

Transformation, Inclusion and Diversity Reporting Template 2023



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.

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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 2023.

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 Siphso Dlamini, Dr Debbie Maughan, A/Prof Henry Adeola, Dr Anil Pooran, Ms Clare Jeffrey, and Associate Professor Jonny Peter. Dr Darlene Boakye has now been replaced by Dr Malcolm Masikati as Chief Registrar on the committee. Dr Shiraz Moosa has also recently joined the TEC.

The DoM TC has continued to work on several projects during 2023. 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) development of clinical and research skills for students through various training programs.

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 transformation committee had over the past 2 to 3 years received several concerns regarding dissemination of adverts. It was proposed that the lack of diversity may be related to advert dissemination as candidates who came from diverse backgrounds were not aware of the job being advertised particularly in other provinces and in other parts of the Western Cape. It turned out jobs were advertised as 'block ads', a generic advert that occurred in the advertising columns of 2 newspapers. It seemed unlikely that interested candidates would pick this up. Instead, they would more likely pick this advert up by dissemination through relevant specialist societies and academic bodies, the South African Medical Journal, medically-related websites, etc. However, the adverts do not appear on such platforms including on LinkedIn. The DoM TEC, like adopted the model used by the Department of Paediatrics, where all consultant job adverts will now be advertised on these media. It was not possible for province to do this because of their SOP's which originate centrally. Discussions were had with UCT including Professor

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Tracey Naledi and Mercy Lazarus from PGWC. There was consensus that provided there were no costs attached to it that these adverts could be disseminated on these platforms. This was endorsed by Professor Ntusi and Mzwandile (DoM HR) will be disseminating the adverts in this way. We hope this will increase the number and range of applicants that apply for consultant positions thus promoting diversity.

- **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 including FCP refresher courses which were run twice in 2023 (2) Organising of mock clinical exams in March and August 2023 to assist registrars in preparing for their final FCPII clinical examinations, (3) Contributions to mentor students from a previously disadvantaged background (4) facilitating health and wellness sessions for registrars (separate from the mentorship program)
- **Research grants:** We have provided research grants to several transformation candidates at several levels. However, we were unable to do this due to limited funding this year. Specific DoM TEC-funded research capacity development awards were not advertised this year - we still have plans together 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. Funds will be potentially attached to workshops or courses depending on the nature of the project to be funded. We will also encourage Divisions to include transformation activities as specific capacity development components in research grant applications. Several Division already receive funding from international agencies such as EDCTP (Div of Pulmonology) and NIH (Div of Haematology) to drive this agenda.
- **Bursaries and scholarships:** The DoM annually awards scholarships to undergraduate and postgraduate students in the Department and throughout the Faculty. Several awards were also provided to persons of colour this year. The Head of Department raises funds annually to support the awarding of these bursaries. One such example is the Baxter fund which provides 750K in funding to specifically target black students. The Department considers this a key element in its transformation agenda.
- **Improvement to registrar training infrastructure:** The DRC has provided support to postgraduate students and postdocs through facilitating courses on grant writing and publishing their work. They have also secured a dedicated statistician to assist with development of research proposals and subsequent data analysis. The DoM TEC is developing a basic lab skills induction research methodology short course, funded using funds obtained from a FHS TEC grant, to assist MMEDs. This will be performed in conjunction with providing easy access to online tools (some already provided by the DRC) to help them in their research projects.

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- **DoM Research Day:** The DoM organized a successful 48th Research Symposium to celebrate excellent scientific and clinical research going on within the Department. A major focus of the symposium was encouraging and sustaining medical research in the context of South African health-related issues. Prof Glenda Gray from SA MRC gave the Bongani Mayosi Lecture and highlighted the ongoing research into the development of an HIV vaccine. Student from several division were able to showcase their work and obtain helpful critique from senior researchers
- **EE online training:** The implementation of the new EE strategy has been fully supported by the DoM and several staff members in the Dept have already undergone training as selection committee members. Furthermore, a Faculty EE Committee has been established (where A/Prof Adeola was a member) to oversee these processes. It is hoped that this will reduce recruitment delays. Further communication between the Faculty EE committee and the DoM TEC will occur through Prof Adeola.
- **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. However, towards the end of the year, this had fallen away due to poor attendance. The DoM is investigating alternative approaches to ensure mental health support is readily accessible to students. Furthermore, a new health and wellness centre GSH (the DoM contributed to development of the centre) provides 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 TEC has already engaged with most Divisions to report on staff and student demographics as well as transformation related initiatives in the past year. However, the TEC will facilitate a more detailed 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 2 interns of African descent that are being mentored

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in the Division of Pulmonology and Cardiology. Their internship was completed this year.

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"> 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. 2. 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. We would like to appeal to the Faculty TEC to take this matter up. 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 transformation related matters. However, the TEC is planning to upgrade their link with relevant information and resources on the DoM website, including an anonymous way for communicating issues with the TEC. 	<ol style="list-style-type: none"> 1. The upcoming austerity measures facing the DoM due to budget cuts will severely affect staff hiring as well as ongoing transformation initiatives. Staff, including registrars, will likely be required to take on a greater workload. This, coupled with fewer international registrars being accepted into the program at UCT, has already become a source of mental stress and burnout among the registrars. The increased workload has also reduced the research time available to registrars to pursue their MMed degree. There will be a need for better dissemination or access to health and wellness support as well as increased drives to hire and train international registrars 2. Difficulties in attracting and retaining junior staff that are transformation candidates. 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 and

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techniques and research methodologies

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

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 Siphon Dlamini, Dr Malcolm Masikati, 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 TEC meetings to provide feedback to the DoM and vice versa. Prof Adeola also serves as a direct line of communication between the DoM TEC and the Faculty EE committee. Dr Shiraz Moosa has also joined the 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?

None

How has the transformation committee engaged with and/or experienced its faculty or departmental governance structures (such as a dean's

As stated above and below

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advisory committee, or a management team)?

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. Dr Pooran also sits on the FHS TEC Student Health and Wellness subcommittee

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. The DRC also provides research support initiative for students in the DoM

iii) The UCT/GSH registrars are represented by the Chief Registrar Dr Malcolm Masikati. He 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 related 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 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. The majority of the divisions within the DoM have provided a summary of their transformation activities and a breakdown of medical staff and students in 2023 for this report

Registrars comprise a significant portion of the staff/student compliment in the DoM. They are represented by the chief Registrar (Dr Malcolm Masikati) 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. However, staffing deficiencies and budget cuts has had a significant impact on attendance, academic performance and service delivery. As such, stronger support structures will be needed to tackle these issues.

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. There is currently a link that has been created in the DoM website (where the TEC report is available) and additional components such as funding opportunities, training initiatives, FHS related transformation activities and links for direct communication between staff/students and the TEC will be incorporated in the future. We are currently working on this and hope to have it up and running in the next few months.

Due to limited funding in previous years and the new austerity measure being put in place due to national health sector budget cuts, we realize that it has become increasingly important to seek funding from external sources to fund transformation activities in the DoM. Therefore, we will be encouraging divisions to include such activities as line items in upcoming grant applications. Furthermore, there are several training grant available

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to facilitate some of these activities. For example, Prof Dheda and Dr Pooran have successfully received 67,000 in funding to develop a basic lab skills short course for clinicians, registrars and other allied health professionals interested in research. Another initiative through the EDCTP funded TESA III grant which is a capacity development grant to train and develop African scientists on the continent in clinical research. Several of these courses have already been run through the Division of Pulmonology. Similarly, an NIH-Fogarty D43 grant in the Div of Haematology provides support to postgraduate students through funding and short courses on HIV-related transfusion medicine and haematology

In January 2022, a new University wide EE plan was introduced where a proportion of chairs and members of selection committees were required to undergo EE training (online) thereby reducing the need for dedicated EE reps. This has now been fully implemented and several DoM staff on selection committees have undergone this training. This will greatly assist in reducing delays while still maintaining equity in the recruitment process.

The DoM also records the gender and race profiles and periodically undertakes a landscape analysis of its staff and students. This year, we have requested data directly from the heads of Division. In the future a basic reporting template will be implemented to allow division to report and summarize transformation related activities and demographics for each Division in the Dept. The TEC also reviews these data at the staff/ consultant meetings.

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**

Knowledge products with transformation, inclusion and diversity dimensions highlighted.

1

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 2023 was the 48th 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 Glenda Gray, Head of the SA MRC, who gave the Bongani Mayosi Lecture. She highlighted the previous and ongoing work in the development of a vaccine for HIV.

Prof Ntusi, the Head of the DoM, was profiled in the Lancet Medical journal in December 2022 which focused on his experiences with racism in medicine in South Africa and his priorities to promote racial justice and social equality in terms of healthcare provision

The Division of Allergology have set up and implemented the Angioedema hotline, which is now fully functional to allow doctors and patients in SA to have direct access to angioedema specialists when they are managing such cases. On going linkages have been created with ER in Cape Town, East London, Polokwane, and Mpumalanga. More than 100 posters have been disseminated to 11 hospitals to create awareness around the Angioedema hotline. They also launched The Virtual Angioedema Centre in February 2023. <https://aiu.haei.org/> to assist with management of these patients.

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The division of Haematology, in collaboration with the NHLS Haematology team, have started a UCT Haematology newsletter to highlight the activities in both Divisions

The Bongani Mayosi Foundation together with UCT hosted the annual Bongani Mayosi Memorial Lecture in January 2023 and was given by Prof Abdool Salim Karim, Director of the Centre for AIDS Programme of Research in South Africa (and introduced by Prof Ntusi). He spoke about Prof Mayosi's accomplishments and legacy. The funds raised went to support the development and training of African scientists, students and researchers

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

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

1

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

1. Registrar Leadership and Resilience program. This program has continued in 2023 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:
 - Mental health and wellness sessions were being conducted monthly for the registrars and facilitated by Prof Jackie Hoare, (Head of the Psychiatric Department). This was to provide psychosocial support for registrars suffering from burnout, anxiety and depression. Unfortunately, poor attendance to these sessions has resulted in stoppage of this program earlier this year. Burnout and mental stress have again become a major issue among the registrars this year because of increased workload from staff shortages due to fewer international registrars and austerity measures put in place due to National Health Sector budget cuts. The DoM TEC will be looking into implementing stronger mental support structures and initiatives with better dissemination to deal with this issue.
 - FCP Pt 1 refresher courses in Feb and June 2023 were organised by the DoM and held online to prepare registrars for the FCP pt1 exam of the CMSA. Each course was attended by over 50 South African registrars and a few from other countries as well.
 - FCP refresher mock examinations in March and August 2023 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. Funds were provided by the DoM and Life Healthcare for food and gifts for examiners
 - The annual Physicians Congress workshop was attended by 8 medical registrars with registration fees covered by the DoM. However, due to financial constraints, none of the departments could make provisions for other registrars to attend.
2. DoM Research Day: The DoM organized the 48th 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 Glenda Gray, Head of the SA MRC, who gave the Bongani Mayosi Lecture. She highlighted the previous and ongoing work in the development of a vaccine for HIV Talks were given by several students, clinicians and scientists in the Department and was well attended both in person and online by FHS members.

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3. The DoM Research Committee this year has focused on postgraduate and post-doctoral student support. This has included two support evenings providing talks on i) top tips for publishing, grant writing, and ii) postgraduate support tools. They have particularly targeted young transformation researchers to attend these meetings. They have also added a statistician (Black African Male) to provide project development, data management and analysis support for DoM students
4. Divisional activities -Several Divisions in the DoM have initiatives that has been transformative in terms of education. Some of them (there are several others) done in 2023 are highlighted below:
 - Project ECHO (Extension for Community Healthcare Outcomes) is an telementoring program designed to create virtual communities of learners by bringing together healthcare providers and subject matter experts using videoconference technology, brief lecture presentations, and case-based learning, fostering an "all learn, all teach" approach. Participants are engaged in the bi-directional virtual knowledge network by sharing clinical challenges and learning from experts and peers. The Divisions of Endocrinology, Hepatology and Gastroenterology all implemented ECHO webinars for training in South Africa and other African countries
 - The Division of Neurology has implemented an annual, 6-month long intensive, Web-based *EEGonline* multi-modal EEG distance learning programme on electroencephalography. Over 200 neurologists and registrars from across the globe attended. <https://studyeegonline.com/>
 - The Division of Endocrinology offered several Diabetes education short courses for healthcare workers with close to 200 HCWs being trained in 2023
 - Both the Division of Allergology and Endocrinology offered Masterclasses on allergy related topics and Diabetes care, respectively.
 - Facilitation of a short course, in conjunction with UCSF and funded by the NIH, on protocol and manuscript writing that was attended by several post graduate students in the FHS and from CPUT.
 - The Division of Pulmonology held its annual Pulmonology update seminar to provide an update on management of patients with various respiratory conditions or diseases. They also held a clinical trial regulatory approval workshop through the EDCTP funded TESA grant which was attended by junior researcher and clinical leads from several African countries
5. Consultants meeting: This meeting is held every 3-months
6. FHS organized transformation events were disseminated to the DoM via email by members of the DoM TEC

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.

1

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

The DoM has spent 15% of its budget on transformation in 2022. Much of this contribution went to providing financial support to DoM students, many of colour

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.

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DoM transformation committee funds were used to donate ~40K to the postgraduate Student Social Club for social events for international students. Funds were also allocated for Dr Phindile Gina, a black female south African clinician which recently completed her PhD, to attend scientific writing training workshops earlier this year.

The DoM (via Prof Dheda and Dr Pooran) received FHS TEC funding in the amount of R67,000 to trial a essential lab skills/research methods course aimed at registrars and other health professionals in the DoM (and from other Departments as well) with an interest in lab based projects. The course material is currently beng developed and is expected to be trialed in Dec 2023.

Fund raising to support activities within the Dept is ongoing. One example is the Baxter Healthcare Bursary Fund. Professor Ntusi negotiated a ~R750,000 Bursary Award from Baxter Healthcare through IBX BEE Solutions to be used exclusively for black students in the faculty, not only the Department of Medicine. The distribution period (2021- 2023) was concluded this year, and the Fund is now closed.

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.):

The DoM aims to spend a similar % of the DoM budget on transformation activities (~15%) as in the preceding year. 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 fro the DoM TC and DRC to offer 2-3 grants to transformation candidates with novel research ideas or potential products for commercialization.

However, given the implementation of austerity measures, this budget allocation to transformation may be reduced in the coming year. The DoM TEC will investigate other avenues to ensure transformation remains a priority in the DoM

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)and FHS TEC
3. Dr Malcolm Masikati (5% FTE); (medical trainee representative on the DoM TC)
4. A/Prof Henry Adeola (5% FTE); (Member of the DoM TC; leads EE related issues)
5. Associate Professor Siphon 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

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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.

1

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.

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.):

This year the TEC has requested a breakdown of postgraduate students and registrar profiles from the various Divisions within the DoM in order to provide a more transparent assessment of the demographics and gender diversity within the DoM (this information was not available last year so the % shift in demographics is not possible using this data. Provided below is a table of the registrars, fellows, post graduate students and postdoctoral fellows. At the time of this report, we have not received data from the Division of Dermatology, Nephrology and Rheumatology. Furthermore, some divisions may not have reported the full complement of students. International students and registrars are included in these figures. However, in future a reporting template will be disseminated to all Divisions so that it can be properly collated into the DoM TEC report. We will also request this data from the Faculty:

Division	Senior and Junior Registrars					Fellows					Postgrad students (Mphil, MMED, MSc, PhD)					post docs								
	M	F	B	W	C	O	M	F	B	W	C	O	M	F	B	W	C	O	M	F	B	W	C	O
Lipidology													1		1									
Neurology	4	4	2	2	1	3	3	2	3	1		1												
Hepatology							1	1	1	1														
Endocrinology													6	3	6	3								
Critical Care	2	1		1		2																		
Infectious Disease (not including CIDRI AFRICA and Desmond Tutu HIV centre)														1		1				1	1			
Medical Genetics																								
Geriatric Medicine		1				1							1		1									
Clinical Haematology							4	2	5	1			16	16	14	12	1	5						
Cardiology	3	4	5			2	2		1	1			7		4	2	2							
Gastroenterology							6		2	1	1	2			6	1	4	2						
Clinical Pharmacology													11	21	17	11		4	2	3	2	2		1
Allergology and Immunology													5	12	11	6								
Pulmonology	2	3	2			3							10	6	5	3	2	6	2	1			1	2
TOTAL	11	13	9	3	1	11	16	5	12	5	1	3	57	59	65	39	7	19	4	5	3	3	2	1

- Senior and junior registrars: 46% Male, 54% female; 38% black, 13% white, 4% coloured or mixed and 46% other (including Indian, Asian etc)
- Fellows: 76% Male, 24% Female; 57% black, 24% white, 5% coloured or mixed and 14% other (including Indian, Asian etc)
- Postgraduate students (MPhil, MMed, MSc, PhD): 49% Male, 51% Female; 56% black, 34% white, 6% coloured or mixed and 16% other (including Indian, Asian etc)

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- Postdoctoral fellows: 44% Male, 56% Female; 33% black, 33% white, 22% coloured or mixed and 11% other (including Indian, Asian etc)

Several DoM specific initiatives that was initiated in previous years have continued this year, which centered around providing assistance to and the development of students including registrars and postgraduates (many have already been mentioned in previous sections).

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. In the division of pulmonology, requests by registrars led to an increase in the number of academic training sessions and more didactic teaching time provided by consultants. Several other Divisions have also provided various teaching initiatives in the form of webinars, lectures, case presentations and bedside teaching. Many consultants have also contributed to FCP refresher and mock examinations.. These are described in more detail below and in section B2

Mental health issues, particularly among the registrars, are being addressed through wellness sessions with mental health professionals. As in previous years, we have tried to provide research funding support primarily targeting registrars and postgraduate students of colour. However, due to limited funding, no bursaries were provided by the DRC this year. However, The TEC will be asking that grant applications by member of the DoM to include line items for transformation related activities such as student training, postgraduate student support in the form of bursaries, etc. Several grants that have been submitted by the Division of Pulmonology to funding agencies such as the EDCTP, NIH and UK MRC have already included such line items. For example, PhD student funding is being made available via the EDCTP funded EPI-TB grant to a black African Male student that is pursuing his PhD in the Division of Pulmonology. There are also plans to promote 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 once funding has been secured

Other initiatives are discussed below:

The FCP II Mock Clinical exam took place in March and August 2023. 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. 2 FCP refresher courses were also held in Feb and June 2023 and attended by over 100 candidates collectively.

The 48th DoM Research Day Symposium held in Oct 2023 provided an opportunity for students and junior clinicians from all Divisions to present their research in an open forum with critical feedback.

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(unfortunately this has become limited again due to a reduction in the number of registrars; The TEC will attempt to address this issue in the coming year). However, there is still a need for better guidance and resources to be made available to registrars for their MMed. Firstly, the DRC has made several resources available on their website on the steps required to register and obtain approval for their research project. The DRC has also hosted two support evenings providing talks on i) top tips for publishing, grant writing, and ii) postgraduate support tools and has targeted young transformation researchers to attend these meetings. 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. Prof Dheda and Dr Pooran have successfully obtained funding from the FHS TEC to pilot this course. It will consist of a combination of online lectures and in person practical sessions that would be organized to accommodate the registrar clinical rotation duties and other clinicians

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busy work schedule. 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. Statistical support has already been made available by the DRC. We are currently in the development phase, to determine the specific structure of the course and generating the teaching material. We have already identified 6 clinicians who are interested to assess and fine tune the teaching approach before advertising to registrars and other allied health professionals. 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.

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 (including lectures and workshops being organized by the FHS TEC) and a comments or section where staff can directly communicate any questions, queries or other issues regarding transformation to the TEC. There is currently a "transformation" link on the DoM webpage and we hope to populate this section with the relevant material in the coming months.

The mental wellness initiative has continued to provide support to registrars. Since the COVID-19 pandemic and even now, 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. This has been compounded by the reduction in the number of international registrars and austerity measures put in place which has greatly reduced the registrar pool and subsequently increased their burden. Up to early this year, the DoM together with Prof Jackie Hoare (Head of the Psychiatry Dept) facilitated monthly mental health wellness sessions to provide psychosocial support. However, this has fallen away due to poor attendance. One alternative approach is to provide support on a divisional level. For example, the Division of Clinical Haematology has sought the assistance of Dr Lane Benjamin, a clinical psychologist, who provided mental health support for team members in this Division with great success. Another initiative is to increase the awareness of mental health support initiative and structures through dissemination on the DoM website (perhaps having a direct link to UCT support services). This is one of the goals of the student health and wellness subcommittee of the FHS TEC (which Dr Pooran, a member of the DoM TEC sits). They have conducted a student wellness survey (50 respondents) to determine what activities the students would like to do in order to reduce their overall stress. They have also discussed better dissemination approaches to ensure students are aware of the excellent support services provided by UCT. Dr Pooran will implement the successful approaches at the DoM TEC level targeting the registrar pool. He also plans to disseminate health and wellness activities organized by the FHS TEC to the Departmental level. One example which was a Health and Wellbeing Seminar in August 2023 and facilitated by Ms Sujata Rathi, a certified health dietetics and nutrition expert. 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 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. The DoM plan to increase the awareness of these services as well.

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 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 March 2023, 16 clinical researchers from several African countries visited

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the CLII in the Division of Pulmonology to attend an advanced workshop on clinical trials regulatory approvals including topics such as study design, ethics and regulatory requirements, site initiation, essential documents, informed consent for design, Quality assurance and source documentation and Good Clinical Practice. 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. TESAll will continue training and mentorship until 2025 (when the grant funding ends).

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.

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

1

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

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 last 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:

- How to register for their degree
- How to get approval for their research study
- How to submit progress reports
- 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>

Students can also access statistical support through the DRC website. There is now a dedicated statistician (a Black African Male) that is providing project development, data management and analysis support for DoM students.

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.

In addition to the resources available on their website on the steps required to register and obtain approval for their research project, the DRC has also hosted two support evenings providing talks on i) top tips for publishing, grant writing, and ii) postgraduate support tools and has targeted young transformation researchers to attend these meetings. The DoM is currently developing a basic lab skills and research methodology short course, specifically aimed at registrars pursuing their MMed or clinicians interested

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in basic science research. Prof Dheda and Dr Pooran have successfully obtained funding from the FHS TEC to pilot this course. It will consist of a combination of online lectures and in person practical sessions that would be organized to accommodate the registrar clinical rotation duties and other clinicians busy work schedule. 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. Statistical support has already been made available by the DRC. We are currently in the development phase, to determine the specific structure of the course and generating the teaching material. We have already identified 6 clinicians who are interested to assess and fine tune the teaching approach before advertising to registrars and other allied health professionals. 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 Malcolm Masikati with support from the TC and the DoM) were successfully implemented and include:

- Organising and facilitating weekly online teaching sessions
- 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. Examples include:

- The Division of Pulmonology
 - 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
- Division of Hepatology
 - 2 Weekly Project ECHO GIT/Hepatology webinars covering the Gastroenterology/Liver curriculum for Fellows in Gastroenterology and Hepatology and for registrars writing their FCP exams
 - Monthly Project ECHO Viral Hepatitis webinars involving 25 sub-Saharan Africa countries
 - Quarterly Project ECHO Viral Hepatitis webinars for the Directional services and opiate substitution programmes across South Africa
 - Annual Liver updates – held in person for physicians, gastroenterologists and hepatologists to discuss updates to patient management
- Division of Neurology
 - Weekly electroencephalography (EEG) webinar training sessions for registrars (attended by ~40 RSA registrars)
 - 2 Weekly article discussions and case presentation webinars (attended by between 100- 150 neurologists from Africa)
 - 3 Weekly Grand Round (hybrid) presentation of interesting neurology cases (attended by registrars and neurologists across South Africa and beyond)
 - Annual, 6-month, intensive, Web-based *EEGonline* multi-modal EEG distance learning programme. (~200 neurologists and registrars from across the globe) <https://studveegonline.com/>
- Division of Endocrinology
 - Has recently become an ECHO centre and will initiate an Endo ECHO program in South Africa and other African countries – this is scheduled to begin in mid Nov 2023
 - 1-day Basic and 4-day Advanced Diabetes Education Course for all healthcare workers – over 12 courses held, 168 trained in 2023

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- Masterclass Series in Diabetes Care in November each year
- Division of Allergology
 - EMS Webinar on Angiodema and Anaphylaxis diagnosis in emergency setting to WC EMS
 - Chris Hani Baragwanath Academic Hospital JHB - lectures on AE/Urticaria and Anaphylaxis
 - Anaphylaxis and Angiodema Training with the Department of Oncology, Dermatology and UCT Medicine registrars
 - Allergy Foundation of South Africa training Masterclasses – targeting GPs, junior doctors, registrars and non-allergy specialists for CME in important allergy-related topics (<https://www.allergyfoundation.co.za/get-involved-2/projects/virtual-allergy-masterclass-2023/>)
- Division of Haematology
 - Deep Dive Webinar series – weekly educational activity on haematology related patient management (~150 attending from all over Africa)
 - 4 weekly multidisciplinary meetings per week covering different aspects of Clinical Haematology with different Departments and Divisions at UCT
 - UCT Haematology newsletter in collaboration with the NHLS Haematology team in the laboratory, highlighting activities of the Division
 - UCSF/NIH short courses for research students, including a Protocol writing week including students from CPUT and later a separate Manuscript writing week including students from two HDI (CPUT and UFS)
 - Monthly sub-Saharan Africa Patient Blood Management webinar chaired and organised Divisional trainees and trainees from all over sub-Saharan Africa, in collaboration with the Gastro Foundation
- Division of Cardiology
 - Weekly Journal club with contribution from other DoM Divisions and colleagues from other African Countries such as Mozambique, Namibia, Uganda and Nigeria.
 - Weekly academic forum covering topics on cardiology curriculum and case presentation
 - Weekly hybrid (online and in person) teaching session on transthoracic and transesophageal echocardiograms
 - Weekly ECG teaching sessions
 - Weekly 120-minute Multi-Disciplinary Heart Team (Cardiac Anesthesiology /Cardiac Surgery/Cardiology/Plus) Patient Care Meeting
- Division of Geriatric Medicine
 - Fortnightly ward rounds and postgraduate teaching at the Victoria Hospital in Wynberg on Monday afternoons every alternate week.
- Division of Gastroenterology
 - GECHO sessions and GECHO fellows' teaching programme (with the support of the Gastroenterology Foundation of South Africa) and involving several teaching centres across the country, present a GIT curriculum for fellows training. The sessions facilitated by Heads of Division and consultants at each centre

The DoM subscribes to the staff wellness program being conducted at Faculty and UCT level. The psychosocial support activities being implemented at the Departmental level has been discussed in section B1.

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

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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. DoM transformation committee funds were used to donate ~40K for social events for international registrars.

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.

1

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

Feedback collected from attendees about experience of event and effectivity.

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

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 by providing several resources for the development of research skills, such as statistical support for research projects and guidance on applying for HREC approvals. The DRC has also hosted two support evenings providing talks on for publishing, grant writing, and postgraduate support tools and has targeted young transformation researchers to attend these meetings. 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 December 2023 with 6 clinicians followed by a larger trial involving registrars and other interested health professionals. Depending on uptake and feedback we will continue providing the course with the aim of registering it at UCT. This would facilitate broad-based mentorship across several areas of research.

Additionally, as stated in section B.2. above, several Divisions within the DoM have several educational crosscutting initiatives across the Department (and the country and continent) aimed at medical students, registrars and postgraduate students.

The mental wellness initiative has continued to provide support to registrars. Since the COVID-19 pandemic and even now, 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. This has been compounded by the reduction in the number of international registrars and austerity measures put in place which has greatly reduced the registrar pool and subsequently increased their burden. Up to earlier this year, the DoM together with Prof Jackie Hoare (Head of the Psychiatry Dept) facilitated monthly mental health wellness sessions to provide psychosocial support. However, this has fallen away due to poor attendance. One alternative approach is to provide support on a divisional level. For example, the Division of Clinical Haematology has sought the assistance of Dr Lane Benjamin, a clinical psychologist, who provided mental health support for team members in this Division with great success. Another initiative is to increase the awareness of mental health support initiative and structures through dissemination on the DoM website (perhaps having a direct link to UCT support services). This is one of the goals of the student health and wellness subcommittee of the FHS TEC (which Dr Pooran, a member of the DoM TEC sits). They have conducted a student wellness survey (50 respondents) to determine what activities the students would like to do in order to reduce their overall stress. This will subsequently be organized and implemented. They have also discussed better dissemination approaches to ensure students are aware of the excellent support services provided by UCT. Dr Pooran will implement the successful approaches at the DoM TEC level targeting the registrar pool. He also plans to disseminate health and wellness activities organized by the FHS TEC at the Departmental level. One example

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which was a Health and Wellbeing Seminar in August 2023 and facilitated by Ms Sujata Rathi, a certified health dietetics and nutrition expert, which was attended by some DoM members. 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 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. The DoM plan to increase the awareness of these services as well.

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.

0.5

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

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 TEC 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.
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 in the process of implementing 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 an 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.

0.5

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).

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.

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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 improved slightly compared to last year's profile

Here are the 2023 and 2022 demographics of the DoM (UCT-employed staff and excluding medical officers and consultants):

	2023	2022
African females	22%	19%
African males	11%	12%
Coloured females	19%	23%
coloured males	5%	8%
Indian females	4%	4%
Indian males	2%	<1%
White females	35%	25%
white males	9%	8%
Total females	71%	71%
total persons of colour	64%	67%

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

1. The new UCT EE policy which became effective 1st March 2021 where 50% of chairs and members of selection committees will be required to undergo EE online training, is now fully implemented within the DoM. For example, A/Prof Lubbe Weisner and other staff in the Div of Pharmacology recently did the online EE training for their selection committee. Ms Viwe Kobokana, the EE committee co-chair send monthly updates of the number of FHS staff that have received EE training. However, we have not been able to determine the number of DoM staff that are EE trained at the time of writing this report. A/Prof Henry Adeola, a member of the DoM TEC who also sits on the Faculty EE committee and acts as a liaison between the FHS and DoM on EE related matters, will obtain the relevant number of EE trained staff in each Division in the Department. He will also perform regular checks to ensure sufficient DoM staff members undergo the training. This will greatly assist in reducing delays while still maintaining equity in the recruitment process
2. The DoM TEC has been in discussions with PGWC leadership and UCT HR to more widely disseminate vacant positions so that more persons of colour can apply. Adverts would also be disseminated through social media, academic societies and other platforms. This has now been implemented and has improved the number of candidates applying for these posts. Recently 2 part-time consultants were hired in the Div of Pulmonology, Dr Phindile Gina and Dr Ali Esmail, both of whom are persons of colour.
3. 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. Both of their internships are coming to an end this year. One of the interns will be pursuing her MSc at the CSIR in January 2024.
4. The DoM TEC and the DRC 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 Malcolm Masikati (Chief Registrar) and Dr Shiraz Moosa into the TEC.

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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: 30% (increased by 3%)

Persons of colour: 50% (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: 20% (decreased by 24%)

Persons of colour: 70% (increased by 4%)

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%

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.

1

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

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.

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

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. The Chief Registrar also sits on the TEC so any transformation issues affecting the registrars are also addressed at this forum. Several programs have been put in place in order to facilitate transformation at gender and other levels.

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.

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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 has been secured and the first course is planned for December 2023. A total of 6 clinicians have been identified and will provide feedback on the course before trialing a refined version of the course in January 2024.

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. For example, DoM transformation committee funds were allocated for Dr Phindile Gina, a black female south African clinician which recently completed her PhD, to attend scientific writing training workshops earlier this year.

Fund raising to support activities within the Dept is ongoing. One example is the Baxter Healthcare Bursary Fund. Professor Ntusi negotiated a ~R750,000 Bursary Award from Baxter Healthcare through IBX BEE Solutions to be used exclusively for black students in the faculty, not only the Department of Medicine. The distribution period (2021- 2023) was concluded this year.

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 developing a transformation committee link on the DoM website to relevant educational, support and transformation-related resources and events as well as a comments or section where staff can directly communicate any questions, queries or other issues regarding transformation to the TEC.

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.

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

1

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).

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.

In the DoM, the breakdown of registrars, senior registrars and MOs, as provided by DoM HR administration, are provided below. This includes 82 registrars and MOs (excluding international registrars) in 2022 and 2023 (post graduate student such as PhD and MSc were not included here at data was not yet available from DoM HR):

	2023	2022
African females	16%	9%
African males	17%	16%
Coloured females	9%	11%
coloured males	4%	6%
Indian females	10%	14%
Indian males	9%	11%
White females	21%	15%
white males	16%	18%
Total females	53%	50%
total persons of colour	63%	64%

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This year the TEC had also requested a breakdown of postgraduate students and registrar profiles from the various Division Heads within the DoM in order to provide a more detailed assessment of the demographics and gender diversity within the DoM (this information was not available last year so the % shift in demographics is not possible using this data). Provided below is a table of the registrars, clinical fellows, post graduate students and postdocs. At the time of this report, we have not received data from the Division of Dermatology, Nephrology and Rheumatology. Furthermore, senior and junior registrars may not fully align with what was provided by DoM HR as some divisions may not have reported the full registrar complement and international students and registrars are included here (but not in data provided by HR). However, in future a reporting template will be disseminated to all Divisions so that it can be properly collated into the DoM TEC report. We will also request this data from the Faculty:

Division	Senior and Junior Registrars					Fellows					Postgrad students (Mphil, MMED, MSc, PhD)					post docs								
	M	F	B	W	C	O	M	F	B	W	C	O	M	F	B	W	C	O	M	F	B	W	C	O
Lipidology													1		1									
Neurology	4	4	2	2	1	3	3	2	3	1		1												
Hepatology							1	1	1	1														
Endocrinology													6	3	6	3								
Critical Care	2	1		1		2																		
Infectious Disease (not including CIDRI AFRICA and Desmond Tutu HIV centre)														1		1					1	1		
Medical Genetics																								
Geriatric Medicine		1				1							1		1									
Clinical Haematology							4	2	5	1			16	16	14	12	1	5						
Cardiology	3	4	5			2	2		1	1			7		4	2	2							
Gastroenterology							6		2	1	1	2			6	1	4	2						
Clinical Pharmacology													11	21	17	11		4	2	3	2	2		1
Allergy and Immunology													5	12	11	6								
Pulmonology	2	3	2			3							10	6	5	3	2	6	2	1			1	2
TOTAL	11	13	9	3	1	11	16	5	12	5	1	3	57	59	65	39	7	19	4	5	3	3	2	1

W= white, B=black, C=coloured, O=Other (Indian, Asian), M=male, F=female

- Senior and junior registrars: 46% Male, 54% female; 38% black, 13% white, 4% coloured or mixed and 46% other (including Indian, Asian etc)
- Fellows: 76% Male, 24% Female; 57% black, 24% white, 5% coloured or mixed and 14% other (including Indian, Asian etc)
- Postgraduate students (MPhil, MMed, MSc, PhD): 49% Male, 51% Female; 56% black, 34% white, 6% coloured or mixed and 16% other (including Indian, Asian etc)
- Postdoctoral fellows: 44% Male, 56% Female; 33% black, 33% white, 22% coloured or mixed and 11% other (including Indian, Asian etc)

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 funds in scholarships and bursaries in 2022 to primarily black students (actual amount not available at time of writing report). The DRC usually provides postgraduate bursaries but none were distributed this year due to limited funding. Additional funding was secured via the Baxter Healthcare bursary fund (see section C3 for more detail)

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- Several teaching initiatives by various divisions in the DoM has been implemented for post graduate students and registrars as outlined in B.2.
- 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.
- 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

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

0.5

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

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 orientation and induction booklet for new registrars which explains the various rotations, expectations, taking leave, HR-related issue, etc. The chief registrar also meets with them for a tour of the hospital and facilities. When possible, an entrance interview is arranged with the HOD .

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

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. For example, the Div of Endocrinology offers 1-day Basic and 4-day Advanced Diabetes Education Course for healthcare workers. SO far in 2023, over 12 courses were held and 168 trained.

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A major activity organized by the DoM in 2022 was the 48th 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 Glenda Gray, Head of the SA MRC, who gave the Bongani Mayosi Lecture. She highlighted the previous and ongoing work in the development of a vaccine for HIV. Talks were given by several students, clinicians and scientists in the Department and was well attended both in person and online by FHS members.

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.

0.5

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:

Some examples of interventions to generate a more inclusive and transformative campus environment include the following

- 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. This is ongoing
- The new GSH Health and Wellness centre, which opened in November 2023, continues to provide a safe and stress-relieving environment for all GSH healthcare workers

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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 have included 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. These sessions fell away in 2023 but the DoM TEC is looking into reinitiating them or another similar program and improving the awareness of these services. Also, the GSH wellness centre provides counselling sessions for all GSH healthcare staff where similar issues can be discussed. There are also actions taken within specific Divisions of the DoM. For example, In the Div of Neurology, managers and team members worked, together with GSH People Management and the Health and Wellness Service, to optimise the dynamics within the neurology team at all levels to ensure coherent, transparent, equitable and pragmatic leadership and management while, at the same time, developing effective, empathetic, consultative, affirmative, and mutually beneficial mentoring relationships between our consultants and registrars. This also occurs through regular weekly divisional business meetings of consultants and registrars, which are crucial dealing with issues of governance, harassment, patient care, registrar teaching, clinical responsibilities, standard operating procedures, complaints, and suggestions, etc. In this way, we have been able to identify and address potential conflicts early and therefore prevent any negative impacts on service delivery.

Another example is the LGBTQ+ Health Division nested within the Desmond Tutu HIV Centre. They have several initiatives in place to ensure health equity and to provide a safe environment for the LGBTQ+ populations. Some of the initiatives include: (i) Clinical trials focusing on health issue disproportionately affecting this populations such as HIV in MSM and transgender women. This includes the use of Pre-exposure prophylaxis to

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prevent transmission (ii) Safe spaces which supports an extensive community outreach and engagement programme which aims to empower LGBTQI+ individuals and communities to enhance their own health and wellbeing. This includes community-led safety initiatives which aim to provide LGBTQI+ community members with safe and open environments to network, build their knowledge and understanding of HIV and other health-related issues as well as develop leadership capacity, and enhance health activism and advocacy in their community (iii) Annual LGBTQI+ Health and Advocacy Day to bring together health service providers, researchers, civil society, and community members to share information about health services, research, and advocacy for the LGBTQI+ community

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

1. **Changes to job advertisement structure:** This has now been improved to attract more transformation candidates as consultants, senior registrars and Mos in the DoM
2. **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.
3. **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.
4. **Ensuring sufficient staff are EE trained:** The DoM TC has plans to ensure that a critical mass of DoM staff on selection committees have undergone the necessary EE online training. This will hopefully improve the number of transformation candidates that apply for posts in the DoM

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 restructuring of ward and clinical workflows, staffing rotation, creating an international registrar portfolio, MO portfolio, welcome packs, wellness committee, team building activities, consultant mentorship, workshops, 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 issues but support was also provided for other trauma related issues such as

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discrimination and abuse. However, this has fallen away due to poor attendance. One alternative approach is to provide support on a divisional level. For example, the Division of Clinical Haematology has sought the assistance of Dr Lane Benjamin, a clinical psychologist, who provided mental health support for team members in this Division with great success

A major priority of the DoM TEC is to provide a better awareness and dissemination of these services in the DoM. As previously mentioned, the TEC was working with an IT specialist to improve the transformation subpage on the DoM website. This will include dissemination of transformation initiatives advertised at the Faculty level. This is already occurring to some extent. For example, the TEC disseminates relevant transformation activities within the Dept through Department specific email chains facilitated by Ms Xoliswa Kupiso. One example which was a Health and Wellbeing Seminar in August 2023 and facilitated by Ms Sujata Rathi, a certified health dietetics and nutrition expert. This will ensure that staff and students are fully aware of the support structures available. The TEC will also implement an anonymous feedback and complaint system on the website where persons in the Dept can contact the TEC anonymously on any of these issues. 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.

0.5

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 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. This is also available for new registrars

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.

1

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

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

Enter description of written partnership agreement and an

Community engagement in the DoM occurs at various levels.

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assessment of its effectiveness
(F.1.):

DoM staff provide outreach services and specialised clinics to district level hospitals in the Cape Town Metropole. For example, the Division of Pulmonology has outreach activities at Brooklyn Chest Hospital (Cape Town), Somerset Hospital, Victoria Hospital, Mitchells Plain Hospital. The Division of Neurology held neuroinfection outreach rounds at Mitchells Plain and DP Marais Hospitals. They also run several specialty services at GSH including the Epilepsy Surgery program, Stroke service, neuroinfection clinic and the motor neuron disease clinic. The Division of Geriatric Medicine has weekly orthogeriatric ward rounds in the Department of Orthopaedic Surgery where older patients are admitted weekly to the orthopaedic wards with fragility fractures, most commonly of the hip. Most of these patients have co-morbidities requiring general medical management. These are just a few examples. There are agreements in place.

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.

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 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 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 support to the community through provision of food parcels, in conjunction with Gift of the Givers as well as TB education seminars directed at community members. Their main drive this year is the development of a small library for the paediatric ward at BCH. They have already provided hundreds of children's books, games and toys to the paediatric ward through donations and support from Wordsworth Books (<https://www.freeoftb.com/>).

CIDRI-Africa which is part of the Division of Infectious Disease, has several public engagement activities, which it facilitates through Public Engagement Seed Awards. These are awarded to various research groups of centres to build capacity within their teams, and to engage with communities and develop partnerships outside of trial/study requirements. Some examples include "Lets talk about TB", The SALUS storytelling project and the Eh!Woza Schools program. Further details are available at <https://health.uct.ac.za/cidri-africa/public-engagement> The Division of Endocrinology leads the operation of the Diabetic Centre, which has already provided clinical and support services (diabetic education, podiatrist, retinal screening, endocrinologist etc) services to thousands of diabetic patients each year. Some of the services/initiatives available for patients include (i) Newly edited and printed education booklets for patients (ii) Individual and Group education sessions by Diabetes Educators (iii) Access to private podiatrists seeing patients *pro deo* in the Foot Room (iv) Access to a Retinal camera linked to artificial intelligence for retinal screening and triage

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

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mobile testing centres for HIV, STIs, hypertension and diabetes in poor communities as well as vaccination drives through advertisements and media coverage. They also have 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. They also run the LGBT+ Health Division which aims to provide equitable access to healthcare for LGBTQI+ populations through research, community engagement and advocacy (<https://desmondtutuhealthfoundation.org.za/>).

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 Desmond Tutu HIV foundation, 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, based in the Div of Pulmonology, an active case finding study also has a website that disseminates information about the study to the general public. <https://xact3.co.za/>

CIDRI-Africa based in the Div of Inf Disease also facilitates several community based projects, in conjunction with other research groups at various Depts at UCT as discussed in F1 and available at <https://health.uct.ac.za/cidri-africa/public-engagement>

Furthermore several of these studies receive substantial press coverage. These are just a few examples provided here; it is not a complete list.

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

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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 Feb and June 2023) 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. Over 100 participants attended both courses.

The Free of TB NGO associated with the DoM provides several outreach activities in conjunction with other stakeholders. For example, it provides food parcels to underprivileged communities in conjunction with Gift of the Givers (such as on World TB Day this year at Brooklyn Chest Hospital. It is also supported by Wordsworth books, an online book retailer where they donated several hundred book to the pediatric ward at BCH

CIDRI AFRICA, through its Public Engagement support program, funds several studies with researchers in collaboration with external stakeholder. For example, the "Women in STEM" project, which encourages young women to pursue a career in STEM, collaborates with Outliers, a support network of 120 after-school programmes across the City of Cape Town, and the Centre of Science and Technology in Khayelitsha, to demonstrate a pipeline of development in STEM. Similarly, The Drakenstein Child Health Study (DCHS) is a birth cohort focusing on early life determinants of childhood illness and long-term child health and development in a low-income community near Cape Town, South Africa. The DCHS has worked in the community for several years and through its ongoing community engagement found high rates of neurocognitive delay in study children. Through collaboration with NGOs Biblionef, Val de Vie Foundation and Breadline, and the local school Langabuya Primary School, which many of the study children attend, a literacy programme was proposed as part of the engagement activity in the area.

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 and Brooklyn Chest hospital this year 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.

Researchers, including staff and students from the DoM, al also key players and facilitators in several of the outreach programs mentioned in Section F1 to 4 (and wont b repeated here). Staff and students are able to connect with these organizations via various websites (more information is available on these 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 HIV Foundation:
<https://desmondtutuhealthfoundation.org.za>

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CIDRI-Africa: <https://health.uct.ac.za/cidri-africa/public-engagement>

These are only 5 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.

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

1

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

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

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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**.

1

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.

1

Research draft or publication.

Share a list of articles with links:

Researcher in the DoM produce a huge body of high impact publications each year in various fields that focus on health related issues in Africa such as TB , HIV and COVID-19, among others. These are too numerous to list here but some are provided with links to full publication lists for selected groups. However, many of these publication rely on extensive engagement with the community and include several authors who are persons of colour:

Prof Ntusi, the Head of the DoM, was profiled in the Lancet Medical journal in December 2022 which focused on his experiences with racism in medicine in South Arica and his priorities to promote racial justice and social equality in terms of healthcare provision: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)02499-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)02499-0/fulltext)

The DoM/FHS and Bongani Mayosi Foundation hosted the annual Bongani Mayosi Memorial Lecture which was given by Prof Salim Abdul Karim (Director of Caprisa). He spoke about Prof Mayosi's legacy in driving transformation and excellence within UCT. <https://www.youtube.com/watch?v=BalAhaYDAK4>

The Dv of Pulmmonology published an article entitled "Comparison of two diagnostic intervention packages for community-based active case finding for tuberculosis: an open-label randomized controlled trial" which showed that a low cost mobile clinic is able to find undiagnosed TB and HIV cases in the community. This work highlights the feasibility of this approach in providing equitable healthcare access in a community setting: <https://www.nature.com/articles/s41591-023-02247-1> . Several other works have been published by the Div of Pulmonology in the last 2 years and are available at: <https://pubmed.ncbi.nlm.nih.gov/?term=dheda+keertan&filter=years.2021-2023&sort=date>

The Division of Neurology published an article entitled: "Evaluating the Efficacy of an Online Learning Tool for EEG Teaching: A Prospective Cohort Study" which assessed how well the teaching tool (developed and facilitated by the Div of Neurology in the DoM) worked to improve EEG analysis and

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interpretation skills for neurologists in resource-limited settings.
<https://pubmed.ncbi.nlm.nih.gov/34675104/>

CIDRI AFRICA produces a large amount of work in the past few years in the field of TB, HIV and COVID-19 including drug and vaccine trials and basic science studies to understand disease mechanisms. Several are provided at the link below: <https://health.uct.ac.za/cidri-africa/publications/centre-publications>

These are just a few examples. Several more from other Division are available.

H. Owning 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.

Several of the online teaching platforms offered by various Divisions in the DoM, such as the Echo webinars and the Neurology EEG online course and others mentioned in section B2, are open and attended by African researchers from other countries. This improves the reach of the expertise available by the DoM to the entire African continent.

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 March 2023, 16 clinical researchers from several African countries visited the CLII in the Division of Pulmonology to attend an advanced workshop on clinical trials regulatory approvals including topics such as study design, ethics and regulatory requirements, site initiation, essential documents, informed consent for design, Quality assurance and source documentation and Good Clinical Practice. 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). Several staff in the Div of Pulmonology will also act as mentors to these students to allow completion of their degree. For Example, Dr Michele Tomasicchio in the Div of Pulmonology is currently supervising a PhD student from Namibia. 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

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entire African continent. Cough aerosol sampling facilities, portable chest x-ray facilities and mobile clinics have all been implemented in these countries and the relevant staff have undergone extensive training in these techniques (Facilitated by members of the Div of Pulmonology) 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 several 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, in 2019, the DoM TC established a new fund to facilitate transformation. We have continued to contribute to this fund during 2023 where we have donated funds toward international student social vent and funding to train a black female clinician scientist, Dr Phindile Gina, to undergo a research writing training course. Dr Pooran and Prof Dheda have also successfully acquired FHS TEC funds to initiate a basic lab essential skills course primarily aimed at clinicians and other allied health professionals with no prior experience in lab bench work and restricted time for non clinical work but with a keen interest to do research. The course material is being developed and will be initiated in December 2023

Technology and innovative implementation approaches drove several major transformation related initiatives that either started or continued in 2023 – emphasizing the necessity to focus on transforming access to learning and information. This included online teaching initiatives which extended the reach of these courses to clinicians, students and researchers to other parts of South Africa and the African continent (and globally in some cases). These projects included:

- ECHO teaching seminars on hepatology, gastroenterology and endocrinology
- FCP Pt 1 Refresher Courses
- Div of Neurology EEGonline distance learning program
- Webinar teaching and training sessions from various Divisions (see section B2)

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.

27.5

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 2023. 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. However funding has been limited and fewer bursaries were distributed compared to previous years. 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. Another initiative to promote divisional initiatives to include transformative activities in all grant applications to funding bodies such as the NIH, EDCTP and UKRI. 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 has secured funding and developed 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. This will be initiated in December 2023
5. **Wellness programs:** The DoM has initiated several wellness programs and initiatives to assist clinical and non-clinical staff in dealing with specific issues. These include mental health wellness sessions among registrars and provision of counselling sessions 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 is 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 training; research subsidy; naming of spaces):** The DoM TEC fully supports the new EE training initiative and will ensure a critical mass of employees on selection committee undergo the necessary EE training to reduce hiring delays and improve recruitment of transformation candidates. 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. **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.

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10. **ECHO training webinars and other online training platforms** Several Division are hosting and driving online teaching and training webinars to improve access to learning not only in South Africa but on the African continent
11. **DOM TEC website:** A major drive in the coming year will be to improve the content and dissemination of transformation initiatives and resources to members of the DoM. We have already engaged with an IT specialist to take this forward

Any other comments?

The upcoming austerity measures will likely adversely affect the funding resources available for driving the transformation initiative. The DoM TEC is primed to ensure that, despite these issues, the Dept maintains transformation as a key priority