social justice, human rights, redress or response to violence, discrimination or harassment, or is otherwise committed to transformation, inclusion or diversity.

Name of community-based, civil or social sector bodies, networks or other coordination mechanisms, number of meetings attended and associated workplans.

1

Describe the name of the network or coordination mechanism and number of meetings attended (F.2.):

See F.1.

F.3. In the preceding 12-months the faculty/office has made at least one substantive contribution to multilateral engagements with community-based, civil or social sector bodies, networks or other coordination mechanisms which seeks to contribute to social justice, human rights, redress or response to violence, discrimination or harassment, or is otherwise committed to **transformation, inclusion or diversity**.

Summary note outlining faculty/departments contribution to the work and outcomes of the community-based, civil or social sector bodies, networks or other coordination mechanisms.

1

Provide the name of the network/coordination mechanism and actions taken (F.3.):

Several research groups and accredited research groups (including the UCT Lung Institute, Desmond Tutu foundation and individual researchers) interacts with the community through Community Advisory Boards (CAB) on a regular basis.

Few groups, including the DTHF, produce newsletters for study participants and lay people. For example, the DTHF has also established a Community Forum to protect the safety and participants and staff and this involves police and community members.

XACT3, an active case finding study also has a website that disseminates information about the study to the general public. <https://xact3.co.za/>

Furthermore several of these studies receive substantial press coverage **(SEE ATTACHMENT 18)**

As another example Paediatric Cardiology (Prof Liesl Zulke) has held community forums to guide research questions.

Exemplars are provided here; it is not a complete list.

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F.4. The faculty/department has built relationships with community-based, civil or social sector organisations or enterprises which contribute to learning, technical support, research or provision of direct services/support (ad hoc or otherwise)

Provide the name of the stakeholder, describe the nature of the relationship and how this relationship contributed to learning, technical support, research or the provision of direct services/support.

1

Describe the stakeholder and relationship which contributed to learning or technical support (F.4.):

A major innovation was rapidly brought to the market in 2021, and continues to be used today (last courses were in March and August 2022) in the form of an ONLINE FCP Pt 1 Refresher Course in partnership with MOBILEARN, through its NBO arm Mobilearn Fundisa. This FCP Pt 1 Refresher Course is open to candidates from all over RSA and other African countries. An exceptionally high standard of technical delivery is practiced, supported by a host of online international practitioners keen to see best practice being implemented at UCT. Mobilearn is a company headed by UCT MBChB Alumnus Dr Hasmukh Gajjar.

F.5. Opportunities offered to staff and students to connect with, learn from, apply learning, build solidarity and support diverse social constituencies, with the view of promoting a transformed city and safe neighborhoods as part of building sustainable communities.

List the opportunities provided to staff and/or students to connect with communities in order to create a transformed city and safe neighborhoods. Please specify which communities.

1

Describe the community and the relationship which contributed to social learning and solidarity, with the view to advance a safe, transformed and sustainable community (F.5.):

One recent examples is Free of TB, together with UCT researchers visited Cloetseville Clinic on World TB Day this year to educate the community on how to identify TB and about infection control, offering of free TB and testing and health screening and, in collaboration with Gift of the Givers, distribution of food parcels to the community (SEE ATTACHMENT 18)

Other DoM community engagement agreements are outlined in section F.1. Staff and students are able to connect with these organizations via various websites:

MSF: <https://www.msf.org.za/msf-khayelitsha>

Free of TB: <https://www.freeoftb.com>

TB-CAB: <http://www.tbonline.info>

The Desmond Tutu Health Foundation:  
<https://desmondtutuhealthfoundation.org.za>

These are only 4 exemplars. There are more than a dozen others within the DoM.

G. Teaching and learning support: decolonization, marginalization and accessibility

Score For example:

G.1. For faculties: In the preceding 12-months the faculty has initiated a review, implemented changes or assessed curriculum and pedagogy to address obstacles which impede student success. The review, the implemented changes or assessment explicitly responded to colonialism, systemic racism or other examples of structural inequality and violence.

Faculties can list courses which underwent review, changes or assessment.

1

For non-academic departments: In the preceding 12-months the non-academic department has initiated a

Non-academic departments can list the elements or processes of the teaching, learning or research

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review, implemented changes or conducted an assessment of aspects or processes within the learning environment (for example, access to ICTS, communications on race, community safety, research methodology etc.) which impede full enjoyment of the teaching, learning or research environment. The review implemented changes or assessment should explicitly respond to colonialism, systemic racism or other examples of structural inequality and violence.

environment which underwent review, change or assessment.

List any courses or elements of the learning environment which underwent review, changes or assessment. Describe specific changes in relation to colonialism, systemic violence or other forms of structural inequality (G.1.):

The DoM developed policies on the way we teach undergraduate students. We created an "inclusive classroom " by being more accommodating to students who do not speak English as a first language. We adjusted our methods to include more visual and written-down teaching e.g. white boards, drawing of mind maps and reflection charts. We also developed methods in which we use interactive teaching where interaction between the tutor and the students encourage students to think out loud and to ask questions freely without fear of making mistakes.

Secondly, we developed drastic changes to the medicine undergraduate curriculum in the DoM. The new curriculum is more concise and specially focusses on medical symptoms and diseases relevant to our South African context.

Thirdly, we set in place strategies and policies to change the way we assess undergraduate students in the DoM. In order to prevent discrimination against students during exams due to their race, gender, language etc. we standardized our assessment methods for both oral and clinical exams.

Finally, the FCP Pt 1 Refresher Course is a ground-breaking project in promoting accessibility to ALL who have registered for the Part 1 exam. Previously, Refresher Course candidates had to travel to Cape Town (UCT) and find accommodation for 4-5 days in order to attend the face-to-face training programme. In its new format, UCT does not have to limit the number of participants, nor are they constrained geographically. The funds generated by the Refresher Course are earmarked to support Registrar Development.

G.2. In the past-12 months staff received training and/or capacity building on sensitively talking about oppression within classrooms and integrating content on anti-oppression into curriculum and teaching resources. Trainings and capacity building covering but not limited to themes such as intersecting inequalities, decolonialism, HIV/AIDS, GBV, sexual and gender diversity, or **transformation, inclusion and diversity**.

Description of training or capacity building on sensitively talking about oppression within classrooms and integrating content on anti-oppression into curriculum and teaching resources. List of participants.

Feedback collected from attendees about experience of event and effectivity.

Enter description of capacity building intervention or training, number of participants and any feedback received (G.2.):

The DoM has annual workshops for undergraduate examiners (for oral and clinical exams) to ensure fair assessments and have a SOP that is signed by each examiner before each exam. We also created objective marking sheets and invite external observers during our medicine exam.

G.3. In the past 2 years research (including informal and activist research) has been conducted and/or published on either integrating anti-oppressive content into teaching and learning, integrating anti-oppressive approaches to ensure the full enjoyment of the learning environment or any other contribution to transformation, inclusivity and diversity scholarship and praxis.

Research draft or publication.



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Share a list of articles with links:

Prof Ntusi, the Head of the DoM, was involved in the following publications or communications:

- Prof Ntusi was the focus of an article on structural racism published in the Fall 2022 Harvard Public Health publication entitled: "The long, low echo of apartheid in South Africa". In this article, Prof Ntusi speaks about racism that is still prominent within the medical education system as well as in gaining access to healthcare in South Africa. He also spoke about his strategy to improve equity within the South African healthcare system.  
<https://harvardpublichealth.org/global-health/apartheid-legacy-south-africa-health/>
- Prof Ntusi gave a plenary talk at the 7<sup>th</sup> World Conference on Research Integrity in May 2022 where he present on the topic "Fostering research integrity in clinical and biomedical science". He highlighted the integrity issues facing research and the need to foster the new generation of African scientists in open, ethical and objective research.  
<https://www.news.uct.ac.za/article/-2022-06-01-transparency-collaboration-underpin-clinical-and-biomedical-research-integrity>
- Prof Ntusi published an editorial on 'Racism in medicine, science and in medical publishing'. The paper highlighted that "systemic bias and structural inequality, including within medicine, are one of the defining public-health challenges of our time. Actively combating these must be a priority for all segments of our society".  
<file:///C:/Users/PRNANI001/Downloads/4386-Article%20Text-15873-1-10-20201104.pdf>
- Prof Ntusi was also the keynote speaker at a seminar entitled Racism in medicine, science and medical publishing where the highlighted the extent of racism in the healthcare and research sectors and proposed several strategies to improve racial equality within the field. This received university wide media coverage  
<https://www.news.uct.ac.za/article/-2021-07-13-racism-in-medicine-is-a-horrible-injustice>

The DoM/FHS hosted the 2nd annual Bongani Mayosi Memorial Lecture which was given by Dr Matshidiso Moeti (WHO Regional Director for Africa). She spoke about transformation during COVID-19 and what we can learn from Prof Mayosi's work and commitment to social justice, transformation and excellence

<https://www.youtube.com/watch?v=Pi0NurcBUaQ>

### H. Owing UCT's African identity

Score For example:

H.1. Contributions (collaborative or otherwise) to intractable challenges on the African continent; and other actions which adopt an afro-centric or decolonial lens, centre the African continent or critically respond to UCT's African Identity within curriculum, pedagogy, research, through workshops, trainings or discussions, co- or extra-curricular activities.

1

For example. through supporting international students and challenging xenophobia within the learning environment. List the actions taken in the preceding 12 months, list of participants or stakeholders in the actions.

Feedback collected from participants/stakeholders about experience of event and effectivity.

Enter description of event, number of participants and any feedback received:

There are a number of initiatives undertaken by the DoM to promote the development of the success of students including clinical teaching sessions for students and providing teaching in clinics and at primary care level. On-site support is provided for foreign students, and the DoM provides mentorship and hosting to students from a number of African countries, and from countries all over the world including USA, Canada, India and many countries in Europe.

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There are several grant-based capacity development initiatives within the DoM with several African countries to develop infrastructure and train people. For example, the EDCTP TESA III grant, held within the Division of Pulmonology, is an EU funded initiative to assist in building and strengthening clinical trial research capacity on the continent through improvement of infrastructure and human resources. In June 2022, 3 postgraduate students from Zimbabwe, Namibia and Angola visited the CLII in the Division of Pulmonology to attend short courses in several aspects of clinical trials including quality assurance, SOP development, data management, laboratory skills and patient recruitment. Several staff in the Div of Pulmonology will also act as mentors to these students to allow completion of their degree. There was very positive feedback from the attendees. Other grants such as XACTIII and XACT19 will build research capacity within other African countries such as Zimbabwe and Zambia and foster strong Afro-centric research consortia to drive research into health issues affecting the entire African continent. Cough aerosol sampling facilities, portable chest x-ray facilities and mobile clinics have all been implemented in these countries. This is just one exemplar and there are several research units within the DoM with similar initiatives.

The DoM also provides social support and clinical teaching services for international registrars of which there are currently 18 in the registrar pool

The DoM is specifically involved in facilitating the integration of students that studied medicine in Cuba. There is a translator that is available and a specific support program for such students. At the national level, Vanessa Burch from the DoM, has until recently been leading an inter-ministerial task team on operationalizing the Mandela Castro program. Neliswa Gogela is the UCT convener for the program in the Faculty and Wendy Spearman is the Departmental convener (all are members of the DoM).

### I. Innovations, alternate approaches and best practices

Score For example:

A.1. New, innovative or alternate approaches to build a **transformed, inclusive and critically diverse** higher education institution.

Include description of new, innovative or alternate approach, it's utility and stories of success.

1

Share description or images of any innovative transformation project undertaken:

The DoM TC has started a number of granular initiatives to facilitate transformation. For example, the DoM TC established a new fund in 2019 of ~R150 000 to facilitate transformation, we have continued to contribute to this fund during 2021 and 2022. The DoM TC has teamed up with the DoM RC to offer grants between R50 000 and R100 000 to assist transformation candidates that are targeting an academic trajectory or to develop and translate new ideas from thought to proof of concept. The money could cover consumables, travel, publication fees, etc. The DoM TC is targeting at least 2 scholarships/ grants per year.

Technology and innovative implementation approaches drove several major transformation related initiatives that either started or continued in 2022 – emphasizing the necessity to focus on transforming **access to learning and information**. These projects included:

- COVID-19 ECHO Clinics,
- ECHO UCT Hepatology Clinical Teaching weekly seminars
- FCP Pt 2 candidates and FCP Pt 1 Refresher Courses
- Division of Haematology Dep Dive Webinar series
- Division of Endocrinology Echo Clinic
- Division of Pulmonology "Pulmonology update 2022"

These initiatives have played significant roles in transforming our usual access pool to a far broader network. In Africa and globally



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Total Benchmark score (out of 32 possible points). Type the number into the box below.

29.0

Reflection: how would you explain, analyse or reflect on your transformation journey in the past 12 months? How have you succeeded at furthering **transformation, inclusion and diversity** within your faculty/department? Provide a short summary of your assessment of your transformation actions and initiatives.

The DoM TC consists of new members, most starting their service in December 2018, and continued to work through 2022. Since the revitalisation of the committee, we have outlined a clear set of milestones that we would like to achieve to ensure continued transformation in the DoM.

These milestones include:

1. **Job advertisement and reach:** The DoM TC has engaged with member of the Groote Schuur Hospital and UCT HR to restructure job advertisements and extend the reach through dissemination via social media platforms and circulation via Divisional heads. The TEC will continue to review job descriptions and dissemination procedures for each advert to ensure we can attract transformation candidates to consultancy posts. This policy has been implemented.
2. **Annual Mentorship programme:** Transformation Committee members or persons designated by the committee facilitated registrar and senior registrar career progression and preparation for the FCP and specialist College examinations by contributing 1 hour per month to mentoring a specific person from a previously disadvantaged background. Additional online teaching session and mock examinations have also been performed. (This specifically is a separate programme and in addition to the existing registrar teaching).
3. **Research grants:** The DoM, DRC and TEC were very successful in supporting transformation candidates in pursuit of higher degrees through the provision of bursaries and scholarships. In the future, the TEC and DRC will combine funds to provide substantive grants funds for to better support research projects or to promote commercialization new innovative ideas. The TEC and designated individuals within the DoM will also provide mentorship to help candidates starting up their research and developing their careers so that *ad hominem promotion* can be achieved.
4. **Registrar training;** The TEC has highlighted that a major unmet need among registrars is the lack of basic lab and research methodology skills. The TEC plans to develop a course to meet these needs not only aimed at registrars but all medical professionals interested in basic science research. This will hopefully foster more interest in lab based research and promote translational science
5. **Wellness programs:** The DoM has initiated several wellness programs and initiatives to assist clinical and non-clinical staff in dealing with specific issue. These include mental health wellness sessions among registrars and provision of counselling session to all healthcare professionals at the new Groote Schuur Wellness Centre
6. **Review of appointments and the landscape:** The DoM TC is also planning to review an annual report of the appointments made in the previous period to ensure that the DoM is adhering to UCT transformation policy. A landscape analysis and planned and it is envisaged that each Division should develop a Transformation plan. This has been done for the Division of Pulmonology and will be shared with the other Divisions to use as a template.
7. **Involvement in appointment process:** The DoM TC has taken a balanced view about reviewing the results concerning new appointments. More specifically, it will undertake to look at the reasons behind appointments and why EE targets may not have been met. These will include reasons why transformation candidates are declining posts even when specifically approached.
8. **Raising of further concerns (EE reps; research subsidy; naming of spaces):** The DoM TEC is concerned by the lack of full time employed EE reps. This makes us uncompetitive and works against transformation candidates and recruiting them to UCT. The EE rep selection process has now ben restructured at UCT and the DOM TEC will facilitate this revised training schedule for selection committee members at the departmental level. The DoM TEC is also concerned about the lack of freedom and process to change names within certain important spaces frequented by students and staff.
9. **Opening of the new Diabetes Centre at GSH:** the Division of Endocrinology at Groote Schuur Hospital and the University of Cape Town secured public-private partnerships with multiple pharmaceutical companies to establish the Groote Schuur Hospital Diabetes Centre. It has provided clinical and education services to diabetic patients, education courses to all healthcare workers, training for medical students, medical registrars and endocrine fellows since its opening and will continue provision of these services in the future

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10. **The FCP Refresher Course is a key example of how Department of Medicine can make its clinical excellence available to Registrars all over the country, and beyond our borders.** The online accessibility of the learning material 4 weeks prior to the examination, the engagement online with each of the Presenters for an hour 2 weeks prior to the examination (and availability of the ZOOM recordings) has provided a model for other Divisions in Medicine to consider to transform the geographical boundaries of their teaching expertise.
11. **COVID-19 ECHO clinics via ZOOM** was started in 2020 and continued throughout the pandemic. It provided useful epidemiological data and specific topic that improved patient management *The recordings were made available each week on the Department of Medicine's web site within 3 days of the meeting having been held. This continued in 2022. Furthermore the Div of Endocrinology has plans to initiate its own Endo Echo clinic. This will improve the reach of these sessions and also foster collaborative partnerships*
12. **ECHO Hepatology Clinical Teaching Programme:** In June 2020, we launched the weekly ECHO Hepatology Clinical Teaching Programme where Medical residents, Gastrointestinal and Hepatology Fellows alternate between presenting a clinical case and a formal liver seminar on the ECHO ZOOM platform. These ECHO Hepatology Clinical Teaching Clinics enabled us to continue Hepatology teaching throughout the COVID-19 waves and importantly continued providing clinical training to our sub-Saharan Trainees who had returned home.
13. There were several other teaching initiatives from the Division of Pulmonology and Haematology that educated registrars, clinicians and researchers in different areas of Pulmonology and Haematology

Any other comments?

none