

Changing landscape of medical specialist training in SA

Through the eyes of a clinician-educator

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6 September 2025





THE ROAD NOT TAKEN

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;



I took the other, as just as fair,
And having perhaps the better claim
Because it was grassy and wanted wear,
Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves without a sodden black.
So many days! I remember day!
And that same morning lay away



What is changing about the PG education landscape in SA?

1. Situational analysis – WBA knowledge, concerns, etc.

2. Developing discipline-specific EPAs

3. Amend MMed regulations

4. Train supervisors: feedback, microteaching

5. Train registrars to do WBA: feedback

6. Implement WBA - asynchronous, pilot phase

7. Develop digital portal for WBA data capture



What does AI know about the changing PG education landscape in SA?



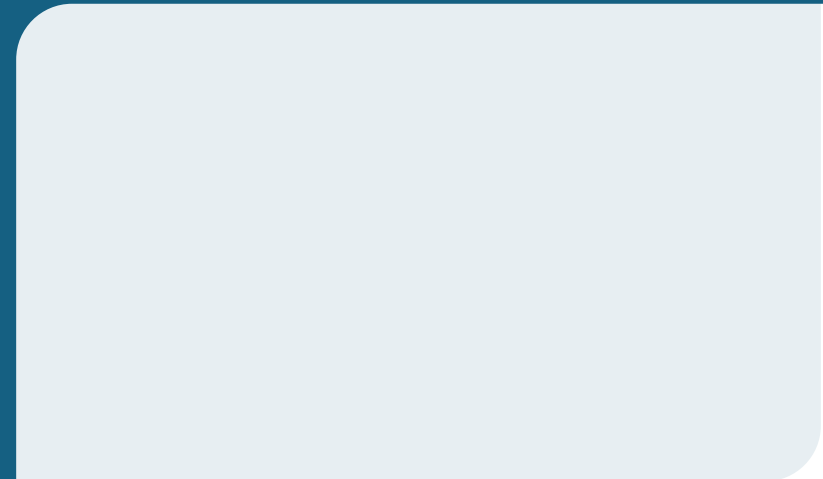
- 1.
- 2.
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- 7.





Answer from free version of ChatGPT 2025.08.28

Good day, please provide 10 key points about the future of postgraduate medical training in South Africa



— What does AI know about the changing PG education landscape in SA?

1. Research competency: MMed completion rates
2. Assessment reform: EPAs and WBA
3. Resource allocation: shortages in district systems
4. Data systems: challenges accessing data
5. Equity and decolonisation: more contextualisation
6. Rural training: UG rural training, PG diplomas
7. Policy integration: NHI
8. Digital learning: potential. Infrastructure challenges
9. Employment pipeline: unemployed graduates
10. Faculty development: improving trainers and recognition





Training for Transformation: Opportunities and Challenges for Health Workforce Sustainability in Developing a Remote Clinical Training Platform

African Journal of Primary Health Care & Family Medicine
ISSN: (Online) 2071-2936, (Print) 2071-2928



Page 1 of 12 Original Research

Perceptions of resources available for postgraduate family medicine training

Work-based assessment: A
critical element of specialist
medical training

Journal of the Colleges of Medicine of South Africa
ISSN: (Online) 2960-110X



Page 1 of 7 Original Research

Workplace-based assessment in South African postgraduate medical training: A baseline survey



RESEARCH

Open Access



"We just don't have the resources": Supervisor perspectives on introducing workplace-based assessments into medical specialist training in South Africa

Tasleem Ras^{1*}, Louis Stander Jenkins², Colin Lazarus³, Jacques Janse van Rensburg⁴, Richard Cooke⁵,
Flavia Senkubuge⁶, Abigail N Dlova⁷, Veena Singaram⁸, Emma Daitz¹, Eric Buch⁹,
Lionel Green-Thompson¹⁰ and Vanessa Burch⁹

RESEARCH

Open Access



Medical education, reflections and perspectives from South Africa: a review

Danica Sims^{1,2*}, Zukiswa Zingela³, Mantoa Mokhachane⁴, Gerda Botha⁵, Dini Mawela⁵, Veena Singaram⁶,
Karin Baatjes⁷, Lionel Green-Thompson⁸ and Kerrin Begg⁸

African Journal of Primary Health Care & Family Medicine
ISSN: (Online) 2071-2936, (Print) 2071-2928



Page 1 of 12 Original Research


Perceptions of resources available for postgraduate family medicine training at a South African university



The development of research competence among specialist registrars in South Africa: Challenges and opportunities for research education and capacity development

K Moxley, PhD

Centre for Health Professions Education, and Research Development and Support Office, Faculty of Medicine and Health Sciences, Stellenbosch






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SAMJ RESEARCH

A quantitative assessment of the time to complete the Master of Medicine research thesis in a cohort of paediatrics registrars at the University of the Witwatersrand, South Africa

J Parry,¹ MB BCh, ; A Coovadia,² MB BCh, FC Paed (SA) 

The impact of the MMed research requirement on registrar training and specialist registration in South Africa: An internet e-survey


B M Biccard,¹ MB ChB, FFARCSI, FCA (SA), MMedSci, PhD ; R A Dyer,¹ MB ChB, FCA (SA), PhD ;
J Fagan,² MB ChB, FCS (SA) ; N Vickery,³ MB ChB, FCA (SA) ; J L Orrock,^{1,4} MB ChB, FCA (SA) 

PanAfrican
Medical
Journal

Editorial

The future of postgraduate training

Kieran Walsh^{1,4}

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SAMJ EDITORIAL

The introduction of competency-based medical education for postgraduate training in South Africa

Developing entrustable professional activities for family medicine training in South Africa



Perceptions of resources available for postgraduate family medicine training at a South African university



Developing Entrustable Professional Activities for Chemical Pathology registrars in South Africa



A national training course for clinical trainers in family medicine



Developing a national clinical competency committee for family medicine training, South Africa



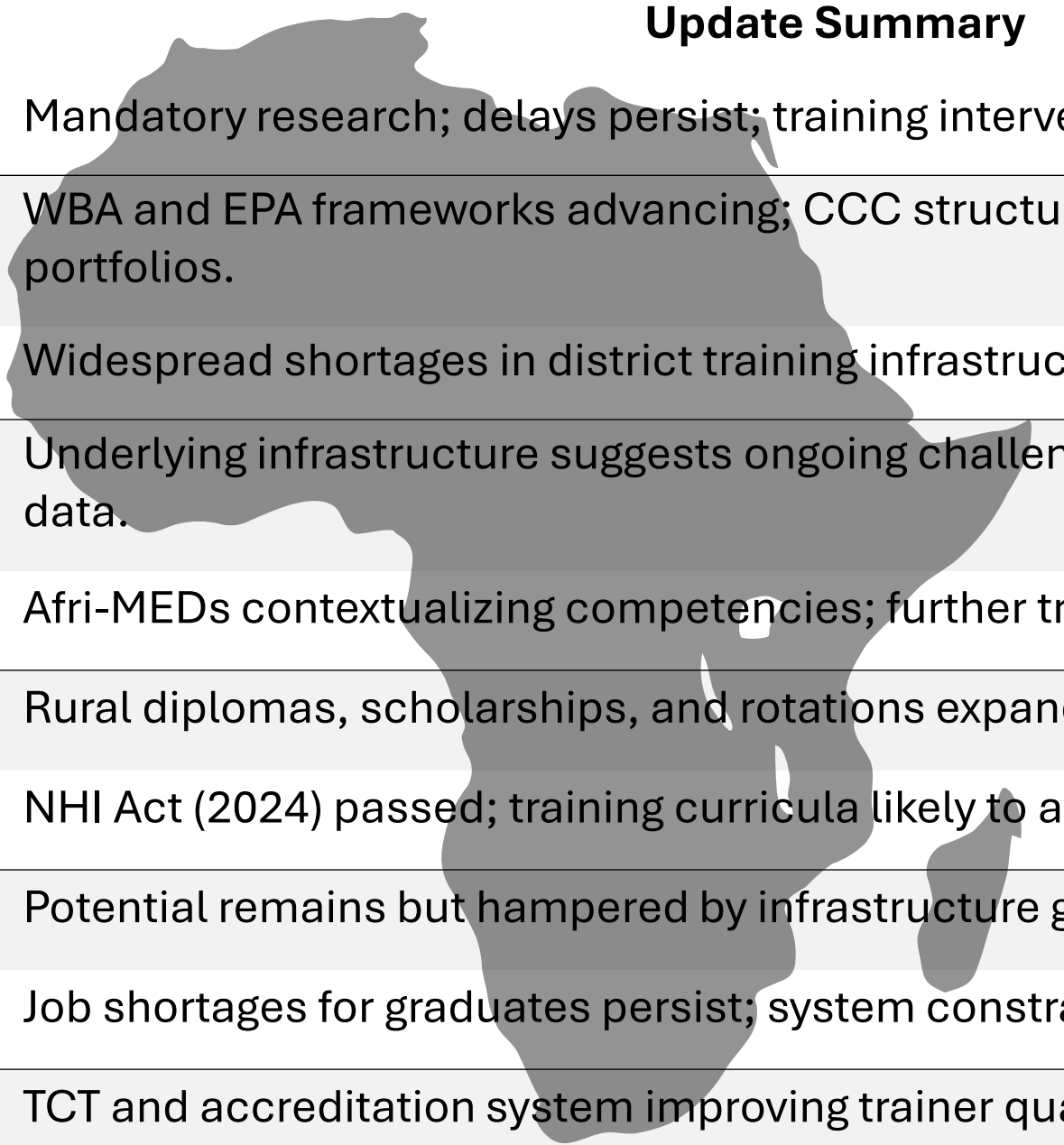
Exercise using free version of ChatGPT 2025.08.28

Good day, please provide
10 key points about the
future of postgraduate
medical training in South
Africa

Good day, please provide
10 key points about the
future of postgraduate
medical training in high
income countries

Key Theme

Update Summary

- 
- | | |
|--|--|
| 1. Research competency | Mandatory research; delays persist; training interventions emerging. |
| 2. Assessment reform | WBA and EPA frameworks advancing; CCC structures now evaluating portfolios. |
| 3. Resource allocation | Widespread shortages in district training infrastructure. |
| 4. Data systems | Underlying infrastructure suggests ongoing challenges accessing research data. |
| 5. Equity & decolonization | Afri-MEDs contextualizing competencies; further transformation needed. |
| 6. Rural training | Rural diplomas, scholarships, and rotations expanding experiential learning. |
| 7. Policy integration (NHI) | NHI Act (2024) passed; training curricula likely to align in coming years. |
| 8. Digital learning | Potential remains but hampered by infrastructure gaps; needs development. |
| 9. Employment pipeline | Job shortages for graduates persist; system constraints remain unresolved. |
| 10. Faculty & accreditation | TCT and accreditation system improving trainer quality and recognition. |

FOCUS AREA

KEY INSIGHT SUMMARY

Technology & Simulation

VR/AR learning for safe, immersive clinical training

CBME & EPAs

Competency over time → real-world capability assessments

MAL & Precision Education

Adaptive, lifelong, individualized learning approaches

AI & Analytics

Data-driven feedback and AI-generated simulation scenarios

Flexible & Cost-Effective Models

Personalized, efficient, budget-conscious training programs

Interprofessional & Global Curriculum

Embed teamwork, ethics, global health, and DEI in training

Faculty & Institutional Reform

Upskill educators; reform accreditation - support innovations

Equity & Workforce Sustainability

Prioritize well-being, diversity, retention, and local training

Governance of Training Bodies

Reform rigid systems – more transparency, financial fairness

Contextual Innovation

Tailor training to meet regional healthcare workforce needs

Comparison: SA and high-income countries

KEY ISSUES	KEY ISSUES
1. Research competency	Technology & Simulation
2. Assessment reform	CBME & EPAs
3. Resource allocation	MAL & Precision Education
4. Data systems	AI & Analytics
5. Equity & decolonization	Flexible & Cost-Effective Models
6. Rural training	Interprofessional & Global Curriculum
7. Policy integration (NHI)	Faculty & Institutional Reform
8. Digital learning	Equity & Workforce Sustainability
9. Employment pipeline	Governance of Training Bodies
10. Faculty development	Contextual Innovation

So, after all of that, what are our priorities?



Roll out of EPA-based WBA to improve clinical competence and impact on patient safety

Observation, feedback & remediation
Supervisor training
Digital portal for WBA



MMed completion rates need to improve

Research competence
Data systems for research



Resource allocation for more equitable training platform



New generation of 'rurally trained' graduates; new emergent roles of specialists



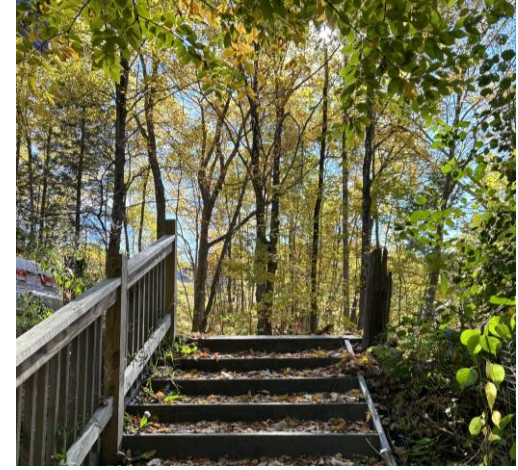
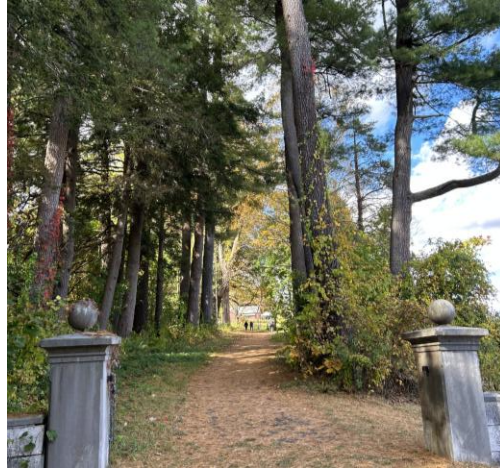
Stakeholder engagement: understand impact of NHI & employment pipeline



Digital learning and responsible use of AI to improve efficiency and increase capacity of education envelope

Massification of education
Assessment efficiency

The road not taken.....



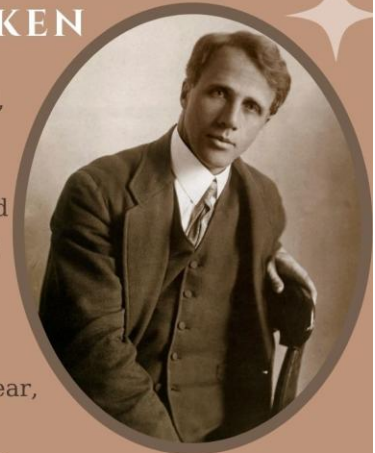
THE ROAD NOT TAKEN

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And looked down one as far as I could
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Then took the other, as just as fair,
And having perhaps the better claim
Because it was grassy and wanted wear,
Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way
I doubted if I should ever come back.

I shall be telling this with a sigh



Are we
addressing
these
priorities?

Roll out of EPA-based WBA

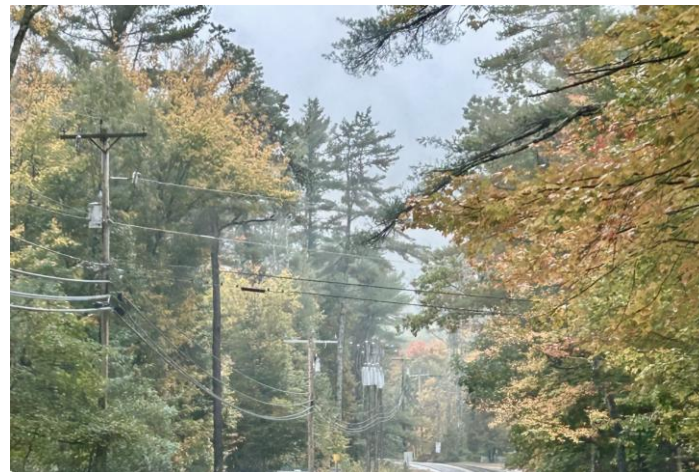
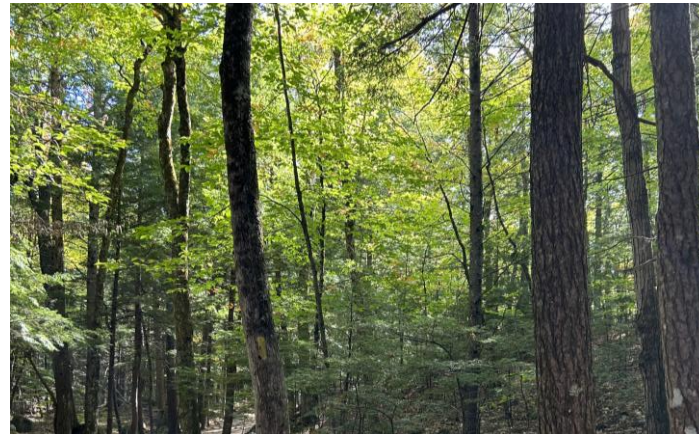
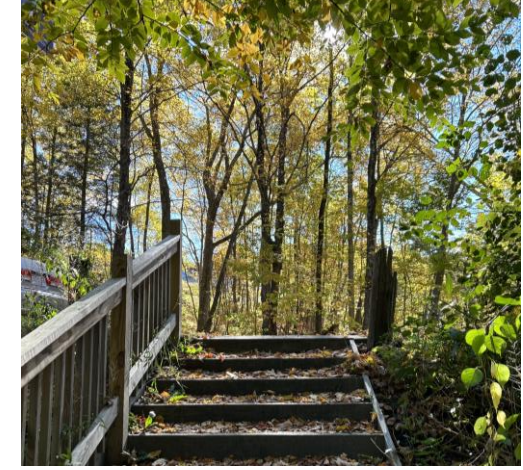
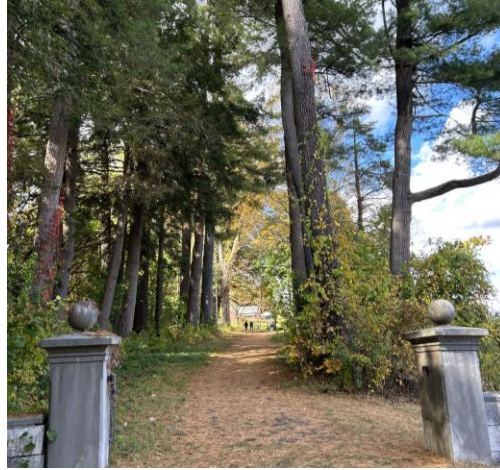
MMed completion
support and training

Resource allocation
for more equitable training
platforms

New generation
of 'rurally trained'
graduates &
new emergent roles of
specialists

Stakeholder engagement
to better understand
the impact of NHI and
employment pipeline

Digital learning &
responsible use of AI



I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I,
I took the one less traveled by,
And that has made all the difference.

Should we
be dreaming
beyond
2030?