

29 September 2016

Dear colleagues and students,

The past two weeks have been a difficult time for everyone. Emotions have been running high, mistrust has run rife, and relationships have become strained. Several incidents have troubled both staff and students immensely. This letter, addressing a major concern, is offered by the MBChB Years 4–6 Course Conveners of the UCT Faculty of Health Sciences.

Clinical course conveners are the clinicians who are passionate enough about students and teaching to volunteer for the extremely difficult task of managing the clinical curriculum in their relevant departments. Conveners are not paid extra for the work that they do. As they are paid by the Provincial Department of Health, their first priority is service delivery. Because they are full-time clinicians, most administrative work is done after hours. Family time is sacrificed. Being a convener involves drawing up lecture programmes, finding lecturers, ensuring adequate clinical exposure, setting up assessment timetables, finding examiners and patients for assessments, setting new assessments every block/ year, attending monthly meetings, attending workshops on teaching, learning, and assessment, giving reports on at risk students, writing learning outcomes, writing lecture notes, orientating students in blocks, and meeting with students who are facing difficulties. We also spend hours liaising with Ms Malala in Student Support.

Conveners also do things that are way beyond what is expected, purely because they care so deeply—for example: accompanying acutely ill students to hospital, finding ways to assist students who are sleeping on campus due to a lack of funds, and debriefing students after traumatic incidents. We also assist with clinical matters by calling on colleagues on the platform to assist with students who are unwell and need assessment and investigation. We manage the elective student programme. We are the ones who volunteer ourselves for committees like the Assessment Committee, the Professional Standards Committee and the South African Cuban-Trained Students Committee. This is not expected of conveners, and

adds a considerable amount of extra work onto their existing clinical and administrative loads.

We do all of this because we are passionate advocates for student welfare.

As we are a diverse group of clinicians, we all have differing opinions on various aspects of the protest action. What we unanimously agree on, however, is free education for the poor; decolonising the curriculum; and support of any nature for any student in distress. We recognise that the students' demands are legitimate. We denounce any form of victimisation. We acknowledge that we ourselves may unwittingly victimise students and colleagues in overt or subtle ways, and we are committed to exploring these issues.

It is with all of this in mind that we wish to discuss the following incident:

On the 28th of September 2016, a meeting was held at which the Deanery was to report back on student demands. Prior to this, on Sunday night (25 September), Prof. Mayosi asked Prof. Vanessa Burch to constitute a task team to address the issues, which she did. Prof. Burch openly acknowledged that the process of electing members had been flawed, as members had been selected by herself and the Deanery without a vote from staff and students. This, however, had been done as an emergency measure, with the students' interests at heart.

It was decided that the team would be disbanded, having done the task it was mandated to do—responding to the demands. The following morning, a mail was sent by students representing the #OccupyFHS movement to someone in the Deanery, denouncing the legitimacy of the task team due to the way in which its members were elected, and singling out six core members as not being recognised by the students and certain staff members as legitimate members. Professor Burch was one of them. The intention of the students who sent the email was that the entire Faculty be privy to the list of denounced staff members.

Because these students and staff members had now expressed no faith in the task team, Prof. Burch felt that it was not appropriate to present the document drawn up by the team. In an act of extreme humility and courage, she stood up at the assembly, apologised to the students, disclosed that she had received a vote of no confidence from the students, and explained the rationale behind not wanting to present the document.

As conveners, we object in the strongest possible terms to what followed, in that Professor Burch was verbally and personally attacked by both students and staff.

Prof. Vanessa Burch is a world-renowned medical educationist, who has advocated for students for decades. She has revolutionised the curriculum at UCT in ways none of us can fully comprehend. One of her revolutions has been to insist that her department, and those affiliated, have standardised mark sheets for oral exams—which speaks to one of the student demands. She has also been responsible for training conveners in teaching, learning, and assessment, which has had an enormous impact on quality assurance.

The names of the other five staff members in whom students have claimed a lack of faith are not public knowledge, but they are known to the convener group. These staff members, too, will be critical to this educational revolution—without their knowledge and expertise, we feel that little progress will be made in realising the student demands.

We are deeply concerned that this vote of no confidence itself lacks legitimacy, because the specific reasons behind the denunciation of staff members have apparently not been given. We are uncertain as to how, and by whom, this decision was made (i.e. how were the student leaders elected; was a vote taken etc). We assume that some students may have felt victimised by these staff members; if this is so, this should certainly be dealt with.

However, we would like to offer our unremitting support to Prof. Vanessa Burch, and to the other members of the task team. This turn of events has angered the very clinicians who fight the hardest for students. We will not tolerate victimisation of either students or staff members. This incident, to us, represents victimisation in the extreme. To manage victimisation with further victimisation is destructive, and compromises everyone. The consequences of this personal attack on Prof. Burch will be devastating to herself and to the Faculty.

The reason the Deanery approached her in the first place is because she has the most in-depth knowledge of Faculty processes and medical education: she has student welfare at

heart. She was, in fact, critical of the Faculty for not having managed all of these issues years ago. She is the brains behind every possible scenario to complete the academic year. She has taken on all of these tasks unquestioningly, and at great personal cost, to the benefit of all students.

We feel that, at this time, Prof. Burch has not been adequately supported at all, and we express our disappointment in the leadership of this Faculty in this regard. Given the way Prof. Burch was treated, and that little was done to mitigate this, several of us see no future in convenership. With its inherent demands and the ongoing and increasing bullying and intimidation of staff members, the Faculty will find it difficult to find other colleagues to fulfil the role of convenership. We therefore request more structured support not only of students, but of staff.

We would like to conclude with the following points:

1. We have complete confidence in Prof. Vanessa Burch, and feel she is integral to the future success of this Faculty. The same holds for the other members of the task team. Given the bullying she was subjected to, we have grave concerns that Prof. Burch will leave the Faculty. We feel that she should be offered a formal apology by both the Deanery and the students for the way in which she was treated. We would question the validity of any task team or other endeavour that does not consult with her in some way.
2. We want to be clear that our role includes not only student advocacy, but also patient advocacy. We are clinicians first, and as such, we have a responsibility to patients to ensure that our graduates are competent. We can only ensure clinical competence through the adequate completion of the activities outlined in all of the Years 4–6 courses, as well as the completion of course assessments.
3. We demand immediate, independent, external mediation to restore the relationships between staff and students.

Should any other colleagues, be they staff or students from any discipline, wish to express their support for Prof. Burch, and/or this document, we strongly encourage them to do so. We are happy to facilitate this process through our group email: concernedconveners@gmail.com

Yours faithfully,

The UCT MBChB Years 4–6 Convener Team

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NOTE: Subsequent to the writing of this letter, a list of new task team members was published:

“At the Daily Staff Up-date Meeting of today, 29 September 2016, the Task Team to address the student demands was reconstituted as result of a participatory process between students and staff.”

We object to this statement and the process which has been followed. That such an election would be held at this meeting was not advertised at all, and thus cannot be fully participatory. Further, we note a distinct lack of clinical year course conveners on this list, and therefore strongly question its legitimacy. We are adamant that we be represented on this task team, and demand to know the exact nature of this nomination process. Clinicians are being discriminated against because they are often unable to attend the meetings due to clinical commitments. It is inconceivable that the staff members who work most closely with students in the clinical years are excluded from this team, and we will not accept this under any circumstances.