

Report from the Second Task Team Constituted to Respond to the Faculty of Health Sciences Undergraduate Student Demands

Final Version

4 October 2016

Acknowledgements

The second task team would like to acknowledge the opportunities for change, innovation, and exploration of new ways of doing things that have come about at this time. These processes have come about directly as a result of the actions of the students who have revealed our collective flaws and errors, and our capacities for solidarity and change.

In negotiating the difficult emotional terrain that underpins any relationships in times of crisis, we would specifically like to acknowledge the pain, hurt, and sense of alienation that many have felt, not just now but over a much longer period. We also acknowledge that mistakes have been made and trust lost, but there has been an overarching and renewed commitment to transformation, change, and rebuilding trust.

We would like to acknowledge the work that was done by students, the previous task team, other staff members, and the deanery. All that came before brought us to the point of being able to provide a framework for the work that still needs to be done. This work will require the ongoing involvement and commitment of all those who are part of the faculty community. As has been noted in another faculty, many members of the university community 'believe that what was previously considered as "normal" has changed irrevocably and that a commitment to a de-colonised academic environment is necessary for a new "normal" to emerge'. We acknowledge all those who are determined to work towards this new space.

Background

Over 2015 and 2016 the effects of many of the unaddressed disparities in South African society - characterised by individual, social, economic, and structural inequalities - and the effects of these disparities in Higher Education were brought to the fore by the #FeesMustFall movement. Across the country issues relating to the affordability of, and access to, HE institutions and the nature, structures, and characteristics of HE institutions, were raised.

The nature and mechanisms of how these issues were raised has been a point of contention and debate, but what is clear is that the HE sector is currently underfunded and that students who should be in universities are being excluded because of the high costs associated with university education.

Context

Over 2015 and into 2016 students in the Faculty of Health Sciences raised concerns about both broader issues of fees and funding, and specific concerns related to being students in the FHS. The overlap of power, privilege, and identity in personal, procedural, institutional, and structural aspects, linked to the experiences of being students in the FHS soon became evident.

Throughout 2015 and into 2016 students engaged with each other, and with members of the Faculty Management, particularly the Deanery. The processes broke down and in September 2016 students occupied the Dean's suite, renamed it the Hamilton Naki suite, and raised a list of core demands that related to difficulties that they were experiencing. These demands related specifically to the experiences of undergraduate students.

The Deanery appointed an initial task team to address the demands. The task team produced a report that was presented to the student body. The process through which the task team was constituted was not accepted by students and as a result a second task team was nominated at a meeting of faculty staff. The second task team was mandated to build on the work done by the initial task team and address concerns raised by students in their reply to the first task team document. The second task team was mandated to address these concerns and provide additional suggestions for implementation, oversight, and accountability, as necessary.

The task team began its work at 11 am on Friday, 30 September and agreed to complete the report by 5 pm on Saturday, 1 October 2016. This report was produced by the task team, in consultation with students. This document includes the original report produced by the first task team, the work of the second task team, and refinements of the 1 October report based on queries from students.

Process and Terms of Reference

The process used by the task team to conduct and organise itself has been minuted and was premised on the values of participatory democracy, decolonisation, reflexivity, and an awareness of power, privilege, and identity.

The following terms of reference were agreed to by the task team:

1. To identify the gaps and areas that needed to be addressed from the list of demands.
In doing this the hard work, expertise, and contribution of the first task team is to be harnessed and there should be ongoing student engagement.
2. To engage students on each point and ensure active student participation.
3. To engage staff as necessary and possible.
4. Report back to bigger group every 2 hours.

The Overarching Response of the Second Task Team

The second task team concurs with both the first task team and the Faculty that all the demands made by students were reasonable and legitimate; have assisted the faculty to identify the underlying issues that relate to the demands; and have helped to move the faculty forward in terms of working out how to address those demands.

During the report back, the first task team declared that the faculty was 'critically ill' and that the various demands reflected existing fractures within the faculty. These fractures are also present among and between staff. The second task team draws attention to the fact that these demands relate to structural weaknesses and unchecked hierarchies within the Faculty, that often mirror the challenging dynamics of our national history and current society that are grounded in our past.

After working on the demands and concurring with the diagnosis that the Faculty is critically ill, the team began to identify the following core structural issues that contribute to the difficulties, and offer recommendations below to start a larger process.

Key areas of concern that have been uncovered through the student demands include:

- Power dynamics within and between disciplines and divisions, that reduce effectiveness, alienate and stress students.
- Overloaded curriculum (student health).
- Overloaded teaching administration that may lead to ill attention to policy and procedure.
- Intersecting and intersectional identities.
- Mental health issues relate both to the profession, our student body, but also to a curriculum.
- Specific needs of the students within the Faculty that are raised by the different academic year to the rest of the university, the long student day, the frequent off-site learning, and the increased health needs of students. Many of the wider university support structures are not available at times that FHS students are able to avail themselves of these services, often at critical moments.
- That we are teaching within a health system that is not health-, patient-, or student-orientated, but rather invests in the maintenance of an overburdened, fragile system.

This is an initial assessment. We require further investigation of what is making our faculty ill, in order to develop a more appropriate ongoing treatment plan.

In terms of the recommendations below and future implementation and oversight:

The nature of the complexities of the issues and the approaches of the task groups, means that the response to the demands in some instances are recommendations for best practice in the future development of the Faculty, while in other instances we have been able to recommend direct actions that will/should be taken in the short, medium, and long term. It is the Deanery's responsibility to constitute an appropriately representative oversight team acceptable to both staff and students to ensure implementation and oversight. This oversight team (and any smaller task teams arising out of it) must commit to a consultative, democratic, transparent process and careful attention must be paid to the composition of any teams responsible for meeting demands. Specific efforts must be made to 'flatten' task team structures which should include students, academic, and PASS staff.

Additional Thoughts on a Process when Teaching Activities Resume

To begin with, we recommend:

- Initial period
 - A phrase is chosen that can guide the next weeks, support students in countering any intimidation and guide staff.
 - That the daily community meetings should particularly focus on the needs of undergraduate students, by allowing the expression of emotions and concerns, where feedback may be given, and unity developed.

- Period from October to December
 - The Faculty holds a commitment to decolonising processes in the faculty and the curriculum and will frame the Faculty's Strategic Plan accordingly. This includes a commitment to:
 - accessible education for all
 - facilitate and encourage reflection on the dynamics of power and privilege that relate to discipline, profession and our intersecting identities
 - develop ongoing processes of identifying core issues using the Faculty community meetings
 - address difficulties in communication and power that inhibit the standardisation of activities such as assessment

TABLE OF RESPONSE TO DEMANDS

In the table below, where the what (deliverables) column is empty the response to the demand is included in the “How” column.

In the table below named people and designated positions have been given when possible.

The text in blue indicates the points of clarification raised by students to the first version of this report and the replies from the task team

Demand	What (deliverables)	Who	When	Student Response to first Faculty TT	How
1. Hepatitis B vaccination		Delva Shamley (Brenda Klingenberg, HS Academic Administrator for inquiries)	January 2017		Hep B vaccinations will be covered for all students.
Clarification Will the booster vaccination cost be included in the promised payment for vaccinations of Hep B?					<p>If the first three free mandatory vaccination shots are administered as recommended, the vaccination will provide cover well beyond the period as a student (for up to 30 years). This means the vast majority of students in the Faculty of Health Sciences will not require a booster.</p> <p>Should students be concerned about exposure because of doing mandatory work in a particularly high risk environment they should contact Student Development and Support Office where they will be advised accordingly.</p> <p>Where following consultation with appropriate health experts, a booster is recommended, the booster will be covered.</p>
Demand	What (deliverables)	Who	When	Student Response to first Faculty	How
2. FHS clinic		<p>Ayanda Gcelu and members of the Student Development and Support Committee (SDSC) to monitor the process.</p> <p>Ayanda Gcelu and Reno Morar, Deputy Dean</p>	<p>Ayanda Gcelu and Reno Morar to contact Ian Mackintosh, Director of Student Wellness by Friday 14 October 2016.</p> <p>Ayanda Gcelu and Reno Morar to establish contact with GSH hospital</p>	<ul style="list-style-type: none"> Problem: only available to students on financial aid -> clarity: Some students are not on financial aid but could 	<p>We propose two options:</p> <ol style="list-style-type: none"> Investigate the possibility (costs, etc) of a satellite Student Wellness Centre on faculty of health sciences (FHS) campus. Negotiate with GSH management to consider the feasibility of having the FHS students attend the staff wellness clinic at GSH (Occupational Health Clinic). Students will be able to receive general health

		<p>responsible for negotiating with the CEO of GSH and with the director of student wellness services regarding the two proposals (HOW).</p>	<p>management by Friday 14th October</p>	<p>have taken loans</p>	<p>services (not only needle stick as is current practice) through this clinic.</p> <p><u>Proposals /recommendations regarding payment for GSH model for further discussion:</u></p> <p>We propose the following:</p> <ul style="list-style-type: none"> •For financial aid students = free (no cost) •We acknowledge that the NFSAS definition is insufficient because students on <u>government bursaries</u> also struggle but do not qualify for free services. We therefore propose that this group should <u>also be given free services.</u> •We further acknowledge that some students have <u>student loans or company bursaries</u> who also struggle financially. We therefore propose a graded payment system similar to what is used in state hospitals for example: <u>State hospital sliding scale with standard payments per category</u> H0 = unemployed (free) H1 = Disability grant (R35) H2 = employed earning less t (Rx) H3 = earning more than R 10 000/month P = private rates <p>If students cannot afford these rates then students should approach the Student Support Office for assistance. The committee will assess the student's requests and make assistance available via the student's in distress fund (provided funds are available).</p> <ul style="list-style-type: none"> • Principle: No student to be refused care. <p><u>Proposal for further discussion regarding covering the cost of TB services that will be offered at GSH clinics</u></p> <p>We propose that one way to cover the cost of TB screening would be to add TB cover to Needle stick & body fluids splash injury insurance (NB: TB treatment is FREE already, only testing costs- eg CXR, geneXpert, etc).</p> <p>Costing of this option will need to be investigated.</p> <p><u>Access to student wellness</u></p>
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					<p>Students have complained specifically about access to student wellness. As an interim measure (while other proposals are investigated), we therefore propose the following for further discussion:</p> <ul style="list-style-type: none"> •Improvements need to be made to current system. Online appointment booking system is recommended. •We recommend that the student wellness directorate explore the possibility of either extended hours on middle campus (eg an after-hours service) OR a mobile service where a nurse would come to FHS to provide some services.
<p>Clarification: We propose that option 2 be implemented. Financial assessment should be done after the students receive treatment.</p>					<p>Both options are still being explored. The selection will be based on feasibility and ability to provide the most effective services to students</p> <p>Option 1 is complicated due to HPCSA rules & regulations Option 2 will require additional resources and staff and permission from Groote Schuur Hospital and is being negotiated During the negotiation process, the need for accounts to be raised after treatment will be discussed. We will draw on the principle that no one will be denied access to treatment</p>
Demand	What (deliverables)	Who	When	Student Response to first Faculty	How
3. Psychologists at Student Wellness		Ayanda Gcelu and SDSC	Feedback on progress made 31st October 2016		<p>Current access is via Student Wellness Service (SWS) but demographic representation is problematic and there is insufficient services availability. Booking is done via Student Wellness. In addition, current quality is unsatisfactory and cultural differences/barriers need to be addressed.</p> <p>Progress to date: The number of psychology posts has increased from 1 to 2. Potential candidates have been shortlisted.</p> <p>With regards to filling this post, we recommend the following: Student wellness are urged not to fill a permanent post with an inappropriate person.</p>

					<p>We suggest that locums should be used to fill the post until the appropriate person is found. These locums should be employed on 3-6 month contracts.</p> <p><u>Other Recommendations:</u></p> <ul style="list-style-type: none"> - Students are not happy with current booking system which they say is inefficient. We suggest that the current booking system be reviewed by the student wellness directorate. - Students are also dissatisfied with current operational hours at student wellness. We recommend that student wellness review their operational hours and propose that an after-hours service be made available at student wellness service especially for health science student.
<p>Clarification: Students' records should not be shared with members of the Faculty of Health Sciences, unless by court order or by permission from the student</p>					<p>Review of a student's clinical records will follow due process of obtaining written informed consent from the student.</p> <p>In rare exceptional circumstances, should access to information be required against the students will, (the task team could not think of such a circumstance) this will only happen following an application for a court order. This measure is to ensure that the student autonomy and right to privacy and information is protected.</p> <p>Any violations of this confidentiality requirement entitles the student to recourse - the student can take the case to the Committee dealing with victimization and harassment (see demand 5).</p>
Demand	What (deliverables)	Who	When	Student Response to first Faculty	How
4. Clarity and consistency about the procedure for students on ARV Post-Exposure Prophylaxis		Sipho Dlamini and SDSC	Friday 14 October 2016	<p>A lot of talk of policies but no plans on how these existing and new policies will be implemented and how this will be communicated to the various departments</p> <p>Student involvement in new policies</p> <p>Student leave for TB treatment should be individualised (case by case basis) and they</p>	<p><u>Needle-stick & splash injury policy:</u></p> <p>Students are advised to contact the following people after needle-stick: Clinical supervisor, course and year convener and student support. (Please see Keep Safe Booklet 2013 which outlines the processes and services available to students)</p> <p>PEP protocol to include accessing medications with better side-effect profile. For example, if at Mitchells Plain - then take whatever is available at that time but</p>

				<p>should commit to trying their best to ensure that the students have the support they need to get back into their various programmes</p> <p>Promise made a forum (28/9/2016) that the faculty would cover treatment for HIV and TB+</p>	<p>if student wants to change medications then they can access GSH clinic.</p> <p>Students must be allowed to take time off if they feel unwell. Illness caused by side-effects of treatment should be treated like all other illnesses. Students should consult a doctor, if this is the case. If they are not able to get a satisfactory response (especially regarding sick leave - they should contact the student support committee: Siphon Dlamini, Ayanda Gcelu, or Nonkosi Malala)</p> <p>They should be allowed to work half days without needing to make up the time. Alternatively, students should be allowed to make up the time on weekends. This will be communicated to all course conveners and we recommend that a standardised policy for sick leave for students be developed.</p> <p><u>TB Policy:</u></p> <p>Student leave for TB treatment should be individualised ("case-by-case basis") and they should commit to trying their best to ensure that the students have the support they need (via Student Development and Support Committee) to get back into their various programmes. Please see UCT FHS: Reducing the risk of TB in undergraduate health sciences for guidelines (Faculty handbook 2016, page 246 - 248) that clearly stipulate when and how students may return to class or work environment after starting treatment.</p>
Clarification:		SDSC	14 October 2016		The policy will be sent to staff and students by the SDSC by 14 October 2016
Demand	What (deliverables)	Who	When	Student Response to first Faculty	How
5. Clinical students to exercise the right to protest	<p>Oversight team at Deanery level from January 2017</p> <p>Interim team (until December 2016)</p>	<p>Overall responsibility: Dean</p> <p>Long-term oversight team: to be confirmed - suggested that this occurs through election</p> <p>Interim volunteer team: led by a senior staff member appointed by</p>	<p>Dean's statement: immediately (before university opens)</p> <p>Oversight team at Deanery level from January 2017</p> <p>Interim team (until December 2016)</p>	<ul style="list-style-type: none"> · Declare a clear stance from the faculty and clear about the fact that students have these rights and what will be done about victimisers · Make clear repercussions for staff who victimise 	<p>The task team recognises that there are multiple anxieties around the right to protest, and the potential victimisation that may occur in the following weeks. The task team is cognisant of these concerns, and of concerns related to academic assessment and performance. In line with the task team's Terms of Reference, however, our responses will focus and be limited to a direct response to demand 5.</p> <p><u>Immediate, short term responses:</u></p>

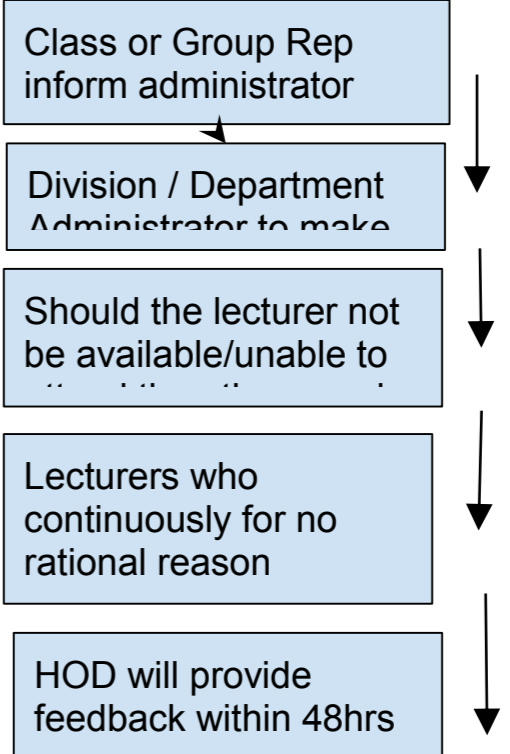
		the Dean in consultation with students		<ul style="list-style-type: none"> · Clarity on what the “student-staff engagement post-activism” · Professionals standards committee – date of when the review will happen, clarity on who is in it, can it be reviewed if necessary · Question of interim measures before long-term implementation of PSC · What needs to be done about staff not employed by UCT FHS 	<ol style="list-style-type: none"> 1. Statement from Dean to support both the rights to education and the right to protest - including statement about zero tolerance for victimisation, include information about impartial observers, to be issued on the day before university opens. 2. On the day that university opens, the Dean’s video-ed statement will be screened over campus (on lectures/ info screens) and recognise that the past weeks have been hard and emphasise zero tolerance. 3. Until the end of December 2016, A task team, consisting of volunteers and led by an agreed-upon member of staff will be available for students to report experiences of victimisation and link these students with the Dean and existing structures. After January 2017, this task will be taken over by the team established, as described under medium-term response 2 below. 4. The daily staff meetings at 13h00 will highlight the Dean’s statement and Faculty’s commitment to zero tolerance on victimisation. <p><u>Medium-term, long term responses:</u></p> <p>Instead of relegating this responsibility to the Professional Standards Committee, we suggest the establishment of a democratically elected, permanent team at Deanery level by the end of December 2016. This team will have rotating members of undergraduate, postgraduate and postdoctoral students, academic (GOB and SFARS) and PASS staff and workers. A prerequisite for membership of the team will be previous experience/ knowledge of decolonisation frameworks or processes. The team’s responsibilities will be:</p> <ol style="list-style-type: none"> 1. <u>Oversee the overall process</u> of achieving the resolution of demands proposed in this document and hold the Deanery accountable (this responsibility will be resolved once all recommendations have been met/ resolved, and students have agreed that this is the case) 2. <u>Monitor the learning and work environment in the faculty</u> for occurrences of victimisation, measured by reports by students and staff 3. Explore the feasibility of working with a additional team of selected and trained student and staff volunteers in the case of victimisation, offer immediate advice and support (telephonically or in person), and anonymously collect data about the incident. This data
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					<p>will be fed back into the team, and help in oversight and monitoring, and also to identify problematic, but also good practices</p> <p>4. The team will be linked to existing structures of student and staff support, to structures linked to addressing discrimination at HR level, to the PGWC and NHLS (to address issues related to jointly appointed staff), to the CCWG and the TEC and PSC, and hold these structures accountable for their responsibilities according to the existing policies on discrimination and harassment and assault.</p> <p>5. The existing procedures and policies related to discrimination, sexual and racial harassment, and the UCT code of conduct provide the framework, in combination with HR policies, to address instances of victimisation by staff.</p>
<p>6. Sensitisation education of Faculty staff and lecturers</p>		<p>Overall oversight: Dean Human Resources Manager for FHS (HR)</p> <p>Chair of the Faculty Ad Hominem Promotions Committee</p> <p>Chair of the Transformation Committee</p> <p>FHS representative of the Curriculum Review Working Group</p> <p>All Heads of Department</p> <p>Newly established oversight team</p>		<p>Mandatory training and specifically relating to FHS and health care</p> <p>Practically: needs to be an HR requirement ; should be included in the clinical performance review Who should be going to these sessions - all academic and administrative staff. We understand that not all teaching staff (eg registrars) are employed by the faculty, however, we feel that faculty should make every effort to engage these people due to their direct interactions w as well as the effect their behaviour has on patients. Should be an interactive workshop, panels from various groups . communities (eg. LGBTIA+) so as to encourage staff to engage with issues and individuals.</p>	<p>Given the complexity of the issues at hand, and the numerous stakeholders involved, and the fact that engaging in projects of decolonisation requires people to carefully reflect and, at times, change their worldview, there are no short term solutions for this demand. We recognise that there have been multiple attempts within the faculty to bring people together for dialogue and engagement around issues of transformation. However, it is clear from the students' experiences that have informed their demands, that further efforts towards substantive transformation and decolonisation in the faculty are warranted. We therefore believe that mandatory interventions, and accountability structures, play a crucial role in addressing this demand.</p> <p>Medium to long-term recommendations</p> <p>The sensitisation of students and staff is directly linked to the goal of decolonising the curriculum and the faculty more broadly. Both are interlinked, and decolonisation of the faculty cannot occur without a change in curriculum or institutional culture. Sensitisation efforts therefore need to also include curriculum change. We recommend that the Faculty Curriculum Change Work Group engage in the process to decolonise all curriculum within the Health Sciences. Practically, we suggest that a member of the CCWG is part of any review or revision initiative related to MBChB and each of the Health and Rehab curricula, with immediate effect. is to ensure that the knowledge about principles and theoretical framework that</p>

				<p>Continuity of process - the process of training should be continuously evaluated</p> <p>Training programmes should be designed by specialists in this field (eg. Specialists in gender, race etc. Issues)</p> <p>We recommend that the transformation committee is consulted in this regard</p> <p>Wording: does it apply to PASS staff and including all level</p> <p>Not be specified that it is mandatory for all academic staff including people not employed by UCT FHS Transformation committee working on a framework that should therefore be considered in these proposals.</p> <p>How they should initiate said dialogue with students.</p>	<p>underpin decolonisation are brought into these initiatives. This would support the Dean's Advisory Committee's decision to decolonise education in the Faculty.</p> <p>For students and staff who are interested in engaging in dialogue and discussion around decolonisation and transformation, informal facilitated discussion groups can provide an important learning space.</p> <p>Additionally, we recommend the following steps in order to institutionalise our commitment to decolonisation, and build competency and accountability in the existing Faculty structures</p> <ol style="list-style-type: none"> 1. Competency and knowledge in intersectionality and positionality, as well as of the relevant policies will become a requirement for all staff being appointed into management positions, and specifically HODs. Need to liaise with HR about how to enforce this. 2. FHS HR new staff orientation (academic and PASS staff) will training on competency and knowledge in intersectionality and positionality - need to liaise with HR about implementing this 3. Similar competency and knowledge in intersectionality and positionality training needs to be embedded across curricula. 4. The CCWG theoretical framework will need to be workshopped with all FHS departments to increase understanding among staff about the underlying reasons for student demands (between now and December 2016) 5. The FHS needs to recognise decolonisation efforts/ initiatives by staff (not only committee work), eg. in performance appraisals (to be added as category in HR175) and in ad hominem promotion processes. 6. Specific competency and knowledge in intersectionality and positionality training, facilitated by external experts, will be mandatory for departments identified by the oversight team. Finances will need to be allocated towards this. 7. Accountability mechanisms: data collected through the new oversight team, existing HR policies and disciplinary procedures - need to discuss about joint staff (PGWC and NHLS)
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					<p>These steps will also address the concerns raised in demand 15, on the need for a decolonisation of the construction of professional identity and eurocentric norms in this construction.</p> <p>Accessible information 'booklets' containing the relevant contact details and guidelines for responding to discrimination and victimisation must be produced and made available to all students and staff.</p>
Clarification: Request for training and booklet to be time bound					<ul style="list-style-type: none"> •The task team referred to under Demand 5, point 3 of the short term responses be tasked with creating the booklet as soon as the new pathways for dealing with victimisation is established. Available Information of existing contacts will be placed on vula at the beginning of 2017 and the booklet incorporating all information could be printed by mid-2017 so that it reflects the additional options for reporting. •Enquiry into existing options for sensitisation training was made through the Faculty Transformation Chair on the 3rd of October 2016. The FHS Transformation Chair, together with the group tasked with further investigating the delivery of this programme could then can draw on university resources to support the development and implementation of a Faculty programme. We will explore options for incorporating with HR by mid November. A plan for the way forward will be developed from this point into the beginning of 2017, with a view to implementation in mid 2017.
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
7. Recording of lectures	<ul style="list-style-type: none"> -E-learning Policy -Budget - R300 000 -Implementation Plan 	<p><u>Units Departments Responsible:</u> HSF IT manager - procure, install and maintain equipment. E-Learning Manager support and training of staff on how to use equipment. Policy & implementation plan in conjunction with task team including all Dept responsible for undergrad. & postgrad teaching</p>	<p>E-learning Policy - Dec 2016 Funding Phased from Jan 2017 Implementation from Jan 2017 Lecturers are encouraged to use lecture recording in venues that have equipment installed from October 2016 Interim short term plans Audit of existing resources and skills in departments / divisions Encourage use of existing teaching technologies Review existing policies / draft papers and amend</p>	<ul style="list-style-type: none"> •Different rules for recording of lectures e.g. contract staff (university copyrights the lectures thus owning rights to it, which might be a reason for staff resistance Review of this copyright clause – suggestion: should demand should be coupled with this) 	<p><u>We are proposing the following additions to the current e-learning policy:</u></p> <ul style="list-style-type: none"> •OPT-OUT - by default all staff, lecturers and guest lectures to be made aware that they will be recorded unless they opt out •UCT Copyright Policy Teaching/Course materials produced by staff - unless commissioned by UCT is owned by the author of that material.. Condition: perpetual royalty-free licence to use, copy and adapt for teaching and research. - See more at: (http://www.rci.uct.ac.za/rcips/ip/copyright/uct_copyrigh)

		Present policy to Faculty Board <u>Stakeholder Engagement</u> Students CILT Health Sciences Education Department		Proposal by deanery to communicate with the people involved in these matters on Upper	<ul style="list-style-type: none"> ●DISABILITY - include provision made for all disabled students - materials should be audited and made accessible to disabled students and staff ●Implementation Plan is an Appendix which could be amended at appropriate intervals (i.e. as technology evolves or funding is increased etc. etc) ●Work with "Online Education at UCT Draft Position Paper, 28 July 2016" as starting point
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
8. Post lectures on Vula prior to lectures	E -learning Policy Standard Operating Procedure (SOP)	<u>Units Departments Responsible:</u> HSFIT Manager E-Learning Manager Faculty Board Course Convenors All heads of departments and course convenors to be responsible – everyone involved should understand the policy and ensure the implementation <u>Stakeholder Engagement</u> Students CILT Curriculum Development	E - learning Policy - Dec 2016 Implementation from Jan 2017 Interim short term plans Message from <u>Deanery</u> to please ensure that slides presentation are uploaded prior to lectures, where available audio or amended presentations to be uploaded within 48 hours of lectures	<ul style="list-style-type: none"> ●Staff will be encouraged, versus making it happen ●Transparency about the policy to guest lecturers ●People who don't want to post the slides (e.g. as a specific approach to their teaching methods) should state it ●UPDATED (!) lecture slides ●BP and BHP lectures: ●Clinical teaching that is not lectures or from notes ●Opt-out system vs the current opt-in system of posting lectures on Vula 	<ul style="list-style-type: none"> ●E - learning Policy ●The policy to include Protocol / Methods for E-learning ●E.G. PRINCIPLES OF BLENDED LEARNING & FLIPPED CLASSROOMS 1. Learning outcomes for the course to be stated upfront 2. Time table for the course with the corresponding outcome to be stated 3. Necessary assessment for the course and weighting to be stated upfront 4. Content (slide presentations, notes, recommended readings, open source resources) to be uploaded prior to lectures as far as possible - in time to have this as a standard feature. Promote the use of existing appropriate open source resources such as YOUTUBE ETC. 5. Final presentations / slides or resources to be uploaded from actual lectures 6. HSF IT & E-Learning to provide necessary technical support - ALL lecturers are required to be familiar with basic function of Vula. 7. All lecturers to be aware of accessibility of their presentation for students w/ hearing and visual impairments. ●Policy to include that this is (agreed uniform FHS methodology) mandatory however that when lecturers or guest lecturers have any rational reason why they refrain from posting lectures or part thereof this can be mediated ●Training of all staff in E-learning pedagogy - BLENDED LEARNING / FLIPPED CLASSROOM ●BP and BHP lectures and obs and gynae can be used as an example of best practices. ●Clinical teaching that is not lectures or from notes can include learning outcomes and learning outcomes
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How

<p>9. Hold lecturers who miss lectures accountable</p>	<p>Process Protocol</p>	<p><u>Units Departments Responsible:</u> Division & Department Heads, Administrators & Course Convenors</p> <p>Human Resources</p> <p>Working group needs to be put together</p> <p>Unclear but placed emphasis on HODs and course administrators</p>	<p>End of October 2016</p>	<ul style="list-style-type: none"> •Online system could be easier and anonymous •Include a POA for repeat offenders •Clinicians need to have a minimum number of tutorial that they do 	<p>•Process Protocol</p>  <ul style="list-style-type: none"> •The number of tutorial hours should be as per agreed upfront and should not be reduced but rather rescheduled •Rescheduled tutorials needs to take place as soon as possible
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
<p>10. Clinical exposure integral from first year</p>	<p>Process and learning outcomes regarding off-site clinics</p> <p>Implementation Plan</p>	<p><u>Units Departments Responsible:</u> Head of departments & Course convenors</p>	<p>Policy Dec 2016 Implementation</p> <p>Plan phased in from Jan 2017</p>	<ul style="list-style-type: none"> •Suggestions: Need to break up students into smaller groups at a site at a time New sites (hospitals, clinics, schools etc) SHAWCO OT final years are paired with first years to supervise students but need to take time out of their clinical time → tutoring system Not adequately covered in meeting (to date) Interdisciplinary teams 	<ul style="list-style-type: none"> •Process and learning outcomes - Which sites? What to expect at sites (language, clinical outcomes, health promotion and community engagement) •<u>Example</u> •Briefing session for clinical visits to be conducted beginning each block/semester - e.g. ward rounds/OPD •Community Engagement lead by various groups will provide information sessions as per year or discipline of study •Health & Rehab to find sites where there is a presence of Health & Rehab clinicians to facilitate the clinical learning experience •Clinical visits determine the sizes of the group •Amend policy for clinical outreach to include more SHAWCO visits for 1st Year MBChB (min 2 from 2nd semester) and 2nd Year Health & rehab visits •Site visits scheduled with relevant information so students know <i>what to expect</i> and can plan their “clinical” learning outcomes accordingly

Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
11. Tutoring system	Tutoring Framework Tutoring programme - incentives and personnel	<u>Units Departments Responsible:</u> Health Sciences Education to develop framework for tutors	Tutor Framework completed and adopted by July 2017 Implementation from July 2017	<ul style="list-style-type: none"> OT final years are paired with first years to suDo teach the students and can come to senior for questions depending on individuals Certain site allocated to first years MBChB year 4 and 6 tutorials Upper campus: tutoring system → tutors are trained and remunerated for tutoring Clarity: For students who are struggling Not trying to mirror Upper campus but rather make this available and have incentives for tutor supervise students but need to take time out of their clinical time → tutoring system Not well-regulated 	<ul style="list-style-type: none"> Sites and learning outcomes to be planned in advance and reflected in the time table In combination with existing satisfactory teaching, detailed reference videos and practicals to be implemented with regards to the clinical skills Need for audiology hours - they have to do contact hours with the patient Sufficient practice time will given prior to assessment Hospital orientation to given in from second year MBChB for example observing how ward rounds are conducted and what are the theoretical best practice models Family medicine is good practice in the visit to OPD <p>Tutoring Framework to include:</p> <ul style="list-style-type: none"> How senior students can tutor junior students Incentives for student tutors Describing how the tutoring system works and when it happens Mechanism to develop a pool of volunteer tutors and a booking system Tutor students to attend workshops on tutoring/mentoring and get acknowledgement on the academic transcript Consider slots in the curriculum for group tutorial sessions
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How

<p>12. a. Mandatory recording of orals(12-16 related as they speak to flagging, prejudice etc)</p>	<p>A pilot project will be implemented in 2017 with video recording of OSCEs in G13 and F56 as shared Faculty space resources</p> <p>A pilot project will be implemented in 2017 for audio-recording of oral examinations, that do not involve patients, as well as the discussion and allocation of final marks (where there is more than one examiner, (if not done in G13/F56)</p> <p>The pilot project will include a review of costing, set-up, admin and technical resources, and other feasibility issues, as well as feedback from students, examiners and other stakeholders. Students have access to the recording in a similar manner to written examination papers. Guidelines to be in place to manage the process of review in the event of a complaint.</p>	<p>People responsible for overseeing implementation: Resides with the Assessment Committee: Chair: Prof Francois Cilliers Dep chair: Dr Rachel Weiss</p> <p>MBChB Year convenors</p> <p>Health and Rehabilitation Sciences (HRS) HoDivs/Programme convenors</p>	<p>Already implemented in CSD</p> <p>Piloted for all programmes, from 2017 onwards</p>	<p>Vague as to how this will be implemented Who is the committee and how they are selected</p> <p>Framework of one answer to a question → suggestion is that there be a workshop for the clinicians to teach them how to work through the examination process and not necessarily just expect one answer</p>	<ul style="list-style-type: none"> ●Assessment Committee initiated wide-ranging consultation with all course convenors who use OSCE and oral assessments earlier this year. ●Year and programme convenors to report to Chair of Assessment Committee by 31/10/2016 on what venues are used for orals and OSCEs and how many stations involved in each venue ●Undergraduate Assessment Office to report to Chair: Assessment Committee by 31/10/2016 instances of overlapping oral examinations ●Manager for eLearning to make recommendations on technical specifications for recording to Chair of Assessment Committee by 31/10/2016 ●Assessment Committee to prepare request for funding for Faculty finance office by 15/11/2016 to purchase recording equipment ●Faculty Finance office to place orders for equipment and installation by 30/11/2016 for installation as early in 2017 as is possible ●Assessment Committee to work with various stakeholders to develop processes for storage and distribution of data as well as recording review in the event of a dispute and actions to be taken. Proposal to be delivered by 31/03/2017 ●Oral/OSCE examinations to be recorded as soon as equipment is installed; most likely March 2017 ●Assessment Committee to designate a working group to work with examiners and students to review and report on outcome of pilot project implementation by 15/5/2017, and report to FUEC.
<p>Demand</p>	<p>What (deliverables)</p>	<p>Who</p>	<p>When</p>	<p>Student Response first faculty draft</p>	<p>How</p>

<p>12b A thorough breakdown of how the examiner arrived at the final mark</p>	<p>The following excerpt from Assessment Guideline 1: Oral and Clinical Assessments, approved via Dean's Circular MED08 16 p33 is relevant:</p> <ol style="list-style-type: none"> 1. Appropriate criterion-referenced scoring sheets should be used in all oral and clinical assessments. While it may not give a verbatim account of the student's responses, it will provide guidance to the examiner, serves as a record of the examiner's assessment for feedback and query purposes, and it will make the marking process more transparent to students. 2. In all cases where students are appraised to be borderline or below in a station, examiners must make brief notes about ways in which student performance would have resulted in higher scores. This will allow more detailed feedback to be provided that will hopefully allow the student to make optimal use of the extra time they are required to spend in the clinical setting should they be unsuccessful in an examination. 3. All scoring sheets used in oral and clinical assessments must therefore include a space for and instruction about providing feedback to borderline and failing students. Furthermore, guidance about providing written feedback to candidates appraised to be borderline or failing on any aspect of their performance 	<p>People responsible for overseeing implementation:</p> <p>FHS Assessment Committee MBChB Year convenors</p> <p>Health and Rehabilitation Sciences (HRS) HoDivs/Programme convenors</p>	<p>Guidelines to be presented as rules at next Faculty Board</p>		<ul style="list-style-type: none"> ● Publications on bias in oral and clinical examinations were distributed at the Assessment Committee meeting of 24/2/2016 ● A workshop on assessment for all undergraduate course convenors was held on 16/8/2016. This included a plenary presentation on Assessment: Challenges of a diverse student body by Prof Harsha Kathard and a workshop on Standardising oral and clinical assessments ● Departmental representatives on Assessment Committee were contacted on 7/9/2016 with regard to departmental reviews of scoring instruments and examiner training. Representatives to report on progress with the process of adaptation at Assessment Committee meeting 1/12/2016 ● Feedback systems on oral and clinical assessments and examiners were discussed at the Assessment Committee meeting held 14/9/2016. Recommendations from that meeting will be made to Faculty Undergraduate Education Committee and Dean's Advisory Committee for implementation in 2017.
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	<p>should be included in pre-examination briefings to examiners.</p> <p>These guidelines on oral assessment will be adopted as policy</p>				
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	<p>MBChB (IHS) To address breakdown of marks. There is a bank of standard questions and expected answers already listed for the examiners These questions have been reviewed in design team meetings.</p>				
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
13. OSCE mark sheets access for students	All OSCE/ OSPE/ SPEE/ FQE mark sheets should be available to students. Courses where this practice does not take place need to be reported in turn to the year convenor; programme convenor and to the Assessment Committee	Course convenors	Immediate	Course administrators who will facilitate the process of availing mark sheets - acceptable MBChB should look into examination framework eg Os and Gyne and Medicine in 6th year	<ul style="list-style-type: none"> ●Course administrators will be informed to facilitate the process of availing mark sheets ●Existing good practice that was identified by students, for example examination framework for Obstetrics and Gynaecology in MBChB VI, should be shared with course convenors
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
14. Student exam script review at no additional cost	We agree that there is no fee for reviewing exam scripts. Upon request from the student, the script will be scanned and sent to the student via email.	Course administrators	<p>Immediate</p> <p>In terms of the UCT Examinations Policy Manual and UCT Handbook 3 (Rules G24.1-G24.3) a student may apply before 3 Sept for first semester exams, and before 31 March of the following year for second semester exams for a copy of the script.</p>	<p>Having to apply and meet with course convenor to review the script but marks will not be changed following this process Request that they explicitly say there is no additional Clarity: To you pay request remarking and get reimbursed should there be a need to change marks Suggestion: Students then only pay after the service of marking and having found no corrections - less likely to challenge if one is financially insecure Allowance for remarks as an amendment</p>	<p>Students have a right to go through the marked scripts with the convener. This can be done in the convener's presence when students view scripts with lecturers as part of a learning experience. If the lecturer goes through the script with the student and recognises that the mark was unfair immediately after the exam, the lecturer may adjust the mark accordingly.</p> <p>Once marks have been finalised and external examiners and FEC have approved the marks no changes are done; however, lecturers must be able justify the marks given. If the lecturer goes through the script with the student and recognises that the mark was unfair the lecturer can have this changed by completing and submitting a "change of mark" form to Undergraduate Office, and is signed off by the Dean before uploading the new mark. There is no fee for this. Departments must be made aware of this; they may not refuse</p>

Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
15. Standardised guidelines to OSCE follow-up questions	<p>Agree that standardised guidelines must be drafted and piloted where they don't exist, as per oral assessment rules to be adopted (12b).</p> <p>Video-recording of OSCE to be piloted in 2017, in order to counter issues of examiner bias in OSCE based on dress codes and accent, and to ensure consistency and standardisation of questions and follow-up questions</p>	Assessment Committee HODs, heads of divisions and course convenors	Phased implementation and working with relevant course convenors	Vague response Missed the point which was the issue of Eurocentricity in the dress codes and expectations of how one should speak	Departmental representatives on Assessment Committee were contacted on 7/9/2016 with regard to departmental reviews of scoring instruments and examiner training. Representatives to report on progress with the process of adaptation at Assessment Committee meeting 1/12/2016
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
16. Role, guidelines and regulatory mechanisms of Examination Board	<p>The Faculty Examinations Committee (FEC) is chaired by the Dean or his/her representative and in FHS sub-committees conduct Exam Boards for various years of the different Programmes. The Chairperson is there to ensure that the process happens fairly and consults with course convenors to make decisions. The staff that is present at Exam Board include undergraduate office administrators (in servicing capacity only), student support and development office staff and course convenors.</p> <p>The rules for awarding supplementary exams are explained in the General Guidelines and Process for FEC and Subcommittees. However, we recognise the</p>	Course and programme convenors in each programme	Jan 2017		<p>Recommendation: Each course to develop a standalone document on their course assessment that details assessment information, including the requirements for passing a course and being granted a supplementary examination. These should be in line with UCT Assessment Policy but should provide greater detail regarding how decisions are made at the exam board. This document should be on Vula and available to students</p> <p>Students may nominate a staff representative to be present should they wish so</p>

	need for Point 5 (ii) to be clarified for students to ensure shared understanding.				
Clarification: This should be open to anyone who would like to take part, not just the HSSC or class representatives We request that an executive member of another faculty student council (not Science Council) sit on the exam board	Following precedent of where students are members of other committees e.g. RAC and Exam Board in Commerce - We will request that the composition of the Exam Board be modified to accommodate a student representative from another faculty on the FHS exam board				
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
17. Only failed courses should be repeated	We strongly support that students should not pay to repeat a course that they have passed. However attendance and participation will be required to maintain clinical skills. The cost implications of these components is being discussed with Student Administration. The time implications of these components will be brought to the curriculum review team, with strong recommendations to place these repeats into holiday time or electives where possible. Only failed courses should be repeated	Physiotherapy head of division Programme convener to review the progression rules for MBChB with consultation with students	For inclusion in the 2018 Faculty handbook	MBChB – will meet with curriculum review groups Suggestions for clinical year: Repeat the block with the class behind and continue with the rest of the blocks with your current year and eventually have one block to do in final year during the time set aside for electives (only OTs, Physios and MBChB do electives à possibly need a supervisor) Physio and MBChB elective is compulsory requirement Response is focused on finances à physiotherapy does not have to pay for passed courses	Structure courses around semesters so that only repeat the semester not the whole year. <ul style="list-style-type: none"> ●Explore split academic years and exam without attendance ●Look at the progression rules in the light of fee payment so it is not prejudicial ●Audit courses so that the fees are not so high.and clinical skills are maintained. ●Physiotherapy need to clearly communicate the change in progression rules that does not require them to repeat all subjects and ensure that additional fees are not paid ●Programme conveners need to counsel students about how best to deal with failures and to work out a strategy that is works for both

				<p>Not considering the issue of time</p> <p>Health and rehabilitation – students are currently having to pay for course that they are repeating contrary to reports and MBChB elective is compulsory requirement</p> <p>Response is focused on finances à physiotherapy does not have to pay for passed courses</p> <p>Not considering the issue of time</p> <p>Health and rehabilitation – students are currently having to pay for course that they are repeating contrary to report</p>	
<p>Clarification: We are amending our response which was not addressed in your latest amendment. We suggest that there be a chance for students who have failed a block, to</p> <ol style="list-style-type: none"> bring forward a proposed supervisor to facilitate them in making up that failed block, considering that supervisor is qualified and willing to do so. This catch-up block would take place in the winter or summer vacation and their examination would take place with the next block who 	<p>Audiology & Speech Language Pathology</p> <p>In 3rd year - if a student fails a block and needs to repeat it - which may impact on the ability to progress to 4th year- the repeated block can be scheduled during the vacation, except if it is a school block - as school holidays coincide with UCTs June vacation time.</p>				

<p>would then be writing on the same block as the one the student failed. This would mean that the student in question write 2 sets of exams/ this prevents students from repeating an entire year due to one or two failed blocks. This would be applied to students who have failed two blocks as repeated blocks will not need the full 4,5 or 8 weeks (which is inclusive of all years across all degrees) because lectures will not need to be repeated.</p>	<p>The school block could be repeated in November after exams if arrangements can be made with the sites. - Other blocks could be repeated in June after exams if arrangements can be made. The block could be shortened provided that the expected learning outcomes are achieved in the shorter period.</p> <p>4th years - Currently if a student fails a block in 4th year - they complete the block in Feb to March of the following year and once they pass the exam within 1 to 2 weeks of completing the block, they can begin community service immediately thereafter i.e. 1 April.</p> <p>Occupational Therapy</p> <p>Won't have to repeat a block if they fail –as the block mark goes into the coursework mark. They would repeat a block only if they have to repeat the course</p> <p>Physiotherapy</p> <p>Marks are added up across blocks and the final mark is used to determine pass or fail. They don't have to pass all blocks but the final mark must be a pass mark.</p>				
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	<p>MBChB</p> <p>The course convenors will be consulted and requested to respond by 30 November 2016. Responses will be added as addenda by 12 December 2016.</p>				
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
18. Adequate studying time between exams and supplementary exams	A broader discussion must be held with course convenors to facilitate this process	Course convenors, HoDs	Immediate: next week for 2016 As part of the curriculum review process for long-term solutions	NO HOW in place for students who will fail this year → we need a concrete framework of how this will be done	<ul style="list-style-type: none"> •HRS: Exams in Nov with supplementary exams in January 2017 . For final year students who are graduating this time will be negotiated with the students. June exams are followed by the supplementary exam in July •MBChB for discussion with course and year convenors
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
19. Flag system: transparent, flagged students should be informed	<p>Agree with recommendation to use neutral word: “identify”</p> <p>Agree that nature of information in file will be as per annexure</p> <p>Student should provide consent for any reports on interactions with them</p> <p>Information shared in confidence will not be put on record unless the student has provided consent</p> <p>Note: it is in students’ interests to keep the file comprehensive. Any file with confidential information is kept under lock and key in Student Development and Support Administration Office and a very limited number of people on the SDS have</p>	<p>Student support Committee Chair</p> <p>Student Development and Support Administrator</p> <p>Faculty Undergraduate Education Committee to communicate this to programme and course convenors</p>	Immediate	<p>Acknowledge the need to provide student support</p> <p>Word “flagging” is problematic - we propose “identify”</p> <p>The items listed on annexure should be the only thing on the file and not any other facts and information, especially that which was shared in confidence</p> <p>Can a student be allowed to consent for report of interaction</p> <p>No resolving of factors identified in current system which thus follows them throughout their career</p>	<ul style="list-style-type: none"> •Policies for Academic Support and Non-Academic Support to be reviewed and updated by the Faculty Undergraduate Education committee •Faculty Undergraduate Education Committee to inform all colleagues on how to manage process relating to academic and non-academic support including appropriate terminology, consent process, records to be maintained •Policy regarding Student Support must be circulated to all staff for information and clarification of appropriate structures by relevant student support committee member in each programme

	<p>access to it, as part of processes to support students, for example to verify students' claims in their RAC appeals that they have reported difficulty to this office at the time.</p> <p>Students already have access to their file to review inclusions and this should be made known</p> <p>Issues resolved prior to graduation are not reflected on transcripts</p>			<p>Information being set to different sectors</p> <p>Which records are shared</p>	
Demand	What (deliverables)	Who	When	Student Response first faculty draft	How
20. FHS exam timetables are given timeously	Agree that FHS exam timetables are given timeously; recommend that standard document is put on Vula for every course with assessment information at start of course (point 16)	Course administrators	Immediate	<p>Need to also have Vula email notification that corresponds with PeopleSoft</p> <p>Suggestion to put it up on a board</p> <p>Adequate time be given to students should timetable change</p>	Vula email notification to be sent by course administrator when timetable uploaded to Peoplesoft Should the timetable change, there should be negotiation with students regarding the new date

Cluster 5: Transport and Safety

Deliverables:

- Terms of reference for transport review
- Standard operating procedure with regards to safety plan and communication system
- Re-evaluated contracts for drivers
- New booking system
- Updated transport policy
- Updated safety documents for students

DEMAND	WHO	WHEN	STUDENT RESPONSE TO 1st DRAFT	WHAT AND HOW
<p>21. Transport review (Covers demands 22 to 23 and partially demand 24)</p> <p>Transport challenges:</p> <ul style="list-style-type: none"> ● Inadequate resources ● Inadequate budget ● Working conditions – drivers ● Lack of transport where needed ● Post call ● Certain sites not ● Booking system (convenor driven) (Demand 23) ● Daily conflict situation arises ● 4th and 5th year on call need transport ● Indicate to convenor if transport is needed/block ● · Areas where students wait are not safe ● “keep safe” and “don’t panic” documents need to be reviewed and updated and sent to ALL students ● Student briefing in conflict situations needs to be done regularly ● Emergency hotline needed: security/ambulance 	<p>Task Team members: Siwe Toto Faizel Jardine Dehran Swart</p> <p>Student reps: Sipho, Wesley, Philile, Sam</p> <p>Coordinating group - Faculty transport committee: Dehran Swart Reece Brooks Vivienne Norman Shahieda Sadien Noor Parker Tau Setho</p> <p>Technical reference group: Eliza Hui (Faculty Finance)</p>	<p>Two weeks from the first day back (if commencement is on the 3rd of Oct 2016, then first meeting should be 17th and 21st Oct; if commencement is on the 10th of Oct; then the first meeting would be around the 24th to 28th of Oct 2016).</p> <p>Review itself should take about +/- 2 months (final proposed date: 9th of Dec 2016)*.</p> <p>*The terms of reference and scope of review will influence the dates and duration</p>	<p>None</p>	<p>Review (Establishing Terms of Reference):</p> <ul style="list-style-type: none"> ● Review of sites and routes ● Investigate the role that CPS may play in the assessment of safety at each site (Liaise Johannes Jacobs) - the review team ● Developing a Standard Operating Procedure by D Swart (30th of October 2016) <ul style="list-style-type: none"> ○ Safety structure per site ○ Communication system should be put in place (faculty, site, community, SAPS) ● Liaising with other university partners such as departments/ projects in other faculties, e.g. the Schools Improvement Initiative. <ul style="list-style-type: none"> ○ Capacitate school gate operators <p>Review of student safety while in transit or off-campus</p> <ul style="list-style-type: none"> ● Active listening to drivers and students concerns ● Drop off closest entrance ● Secure holding areas for vehicles and safe waiting areas for students <p>Review of transport policy</p> <ul style="list-style-type: none"> - Communication between course convenors/site facilitators and transport committee <p>Review of Costing</p> <ul style="list-style-type: none"> - Review the complete cost of transport - Investigate the cost of compensating students for use of their own private cars if there is no faculty transport e.g. Hout Bay for CSD & OT students; Visit to General Practitioners for 4th year MBChB students - Investigate the cost of hiring from car rentals. <p>Review of Drivers’ contracts</p> <p>Review of the booking system</p> <ul style="list-style-type: none"> - Transport should be booked by course convenors/course administrators for all students within that block (students can opt-out if they wish to use their own transport).
22. Transport to be available for all clinical block activities	See above	See above		See above
23. Transport booking to close on Friday of the preceding week	See above	See above		See above

24. Refuse to partake in academic activities where our safety cannot be guaranteed	Dehran Swart Reece Brooks	Refer to S.O.P in demand 21		<ul style="list-style-type: none"> ● There should be guidelines. <ul style="list-style-type: none"> ○ Review communication strategy (part of S.O.P) ○ Mr D Swart's numbers will be made available to all students ○ Review the use of branded buses ● Develop a central registry of incidents to determine risk patterns (30 Nov 2016). ● Student briefing and debriefing in conflict situations ● Develop an emergency hotline (could be through whatsapp) <ul style="list-style-type: none"> ○ (Security, ambulance) ● Review of 2 documents (Keep Safe & Don't Panic)
25. FHS transport drivers demand an income increase comparable to that of the Jammie drivers (post-insourcing)	Naeema Brey Reece Brooks	Naeema Brey was emailed on the 30th of Sept 2016 about what stage the HR process is in.		<ul style="list-style-type: none"> ● HR docs regarding transport ● Faculty drivers are at a lower payclass than Jammie drivers ● Currently an HR review of Job descriptions ● Benchmarking process should be a transparent process – students would like to know the process for this

DEMAND	WHO	WHEN	STUDENT RESPONSE TO 1st DRAFT	HOW
26. Remove monthly compounding of interest in outstanding fees after June	Prof Mayosi, the Dean of the Faculty of Health Sciences	Report back 30 October 2016	<ul style="list-style-type: none"> ● UCT only institution that does not require registration and thus the MIP is needed to get a cash flow 	Exceptions to the rule of paying the interest of an outstanding balance could be explored by the Dean's office, through the Financial Aid Office and Finance Department to ease the hardship.
27. Dismantle the minimum initial payment (MIP) payable by February	Prof Mayosi, the Dean of the Faculty of Health Sciences	Report back 30 October 2016		<p>Student feedback</p> <ul style="list-style-type: none"> ● UCT only institution that does not require registration and thus the MIP ● MIP needed to get a cash-flow <p>This is an issue for UCT Central Finance. Unless the funding model for universities change, such that the government subsidy is paid earlier or on a monthly basis, this is likely to remain. These monies are needed to cover the costs of the initial academic year.</p> <p>The Dean will explore this problem along with the compounding interest that causes hardship to students who are struggling with mounting debt.</p>
28. Increase in funding	Prof Mayosi, the Dean of the Faculty of Health Sciences	With immediate effect and ongoing. Relationships will need to be built over a long period of time.		<p>Student feedback</p> <ul style="list-style-type: none"> ● Approach organisations that the faculty is associated with for funding ● MBChB tends to have more funding than Health and Rehabilitation ● Suggestion: find external bodies that specialise in raising funds ○ UCT currently have someone in office but does not seem to be working efficiently ● This role needs to be investigated ● The Faculty should approach the private companies who will employ graduates in the future, pointing out the existing contribution of the Department of Health and need for the private sector (private healthcare and medical aids) to contribute similarly to the training of their future health professionals both doctors and rehabilitation professionals. This should be included in both their SETA and CSI responsibilities.
29. Hidden costs - this needs to be made clear to them well in advance	Prof Perez, Deputy Dean of Undergraduate Studies HoDs Course convenors	Reviews linked to the 2017 Course Handbooks	<p>Informal student feedback was given about:</p> <ul style="list-style-type: none"> -Paediatrics: Paeds surgery book Rheumatology: Free (also 4th year book) 	<p>There needs to be consistency and application reflecting the University policy that all costs are included in the fee structure.</p> <p>Where possible, Faculty will include these costs in course fee structures so that students do not need to pay at point of entering the course.</p>

	<p>Faculty Manager: Academic Administration</p> <p>Manager: Undergraduate Academic Administration</p>		<p>Ophthalmology: Pay for lectures notes by course convener</p> <p>Orthopaedics: Free</p> <p>Trauma: No notes / learning objectives given.</p> <p>General surgery: Given</p> <p>Neurology: Free (Received in 3rd year)</p> <p>ENT: No lecture note - reader</p> <p>Dermatology: no lecture notes reader</p> <p>Gynaecology: Free</p> <p>Urology: No lecture notes reader</p> <p>Bones: R200 deposit is not a problem, but students need to be told at the beginning of the semester as may lead to awkwardness in team relationships.</p>	<p>Each department is asked to solve the problems related to their course, include this within their 2018 budget cycle, and apply for these costs to be included in the 2018 fees. Where this is impossible including for 2017, these costs need to be scheduled at the beginning of the year and distributed with the course handbook. The Deputy Dean: UG needs to consider whether each cost is warranted.</p> <p>Staff members of the university should not be charging for intellectual property in terms of teaching materials. (This may be difficult with certain ad hoc lecturers e.g Sign language).</p> <p><i>Students agreed to provide a list of courses where there are hidden costs such as notes and transport.</i></p>
30. Students on Grace Period - Residence	<p>The Dean</p> <p>Manager: Undergraduate Academic Administration</p> <p>Administrative Assistant: SDS</p> <p>Administrative Officer: SDS</p>	30 October 2016		<p>The Grace Period refers to the time between the start of Faculty of Health Science's academic year and the sitting of the Appeals Commission for Financial Exclusion in mid February.</p> <p>Students start in residence at the beginning of the year, and when there is a difficulty in payment, they are told to leave the residence even though an Appeal is pending. When the Appeal is successful the student loses their residence space. In addition, this is traumatic for students who are trying to study while waiting for the Appeal Committee Decision.</p> <p>1) Advocacy to Student Housing that no student whose appeal is still yet to be considered is yet to be considered by the Appeals Commission for Financial Exclusion forced to leave their residence, prior to the decision.</p> <p>2) The Faculty Support Office should assess in September how many students are likely to have difficulties with their fees and reserve places accordingly in the Medical Residence. These places are for students who are awaiting decision from Financial Exclusion Appeals Committee in February.</p>
31. Access to student cards during the Grace Period	<p>The Dean</p> <p>Manager: Undergraduate Academic Administration</p> <p>Administrative Assistant: SDS</p> <p>Administrative Officer: SDS</p> <p>Vula support team</p>	Immediately	<p>The answer only speaks to the term deactivated which does not deal with the problem that students experience. We understand that the cards are not reactivated but the issue with having third party access is that it is humiliating and very inconvenient to have to sign in to access campus and have to explain at</p>	<p>During the Grace Period the access card must be extended to all entry points that undergraduates need to access including the residence points.</p> <p>Students must have third party access to Vula that allows access to all resources including the capacity to submit assignments.</p> <p>Given that the academic year starts earlier, standard students services are not available. Students also are attending class all day and are often off site. Therefore there are specific needs to assist them to consult the Financial Aid Office.</p> <p>The Dean to investigate the feasibility of having a representative from the Financial Aid Office available on the Health Science campus. This could be at specific times across the week during the critical periods at the beginning of each Health Science</p>

			<p>every turnstyle why your student card does not work. We are aware that this is an administrative issue but we would like to have the faculty do more for students on grace period as this is in actual effect financial exclusion.</p> <p>A suggestion is that we have a branch of the fees office on health science campus so that students do not have to travel and wait or prolonged periods at fees office only to be referred to another administrative branch.</p>	<p>semester. The Faculty must provide appropriate office space that will enable services.</p>
32. Transcripts	Administrative Officer: SDS	Already in place	Transcripts (official) should be made available to all students at no additional cost.	During the academic year, when official transcripts are not available as the year mark has not yet been compiled, unofficial transcripts will be made available upon request to the Student Support Office. These copies require a university verification stamp and will be made available at no additional cost. The official transcripts will be made available on People Soft.
33. Fee breakdown	Deputy Dean: Dr Reno Morar Prof Sue Kidson	The dates of presentations are below. The team will be available for further enquiry / clarification.		<p>The students are seeking a logical explanation for the various fees, including across years as there does not appear to be consistency. E.g. a two week rotation and a 6 week rotation being charged at similar rates</p> <p>A 2 hour presentation with each programme will include the national framework of funding universities, UCT framework and the Faculty Fee Framework.</p> <p>The presentation slides will be given to respective programmes 2 days before the presentation. The team will be available to return to the programme for clarification.</p>
34. Appeals Commission	Prof Mayosi, the Dean of Faculty of Health Sciences		We would like to have the faculty be more proactive in finding students who are having difficulty paying their fees.	<p>This is already in place where the SDS Office works with Deputy Dean: UG Education on this.</p> <p>An early warning system to achieve do so may be discussed with students and staff to establish a process that is feasible and respectful to all concerned.</p>

Programme Fees Presentations to students

Division	Presenter	Date	Time	Venue
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Physiotherapy	Dr Reno Morar and Prof. Sue Kidson	Tuesday, 11th October 2016	15:30 - 17:30	Common Room, F56, GSH
Occupational Therapy		Wednesday, 12th October 2016	15:30 - 17:30	Common Room, F56, GSH
MBCHB		Thursday, 13th October 2016	15:30 - 17:30	Wolfson Lecture Theatre
Speech and Language				
Audiology		Friday, 14th October 2016	14:30 - 16:30	Wolfson Lecture Theatre
Staff		Thursday, 20th October 2016	14:00 - 16:00	Wolfson Lecture Theatre

A Note on Smaller Task Groups

To address the larger series of demands in a thematic way smaller groups were set up to address clusters of demands that linked to specific concerns. These groups were organised around the following themes:

1. Student Health
2. Student and Staff Engagement
3. Teaching and Learning

4. Assessment
5. Transport and Safety
6. Finance and Fees

For the second version of the report each member of the task team was asked to read through the entire document and to then confirm with the smaller group members that they were satisfied that their section was as complete as possible. Throughout the process students were engaged as required. Following are the composition of members who sat on the different smaller groups:

<p>1. Student Health</p> <p>Sipho Dlamini Ayanda Gcelu Rudzani Muloiwa Gillian Ferguson Nonkosi Malala Leanne Brady</p>	<p>3. Teaching and Learning</p> <p>Amaal Abrahams Jill Fortuin Abrahams Amshuda Sunday Nicole Withers Jerome Corns Judy Mackenzie</p>	<p>5. Transport and Safety</p> <p>Siwe Toto Dehran Swart Faizel Jardine</p>
<p>2. Staff and Student Engagement</p> <p>Roshan Galvaan Alexandra Muller Lance Louskieter Lorna Olckers Carla Tsampiras</p>	<p>4. Assessment</p> <p>Francois Cilliers Vivienne Norman Shajila Singh Liesl Peters Patience Zantsi Sibusiso Buthelezi Rachel Weiss</p>	<p>6. Finance and Fees</p> <p>Sarah Crawford Browne Lebo Ramma</p>

Thank you

Thank you to the students for their ongoing commitment and engagement throughout the process; all the members of the task teams (first and second); all the staff who provided administrative support; and the other people who provided moral support.

APPENDIX A: An approach to ensuring that lectures take place as scheduled

The approach adopted for Clinical Sciences in the Department of Health and Rehabilitation Sciences (Appendix A) serves as an example of good practice, and has been adapted here as a starting point for discussion by FUEC and the DAC:

1. An effective course administrator is the key to a successful system.

2. Lecturers should be reminded of the lecture by the administrator at least once and final confirmation of place and time should be done on the Friday before the lecture is due.
3. All lecturers should have the administrator's contact details and cell phone number in case of emergencies, so that the administrator can be notified as soon as it becomes evident that the delivery of a lecture will be delayed or postponed.
4. When notified by a lecturer of a problem, the administrator can use communication channels as agreed with the class e.g., WhatsApp the class representative and follow this with an announcement on Vula, as soon as they are notified of a problem.
5. There must be good communication between the class representative and the administrator. Each should have the other's cell phone number.
6. When notified by the course administrator of a problem, the class representative should inform the class using an agreed medium of communication e/.g., WhatsApp group, of the issue.
7. It should be communicated to students at the beginning of the year and repeatedly on the possibility that some consultants may be called to a patient emergency and that they must wait 20 minutes so that if the lecturer can get there, the lecture can still take place.
8. Students should be assured that lost lecture time will be made up and that the lecture will not count towards the attendance percentages where these are a requirement in a course or block.
9. Should a lecture not be delivered, then the course administrator should communicate to the class representative and via an announcement on Vula when the rescheduled

FIRST TASK TEAM RESPONSE TO STUDENT DEMANDS

UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH SCIENCES

RESPONSE TO STUDENTS' DEMANDS: A PROPOSAL FOR ENGAGEMENT

The Faculty of Health Sciences received the list of student demands and noted, with concern, the serious underlying student experiences which have contributed to student frustration and pain, inequitable learning opportunities, and lack of security of person and assessment processes. We deeply regret that these matters persist and commit ourselves, as a Faculty, to sustained engagement to redress the deep underlying issues and to create an environment that offers each of our talented, remarkable students the opportunity to grow, flourish, have a university experience that is positive and become the audiologist, doctor, occupational therapist, physiotherapist, or speech language pathologist that she/ he dreams about.

This document reflects joint responses to Health and Rehabilitation Sciences and Medical students - where there are differences, these have been reflected. The responses contained in this document are an initial proposal for action and we, as the Faculty, welcome further discussion and feedback so that the plans can be further refined. We wish to assure you that there will be monitoring of our progress on each of the matters raised.

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STUDENT HEALTH

Demand 1:

The Faculty of Health Sciences should pay for the Hepatitis B vaccinations for first year students on financial aid.

Demand 2:

A clinic for Health Science students is to be set up on campus offering basic healthcare services such as HIV testing with an adequate number of resident psychologists.

Demand 3:

Psychologists in the clinic should be more representative of the student body.

Demand 4:

There should be clarity and consistency about the procedure for students on ARV Post-Exposure Prophylaxis as some blocks require the student to still attend classes and activities and others do not. The same should be done for students on TB treatment.

STUDENT AND STAFF ENGAGEMENT

Demand 5:

For clinical students to fully exercise their right to protest without victimisation. We as clinical students of all Health Sciences disciplines therefore demand our right to protest and to protection.

Demand 6:

Sensitisation education of Faculty staff and lecturers on issues including but not limited to race, gender, sexuality, transphobia, class and ability (ableism).

TEACHING AND LEARNING

Demand 7:

All lectures are to be recorded and publicised to students.

Demand 8:

Lecture slides should be posted on VULA prior to the commencement of lectures to allow students time to prepare for the lecture.

An emphasis is placed on the BHP and BP lecture slides and LOs being released before lectures and tutorials.

Demand 9:

Lecturers who miss scheduled lectures should be held accountable and should face repercussions from the Faculty.

Demand 10:

Clinical exposure should be an integral part of the curriculum from first year.

Demand 11:

A tutoring system is to be in place for all years of study and management should provide some form of incentive for student tutors.

ASSESSMENT

Demand 12:

Mandatory recording of oral examinations and a thorough breakdown of how the examiner arrived at that particular mark.

Demand 13:

Students should have access to OSCE mark sheets.

Demand 14: De

Examination scripts are to be handed back to students for review at no additional charge, in the interest of transparency.

Demand 15:

OSCE follow up questions should be standardised and clear guidelines should be given on how markers are to arrive at a final mark. This is to ensure that students cannot be marked down as a result of their appearance or accent. That steps be put in place to obviate perceived and real possibility that student appearance may lead to bias in teaching and examinations.

Demand 16:

To reveal what the role of the Examination Board is, who sits on the Board, the guidelines followed, and what regulatory mechanisms are in place to ensure the best interest of students.

Demand 17:

Students demand that only failed courses should be repeated and not the entire year.

Demand 18:

Time for adequate studying is to be made available between the final exams and the supplementary exams for failed blocks in clinical years.

Demand 19:

Flag system to be transparent and students should be informed if they are flagged.

Demand 20:

FHS timetables should be received timeously, allowing students enough time to prepare. Timetables should be published at least a month before examinations begin.

TRANSPORT AND SAFETY

Demand 21:

A call for a transport review with students, Dean team, drivers and the Operations Department.

Demand 22:

Transport is to be made available for all clinical block activities that students are expected to attend. Safety is a concern for students and they feel safer in university organised transport.

Demand 23

Transport booking must close on Friday of the preceding week and not Wednesday. The booking system needs to be evaluated as students have issues with the current system.

Demand 24

We refuse to partake in academic activities at sites that cannot guarantee our safety – students should be given the right to request additional security if they feel unsafe.

Demand 25:

Bus drivers demand a pay increase similar to the increase received by Jammie drivers, post insourcing. These drivers drive in dangerous areas late at night and also feel that their safety is at times compromised when fetching students from various sites.

FINANCE AND FEES

Demand 26:

To remove the monthly compounding of interest on outstanding fees after June.

Demand 27:

To dismantle the minimal initial payment (MIP) by February and extend our period for payment to the end of the academic year.

Demand 28:

Students on grace period are to be housed at medical residences. Students cannot fulfil their academic responsibilities without their right to adequate housing as stipulated in Chapter 2 of the Constitution of South Africa.

Demand 29:

Student cards of students on grace period are not to be deactivated.

Demand 30:

The Health Science faculty is to increase funding to assist all students who are unable to pay their tuition fees. The faculty should put pressure on private companies, particularly private hospital groups for funding.

Demand 31:

Transcripts should be made available to students with outstanding fees as these students will need these transcripts to apply for financial aid.

Demand 32:

Hidden costs (e.g. additional transport costs that students need to pay from their own pockets) in blocks should be fully disclosed before students commence with the particular block and the Faculty should cover these costs for students who receive gap funding.

Demand 33:

The implementation of an appeals commission for financial exclusion of Health Sciences students.

Demand 34:

Fee breakdowns are to be transparent. Each course is to give an account of how the final amount is reached and for these details to be available to students for commentary and review.

STUDENT HEALTH

STAFF WHO HAVE INDICATED A WILLINGNESS TO FACILITATE THE PROCESS WITH STUDENTS:

1. Dr Ayanda Gcelu (lead staff member)
2. Assoc Prof Shajila Singh (lead staff member)
3. Prof Collet Dandara
4. Dr Muazzam Jacobs
5. Dr Karen Fieggen
6. Dr Armin Deffur
7. Dr Chivaugn Gordon

8. Dr Liz van der Merwe
9. Dr Rachel Weiss
10. Assoc Prof Marc Blockman
11. Prof Vanessa Burch

STAFF WHO COULD PROVIDE ADDITIONAL EXPERT/TECHNICAL INPUT INTO THE PROCESS:

1. Clinical infectious disease expert: Dr Siphon Dlamini
2. Policy drafting: Ms Brenda Klingenberg
3. Examinations timetabling: Mr Jason Stoffberg
4. Budget development: Ms Eliza Hui and her team
5. Health issues: Assoc Prof Marc Blockman
6. Assessment: Assoc Prof Francois Cilliers
7. Student Support: Dr Ayanda Gcelu and Assoc Prof Marc Blockman

Demand 1:

Faculty should pay for the Hepatitis B vaccinations for first year students on financial aid.

Response:

Faculty are in the process of implementing a new policy as of 2017. This will make provision for the payment of hepatitis B vaccination for all first year students on financial aid.

Current situation:

Rule in Undergraduate Faculty Handbook under General Rules:

Hepatitis B immunisation

- | | |
|---|--|
| F | It is compulsory for all undergraduate students to have received a full course |
| G | of Hepatitis B immunisation by the end of July of their first year of study. |
| U | Students will not be permitted to register for the second year of study until |
| 3 | they have submitted to the Faculty Office written proof that they have received a full course of such vaccination. |

- a. The attachment to offer letters for new students includes the above rule.
- b. In early March each year, Ms. Lyndsay Williams in Undergraduate Student Support office sends a group email to all first years informing them that they need to go for Hepatitis B vaccinations if they have not done so yet, and that they must have had three vaccinations before the end of July. Students are told where they may go for Hepatitis B vaccination. They are advised to submit documentary proof of such vaccinations to Ms Williams who sends regular reminders.
- c. Students are not permitted to register for 2nd year until they have submitted such proof.

d. An arrangement was made during 2016 for students to go to the UCT Private Academic Hospital every Wednesday between 13h00 and 16h00. However, this proved challenging since the two nurses on duty were not always available or students did not have time to queue since they had to get back to academic commitments.

Cost:

The cost varies but is approximately R360 for three vaccinations. Students hand in receipts for the vaccinations to Ms. Lyndsay Williams who arranges for students to be reimbursed. Students who cannot afford the inoculations up-front can apply to be assisted financially from the student support fund in the Dean's office. Student fees include the cost of the vaccinations so that the Faculty is, in turn, reimbursed.

Plan for 2017 going forward, pending student input:

- a. Continue to inform successful applicants of the requirement in offer letters but reflect that the Faculty will offer and pay for the vaccinations to students who have not had vaccinations by the time they register.
- b. In-house vaccinations, paid for by the Faculty, will be available w.e.f. 2017.
 - i. A team (chaired by Dr Delva Shamley) is in the process of arranging periods after registration at the appropriate times (1 - 2 months apart for each vaccination, depending on the vaccination drug that is used) to offer vaccinations in Francis Ames or another Faculty venue.
 - ii. Certificates will be provided for each student.
 - iii. The venue and arrangements for the subsequent boosts are being arranged by
 - Associate Prof Singh, Associate Professor Galvaan, Dr. Maart, and Mrs Norman for Health and Rehabilitation Sciences students
 - Drs Gunston and Bugarith for MBChB students
- a. Faculty will be responsible for payment. Where students have paid for vaccinations themselves, they will be reimbursed, as is presently the case.
- b. Advertise the schedules for the vaccination process during and after Orientation (posters, Vula, Orientation leaders, email reminders)
- c. Information to also be included in the Don't Panic handbook (on Vula).

Responsible person:

Dr Delva Shamley

Timeframe:

All arrangements will finalised by the time 1st year registration commences in 2017.

Demand 2:

A clinic for Health Science students is to be set up on campus offering basic healthcare services such as HIV testing with and an adequate number of resident psychologists.

Response:

There is no current policy that directly speaks to student access to health-related services for FHS students other than the general policy for all UCT students. A policy for, and a plan to effect additional health care services for all Health Sciences students' needs to be developed.

Current service

- a. Currently all services are offered through Student Wellness which is based on lower campus at UCT.
- b. Students who are diagnosed with tuberculosis are referred to Chapel Street Clinic.
- c. Students who require post-exposure prophylaxis (PEP) currently attend the Staff Health Clinic at GSH.
- d. Students have access for psychological support through Student Wellness based at lower campus.
- e. There are additional psychological support services for Health Sciences students two days a week (an extra 10 hours per week) at the Falmouth Building on FHS campus.

Early investigation into anticipated costs:

Such a service will need to review factors, including, but not exclusively

- a. Physical space (with all the necessary infrastructure)
- b. Nurse Practitioner (annual salary of R300 000) based on full time employment
- c. Doctor part-time (annual salary)
- d. Psychologist, as referred to later
- e. The estimated cost of tests that could be offered are in the order of:
 - i. GeneXpert R1125.00
 - ii. HIV test R192.00
 - iii. Full Blood Count R157.00
 - iv. ALT R80.00
 - v. ALP R78.00

Proposal for further discussion by students and other role players:

- a. FHS develops a policy with student input regarding health care services for FHS students (UG and PG). This policy should outline the services that can be provided, the cost of such services, the hours of operation and where these services will be located.
- b. Students who are on financial aid should be subsidised by the University and all other students to pay for their own services.
- c. Free service to focus on TB testing and HIV testing.

- d. Service options to be explored could include
 - i. A nurse practitioner driven service located either at FHS campus, offsite (close by). The team would include a supporting Doctor.
 - ii. Use of the Staff Health Clinic service at GSH /RXH. The GSH option is currently being explored.

Suggested next step:

Students are encouraged to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible person:

Dr Ayanda Gcelu

Time frame:

End of October 2016 for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 3: Psychologists in the clinic should be more representative of the student body

Response:

FHS agrees that this is desirable and mechanisms for addressing this outcome need to be put in place.

Current service:

The service is provided by UCT Student Wellness. As a part of that service, we have two white female psychologists who each provide 5 hours of services on the Health Sciences campus twice a week.

Cost:

Currently, Student Wellness covers the payment for the Clinical Psychologists. The salary is R145 656.00 with office expenses (space, stationery, telephone etc) at R 24 744.00 for a total of R170 400.00.

Proposal for further discussion by students and other role players:

- a. The Department of Psychology (at UCT) has been contacted and three potential candidates have been identified. Their interest in working with UCT FHS to be determined.

- b. Prof Cathy Ward (Head of Psychology) has indicated that Student Wellness has recently been joined by Nokwanda Khumalo and she will be contacted to determine whether it will be possible for her to engage with our students.
- c. In conjunction with the request for a resident psychologist: Identify, recruit and hire psychologist/s reflecting the diversity of the student body.

Suggested next step:

Students are encouraged to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible person:

Assoc Prof Shajila Singh

Time frame:

End of October 2016 for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 4:

There should be clarity and consistency about the procedure for students on ARV Post-Exposure Prophylaxis as some blocks require the student to still attend classes and activities and others do not. The same should be done for students on TB treatment.

Response:

FHS agrees that a guideline /policy need to be developed in order to regularise current ad hoc practices regarding all students who become ill on PEP or TB treatment and are not able to fulfil their training requirements.

Current practice:

There are two documents that address some aspects of this matter:

- a. Keep Safe Booklet 2013 which outlines the processes and services available to students in the event of a needle stick injury. This includes all services available to them while on PEP and any related side-effects.
- b. UCT FHS: Reducing the risk of TB in undergraduate Health Sciences students includes guidelines that clearly stipulate when and how students may return to class or work environment after starting treatment.

Proposal for further discussion by students and other role players:

- a. Continue to inform students, at registration every year, about the documents referred to above.
- b. Review the current documents and update, as needed.
- c. Develop a policy which makes provision for leave of absence specifically related to illness as a result of PEP or TB treatment. The policy will need to provide guidance with regard to the length of periods of leave of absence, circumstances requiring leave of absence, and mechanisms for making up limited periods of time away from classes.

Suggested next step:

Students are encouraged to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible person:

Assoc Prof Marc Blockman

Time frame:

End of October 2016 for the working group to provide feedback with regards to progress of the group on the revised, as needed, proposal; initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

STUDENT AND STAFF ENGAGEMENT

STAFF WHO HAVE INDICATED A WILLINGNESS TO FACILITATE THE PROCESS WITH STUDENTS:

1. Prof Collett Dandara (Lead staff member)
2. Assoc Prof Shajila Singh
3. Dr Muazzam Jacobs
4. Assoc Prof Marc Blockman

STAFF WHO COULD PROVIDE ADDITIONAL EXPERT/TECHNICAL INPUT INTO THE PROCESS:

1. Ms Brenda Klingenberg: Policy drafting.
2. Prof Francois Cilliers and Dr Nadia Hartman (Health Sciences Education): conducting interactive workshops for staff and faculty.
3. Prof Marc Blockman: Policy development.

4. Prof. Harsha Kathard: Expert facilitator on engagement using helpful theoretical frameworks.
5. Assoc Prof Shajila Singh: Curriculum issues, Health and Rehabilitation
6. Prof Vanessa Burch: Curriculum issues, MBChB.

Demand 5:

For clinical students to fully exercise their right to protest without victimisation. We as clinical students of all Health Sciences disciplines therefore demand our right to protest and to protection.

Response:

Fully supported.

Context

The South African Bill of Rights states that *“Everyone has the right, peacefully and unarmed, to assemble, to demonstrate, to picket and to present petitions.”* (Section 17, Chapter 2 of the Constitution of South Africa, 1996). The University of Cape Town, Faculty of Health Sciences, supports the Constitutional right of students to engage in peaceful protest. One of the core values of the UCT Faculty of Health Sciences is intellectual rigor. Through educating health professionals and scientists, autonomous and critical thinking is encouraged. The Faculty of Health Sciences strives to foster a supportive culture, where diversity and difference are respected, to encourage students and staff to reach their full potential in their activities of learning, working, teaching, research and service in the Faculty. Active and engaged students are central to shaping the Faculty of Health Sciences. The Faculty of Health Sciences maintains that no student shall experience prejudice, discrimination or victimisation due to their participation, or lack thereof, in engagement, advocacy or peaceful protest. The Faculty of Health Sciences does not tolerate any form of negative discrimination, and will always uphold the University’s policy on non-discrimination.

Facilitation of student-staff engagement post-activism

The Faculty of Health Sciences recognises the legitimacy of student engagement, advocacy or peaceful protest. Respect for human rights and human dignity are fundamental values of the Faculty of Health Sciences. The Faculty of Health Sciences recognises students’ concerns regarding student-staff engagement post-activism, particularly given the inherent differences in power and dependency in student-staff relationships. The Faculty of Health Sciences does not tolerate any form of negative discrimination, and will always uphold the University’s policy on non-discrimination.

Proposal for further discussion by students and other role players:

1. Official Faculty of Health Sciences announcements will be sent to all staff immediately. These announcements will serve to:

- a. Inform and sensitise staff to student concerns of potential discrimination or victimisation post-activism;
 - b. Remind staff of the University and Faculty of Health Sciences' policy documents regarding non-discrimination;
 - c. Provide staff with an opportunity for discussion and/or training regarding engagement with students; and
 - d. Provide staff with additional support mechanisms to facilitate positive and effective engagements with students.
1. Before academic activities recommence, a Faculty forum on effective student-staff engagement post-activism will be scheduled.
 2. As an interim process, any problems, complaints or grievances relating to student-staff engagements post-activism should be reported to the Professional Standards Committee (PSC).
 - a. The current PSC reporting system will be urgently reviewed to ensure that effective, safe reporting of issues relating to student-staff engagement can occur.
 - b. Information regarding the PSC reporting system will be communicated to all students and staff.
 - c. Further, the PSC will review problems, complaints or grievances relating to student-staff engagements efficiently to ensure timeous resolution of issues, and to minimise impact on learning and teaching environments and student-staff engagements.
 - d. The PSC is an Advisory Committee to the Dean. Corrective or remedial action to facilitate effective and positive student-staff engagements will be recommended to the Dean for implementation.

Suggested next step:

Students are requested to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible persons:

Prof Collet Dandara and Assoc Prof Marc Blockman.

Time frame:

End of October 2016, or another date suggested by students, for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 6

Sensitisation education of Faculty staff and lectures on issues including but not limited to race, gender, sexuality, transphobia, class and ability (ableism)

Response

The Faculty of Health Sciences recognises that effective student-staff engagement is an ongoing concern. To promote effective student-staff engagement a number of processes, as proposed below, need to be effected

Proposal for further discussion by students and other role players

1. Initiate ongoing and regular dialogue with students regarding concerns relating to student-staff engagements about issues including but not limited to race, gender, sexuality, transphobia, class and ability (ableism).
2. Initiate staff development activities that relate to issues including but not limited to race, gender, sexuality, transphobia, class and ability (ableism)
3. Develop, in conjunction with students, a FHS policy document for Professional Behaviour for all members of the Faculty, including staff, postgraduate and undergraduate students.
4. Develop, in conjunction with students, a Faculty of Health Sciences policy document for effective student-staff engagements. This policy document should include:
 - a. Guidance and processes to promote effective student-staff engagement;
 - b. A transparent and structured process for resolving problems, complaints or grievances relating to staff-student engagements;
 - c. Possible corrective actions when poor or ineffective staff-student engagements have occurred.
 1. The implementation of annual Oath Ceremonies, where staff and students from professional programmes commit to uphold the professional values needed to engage in clinical practice; and the mission, vision and values of the Faculty of Health Sciences.
 2. In the interim, any situations of student-staff engagement which are considered unsatisfactory should be reported, according to student preference, to
 - a. The Professional Standards Committee, as outlined above;
 - b. the Dean, or if preferred,
 - c. a staff member who can then take the discussion to the next level of dialogue requested by the student.

Suggested next step:

Students are requested to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible person:

Prof Karen Sliwa-Hahnle and Assoc Prof Marc Blockman

With reference to ableism - Staff of the Division of Disability Studies i.e. Professor Theresa Lorenzo, Dr. Judith McKenzie, Dr. Brian Watermeyer, Mrs Anthea Hansen, Mrs Sumaya Gabriels.

Time frame:

End of October 2016 for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

TEACHING AND LEARNING

STAFF WHO HAVE INDICATED A WILLINGNESS TO FACILITATE THE PROCESS WITH STUDENTS:

1. Dr Chivaugn Gordon (Lead staff member)
2. Dr Liz van der Merwe (Lead staff member)
3. Dr Karen Fieggen
4. Prof Vanessa Burch

STAFF WHO COULD PROVIDE ADDITIONAL EXPERT/TECHNICAL INPUT INTO THE PROCESS:

1. Mr Jerome Corns is responsible for the acquisition, installation and maintenance of IT for Faculty owned venues.
2. Mr Gregory Doyle is responsible for the policy, training and management related to lecture recording.
3. Mr Gregory Doyle is responsible for training and assisting staff to upload their material onto Vula.
4. Assoc Prof Francois Cilliers and Dr Nadia Hartman (Health Sciences Education): conducting workshops on good PowerPoint presentations.

Demand 7:

All lectures are to be recorded and publicised to students.

Response:

Principle supported and practical issues need to be addressed with respect for certain courses where this may not be possible/educationally desirable.

Current practice:

1. In terms of lecture recording, the following venues are currently equipped on campus for lecture recording: Anatomy NLC; Falconer; GSH 1; GSH 2; GSH LT1; GSH LT2; Wolfson; OMB H45; Jolly.

- a. On average 45% of MBChB Years 2 and 3 are being recorded and very little of others. At the moment consent is obtained from individual lectures as to whether they would like their lectures recorded.
- b. There is limited information on what percentage of Health and Rehabilitation Sciences lectures are recorded.
 2. Equipping additional lecture theatres with the necessary lecture recording equipment is a UCT/ICTS project which is coming to an end in 2017. It is therefore unlikely, in the short term, to have further venues equipped from this central fund.
 3. An alternative effective and sustainable way of providing lectures that can be publicised is by recording narrated PowerPoint presentations (voice over PowerPoint).
 4. Lecture recording is not always possible due to the educational framework used in certain courses. In addition there are issues of patient confidentiality, ethics and copyright which would not allow certain recordings to happen (see below).
 5. Lecturers teaching in MBChB years 3-6 are approached individually to obtain consent to record their lectures.

Exceptions:

Certain lectures may not be recorded, or only recorded in audio format, where:

- a. Slides contain information related to patient confidentiality.
- b. Slides contain copyright information that should not be made available.
- c. Lecturers use experiential learning where the recording might not be useful.
- d. Lecturers create opportunities for discussion with those present which would not be appropriate to be recorded.

Cost:

To equip a further 21 venues on campus would currently cost approximately R300 000. An effective, affordable and easy to implement alternative to recording live lectures would be to record narrated PowerPoint presentations (voice over PowerPoint).

Proposal for further discussion by students and other role players

1. Implement an opt-out policy for recording lectures in venues already equipped to do so – i.e., lectures will be recorded unless otherwise specified.
2. Implement a policy that staff will make lecture content available to students for all their lectures, where possible, in the form of narrated PowerPoints or a presentation with enough information that it would be useful to students. Notwithstanding the fact that the resource is not intended to replace a student-engaged live lecture.
3. The faculty will, through the E-Learning Division, provide the support and training necessary for staff to create narrated PowerPoints as alternatives to recording lectures. This process can be started by

developing teaching materials by December 2016 and running 2 workshops each in January and February 2017.

4. Faculty IT will endeavour to investigate the possibility of audio-only recording lectures.
5. Approach the UCT Centre for Innovation in Teaching and Learning (CILT) to allow for the non-recording of ethically and/or copyright sensitive slides i.e. certain slides will be automatically excluded from a lecture recording but the audio and/or video will continue.
6. The E-Learning Division will provide the necessary administration to manage the recording of lectures with support from the faculty.
7. Consult with the FHS librarians to determine how copyright issues should be addressed.

Suggested next step:

Students are requested to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible persons:

Mr Greg Doyle and Mr Jerome Corns

Time frame:

End of October 2016 for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 8:

Lecture slides should be posted on VULA prior to the commencement of lectures to allow students time to prepare for the lecture.

An emphasis is placed on the BHP and BP lecture slides and LOs being released before lectures and tutorial.

Response:

Most lecturers already upload the lecture slides. Staff will be encouraged to upload their slides before their lecture through a policy to be implemented from 2017.

Current practice:

Lecturers make their PowerPoint slides or a version thereof, via PDF or Word, available through their Vula sites.

Cost:

There is no cost for lecturers to upload PowerPoint slides, or a version thereof onto Vula.

Proposal for further discussion by students and other role players

1. Formulate and implement a policy/SOP which requires staff to upload lecture slides, in the format of PowerPoint, PDF or any other suitable format to their Vula course site before each lecture.
2. Train lecturers and administrators, who require assistance, how to upload documents to Vula.
3. The policy/SOP should provide a mechanism for engaging with staff who do not upload lectures, outside of the exceptions listed, which should still be open to discussion as part of this process.
4. Students and Heads of Departments should be invited to nominate a representative/s to this working group to obtain broad buy in from the Faculty. HR will need to have representation on the group, to ensure the SOP is in line with existing policies/procedures that may exist.

Exceptions:

For certain lectures it might not be possible/educationally desirable to upload the lecture content ahead of time or at all. Exceptions may occur because:

- a. Guest lecturers are unaware of the policy and/or have not been given enough notice to upload PowerPoint slides.
- b. In some courses lecturers use experiential learning where guidelines can be made available ahead of time but, as for example in BH/BHP finding the LOs are part of the learning experience (input from Ms. Lorna Olckers, Lecturer: Becoming a Professional)
- c. Given the intrinsic epistemological difficulties of integrating learning from the humanities within a largely biomedical scientific paradigm, the Critical Health Humanities (CHH) lecturers are reluctant to publish the PowerPoint slides of lectures that focus on discourse or theory, as this suggests to students that there are "facts" that must be learned rather than arguments that need to be considered. Discourse is embodied in the lecturer's presentation, supported by reading and learning activities, rather than the content points on a slide. The knowledge focused lectures are more suitable for PowerPoint orientated presentations, and flipped classroom techniques are sometimes used requiring student preparation (Input from Sarah Crawford-Browne, Lecturer: Medical Humanities, Primary Health Care Directorate Faculty of Health Sciences)

Responsible person/s for implementing the policy at departmental level:

- a. HODs will be accountable, and course conveners responsible for ensuring that the policy is discussed with staff and implemented as far as possible. Students may request to engage with staff regarding these matters at a departmental level.
- b. Administrators, and trained lecturers, will be responsible for uploading lecture material.

Suggested next step:

Students are requested to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Time frame:

End of October 2016 for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 9:

Lecturers who miss scheduled lectures should be held accountable and should face repercussions from the Faculty.

Response:

Lecturers who are unable to present a lecture or tutorial or other teaching activity should inform students in advance, if possible, and should plan to make up the lecture. Clinical staff may be called away to clinical duties and may not be able to inform students immediately, but will do so as soon as possible.

Proposal for discussion by students and other stakeholders:

1. Draft a policy /standard operating procedure for reporting lectures, tutorials or other teaching activities missed by staff. The document should include the response required by course conveners and Heads of Departments to ensure that the matter is addressed within departments.
2. Students and Heads of Departments should be invited to nominate a representative/s to this working group with broad buy in from the faculty. HR will need to have representation on this group, to ensure that the SOP is in line with existing policies/procedures.
3. The SOP should include a plan of action to be taken by departments where this is a regular occurrence and appropriate make-up plans are not devised. This may include escalating the discussion to the next level of dialogue, such as the year convener or programme convener for further action.
4. Contact details of all course conveners should be provided to students to report missed activities and obtain information about the way forward.

Suggested next step:

Students are requested to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible person/s for implementing the policy at departmental level

1. HODs will be accountable, and course conveners responsible for discussing the policy with staff members. Students may request to engage with staff regarding these matters at a departmental level.
2. Course administrators will be responsible for contacting staff who miss (or are on leave), lectures and tutorials to obtain information about how the missed activity will be made up.

Time frame:

End of October 2016, or another date suggested by students, for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 10

Clinical exposure should be an integral part of the curriculum from first year

Response:

- a. Clinical training is an essential component of becoming a health professional. While this is desirable from the first year of study there are clinical platform constraints which limit the number of students that can be placed at any given site. Securing additional training sites is a big challenge in the current climate of health care service provision budget cut backs and the increased patient load in under-resourced and undersized facilities. The situation is further compounded by the additional costs that would need to be added to student fees to transport student to these sites. However, despite these challenges the Faculty is engaged in ongoing dialogue with the Department of Health and the District Health Services to secure additional training sites for FHS students.
- b.
- c. Current practice

a. MChB Y1 – Semester 2

From August to October, students in batches of about 30, visit GSH OPD clinics – 9 visits in total. In small groups of 3 or 4, they observe how the clinic functions, waiting times, staff-patient interactions, patient comfort, and patients' rights. They also interview a patient either in pairs or alone and are thus given an opportunity to put into practice the interview techniques they learnt in BHP and Clinical Skills, jotting down details as they go along. Thus it is a "watch, don't touch" visit. Each student then produces a report of his/her experience which is marked by BaDr. The visit is a DP requirement but the report does not contribute any marks.

Health and Rehabilitation Sciences Y1

- a. Audiology and Speech Language Pathology: Elective Observations

- b. Occupational Therapy: Observation
- c. Physiotherapy: currently observation by first year students of final year students from second semester of 2017

a. MBChB 2 – Semesters 3 & 4

- b. Seven clinic/ward visits are arranged for the students.
 - They go to mostly CHCs in batches of about 15 at a time to interview a patient in groups of 5 – and if there is sufficient privacy, they do a general examination of the patient, reporting back to their facilitator afterwards in the 3 stage format.
- a. GSH Wards G4/5: Interview a young patient with HIV or a chronic disease, go through his/her folder, look at the patient’s surroundings-are they child friendly, what are the staff-patient interactions like, human rights, ethics etc., and produce a bio-psycho-social report at the end. All our facilitators are clinicians.
- b. DP Marais TB Hospital: Observe the multidisciplinary team in action, interview a patient. Here they are also accompanied by language tutors.
- c. These activities are integrated with language training–interviewing patients in their mother tongue- Xhosa and Afrikaans (accompanied by language teachers)

Health and Rehabilitation Sciences: 2nd to 4th year

- a. Audiology and Speech Language Pathology: Clinics with client/patient contact
- b. Occupational Therapy: Practice learning with client contact
- c. Physiotherapy: Clinics with patient contact

Students engage in clinical/practice learning at a range of sites on the clinical training platform - including, but not limited to: schools (mainstream and special needs), clinics, communities, NGOs, hospitals, rehabilitation facilities, homes for the elderly, at urban and distance sites, etc. They provide a range of promotion, prevention and re/habilitation (e.g. assessment, management, counselling, referral, etc.) services to individuals (across the life-span), their families and communities. Engagement with inter-professional education and practice is encouraged. Students rotate through a series of blocks to facilitate learning in diverse contexts and across the scopes of the professions.

Action:

Physiotherapy: Observation by first year students of final year students from second semester of 2017.

Responsible person:

Dr Soraya Maart

Proposal for discussion by students and other stakeholders

- a. Invite students to attend current meetings being held with provincial government officials regarding additional training sites on the clinical platform.
- b. Ask students to suggest what activities they would like to get involved in to get a better understanding of what their perceived needs are in this regard.
- c. Ask students for suggestions about how they could work with senior students to gain experience.
- d. Ask students for input into the current curriculum review processes taking place in the faculty.

Suggested next step:

Students are encouraged to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible person:

Prof Vanessa Burch and Assoc Prof Shajila Singh, Associate Professor Roshan Galvaan, Dr Soraya Maart, Dr Judith McKenzie, Mrs Vivienne Norman.

Time frame:

End of October 2016, or another date suggested by students, for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 11

A tutoring system is to be in place for all years of study and management should provide some form of incentive for student tutors.

Response

There is a UCT draft policy document that outlines the Professional Development of students who provide teaching assistance. This will be piloted on upper campus in 2017. (Tutoring at the University of Cape Town: A proposal for the Professional Development of all students who provide teaching assistance. 2016). This project needs to be explored to determine what is possible at the FHS for all departments, including Health and Rehabilitation Sciences.

Current practice:

Faculty provides augmented support for students who have difficulties in the first year. There are currently a range of informal, needs-based academic support processes in place for students in all the other years of study.

Health and Rehabilitation Sciences

Audiology and Speech Language Pathology:

- First years: Tutorials for all students built into courses, including augmented support (academic literacy using course content)
- Second years: Tutorial support for the Language course.
- All other courses: Tutorial support provided for those who want it and for those whose performance on any summative assessment indicates need. Students invited to attend but tutorials are not compulsory.
- 2017 budget submission includes tutorial support for each course.

Occupational Therapy:

- First years: Students can select Augmented support or are identified - discussion with student yielding agreement on the plan for support.
- All other years: Academic Support provided for students who self-identify as well as those who need support post assessment.

Physiotherapy:

- First years: Augmented support
- All other years: Tutorials are standard and are included on the timetable.

Cost:

The cost of such a programme will be determined by the type of policy implemented, as it stands the above proposal does not include a specific rate for tutor payment.

Proposed /planned new process:

1. Faculty and students to engage on the Tutoring at the University of Cape Town: A proposal for the Professional Development of all students who provide teaching assistance document.
2. If the above draft policy document is accepted there will be a need to plan on what kind of training will be needed and the resources required for this training.
3. A policy will need to be drafted on the cost of such a programme that takes into account local needs.

Suggested next step:

Students are requested to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible persons:

Professor Dele Amosun; Dr Ayanda Gcelu.

Time frame:

End of October 2016 for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

ASSESSMENT

STAFF WHO HAVE INDICATED A WILLINGNESS TO FACILITATE THE PROCESS WITH STUDENTS:

1. Dr Rachel Weiss
1. Dr Ayanda Gcelu
1. Dr Chivaugn Gordon
2. Prof Vanessa Burch

STAFF WHO COULD PROVIDE ADDITIONAL EXPERT/TECHNICAL INPUT INTO THE PROCESS:

1. Prof Francois Cilliers: Chair of Assessment Committee.
2. Prof Vanessa Burch: implemented a range of assessment tools both locally and nationally.
3. Mrs Eliza Hui and team: Drafting a budget for tabling at management level.

Demand 12:

Mandatory recording of oral examinations and a thorough breakdown of how the examiner arrived at that particular mark.

Response:

These matters has been raised by students on multiple previous occasions and a proposed policy on oral examinations was approved by the Faculty Board in 2016 (MED08/16). This policy needs to be carefully studied by

a working group of students and staff to determine whether it specifically addresses student issues and where amendments are needed. Then a plan of implementation needs to be effected in 2017.

Current practice:

1. Health and Rehabilitation Sciences
 - a. Audiology and Speech Language Pathology
 - i. All oral examinations are audio recorded.
 - ii. Marking rubric provided to students ahead of time.
 - iii. Feedback provided to students after mid-year oral examinations in final year.
 - b. Occupational Therapy
In principle agreement for recording – would require additional resources to make this feasible.
 - a. Physiotherapy
In principle agreement for recording – would require additional resources to make this feasible.
 1. MBChB programme
 - a. Audio recording of oral examinations is not currently done.
 - b. Marking rubrics to explain how marks are derived are used in some of the courses, but not all courses.
 - c. Marking rubrics are available and made available to students in some courses.

Proposal for discussion by students and other stakeholders

1. Ask the Assessment Committee to collate all the current OSCE/ OSPE/ SPEE/ FQE marks sheets used in the faculty and review them for adequacy in terms, of scoring rubric, instructions to examiners, and other key features of such documents that are used internationally.
2. Ask the Assessment Committee, on the basis of the information gathered to make specific recommendations to the Dean regarding a process of improving OSCE/ OSPE/ SPEE/ FQE mark sheets.
3. Put a process in place whereby inadequate OSCE/ OSPE/ SPEE/ FQE mark sheets are reviewed with course conveners and amended to comply with international practice.
4. Conduct a review process within 3 months of the initial review to determine the changes effected and identify courses where problems persist. The Department of Health Sciences Education will then put a process in place to specifically work with courses where problems persist.
5. Thereafter an annual review of OSCE/ OSPE/ SPEE/ FQE mark sheets could be considered part of a quality review process.
6. Budget to support the process of recording oral examinations to be determined and sourced.

Responsible person:

Dr Rachel Weiss

Timeframe:

End of October 2016 for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 13:

Students should have access to OSCE mark sheets

Response:

All OSCE/ OSPE/ SPEE/ FQE mark sheets should be available to students. Courses where this does not take place need to be reported to the Assessment Committee and/or members of the working group that are going to address the issues raised by the students in this document.

Suggested next step:

Students are requested to forward the names of staff members and students who could constitute a working group to review, revise and effect the proposal, to Ms Brenda Klingenberg as soon as possible. Once a working group has been constituted a meeting can be called and the process commenced, as agreed upon by the group members.

Responsible person/s for implementing the policy at departmental level

- a. Heads of Departments will be accountable and course conveners responsible for discussing the policy with staff members. Students may request to engage with staff regarding these matters at a departmental level.
 - a. Course administrators will facilitate the process of availing mark sheets to students.

Time frame:

End of October 2016, or another date suggested by students, for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 14:

Examination scripts are to be handed back to students for review at no additional charge, in the interest of transparency.

Response

In terms of the UCT Examinations Policy a student may (by 3 Sept for first semester exams and by 31 March of the following year for second semester exams) apply for a copy of the script and/or may meet with a course convener to go through the script. The script would already have been checked by an external examiner. The purpose is therefore not to negotiate a mark allocated, but as a learning experience.

A script can also be scanned and emailed to students.

Demand 15:

OSCE follow up questions should be standardised and clear guidelines should be given on how markers are to arrive at a final mark. This is to ensure that students cannot be marked down as a result of their appearance or accent.

Response:

Agreed.

Context:

During mid-2016 there was a surge in the national conversation regarding hair and dress policies at schools, demonstrating that a dress code is not merely a series of rules removed from the context in which it was written and it is being enforced. The issues are not about the dress code, but about the deeper inherent issues about who has power to write and enforce such codes, and what systems of knowledge they are drawing on to make the inherent judgements.

Response:

Principle supported.

This section serves two purposes. At one level it is a critique of the current dress code, presented for discussion and consultation that raises some of the obvious problems with the code, including the gender binary. Given that Groote Schuur Hospital's expectations form the basis of the dress code, some of these suggested changes will need to be negotiated further.

However, merely addressing the basic code and not the underlying issues of regulation is insufficient. At the core the difficulties lie how the staff members of the Faculty of Health Sciences make judgements to enforce the code, particularly during examinations or when speaking in front of the students' peers. Given an unchallenged acceptance of a 'western' tradition of professionalism, the unspoken expectations may need to be explicitly reformulated to better reflect the changing norms and standards of South African society. Those who can imagine a decolonised society may be best equipped to make these proposals, and to guide the Faculty. Given the Faculty's commitment to equity and social justice, it is also important to understand what may be preventing students from realizing the dress code and, if necessary, provide support.

Difficulties with this policy document include the hierarchical and normative tone that suggests acceptance of a particular normative frame that has held power in the past. An ethnocentric view of professionalism endorses a decontextualized western biomedical practice. Unnecessary reliance on the gender binary not only potentially alienates gender non-conforming individuals, but inducts our students into this hegemonic perspective. Yet, the greatest difficulty lies in what is not said, particularly in terms of the power dynamics of those who judge what is professional dress, and their own unacknowledged ethnocentric biases that may alienate and victimize students.

The students have linked appearance as leading to bias within the examination process, possibly pointing to a sense of alienation and bias towards the traditional heteronormative and racial norms of traditional health systems. Such intragroup bias is accepted within the discipline of psychology to the extent that it is included in our students' textbooks. While this can be negotiated within daily encounters, even perceived bias in oral examinations places students at great disadvantage.

Current status

Communication Sciences and Disorders (Audiology and Speech Language Pathology) Explicit guidelines provided to examiners

1. in terms of timing and nature of questions in oral exams;
2. on how to arrive at the final mark (exam orientation, marking rubric, process for arriving at consensus for the two internal examiners, plus assessment memorandum)

Proposal for further discussion by students and other role players

1. That the Faculty dress code be discussed by all affected, including students, and with substantive changes negotiated with Groote Schuur Hospital. (Hospital memorandum dated 14 October 2009 re dress code to be published on Vula.) However, the greater issue than the actual code is the staff of the Faculty of Health Science's interpretation of the dress code. This needs attention, along with guidelines as to how deviations from the code are addressed with the student.

2. Recognising that the Department of Health has a mandate in setting out expectations for dress and conduct in its health facilities, and that professional standards of dress and conduct are part of the induction of health science students, it is proposed that:

- Staff members be inducted to consider a wider South African code of professional dress that moves beyond a traditional 'western' medical norm.
- Staff members be sensitised to broader interpretations of appropriate dress, conduct and hairstyle.
- Where a staff member deems that a student has not dressed in an appropriate manner, this will be discussed sensitively and discreetly with the student involved during which the staff member will assess any barriers to the students' compliance and assist in overcoming such barriers.

- Where professional dress is considered as an aspect of an examination of professional conduct, negative judgements must be documented on the marking rubric. Staff members must be sensitively reflective of the complexities within South Africa when making such judgements.
1. Develop standard guidelines for examiners regarding
 - a. the nature of follow-up questions in OSCES/ OSPES/ SPEES
 - b. the process of arriving at the final mark – taking cognizance of the concern relating to dress and accent
 2. Examiners be educated regarding the assessment practices in #3.

Responsible Person:

Heads of Departments, Heads of Divisions and course convenors.

Demand 16:

To reveal what the role of the Examination Board is, who sits on the Board, the guidelines followed, and what regulatory mechanisms are in place to ensure the best interest of students.

Response:

See Annexure A, which provides membership and terms of reference of the Faculty Examinations Committee and its subcommittees, and of Test Boards, as well as explains the process and regulatory mechanisms.

Responsible persons:

Ms B Klingenberg (Faculty Manager: Academic Administration - has put together the document below and can be contacted at -021 4066650 (or in her office next the Undergraduate Administration office) for queries.

Demand 17:

Students demand that only failed courses should be repeated and not the entire year.

Response:

The curriculum review groups of MBChB have been asked to consider this request. (Forms part of current curriculum review.)

Health and Rehabilitation Sciences' Context

Physiotherapy students previously used to pay for and repeat courses they had passed based on the rationale that they needed to stay up to date on current knowledge and skills. Following the Department of Health and

Rehabilitation Sciences Student Assembly in 2015, changes were made by the Division, led by Dr. Maart that resulted in students in 2016 no longer having to repeat or pay for courses they have already passed.

Responsible persons:

Prof Vanessa Burch, Prof Graham Louw

Timeframe:

End of November 2016

Demand 18:

Time for adequate studying is to be made available between the final exams and the supplementary exams for failed blocks in clinical years.

Response:

This will be addressed in 2017, since the extraordinary circumstances and the need to lengthen the 2016 academic year impact on the Faculty's ability to meet this demand at present.

Responsible persons:

Prof Vanessa Burch and Prof Graham Fieggen, Associate Professor Roshan Galvaan, Dr Soraya Maart, Mrs Vivienne Norman.

Demand 19:

Flag system to be transparent and students should be informed if they are flagged.

Faculty response:

Agreed.

See attached Annexure B explaining the structures and processes for student support, identifying students at risk ("flagging") and maintaining student files in the Academic Administration Office of Health Sciences.

Responsible person:

- Ms Brenda Klingenberg, Mr Jason Stoffberg and Ms Nonkosi Malala
- Mr Greg Doyle will post the documents on the website

Timeframe:

Immediate (informing students).

Publication on Website: As soon as Vula information site has been set up. (Final date: 10 October 2016.)

Demand 20:

FHS timetables should be received timeously, allowing students enough time to prepare. Timetables should be published at least a month before examinations begin.

Response:

Examination timetables are usually published well in advance, i.e. June exams by the end of February and November exams by the end of May. In 2015 the student protests significantly delayed this process and the time tables were published on 19 May 2016. A notice on Vula informed students of the publication of the time tables. The increased academic and administration load associated with the recent protests will further delay the process for 2017. However, a concerted effort will be made to publish the time tables as soon as they are approved. Health and Rehabilitation Sciences' exam timetables are published by the university – well before examinations.

Action plan:

1. The revised examination time tables for the rest of the 2016 academic year are currently being drafted and will be posted on Vula as soon as possible.
2. Notification of in-course class tests, commencing 2017, will take place by the end of the first week of starting a new course.
3. Notification of end-of-block exams in the clinical years of the MBChB programme, commencing 2017, will be provided at orientation (on the first day) of commencing a new rotation.
4. Where examinations are conducted on more than one day students will be informed regarding the day on which they will be examined within one week of publishing the test/exam dates. This cannot be done earlier because students can only be allocated to specific days once course conveners know how many students have registered for a course.

Time line:

- a. Drafting revised exam time tables for all programmes is going to take 2 weeks to finalise. The drafts will be available for students to review by Wed, 12 October 2016 (depending on whether students return to class. If not, the programmes will have to be revised).
- b. Students will be informed on Tue 4 October 2016 of any class tests or end-of-block tests (clinical years of the MBChB programme) to be conducted before the final exam time table is published.

Responsible persons:

- Course conveners are currently reviewing draft revised time tables to check for date/venue clashes.
- Exam clashes will be sorted out by Mr Jason Stoffberg.
- Venue clashes will be sorted out with Mr Freddy Pick.
- Computer lab clashes will be sorted out by Mr Greg Doyle.
- Once problems have been addressed the revised time table will be checked again by conveners.
- Mr Stoffberg and Prof Burch will then review the revised time tables.
- A small group of student representatives for each year of the respective programmes, will be invited to review the revised time tables with Prof Burch before they are published.
- Mr Doyle will publish the time tables as soon as they are available.

TRANSPORT AND SAFETY

Team staff members:

Mr Reece Brooks

Mr Dhiren Swart

Demand 21:

A call for a transport review with students, Dean's team, drivers and the Operations Department.

Response:

Agreed.

Action:

1. Students to nominate representatives to Mr Jason Stoffberg.
2. First meeting to be called in October.
3. Terms of reference to be worked out at first meeting.

Responsible person:

Mr Jason Stoffberg and Mr Reece Brooks.

Timeframe:

Any amendments to policy to be introduced w.e.f. 2017.

Demand 22:

Transport is to be made available for all clinical block activities that students are expected to attend. Safety is a concern for students and they feel safer in university organised transport.

Response:

Please see Faculty Transport Policy at following link (in Undergraduate Faculty Handbook):

http://www.uct.ac.za/usr/downloads/uct.ac.za/apply/handbooks/Handbook8A_HealthSciencesUndergraduate2016.pdf

Proposal

1. To be considered as part of transport review mentioned under 21 above.
2. Aspects to be reviewed are discussed and agreed upon to include location of sites, type of sites, budget, schedule of trips, safety, use of private vehicles, re-imburement mechanisms

Responsible person/s:

- Mr Reece Brooks and Mr Jason Stoffberg to coordinate and oversee the

process.

- Ms Eliza Hui and Mr Reece Brooks (Operations Manager) will assist with costing of new model.

Suggested Review Committee:

- Dean's team representative
- HSSC representative/s
- Student representative from each discipline
- MBChB Programme Committee representative
- Health and Rehab representatives from each division

Overall responsible person:

Mr R Brooks.

Timeframe:

Any amendments to policy to be introduced w.e.f. 2017.

Demand 23

Transport booking must close on Friday of the preceding week and not Wednesday. The booking system needs to be evaluated as students have issues with the current system.

Response:

Agreed. It is acknowledged that the current system is inadequate and must be revised.

Note: The closer to a proposed off-campus trip a booking for additional (outside) buses is made, the more expensive it is. An advanced booking system is therefore crucial.

Proposal:

1. The proposal and Standard Operating Procedure to be discussed by the review group mentioned in 21 and 22 above.
2. The proposal at this stage is:
 - a. The onus to book transport should be entirely on course conveners and their administrators.
 - b. Conveners – who know where students will be going – must consult students to find out who will need transport to the off-campus site concerned.
 - c. They then inform Mr Reece Brooks, Operations Manager in charge of transport logistics, a week in advance of the proposed site visit what is required. (Mr Brooks has a template that can be completed.) He then has time to coordinate all bookings and work out a costing system.

Responsible person:

Mr J Stoffberg to work with Mr R Brooks to develop policy and SOP.

Assoc Prof G Perez to enforce.

Timeframe:

To take effect in 2017.

Demand 24

We refuse to partake in academic activities at sites that cannot guarantee our safety – students should be given the right to request additional security if they feel unsafe.

Faculty response:

Supported. Student safety is of paramount importance and measures to improve student safety are a key aspect of clinical training programmes.

Current procedure:

If students or staff report an unsafe situation at off-campus sites, the situation is assessed by the Health Sciences Teaching Platform Manager (Mr D Swart) and the Operations Manager (Mr R Brooks) who liaise with the Deputy Dean: Undergraduate Education about action required.

Proposal for further discussion by students and other role players:

Short term

- a. The off-campus Teaching Site Coordinator (Mr Dhiren Swart, tel 082 422 2007) will ask each off-campus site to appoint a contact person who will in advance alert both Mr Swart and Mr Reece Brooks (Operations Manager in charge of transport – tel 083 643 2338) of potential student safety risks at off-campus sites. An assessment will be made of the situation and an action plan conveyed to students via Vula. If a site is deemed unsafe, students will be alerted to refrain from going to the site in advance of the site visit.
- b. If students are already at a site and feel unsafe, they can call Mr Swart and/or Mr Brooks, who will:
 - i. Establish from the site contact person what the situation is
 - ii. Discuss the matter with the Deputy Dean: UG Education, or another member of the Dean Team
 - iii. Immediately despatch faculty transport to collect students if the site is deemed unsafe.
 - iv. The list of contact persons on the sites with their cell phone numbers as well as the Standard Operating Procedure will be made available to all students and published on Vula, so that students who have concerns may call the site contact staff directly if they have questions or concerns.
- a. In addition:
 - I. Form/extend a Safety Committee comprising of staff and students (also potentially community members) where issues of safety can be addressed and viable solutions explored.
 - II. To empower students with material such as "Don't Panic" booklets and other resources. Students need preparation as they engage with situations with which they are unfamiliar - it is natural to feel scared of the unknown but often the unknown is not as threatening as one presumes
 - III. In situations of real danger with personal threat, the Faculty will enlist SAPS or security personnel to escort students to safety.

Medium term

- a. Look at how more teaching can take place in the community so that being in the community feels natural for our students. We have been advocating for this across teaching in clinical years, however, availability of teaching staff in the periphery remains an issue.
- b. Partnership with the Department of Health concerning the safety of health professionals, that engages with communities around issues of violence (the MRC has a particular focus on violence prevention) and possibly engages with communities to, together, create safer transport corridors for all in the communities but also meet the needs of health professionals.
- c. Engage and work alongside the Community Safety Fora of the areas in which we have students - this is community participation and true social accountability! (We can draw on examples such as the Desmond Tutu HIV Foundation who were very concerned about the hijackings and harm to their staff members – and whose plan was to start conversations with health service providers including the Department of Health.)

Long Term

- a. To spiral the teaching of violence into our curriculum, knowing that violence cycles - with structural violence being an important element. The Department of Health has agreed to its obligations of the national inter-sectoral Victim Empowerment Policy that include compassionate and careful services to survivors of violence - including young men, to break their part in the cycle of violence.
- b. We need to consider a spiral in the curriculum to teach around the health professionals' obligations within the VEP policy. (VEP links responses to intimate partner violence, child abuse, elder abuse, rape as well as general assault with a victims' rights charter that holds obligations for health providers, alongside correctional services, social services, justice, education etc). It is important that students understand the systems that drive violence in our society so that they can respond compassionately - and understand their role in crime prevention.

Time frame:

End of October 2016 for the working group to provide feedback on progress with regard to the revised, as needed, proposal; an initial set of action steps to take the process forward, and a time frame for the next report back session to students and staff.

Demand 25:

Bus drivers demand a pay increase similar to the increase received by Jammie drivers, post insourcing. These drivers drive in dangerous areas late at night and also feel that their safety is at times compromised when fetching students from various sites.

Response:

Faculty will investigate.

Proposal:

Faculty will follow Human Resource (HR) process to benchmark the posts against the rest of workers in this category. This will be submitted to the job evaluation committee of the university.

(All job descriptions of insourced workers have undergone this process.)

Timeframe:

End of November 2016.

Responsible person:
Ms Naeema Brey, HR Manager

FINANCE AND FEES

Demand 25

To remove the monthly compounding of interest on outstanding fees after June.

Response:
This is a UCT-wide finance policy set by the Department of Finance and Council. University is able to underwrite financial aid due to these financial measures in order to prevent hardship to students.

Responsible person:

Deanery will engage the Financial Aid Office and Finance Department on easing hardship related to this measure. Dean will report back to students within 30 days (30 October 2016)

Demand 29:

To dismantle the minimal initial payment (MIP) by February and extend our period for payment to the end of the academic year.

As above.

Demand 30:

Students on Grace period are to be housed at medical residences. Students cannot fulfil their academic responsibilities without their right to adequate housing as stipulated in Chapter 2 of the Constitution of South Africa.

Response:

UCT-wide policy on allocation of accommodation is set by the Department of Student Affairs. Allocation for residence spaces are made in September for returning students, and freshers will be told by the 25 January of the year of admission. This results in complete filling of residence spaces by these two groups of students by January of an academic year.

Allocation for residence spaces are made in September for returning students, and freshers will be told by the 25 January of the year of admission. This results in complete filling of residence spaces by these two groups of

There is a need for the exploration of the possibility of reserving a number of residence places for students in the grace period in the medical residencies. This requires discussion with the Deputy Vice Chancellor, Director of Student Housing and Director of Residence.

Deanery will engage the Financial Aid Office and Finance Department on easing hardship related to this measure.

Responsible person:
Prof Bongani Mayosi (Dean)

Timeframe:
Dean to report by end of October 2016

Demand 31:

Student cards of students on grace period are not to be deactivated.

Response:
Student cards of unregistered students (e.g. due to outstanding fees) are not deactivated; they are not re-activated at the start of the year. Currently the Faculty grants 3rd party access to students who are not registered because of outstanding fees. Students continue to have access to all facilities and to Vula.

Proposed action:

1. A notice will be placed on Vula to inform all students about this standard practice in the FHS.
2. Students are requested to provide suggestions about any other mechanism by which this information can be made available to student with outstanding fees.

Responsible persons:

- a. Mr J Stoffberg will draft a notice for students informing them of standard practice in the FHS
- b. Mr G Doyle will post the notice on Vula

c. Students will be asked to provide ideas about other ways of disseminating the relevant information.

Time line:
30 October 2016

Demand 30:

The Health Science faculty is to increase funding to assist all students who are unable to pay their tuition fees. The faculty should put pressure on private companies, particularly private hospital groups for funding.

Response:

The Faculty will continue with its on-going efforts to secure funding for students in need.

Current arrangements:

- a. The Faculty has set up a fund – the Impilo Student Bursary Fund - to assist students in difficulty. This year all students with fees outstanding were requested to apply. All but two students applied and were assisted. Currently it is mainly Faculty staff who contribute to this fund. (Disbursed about R500 000 this year).
- b. The Faculty also set up a Students in Distress fund some years ago to assist students. It requests and obtains contributions from staff and alumni on an on-going basis.
- The students ask for financial assistance via the office of Ms N Malala in the Undergraduate Administration Office, and Ms Malala obtains permission from the Deputy Dean: Undergraduate Education to offer students money from the Fund. Students usually need assistance for the following reasons, either due to delays of payment by sponsors or lack of funding as a result of not having a sponsor or family financial struggles:
- Meals
 - Accommodation / rent
 - Medication
 - Counselling sessions
 - Eye tests and provision of spectacle to enable effective studying
 - Toiletries
 - Transport to Clinical learning sites
 - Attending funerals of passed immediate family members

These costs are sometimes repaid into the fund when payment is received from the sponsor. When there is no sponsor the students do not repay. Some contribute into the fund after graduation.

Proposed action:

1. The Faculty will approach private companies and private hospitals, within the policy guidelines of the University, for contributions.

2. The Faculty will publicise the existence of the assistance funds and the process to apply for assistance on the proposed Vula information site.

Responsible persons:

- Assoc Prof G Perez and Prof B Mayosi to fundraise
- Mr J Stoffberg and Mr G Doyle to upload information on Vula site.

Timeline:

With immediate effect and on-going.

Demand 31:

Transcripts should be made available to students with outstanding fees as these students will need these transcripts to apply for financial aid.

Response:

No university issues official transcripts to students with outstanding fees, but at UCT the Deputy Registrar has for years spoken to prospective bursars or employers to give them the relevant information (e.g. that the student has passed and is in good standing). Students may all download unofficial transcripts from PeopleSoft at any time.

Queries

Brenda Klingenberg, Faculty Manager: Academic administration (tel 021 506 6650).

Demand 34:

Hidden costs (e.g. additional transport costs that students need to pay from their own pockets) in blocks should be fully disclosed before students commence with the particular block and the Faculty should cover these costs for students who receive gap funding.

Response:

Agreed.

Proposal:

There are some sites e.g., Hout Bay where CSD sends students that is too expensive for Faculty transport to go to. Only one or two students are stationed there. The Faculty will continue to give funds to those students who apply, to go to these sites. The Faculty gives funds to those students who apply, to go to these sites. Students who are on fin aid or GAP funding must apply to the SDS office in the faculty for funds for transport.

Responsible person:
Assoc Prof Gonda Perez

Contact person for reimbursement:
Ms N Malala, Undergraduate Student Support.

Demand 35:
The implementation of an appeals commission for financial exclusion of Health Sciences students.

Response:

- a. The Faculty will continue to support students who have outstanding fees on an on-going basis.
- b. The University has an Appeals Commission in the Financial Aid office. The SRC serves on this committee. Students who are not registered for a course due to outstanding fees may appeal directly to this committee. Many appealing students have been supported in this way.

Action plan:

- a. The Dean will make a request to the senior leadership group of the university to put a mechanism in place whereby the University Appeals Commission will be asked to provide a short report of the reasons why an appeal has been unsuccessful.
- b. At University level, there is an Appeals Committee in the Financial Aid Office, on which the SRC is represented. Students who are not registered due to outstanding fees may appeal. Many appealing students have been supported in this way.

Persons responsible and timeline:
Students who face exclusion based on unpaid fees must report to the Student Support Office (Ms N Malala) as soon as possible. Mr Malala will discuss assistance with the Deputy Dean.

Demand 36:
Fee breakdowns are to be transparent. Each course is to give an account of how the final amount is reached and for these details to be available to students for commentary and review.

Response and proposal:
Complex system of fee determination based on history of the courses and programmes.
The Deputy Dean and Finance Manager will give a presentation on how the fee system works.

Responsible person:
Dr R Morar and Ms E Hui

Timeline:
Date or presentations to be made known to students on 30 September 2016.

Additional issue:
CSD restructuring of clinical hours; time spent in the clinic should be counted

Response: The requirement for 375 hours of contact time with learning and competence across the scope of the profession are HPCSA requirements; at the Interuniversity Heads of Department meeting in August the heads of the different universities raised this as a concern and are working on a submission to the HPCSA to recommend different activities that should be considered as contact time. While OT and PT can claim all the time spent at a clinic they are also required to obtain 1000 hours compared to the 375 contact hours required by the Professional Board for Speech Language and Hearing Professions of the HPCSA.

ANNEXURE A

MEMBERSHIP AND TERMS OF REFERENCE OF FACULTY EXAMINATIONS COMMITTEE AND ITS SUBCOMMITTEES:

FACULTY EXAMINATIONS COMMITTEE

Membership:

Chair		Prof B Mayosi (Dean)
Deputy Deans: UG and PG Education and Research		Assoc Prof D Hendricks Assoc Prof G Perez Dr Reno Morar
Chairs of FEC subcommittees:		
Undergraduate:	First Year MBChB Examinations Subcommittee	(Assoc Prof G Perez)

	First, Second and Third Year Health & Rehabilitation Sciences Examinations Subcommittee	
	Second and Third Year MBChB Examinations Subcommittee	
	Fourth year MBChB Examinations Subcommittee	
	Fifth year MBChB Examinations Subcommittee	
	Final year Health & Rehabilitation Sciences Subcommittee	
	Final year MBChB Examinations Subcommittee	
Postgraduate:	Honours Examination Subcommittee	Prof Sharon Prince
	Postgraduate Diploma Examinations Subcommittee	Dr N Fouché
	Coursework Master's Examinations Subcommittee	Assoc Prof C Colvin
	Professional Master's Examinations Subcommittee	Assoc Prof A Horn
	Research Master's and Doctoral Examinations Subcommittee	Prof M Lambert
Chairs of Education/Accreditation Committees	Faculty Undergraduate Education Committee	(Assoc Prof G Perez)
	Undergraduate: Honours Committee	(Prof S Prince)
	PG Dip Committee	(Dr N Fouché_

Postgraduate:	Coursework Master's Committee Professional Master's Committee Research Master's and Doctoral Committee	Assoc Prof C Colvin Assoc Prof a Horn (Prof M Lambert)
Chair of Teaching & Learning Committee:		To be appointed
Heads of Department	Anaesthesia Health & Rehab Sciences Human Biology Integrative Biomedical Sciences Medicine Obstetrics & Gynaecology Pathology Paediatrics & Child Health Psychiatry Public Health Radiation Medicine Surgery	Prof J Swanevelder Assoc Prof S Singh Prof M Collins Prof E Sturrock Prof N Ntusi (w.e.f. 1 Nov 2016) Prof L Denny Prof C Williamson Prof H Zar Prof D Stein Prof M Jeebhay Prof S Beningfield Prof D Kahn
Invited:		
Director of the Education Development Unit		Assoc Prof F Cilliers
Servicing officer:		
Faculty Manager: Academic Administration		B Klingenberg

Terms of reference of the FEC:

The FEC is a committee of Senate, which has been given delegated authority by:-

- Senate to decide results and to determine whether a student qualifies for the award of a degree, diploma or certificate, and
- Council in the matter of readmission decisions.

It is tasked with the following terms of reference:

- *To consider the reports of examiners, together with the recommendations of Heads of Departments and Programme Convenors, and to decide the results of students in each course.*
- *To determine who qualifies for degrees, diplomas and certificates, according to the rules laid down by Senate.*
- *To make recommendations to Senate via the Senate Executive Committee for cases not covered by the rules.*
- *To decide the award of class medals and special prizes, having considered the recommendations of Heads of departments and Programme Convenors.*
- *To decide the award of supplementary examinations, having considered the recommendations of the examiners and Heads of Departments.*
- *To decide on the progression status of all students, including whether to refuse readmission to a student who fails to satisfy the minimum requirements for readmission laid down by Council with the approval of Senate, having considered the recommendations of the examiners, Heads of Departments and Programme Convenors, and to allow a student who has failed to satisfy such conditions to continue on such conditions as it may prescribe.*

FEC SUBCOMMITTEES :

FEC subcommittees meet in June, November and December to consider provisional results, in order to make recommendations to FEC in December:

Terms of reference of Examination Committees:

- To consider the reports of examiners, together with the recommendations of Heads of Departments and Programme Convenors, and to decide the results of students in each course.
- To determine who qualifies for degrees, diplomas and certificates, according to the rules laid down by Senate.
- To make recommendations to Senate via the Senate Executive Committee for cases not covered by the rules.
- To decide the award of class medals and special prizes, having considered the recommendations of the Heads of Departments and programme convenors.
- To decide the award of supplementary examinations, having considered the recommendations of the examiners and Heads of Departments.
- To decide on the progression status of all students, including whether to refuse readmission to a student who fails to satisfy the minimum requirements for readmission laid down by the Council with the approval of Senate, having considered the recommendations of the examiners, Heads of

Departments and Programme Convenors, and to decide whether to allow a student who has failed to satisfy such conditions to continue on such conditions as it may prescribe.

- To decide on support mechanisms for individual students who may need this, including for students who transgress Faculty readmission rules but are deemed to have had good reason or have the potential to succeed.

MBChB:

First Year MBChB Faculty Examination Committee (FEC) Subcommittee

Chair: A/ Professor G Perez

Conveners: Professor G Louw (Human Biology)

Dr E Badenhorst (Human Biology)

Prof F Cilliers (EDU)

Dr F Amien (Human Biology)

Dr S Wilson (Chemistry)

Dr G Gunston (Human Biology)

Dr M Lewis (Languages)

Ms L Olckers (1st year BP and BHP Convenor)

Mr K Bugarith (Human Biology)

Second & Third Year MBChB Faculty Examination Committee (FEC) Subcommittee

Chair: A/ Professor G Perez (Deputy Dean)

Conveners: Dr V Zweigenthal (Clinical Laboratory Sciences)

Dr N Parker (Public Health and Family Medicine)

Dr C Slater (Human Biology)

Dr F Begg (Public Health and Family Medicine)

Dr M Karjiker (Intro Clinical Practice)

Dr M Jansen (Clinical Skills)

Dr L De Villiers (Clinical Skills)

Dr Jennifer Ramesar (Clinical Laboratory Sciences)

Dr R Weiss (Clinical Laboratory Sciences)

Dr M Jose (Clinical Laboratory Sciences)

Dr J Claassen (Languages – Afrikaans)

Dr T Dowling (Languages – Xhosa)

Fourth Year MBChB Faculty Examination Committee (FEC) Subcommittee

Chair: A/Professor G Perez

Professor F Cilliers (EDU)
Dr C Gordon (Obstetrics & Gynaecology)
Dr B Hodkinson (Medicine)
Dr N Wearne (Medicine)
Dr R Haylett (Anaesthesia)
Dr R Nieuwveld (Anaesthesia)
Dr T Oni (Public Health)
Dr Q Cossie (Psychiatry)
Dr L Linley (Paediatric Neonatology)
Dr A Horak (Obstetrics & Gynaecology)
Dr J Claasen (Languages – Afrikaans)
Mrs S Dames (Pharmacology)
Sr C Zeelenberg (Obstetrics & Gynaecology)

Conveners: Professor M Blockman (6th year Course Convenor)
Professor F Cilliers (EDU)
Professor A Katz (Medical Biochemistry)
Dr N Beckett (Family Medicine)
Dr P Wicomb (Paediatrics)
Dr S Burmeister (Surgery)
Dr K Donald (Paediatrics)
Dr A Gcelu (Medicine)
Dr P Gajjar (Paediatrics)
Dr K Brouard (Obstetrics & Gynaecology)
Dr C Gordon (Obstetrics & Gynaecology)
Dr C Stewart (Obstetrics & Gynaecology)
Dr M Karjiker (Psychiatry)
Dr N Khumalo (Dermatology)

Fifth Year MBChB Faculty Examination Committee (FEC) Subcommittee

Chair: Professor G Perez (Deputy Dean)
Conveners: A/Professor P Navsaria (Trauma)
Professor F Cilliers (EDU)
Professor G Louw (Human Biology)
Dr N Du Toit (Ophthalmology)
Dr F Chughlay (Pharmacology & Applied Therapeutics)
Dr L Walmsley (Obstetrics & Gynaecology)
Dr C Gordon (Obstetrics & Gynaecology)
Dr A Spitaels (Paediatrics)
Dr G Copley (ENT)
Dr A Gcelu (Rheumatology)
Dr A Kalla (Rheumatology)
Dr R Lehloenya (Dermatology)
Dr D Le Feuvre (Neurosurgery)
Dr B Hodkinson (Medicine)
Dr L Tucker (Neurology)
Dr N Kruger (Orthopaedic Surgery)
Dr S Burmeister (5th year MBChB programme Convenor - Surgery)
Dr P Wicomb (Paediatrics)

Final Year MBChB Faculty Examination Committee (FEC) Subcommittee

Chair: A/Professor G Perez (Deputy Dean - Chair)

Communication Sciences & Disorders years 1-3 Examination Committee

Chair: A/Professor G Perez (Deputy Dean)
Associate Professor S Singh (HOD – Health and Rehabilitation Sciences)
Professor S Amosun (Health & Rehab)
Dr M Pascoe (Division of Communication Sciences & Disorders)
Dr Busayo Ige (IP Co-ordinator)
Dr C Warton (Anatomy)
Dr S Botha (Chemistry)
Dr L Schrieff-Elson (Psychology Convenor)
Dr T Dowling (Languages – Xhosa)
Dr M Harty (Communication Sciences and Disorders)
Mrs L Pienaar (EDU)
Mrs V Norman (HoD: Communication Sciences & Disorders)
Mr S Bowerman (Linguistics)
Mrs F Walters (Communication Sciences and Disorders)
Mrs F Camroodien-Surve (Communication Sciences and Disorders)
Ms Nandipha Luwaca (Communication Sciences and Disorders)
Mrs L Petersen (Communication Sciences and Disorders)
Ms T Kuhn (Communication Sciences and Disorders)
Mrs J Le Roux (Communication Sciences and Disorders)
Mrs T Cloete (Communication Sciences and Disorders)
Mrs L Olckers (BP and BHP Convenor)

Mr S Stoto (BP and BHP Co-convenor)

Dr J Claassen (Languages - Afrikaans)

Dr M Harty (Division of Communication Sciences & Disorders)

Mrs A Sunday (Division of Occupational Therapy)

Ms S Maart (HoD – Physiotherapy)

Mrs L Pienaar (EDU)

Ms G Ferguson (Division of Physiotherapy)

Mrs V Norman (HoD: Division of Communication Sciences & Disorders)

Ms C Hendricks (Division of Physiotherapy)

Ms T Mohamed (Division of Occupational Therapy)

Ms N Edries (Division of Physiotherapy)

Physiotherapy & Occupational Therapy years 1-3 Examination Committee

Chair: A/Professor G Perez (Deputy Dean)

Associate Professor S Singh (HOD – Health and Rehabilitation Sciences)

Professor S Amosun (Physiotherapy)

A/Professor R Galvaan (HoD – Occupational Therapy)

Dr S Maart (HoD: Physiotherapy)

Dr Busayo Ige (IP Co-ordinator)

Dr J Claassen (Languages - Afrikaans)

Dr C Warton (Anatomy & Physiology)

Dr T Dowling (Languages – Xhosa)

Dr M De Souza (Medicine)

Dr A Abrahams (Human Biology)

Dr A Hooper (Psychiatry)

Dr S Botha (Chemistry)

Dr L Davids (Anatomy and Physiology)

Dr R Parker (Physiotherapy)

Ms M Motimele (Occupational Therapy)

Mrs L Pienaar (EDU)

Ms Z Hajwani (Occupational Therapy)

Ms R Fransman (Physiotherapy)

Mrs A Sunday (Occupational Therapy)

Mrs L Olckers (BP and BHP Convenor)

Mr S Stoto (BP and BHP co-covenor)

Ms Z Hajwani (Occupational Therapy)

Ms G Ferguson (Division of Physiotherapy)

Mrs T Burgess (Physiotherapy)

Final year Health & Rehabilitation Sciences Preliminary Examination Committee

Chair: A/Professor G Perez (Deputy Dean)

Associate Professor S Singh (HOD - Health & Rehabilitation Sciences)

Professor J Jelsma (Division of Physiotherapy)

Professor S Amosun (Division of Physiotherapy)

A/Professor R Galvaan (HoD - Occupational Therapy)

Dr R Parker (Division of Physiotherapy)

TEST BOARDS

The Faculty of Health Sciences has a successful “Test Board” system. Test Boards exist to consider test results of all undergraduate students in April, July and September. Membership consists of all the course conveners and the meetings are chaired by the Year conveners. The purpose of Test Boards is to identify struggling students as early as possible and put in measures to support them. These include one-on-one mentoring, help with time management and writing skills, etc – depending on the individual needs of students.

Health and Rehabilitation Sciences:

Test Boards: Chair: Head of Division/ Programme Convenor + All members of the Division + representatives of service courses + Programme Administrator

GENERAL GUIDELINES AND PROCESS FOR FEC AND SUBCOMMITTEES:

1. Programme and course conveners submit proposals for DP requirements, assessment formats and weightings, and readmission rules to the Faculty Manager for approval by Faculty Board (in a Dean’s Circular) and Senate (via Principal’s Circular). (A DC is an unconvened meeting of Faculty Board. A PC is an unconvened meeting of Senate. Each is published about monthly and has a due date for objection.
2. Once the rules above have been approved they are included in Faculty handbooks. The Faculty Examination Committee and subcommittees must act within the parameters of these approved rules in deciding the progression of students.
 1. The office calls meetings of the subcommittees of the Faculty Examinations Committee (FEC) and the FEC itself. After examinations, marks are uploaded by departmental administrative staff on PeopleSoft. The Faculty Office downloads the marks into a spreadsheet which is copied and tabled at meetings. The Subcommittees discuss students’ marks in detail, in the case of students who have failed courses.
 2. In considering results, the FEC subcommittee must consider the report from the external examiners.
 3. General principles during discussions:

- i. What might have affected the student's ability to succeed? What support and mentoring was the student given to help him/her succeed?
- ii. Has the student been failing consistently throughout the year or only in the examination? If only in the examination, was an additional assessment given (in terms of the Senate Examinations Policy) before the final mark was uploaded? Is the convener of the view that the student may stand a good chance of passing if given a supplementary examination may be awarded. (Supplementary examinations are typically awarded for results of 46% and above, provided the student has not failed several courses, in which case the student is likely to be required to repeat.)
- iii. If a student has transgressed the readmission rules for the programme, the Committee may recommend to FEC that the student readmission (in which case the student is invited to appeal to the Readmission Appeal Committee (RAC). No academic exclusion is automatic. The Higher Education Act provides that the University may lay down the minimum requirements for readmission and that the University *may* then refuse readmission to a student who fails to meet these minima. This means that the FEC (which has delegated authority from the Council to make this decision – i.e. the decision as to whether to refuse readmission to a student who has failed to meet the minimum published requirements for re-admission) must apply its mind to all cases individually and decide whether or not to exclude a student who has failed to meet the readmission requirements. A student who has failed to meet the minimum requirements for readmission may thus be excluded if the FEC having applied its mind so decides, or may be readmitted on specific conditions if the FEC, having applied its mind so decides.

Should a student be refused readmission and appeals to the RAC, the RAC considers all factors that may have affected the student's performance, and may readmit the student on probation. Usually additional support is put in place to help a student to succeed. If non-academic reasons had led to the student's transgression of the readmission rules, a support system is put in place to help the student regain his/her health or address his/her problems, to the extent possible.

In the Faculty of Health Sciences, students are refused readmission only when all attempts to support them have failed. Many students who fall foul of readmission rules are readmitted, and strong extra support mechanisms put in place in an attempt to help them succeed.

A similar system and process is used in respect of postgraduate students' results and progression.

ANNEXURE B

EXPLANATORY DOCUMENT REGARDING STRUCTURES AND PROCESSES FOR STUDENT SUPPORT, IDENTIFYING STUDENTS AT RISK ("FLAGGING") AND MAINTAINING STUDENT FILES IN THE ACADEMIC ADMINISTRATION OFFICE OF HEALTH SCIENCES.

1. Implementation of an Early Warning System and on-going identification of students at risk and in need of support

The Faculty implements an Early Warning System (EWS) designed to identify students who are experiencing academic or other difficulties that may potentially hinder their academic success and connect them to Faculty and University resources designed to support them through these difficulties. Apart from the EWS, there is also an on-going identification of students in need of assistance as described below.

Students are usually identified through the following mechanisms:

- a. Self-reporting to the Undergraduate Administration office (Manager: Mr J Stoffberg) or the undergraduate Student Support office (Ms N Malala, who reports to Mr Stoffberg).
- b. Poor performance identified at Test Boards or Examination Subcommittees of the Faculty Examinations Committee
- c. Reports of concern made to the Undergraduate office (Ms N Malala or Mr J Stoffberg) by lecturers or sometimes by parents.

Students may be identified through various indicators, which may include:

- a. Absenteeism above a certain level
- b. Physical health conditions that may require special attention from the Faculty (for example TB)
- c. Mental health conditions that may require special attention from the Faculty (for example depression)
- d. Physical disabilities that may require special attention from the faculty (for example hearing loss).

Students who are identified as possibly being in need of support are referred to the Student Development and Support Committee (SDS), chaired by Dr Ayanda Gcelu, for assistance by the contact person in the Undergraduate Administration Office, Ms N Malala.

The student will be required to meet with a member of the SDS in person to discuss the difficulties that he or she may be experiencing, and to discuss a strategy for dealing with those difficulties.

At this stage, the student may be referred to as being 'flagged' for further support.

The EWS offered by the Faculty aims to increase the throughput of students in all of the undergraduate programmes offered by the Faculty.

1. Maintenance of student files:

This refers specifically to student records that are maintained at Faculty level. Various records are maintained at other levels by central offices such as the Student Records Office, Admissions Office, Financial Aid Office,

Examinations Office and other administrative units across the university and are not covered in detail by this policy.

a. Purpose of the student filing system and record-keeping at faculty level

Individual student files are to be created and maintained in order to ensure that important student information is easily accessible to faculty staff, students or third parties such as the Matriculation Board, Health Professions Council of South Africa (HPCSA) and other such organisations.

For example, there is a legal requirement for all students studying toward degrees in the health sciences to be registered with the HPCSA. An HPCSA registration certificate is kept as evidence of such registration.

The Faculty will ensure the efficient record-keeping of the aforementioned and other documents by the creation of individual student files that will be used to store this information.

a. Standard information to be kept in faculty level student files

A student file that is maintained at faculty level will contain the following documents:

- Applicant Enquiry Cover Sheet showing admissions information such as high school details, school leaving results, NBT results, etc.
- Personal report, where applicable
- HPCSA registration certificate
- Copy of student's ID document
- Important email correspondence between the student and Faculty staff

a. Additional information kept in student files kept by the Faculty Office

When a student is 'flagged' or referred to the SDS for further support, additional information may be added to his or her student file.

This may include the following:

- A photograph to assist support staff in identifying students
- Email communication between the student and faculty staff related to the support interventions discussed

- Reports submitted by the student's healthcare practitioner(s) to the faculty, for the purpose of supporting the student in an appropriate manner
- Leave of absence application forms
- Leave of absence conditions
- Record of compliance with leave of absence conditions, which may include further reports from the student's healthcare practitioner(s)
- Medical certificates for absence
- Other similar records related to student support activities

a. Access to student files

Student files will be accessible only to authorised staff in the Dean's Office.

Students whose files contain confidential information are kept in the Undergraduate Student Support Office.

Files will be kept in locked filing cabinets, and are issued to staff who must sign a register.

Students may request access to their student files to the Faculty Manager or the Undergraduate Administration Manager at any time.

a. Maintaining student files

The Faculty Office aims to adhere to the following guidelines for the creation and maintenance of student files:

- i. Students will be informed at the time of registration that a standard student file will be maintained by the Faculty Office. This will be done by annually publishing this policy on Vula after the registration period
- ii. Any additional information placed in a student file should be communicated to the student. For example, if notes of a meeting between the student and the Deputy Dean is placed in his or her file, a copy of those notes should be emailed to the student so that he or she is informed and given an opportunity to comment on the correctness of the meeting notes before it is placed on the student file.
- iii. Any medical report submitted to the Faculty by a student's doctor, psychologist etc must be submitted with the student's consent. Consent given to a healthcare practitioner by the student to share medical reports with the Faculty should be put in writing.

- iv. The Faculty will respect patient confidentiality and will require the medical reports of students to include only the information needed for making decisions with regard to the academic progress and the non-academic support requirements of a student.
- v. The Faculty must take reasonable steps to ensure the safe-keeping and confidentiality of student files
- vi. Students may be required to agree to this policy at the time of registration

a. Electronic student records kept by the University

Peoplesoft is the official electronic repository of all student records at UCT.

All information related to student's academic record is kept in Peoplesoft. A record is created for each student at the time that he/she applies for admission to UCT and is maintained until his/her studies at the University is completed or discontinued.

Information kept in Peoplesoft includes the following:

- Biographical information such as name, surname, date of birth, ID and passport numbers, home address, emergency contact details, etc
- Applicant data such as school results, NBT results and other information used to consider an application
- Course results and academic standing (status)
- Financial aid information