Walter Sisulu
Medicine and Health Sciences

Your Knowledge Partner
for a Healthier Society

Faculty Mid-term Report January 2024 - June 2026

iYunivesithi
Walter Sisulu
In pursuit of excellence

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A Faculty Growing with Purpose

Reaching the midpoint of our strategic journey provides an important opportunity to reflect on the Faculty of Medicine and Health Sciences and the direction it has taken over the period under review. It is a moment to consider the progress that has been made while remaining mindful of the responsibility that accompanies that progress. More importantly, it allows us to reflect on whether the work we have undertaken continues to move us towards the Faculty we envisaged when we began this journey.

The Faculty has always held an ambition that extends beyond the successful delivery of academic programmes. At the heart of our work is the responsibility to educate health professionals who are academically competent and conscious of the society they are being prepared to serve. Alongside this responsibility is our commitment to advance knowledge and contribute meaningfully to the health system through research, innovation and service. These responsibilities have shaped our understanding of academic excellence and continue to guide the choices we make about the future of the Faculty.

Our location in the Eastern Cape gives particular meaning to this mandate. We are surrounded by communities whose experiences of health and healthcare constantly remind us that knowledge must remain connected to the realities of people. Rurality and inequality continue to influence access to healthcare across many parts of the province. These realities cannot exist at the periphery of our academic work. They must continue to inform how we educate our students, how we develop our research agenda and how we understand our contribution as a Faculty.

For this reason, our relationship with communities remains fundamental to our identity. We have deliberately sought to build a Faculty that does not approach communities only when there is a need for clinical training, research or outreach. The relationship must be deeper and it must be founded on mutual respect for knowledge. The Faculty's commitment to learning from the community and learning with the community expresses this understanding and reinforces the principle that social accountability is part of our academic mandate.

This understanding has also influenced the way in which we have approached the development of the Faculty. We have sought to strengthen the academic enterprise while remaining attentive to its relevance and sustainability. Growth is important for an institution with ambitions such as ours, but growth must be accompanied by quality and must ultimately strengthen our ability to fulfil our mandate. The decisions we make today must therefore be considered not only in relation to immediate institutional needs but also in relation to the Faculty we want to leave for those who will lead it after us.

That future depends greatly on our people. Universities are strengthened by generations of academics who are given the opportunity to develop their scholarship and grow into leadership. Our responsibility is to create an environment in which talent can be recognised and supported while ensuring that emerging academics are able to see a future for themselves within the institution. Transformation becomes meaningful when opportunity is accompanied by deliberate development and when the academic leadership of the future begins to take shape through the decisions we make in the present.

The same responsibility extends to our students. Every student who enters this Faculty places a measure of trust in the institution and in the education we provide. Our obligation is not limited to ensuring that students complete a qualification. We must prepare graduates who are capable of practising with competence and integrity while understanding the social realities that shape the health of the people they will serve. The quality of the graduate we produce remains one of the clearest expressions of the quality of the Faculty itself.

Research and innovation carry a similar responsibility. The Faculty must continue to grow as a place where knowledge is generated and where difficult questions about health and healthcare can be investigated with academic rigour. At the same time, the value of our scholarship should increasingly be evident in its ability to inform practice and strengthen health systems. It should contribute to the development of solutions that respond to the needs of society. This is particularly important for a Faculty that has positioned itself as a knowledge partner to society and has embraced community-engaged scholarship as part of its academic direction.

Our aspiration for greater national, continental and international standing must be understood within the context of scholarly endeavour underpinned by teaching and learning, research, innovation, and community engagement. We want our academics and students to participate confidently in the global academic community and we want the scholarship produced by this Faculty to be respected beyond our immediate environment. Internationalisation should broaden our intellectual horizons and create opportunities for collaboration while strengthening the work we undertake at home. There is no reason for academic excellence of international standing if that excellence is disconnected from the realities of modern-day rural South Africa. Our ability to bring these two worlds together can become one of the defining strengths of the Faculty.

As we reflect on the first part of this strategic period, I am encouraged by the direction the Faculty has taken and by the commitment that has carried its work forward. Progress has required the contribution of many people across our academic and professional community as well as the continued support of our partners. It has also required a willingness to reconsider established ways of working when they no longer serve the institution we are trying to build.

We should therefore approach the remainder of this strategic period with confidence while retaining the discipline to examine our own performance carefully. Accountability requires us to recognise progress without allowing achievement to make us complacent. It requires us to remain attentive to areas where our ambitions have moved faster than our capacity and to make the necessary adjustments while there is still time to do so. In this way, a mid term review becomes more than an account of performance. It becomes an opportunity for institutional learning and for renewed clarity of purpose.

I remain deeply optimistic about the future of this Faculty. That optimism comes from what I have seen our staff and students achieve and from the growing confidence with which the Faculty is defining its place within the University and the broader health sciences community. It also comes from the partnerships we have built with government, the health sector, academic institutions and communities who continue to share in our work.

The next part of our journey must build on this foundation with the same sense of purpose. We must continue to pursue academic excellence while remaining conscious of whom that excellence is intended to serve. We must develop our people and create space for the next generation of academic leaders. We must grow our scholarship while ensuring that the knowledge we produce remains relevant to the challenges around us. Above all, we must remain accountable to our students, our partners and the communities whose trust gives meaning to our work.

The Faculty of Medicine and Health Sciences has every reason to be optimistic and ambitious about its future. We are rooted in a part of South Africa that presents profound health challenges but also offers extraordinary opportunities for learning, scholarship and service. If we remain true to our purpose, there is no reason why a Faculty deeply grounded in the Eastern Cape cannot also become an increasingly influential voice in health sciences education and scholarship across Africa and beyond.

This is the future towards which we continue to work, with confidence in what has been built and a clear understanding that the most meaningful measure of our success will always be the difference our work makes in the lives of others.

Let me take this opportunity and thank the management, the council, executive leadership of the faculty, staff and students for the opportunity they have given me to lead the faculty.

I, therefore, wish to indicate that when my term of office ends, I will not be available for any extension or renewal of term.

Professor Wezile W. Chitha
Executive Dean
Faculty of Medicine and Health Sciences
iYunivesithi Walter Sisulu

2. Executive Summary

The Faculty of Medicine and Health Sciences enters the midpoint of its strategic period from a position of greater academic strength and with a clearer understanding of the contribution it seeks to make to the University, the health system and society. The period under review has been characterised by growth across the academic enterprise, accompanied by deliberate efforts to strengthen the quality and relevance of teaching and learning, expand research and postgraduate education, develop the Academic Health Platform and deepen the Faculty's commitment to social accountability.

This review assesses progress against the strategic direction of the Faculty and its contribution to the broader goals of Walter Sisulu University Vision 2030. The University's strategy places emphasis on quality and impactful teaching and learning, an enriched student experience, relevant research and innovation, transformative community engagement, internationalisation and partnerships, empowered staff and strong institutional systems. Within this institutional framework, the Faculty has developed a distinctive academic agenda shaped by its responsibility for health professions education and by the particular health needs of the Eastern Cape and other rural and underserved communities.

Teaching and learning remained central to this agenda. The Faculty continued to strengthen its academic programmes and respond to matters arising from professional accreditation while expanding clinical and community-based training. Particular attention was given to the disciplines and areas of the Academic Health Platform that required additional capacity. Curriculum review and programme development also continued as part of a broader effort to ensure that academic offerings remain responsive to changes in healthcare, professional requirements and societal need.

The student experience has increasingly become an important part of this work. The Faculty recognises that academic quality cannot be measured only through programme delivery and examination performance. The conditions under which students learn, their access to academic and psychosocial support and the quality of their experience across the Academic Health Platform are equally important. The period under review has therefore brought greater attention to the systems required to support students throughout their academic journey and to areas where further strengthening remains necessary.

Research and postgraduate education have shown considerable momentum. Research productivity increased substantially from the Faculty's earlier baseline and continued its upward trajectory during the first half of 2026. By mid-year, the Faculty had produced 182 published articles and accumulated approximately 140 research units against an annual target of 200 units. This growth has been accompanied by increased postgraduate activity, stronger research support and the continued development of research groups, platforms, centres and institutes across priority health areas. The Faculty's research ecosystem now includes work spanning infectious diseases, non-communicable diseases, maternal and child health, antimicrobial resistance, health systems, clinical governance, and indigenous health systems.

The development of research has increasingly been accompanied by an emphasis on innovation and the translation of knowledge into practical solutions. Faculty initiatives include diagnostic technologies, medical devices, digital health applications and innovations addressing maternal health, cancer, tuberculosis and other priority health challenges. This direction is important to the Faculty's ambition to move beyond the production of knowledge towards scholarship that contributes to healthcare practice and responds to problems experienced within the health system.

Social accountability remains a defining feature of the Faculty's academic identity. Through the Rural Clinical School, community-based education and wider community engaged scholarship, the Faculty has continued to strengthen the relationship between academic work and the communities it serves. Its approach recognises communities as partners in education and knowledge production and seeks to connect teaching, research and service with local health priorities. This work reinforces the Faculty's aspiration to function as a knowledge partner to society and provides an important foundation for its contribution to health system strengthening.

The Faculty has also continued to build partnerships that extend its academic reach and strengthen opportunities for staff and students. Collaboration with government and health sector partners remains fundamental to the Academic Health Platform, while national and international academic partnerships have created opportunities for research, postgraduate supervision, academic exchange and leadership development. These relationships are increasingly being used not only to extend the Faculty's global footprint but also to bring knowledge, expertise and opportunity back into the institution.

Transformation is emerging as an important part of this institutional development. The Faculty has placed greater emphasis on developing its academic pipeline and creating opportunities for emerging academics to participate in research, postgraduate supervision, mentorship, leadership development and international academic networks. Recent initiatives directed towards the development of female academics reflect a broader commitment to building future academic leadership through deliberate investment in people. The Global Academic Leadership Programme for Women and the Emerging Female Academics Mentorship Programme are designed to combine mentorship, international exposure and research development with longer term career progression and leadership development.

The progress recorded at mid term is therefore significant, although it also brings into focus the work required to sustain it. Continued expansion of the academic enterprise will require corresponding attention to human resources, infrastructure, student support, clinical training capacity and institutional systems. Research growth will need to become more broadly distributed across academic departments while increasing attention is given to research impact and translation. Transformation will similarly require sustained investment if emerging academics are to progress into established scholars and academic leaders.

The second half of the strategic period will consequently require greater emphasis on consolidation and impact. The Faculty must protect the gains already made while strengthening areas where capacity has not developed at the same pace as growth. This includes improving the student and staff experience, strengthening the sustainability of the Academic Health Platform, broadening research participation, developing academic leadership and ensuring that community engagement remains firmly connected to teaching, research and health system improvement.

The overall position at mid term is that of a Faculty whose academic foundations have strengthened and whose ambitions have grown with them. The next stage will be measured increasingly by the ability to translate this progress into sustained academic quality, stronger institutional capacity and visible impact on the health and wellbeing of the communities the Faculty exists to serve.

1. THE FACULTY AT MID TERM

1.1 A Growing Academic Footprint

At mid-term, the Faculty of Medicine and Health Sciences presents a picture of considerable academic growth. The Faculty is teaching and training a larger body of students, its postgraduate community has expanded, research activity has accelerated and the clinical training platform continues to develop. This growth has been accompanied by curriculum renewal, the strengthening of selected academic disciplines, increased research activity and a more deliberate effort to connect the academic project with the health system and the communities.

The significance of this demonstrable progress lies not only in its scale but in what it represents for the development of the Faculty. The first half of the strategic period has seen new developments in some important areas of academic activity, and others have gained momentum. Research productivity has significantly improved, postgraduate education has expanded, and the clinical training footprint has widened through the decentralized academic health platform. Community-engaged scholarship is also beginning to strengthen the connection between the Faculty's academic work and locally identified health priorities.

The Faculty is therefore reaching a different stage of its development. The question is no longer simply whether it can grow. Increasingly, the focus must shift towards the quality and sustainability of that growth and the institution's capacity to develop sufficiently to support its expanding academic mandate.

1.2 Research on a New Trajectory

Research provides one of the clearest indications of the change that has taken place during the period under review. Research output increased from 41.18 units in 2023 to 62.2 units in 2024 and approximately 130.45 units in 2025. By the middle of 2026, approximately 140 research units had already been recorded against an annual target of 200.

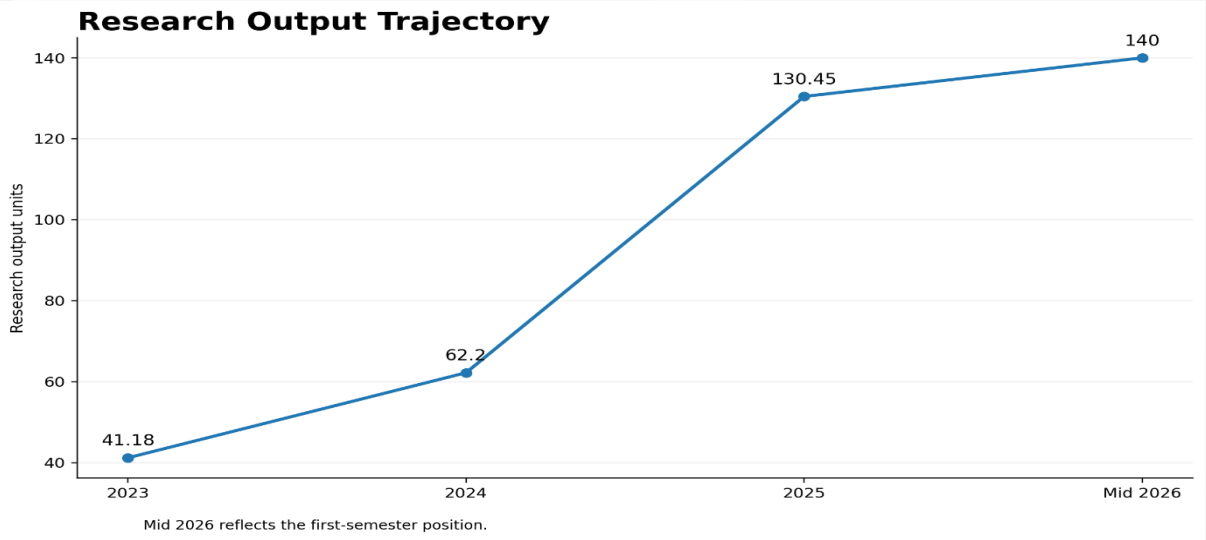


Figure 1. Research Output Trajectory, 2023 to Mid-2026

The increase represents a substantial shift in the research profile of the Faculty. Between 2023 and 2025, research output more than tripled. The mid-2026 position is particularly encouraging because it indicates that the upward trajectory has continued rather than representing a one-off improvement.

Growth in research output has been accompanied by increased success in attracting external research funding. Research grant income increased from R12.1 million in 2023 to R19.9 million in 2024 and R25.2 million in 2025.

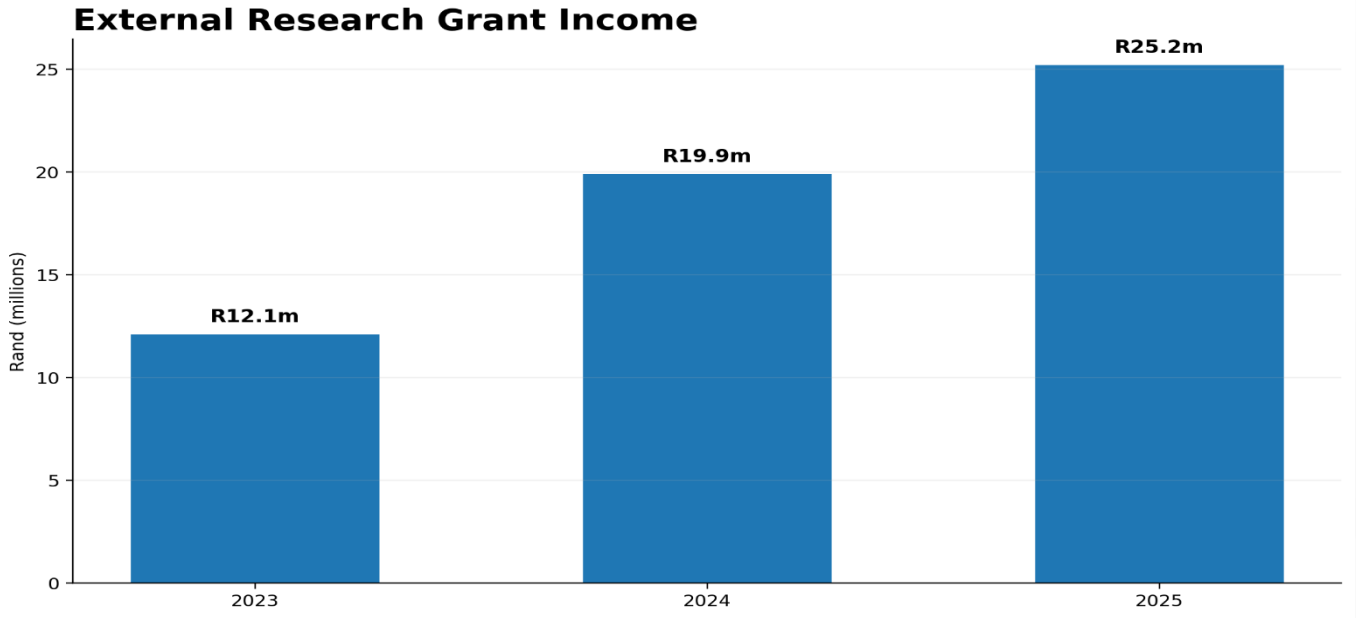


Figure 2. External Research Grant Income, 2023 to 2025

A comparative grant value outline is demonstrated below:

Period	Number of Projects	Total Grant Value	Major Funders
2019-2023	28	~R35 million (plus USD/Euro awards)*	SAMRC, NRF, NIH, Discovery Foundation, Bristol Myers Squibb
2024-2026	22	~R100 million (plus USD/Euro awards)*	SAMRC, NIH, WHO, NRF, Science for Africa Foundation, CCSSA, ECDOH

The movement of these two indicators in the same direction is significant. Increased scholarly output is being accompanied by greater access to resources that can support research activity. This creates opportunities to strengthen research infrastructure, support postgraduate scholarship, deepen collaboration and expand the Faculty's contribution to knowledge production.

The overall figures, however, do not tell the complete story. Research productivity remains concentrated within particular departments, while others are still developing their research contribution. The next stage will therefore require the Faculty to protect the momentum already achieved while widening participation and strengthening research capacity across the academic enterprise. This is considered in greater depth in the research, postgraduate education and innovation chapter.

1.3 Growth in Postgraduate Education

The expansion of postgraduate education is another important feature of the Faculty's development. Postgraduate enrolment increased from approximately 310 students in 2024 to 699 students in 2025. Doctoral enrolment also increased considerably, from approximately 22 PhD candidates in 2023 to 55 in 2025.

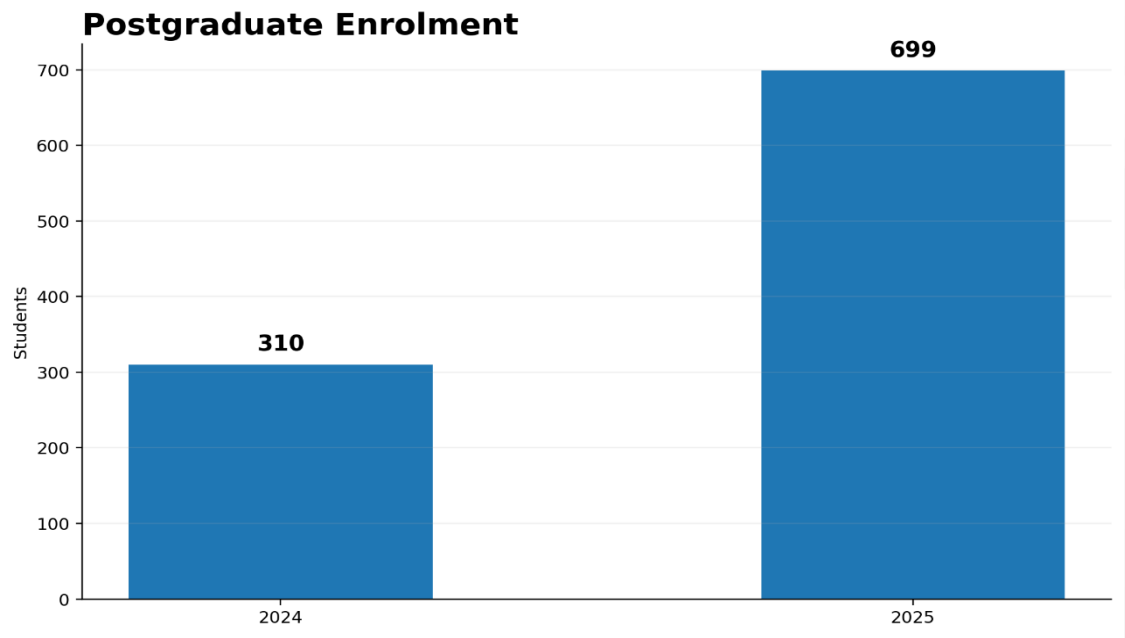


Figure 3. Growth in Postgraduate Enrolment, 2024 to 2025

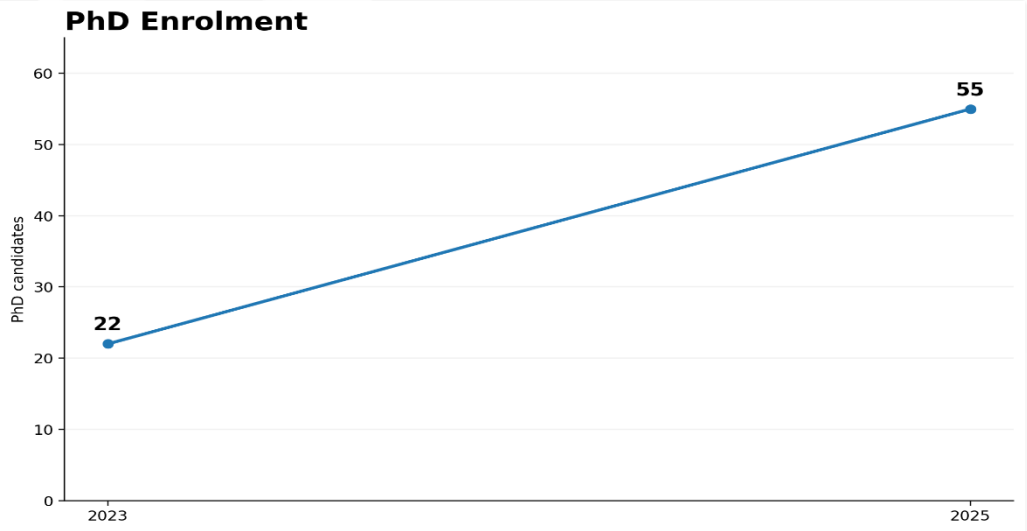


Figure 4. Growth in PhD Enrolment, 2023 to 2025

This growth represents more than an increase in student numbers. Postgraduate education occupies an important position in the development of the Faculty's academic pipeline. Master's and doctoral students contribute to research and knowledge production while creating a pool from which future researchers, supervisors, specialists and academics can emerge.

A growing postgraduate community also places greater responsibility on the Faculty. Expansion must be supported by adequate supervision, effective postgraduate administration, appropriate research support and an environment that enables students to progress and complete their studies. The quality of the postgraduate journey will therefore become increasingly important as the Faculty moves beyond enrolment growth towards strengthening postgraduate success and developing the next generation of scholars.

1.4 Expanding the Academic Health Platform

The growth of the Faculty has required corresponding development of the environments in which health professions education takes place. The Academic Health Platform remains central to this work and connects the academic programme with healthcare delivery across different levels of the health system.

During the period under review, the clinical training footprint continued to expand. Additional sites were incorporated into the Integrated Longitudinal Community Clinical Clerkship, including Aliwal North, Glen Grey, Hewu and Nompumelelo hospitals. Decentralised clinical training was also extended into the Central Deanery through Cecilia Makiwane, Frere and Komani hospitals.

Faculty Academic Health and Clinical Training Footprint

The value of this expansion extends beyond increasing the number of available training sites. Exposure to different clinical environments allows students to experience healthcare across varied service settings and strengthens their understanding of the health system in which they will eventually practise.

The Faculty has also continued to strengthen disciplines that are important to the sustainability and quality of the clinical training platform. Progress has been made in areas that previously presented risks to training capacity, including Oncology, Radiology and Psychiatry, while collaboration with the National Health Laboratory Service and other academic partners continues to support development in laboratory based disciplines.

Expansion must nevertheless remain closely connected to quality. Clinical training sites need sufficient academic supervision, appropriate patient exposure and learning environments that enable students to achieve the required professional competencies. The development of the Academic Health Platform must therefore continue to balance reach with the quality of the educational experience.

1.5 Strengthening the Faculty's Social Mandate

The Faculty's development during the first half of the strategic period has also been marked by a more deliberate effort to connect academic work with communities. This is particularly evident in the growing emphasis on community engaged scholarship and the continued development of the Rural Clinical School.

The Nyandeni Engaged Scholarship Programme provides an important example of this direction. The partnership with the Nyandeni Kingdom and Nyandeni Local Municipality has established a more structured platform through which community priorities can inform academic activity. More than ten research projects responding to needs identified by the community have emerged through this work.

The importance of this approach lies in the changing nature of the relationship between the Faculty and the community. Communities are increasingly understood not simply as locations for clinical training, outreach or research, but as partners whose knowledge and experience can contribute to the academic project.

We learn from the community. We learn in the community. We learn with the community.

This philosophy gives practical expression to the Faculty's commitment to social accountability. It also strengthens the idea of the Faculty as a knowledge partner to society, where academic expertise is brought into conversation with the knowledge, priorities and lived experience of the communities it serves.

The Rural Clinical School provides another important platform through which this mandate is being advanced. By bringing health professions education closer to rural communities, it creates opportunities to strengthen clinical training while contributing to rural health services and exposing students to the realities of healthcare outside major urban and tertiary environments.

1.6 The Mid Term Position

The Faculty reaches mid term with clear evidence of momentum. Research output has grown substantially and research income has increased alongside it. Postgraduate education has expanded and doctoral enrolment is growing. The clinical training footprint is widening, academic programmes continue to develop and community engaged scholarship is becoming more firmly connected to the academic enterprise.

The progress is significant, but it also changes the nature of the work ahead. Growth creates expectations and places additional demands on people, infrastructure and institutional systems. A larger postgraduate community requires greater supervision capacity. An expanding clinical platform requires sufficient academic and clinical educators. Increased research activity requires stronger support systems and broader participation across departments. Community partnerships require continuity if they are to mature into sustained relationships that produce meaningful academic and social value.

The second half of the strategic period must therefore be concerned not only with continuing the momentum already achieved, but with deepening it. The Faculty will need to ensure that growth is accompanied by quality, that academic capacity develops alongside expansion and that the progress recorded at mid term translates into a stronger experience for students and staff and a more visible contribution to communities and the health system.

The Faculty has demonstrated that it can grow. The next measure of progress will be its ability to turn that growth into enduring academic strength.

2. QUALITY AND IMPACTFUL TEACHING AND LEARNING

2.1 Strengthening the Academic Project

Teaching and learning remain at the centre of the Faculty's academic mandate. The growth recorded across research, postgraduate education, community engagement and partnerships ultimately depends on the Faculty's ability to provide education of a consistently high standard and to graduate health professionals who are competent, responsive and prepared for the realities of practice.

The first half of the strategic period has required the Faculty to pursue growth while strengthening the academic foundations that support it. Student numbers have increased, the clinical training platform has expanded and academic programmes have continued to evolve. At the same time, the Faculty has had to respond to professional accreditation requirements, address capacity in critical clinical disciplines and pay closer attention to the quality of the learning environment.

The 2026 mid year position provides an encouraging indication of student participation in the academic programme, with a 97 per cent examination admission rate recorded for the first semester. Final progression and pass rate data were not yet available because of changes to the academic calendar. The immediate academic priority is therefore to ensure that this strong examination admission position translates into successful completion once the academic cycle is concluded.

The significance of this work extends beyond academic performance alone. The Faculty is educating students for professions in which knowledge, judgement and technical competence are exercised in direct service to people. Teaching and learning must therefore remain academically rigorous while preparing graduates to practise effectively in a health system characterised by significant differences in geography, resources and access to care.

2.2 Programme Quality and Accreditation

Professional accreditation remains fundamental to the quality and credibility of health sciences education. The 2023 Health Professions Council of South Africa review of the MBChB and MMed programmes identified several areas that required further attention. These included the strengthening of problem based and community based learning, clinical skills training and medical input into the basic sciences. Human resource gaps were also identified in biomedical sciences, public health and clinical departments, together with student support challenges relating to accommodation and transport.

The Faculty has responded by strengthening areas of the academic and clinical platform that were considered vulnerable. Radiology has progressed from reliance on a single radiologist with limited registration to three fully accredited specialists. Psychiatry has been strengthened through collaboration with the Eastern Cape Department of Health. The Anatomical Pathology registrar training programme continues to develop with support from the National Health Laboratory Service and the University of Cape Town. Oncology has also received focused attention, with specialist capacity strengthened to support both training and service delivery.

These developments are important because the strength of a clinical discipline has a direct bearing on the quality of education. Students and registrars require appropriate academic leadership, supervision and exposure to a sufficient range of clinical experience. Investment in these disciplines therefore strengthens both programme quality and the wider Academic Health Platform.

At mid term, the Faculty reports that its current clinical programmes maintain professional accreditation. The next phase must build on this position by ensuring that quality assurance becomes increasingly embedded in everyday academic practice rather than being driven primarily by external accreditation cycles.

2.3 Curriculum Renewal and Responsiveness

Curriculum renewal has remained an important part of the Faculty's academic development. Reviews of the BSc Medical Sciences and Postgraduate Diploma in Chemical Pathology have been completed, while reviews of the Bachelor of Nursing and Bachelor of Medicine and Clinical Practice remain in progress and are moving through the relevant institutional processes.

The Faculty has also continued to develop programmes in response to changes in healthcare and the needs of the health system. Senate has approved new Master of Public Health programmes in Epidemiology and Biostatistics, Health Systems and Policy, and Clinical Governance, Patient Safety and Quality for submission to the Department of Higher Education and Training. A remodelled Bachelor of Science in Health Promotion and Health Behaviour Intelligence has also been approved by Senate, while an Anatomy stream within the Bachelor of Medical Sciences has been developed to strengthen the future pipeline of anatomy academics and researchers.

This responsiveness is important in a health sciences environment where patterns of disease, healthcare technologies, professional practice and health system priorities continue to change. Curriculum renewal must therefore protect strong disciplinary foundations while ensuring that students are prepared for the conditions in which they will eventually practise.

Work integrated learning is embedded across professional programmes and provides an important bridge between academic preparation and professional practice. The Faculty is also developing an NHLS accredited internship and an Advanced Research Laboratory, both of which are intended to strengthen work readiness and create stronger links between academic preparation, laboratory practice and research.

2.4 Growth of the MBChB Programme

The MBChB programme has entered a significant period of expansion. First year intake increased from 120 students in 2024 to 175 students in 2026, with the Faculty working towards an intake of 200 students in 2027.

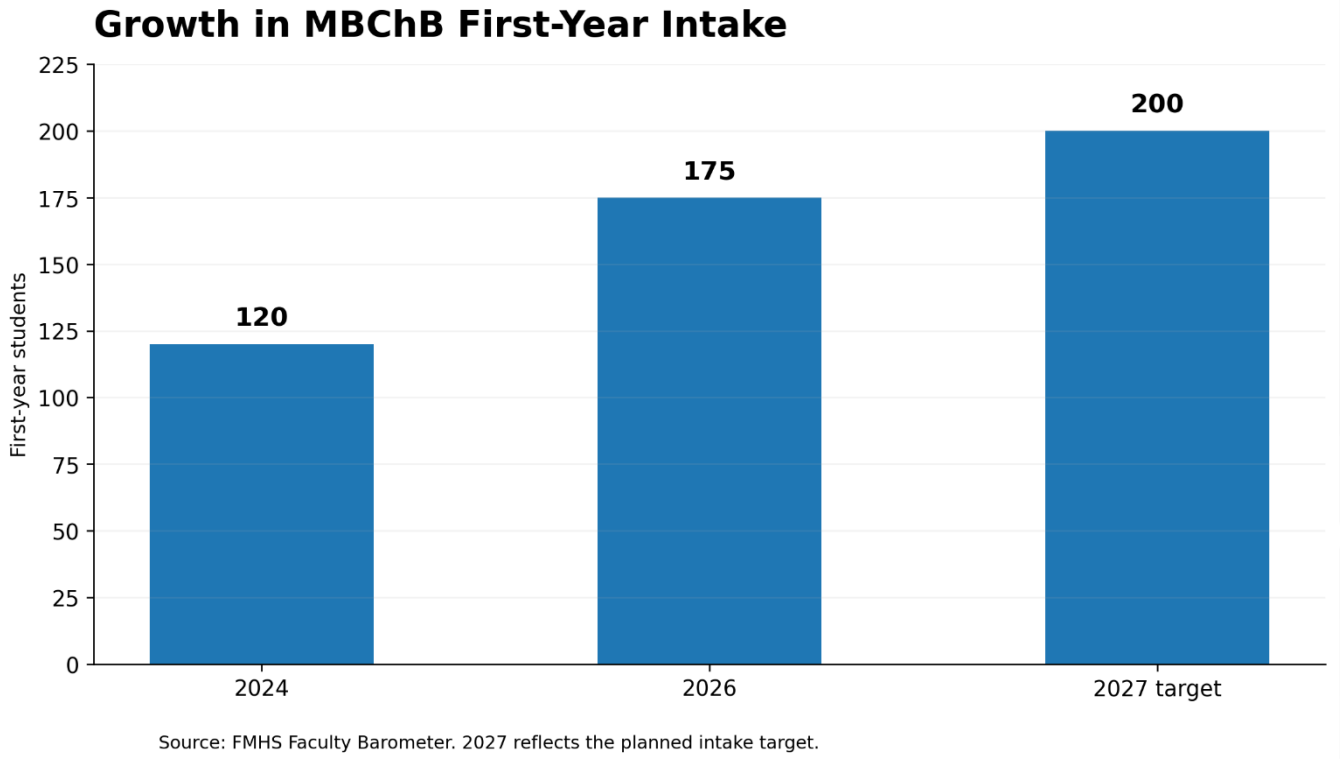


Figure 5. Growth in MBChB First-Year Intake, 2024 to 2027 Target

The increase from 120 to 175 students represents growth of approximately 46 per cent within two years. It marks an important expansion in the Faculty's contribution to the development of the medical workforce and demonstrates the scale of its ambition for medical education.

Growth of this magnitude also has implications across the academic enterprise. Larger cohorts require additional teaching capacity, clinical placements, supervision, laboratory and classroom space and appropriate student support. The development of the MBChB programme must therefore continue in step with the growth of the Academic Health Platform and the resources required to sustain educational quality.

The planned intake of 200 students should consequently be understood not simply as a numerical target but as an institutional undertaking. Its success will depend on the Faculty's ability to demonstrate that academic and clinical capacity have developed alongside enrolment.

2.5 Clinical Education and Work-Integrated Learning

Clinical education is where much of the Faculty's academic programme is translated into professional practice. Students are required to apply theoretical knowledge in real clinical environments, develop clinical judgement, communicate effectively with patients and families and work as members of multidisciplinary health teams.

Work integrated learning is incorporated across the Faculty's professional programmes. The Academic Health Platform provides access to learning environments extending from community and primary healthcare settings through district and regional hospitals to specialist and tertiary services. This allows students to encounter the health system at different levels and strengthens the relationship between academic learning and the realities of healthcare delivery.

The Rural Clinical School has added an important dimension to this model. Academic and clinical training formally commenced at St Elizabeth Hospital in Lusikisiki on 19 January 2026, with an inaugural cohort of ten final year MBChB students undertaking their full year of training at the site. The Rural Clinical School implements the same HPCSA accredited MBChB VI curriculum as the established training platforms and is supported by the Faculty's problem based and community based learning approaches.

The development of the Rural Clinical School demonstrates that high quality clinical education can be extended into rural settings while maintaining academic parity across the programme. It also enables students to engage more deeply with the health realities of rural communities and strengthens the Faculty's contribution to rural health.

2.6 Decentralised Clinical Training

The decentralisation of clinical education has continued during the period under review. The Integrated Longitudinal Community Clinical Clerkship has expanded to Aliwal North, Glen Grey, Hewu and Nompumelelo hospitals. The clinical training platform has also been extended into the Central Deanery through Cecilia Makiwane, Frere and Komani hospitals. The Clinical Associate programme has additionally expanded to Oliver and Adelaide Tambo Regional Hospital.

These developments broaden the range of environments in which students learn and provide exposure to healthcare settings beyond major tertiary centres. District and rural facilities provide a different educational experience, where students encounter referral systems, resource constraints and community health needs more directly.

Decentralised training also strengthens the Faculty's relationship with the provincial health system. The Academic Health Platform extends across the continuum of care and brings education, clinical service and community engagement into closer contact.

The quality of decentralised education must nevertheless remain consistent across sites. Expansion requires adequate supervision, access to learning resources, transport, accommodation where necessary and reliable communication between the Faculty and participating facilities. These elements are essential if decentralisation is to deepen the educational experience rather than simply extend the geographic reach of the programme.

2.7 Quality of the Learning Environment

The quality of the learning environment is shaped by much more than the curriculum. It includes the preparedness of educators, access to academic and clinical resources, the quality of supervision and the systems available to support students throughout their studies.

During the first half of 2026, the Faculty undertook four targeted quality assurance interventions. These included mentor and mentee training for the Faculty peer mentoring programme and specialised development for MBChB Community Based Education and Service and Integrated Longitudinal Community Clinical Clerkship preceptors.

Multilingualism has also become part of the Faculty's approach to educational responsiveness. Draft basic isiXhosa modules have been developed with the Department of Languages for first year students and for staff who are not proficient in isiXhosa. Translation of postgraduate research summaries into isiXhosa is also being implemented.

The significance of this work is particularly evident in health professions education. Communication affects history taking, patient understanding, trust and the ability of practitioners to engage meaningfully with the people they serve. Greater linguistic responsiveness therefore supports both educational quality and the Faculty's wider social accountability mandate.

Digital learning capacity has also continued to develop. All clinical training sites now have connectivity, although the 2026 assessment indicates that stability remains inconsistent across some locations. The appointment of an Instructional Designer in June 2026 has provided additional capacity to strengthen digital pedagogy. Students and staff also have access to digital learning resources including Primal Pictures, Access Medicine and ClinicalKey, while further development of smart classrooms remains dependent on available resources.

2.8 Priorities for the Remaining Strategic Period

The first half of the strategic period has established a stronger foundation for teaching and learning. The Faculty has maintained professional accreditation across its current clinical programmes, advanced curriculum renewal, strengthened critical clinical disciplines, expanded the MBChB intake and extended clinical education into additional sites. The Rural Clinical School has moved from planning into active academic and clinical training, while work integrated learning remains embedded across professional programmes.

The next phase must consolidate these gains. Growth in student numbers will need to remain closely aligned with academic staffing, clinical supervision and infrastructure. Curriculum renewal should continue to respond to developments in healthcare and professional practice. The decentralised clinical platform will require consistent academic support across sites, while digital and physical learning environments must keep pace with the increasing scale of the Faculty.

Student support will require particular attention. The 2026 Faculty performance assessment identifies gaps in mentoring coordination, academic advising and psychosocial support across the Academic Health Platform. These matters are increasingly important as the Faculty grows and will be examined more fully in the chapter on student success and student experience.

The measure of success in teaching and learning will ultimately not be the number of programmes offered or the number of students admitted. It will be seen in the quality of the educational experience and in graduates who leave the Faculty with the knowledge, professional competence and social understanding required to contribute meaningfully to the health system.

3. STUDENT SUCCESS AND STUDENT EXPERIENCE

3.1 Keeping the Student at the Centre

The growth of the Faculty carries an important responsibility. As programmes expand and the academic footprint widens, the experience of the individual student must remain visible. Enrolment growth has value only when students are given a fair opportunity to progress, succeed and develop into capable health professionals.

This is particularly important in health sciences education. Students move between classrooms, laboratories, clinical facilities and communities, often while managing demanding academic programmes and the pressures associated with professional training. Their experience is therefore shaped by more than the curriculum. Academic advising, mentoring, psychosocial support, access to learning resources and the quality of clinical supervision all influence their ability to succeed.

At mid term, the Faculty has evidence of strong academic engagement. The first semester of 2026 recorded a 97 per cent examination admission rate. Final pass and progression rates were not yet available at the time of reporting because of adjustments to the academic calendar. The examination admission rate nevertheless provides an encouraging early indication, while the final outcomes will remain important in determining whether this position translates into successful progression.

The Faculty's approach to student success must therefore continue to move beyond responding to difficulty after it has occurred. The longer term objective is to build an environment capable of identifying risk early, providing appropriate support and enabling students to remain connected to their academic journey.

3.2 Access, Progression and Academic Success

The expansion of the Faculty has increased access to health professions education, most visibly through the growth of the MBChB programme. The increase in first year medical student intake from 120 students in 2024 to 175 in 2026 represents a significant widening of opportunity and contributes to the Faculty's broader responsibility to develop the health workforce.

Access, however, is only the beginning of the student journey. The more meaningful measure is whether students are able to progress through their programmes and ultimately graduate. As enrolments increase, the Faculty will need increasingly sensitive mechanisms for understanding progression patterns and identifying points at which students experience difficulty.

The 2026 performance assessment identifies the need for a Faculty adjusted early warning system that is capable of responding to student risk during clinical rotations. This is an important area for development. Students in clinical programmes do not experience academic difficulty only through conventional written assessments. Attendance, clinical performance, professional behaviour, adjustment to clinical environments and personal circumstances may all provide early indications that additional support is required.

A more integrated approach to student tracking would allow the Faculty to respond earlier and more consistently. The intention should not simply be to identify students who are struggling, but to create sufficient opportunity for intervention before difficulty becomes failure.

3.3 Academic and Psychosocial Support

The Faculty has continued to invest in mechanisms intended to strengthen student support. Peer mentoring is one such area. During the first half of 2026, mentor and mentee development formed part of the Faculty's targeted quality assurance interventions, demonstrating an effort to strengthen the quality of support provided through the mentoring programme.

Peer mentoring has particular value during periods of transition. New students must adjust to the expectations of university study, while students entering clinical training encounter a different set of academic and professional demands. Support from more experienced peers can provide practical guidance and a sense of connection that complements formal academic support.

The mid term review also identifies important gaps. The Faculty does not currently have a dedicated mentoring coordinator or Faculty appointed academic adviser, while psychosocial support across the Academic Health Platform remains insufficient for the scale and geographic distribution of the student body.

These gaps deserve attention because student support should not depend on the individual student knowing where to seek assistance or on informal arrangements within departments. As the Faculty grows and decentralises, support structures will need to become more coordinated and accessible across training sites.

This does not diminish the work already being undertaken. Rather, it identifies the point at which existing initiatives need to mature into a more integrated Faculty system of support.

3.4 The Clinical Learning Experience

For health sciences students, a substantial part of university life takes place outside the conventional campus. Hospitals, clinics, laboratories, communities and homes become learning spaces, and the quality of those environments has a direct influence on the student experience.

The expansion of the Academic Health Platform has increased the range of clinical environments available to students. The Integrated Longitudinal Community Clinical Clerkship now includes Aliwal North, Glen Grey, Hewu and Nompumelelo hospitals, while decentralised training has extended through Cecilia Makiwane, Frere and Komani hospitals.

The Rural Clinical School has added another important dimension. Ten final year MBChB students commenced a full academic year of rural clinical training at St Elizabeth Hospital in January 2026. They follow the same accredited MBChB VI curriculum as students at established sites while learning within a rural healthcare environment.

These developments create valuable educational opportunities, but they also change what students require from the Faculty. A student placed away from the main campus may depend more heavily on reliable connectivity, appropriate accommodation and transport, accessible supervision and clear communication with the University.

Operational investment has increasingly followed this decentralisation. Student accommodation is now functional at Cecilia Makiwane Hospital and Butterworth Hospital, while facilities have also been established or upgraded at Nompumelelo, Hewu, Glen Grey, Dr Malizo Mpehle and Mthatha Regional hospitals. Dedicated vehicles have been procured for the Central and Eastern Deaneries, reducing reliance on outsourced transport and strengthening the practical support available to students rotating through dispersed clinical sites.

The student experience across the Academic Health Platform must therefore be considered as a whole. Academic quality cannot be separated from the practical conditions that enable students to participate fully in clinical education.

3.5 Student Voice and Belonging

A strong student experience also depends on whether students feel that they are recognised as members of the academic community and have meaningful opportunities to contribute to the environments in which they learn.

The evidence available for this mid term review is stronger on academic performance and support interventions than it is on systematic measures of student voice, belonging and satisfaction. This represents an area in which the Faculty can strengthen its evidence base during the remaining strategic period.

Student feedback should increasingly inform decisions about teaching, clinical placements, academic support and the wider learning environment. This is particularly important across a Faculty with geographically dispersed training sites, where the experience of students may differ considerably between locations.

A more deliberate approach to listening to students would allow the Faculty to identify concerns earlier, recognise areas of good practice and understand how institutional decisions are experienced by those most directly affected by them.

Belonging is equally important. Students should experience themselves not simply as recipients of education but as emerging members of the health professions and of the Faculty's academic community. Opportunities for mentorship, academic engagement, leadership and participation in Faculty life can contribute to this sense of connection.

3.6 Preparing Graduates for Professional Practice

The Faculty's responsibility to students extends beyond progression and graduation. Health professions education must ultimately prepare graduates for the environments in which they will work and the responsibilities they will carry.

Work integrated learning across professional programmes is central to this preparation. Clinical exposure allows students to develop professional competence while learning how healthcare is delivered across different settings.

The Faculty's rural and decentralised training model provides a particularly important contribution. Students encounter communities and health facilities where workforce shortages, access to specialist care and resource constraints are part of everyday healthcare delivery. These experiences provide an opportunity to develop graduates who understand not only clinical practice but also the context in which health and illness are experienced.

The development of basic isiXhosa modules for students and staff who are not proficient in the language adds another dimension to professional preparation. In a province where communication with isiXhosa speaking patients forms part of everyday practice, linguistic responsiveness has practical implications for patient engagement and professional competence.

The Faculty's ambition should therefore remain larger than producing graduates who meet minimum professional requirements. The aim is to develop health professionals who are clinically capable, adaptable and able to engage respectfully with the people and communities they serve.

3.7 Priorities for the Remaining Strategic Period

The first half of the strategic period shows encouraging academic engagement and a growing range of opportunities for students. Clinical training has expanded, rural education has moved into implementation and peer mentoring and educator development initiatives are in place. The Faculty has also begun strengthening multilingualism and digital access across the Academic Health Platform.

The mid term evidence also identifies areas that require more deliberate attention. Academic advising and mentoring coordination need to be strengthened. Psychosocial support requires greater reach across the clinical platform. Student tracking should become sufficiently responsive to identify academic and clinical risk early. The Faculty also needs stronger and more systematic evidence on student experience, voice and belonging.

These priorities become more important as enrolment increases. A larger Faculty cannot rely on support arrangements that depend predominantly on personal relationships or the commitment of individual departments. Student support must develop into a coherent system that remains accessible whether a student is learning on the main campus, at a tertiary hospital or at a decentralised rural training site.

The second half of the strategic period therefore provides an opportunity to move from a collection of valuable student support activities towards a more integrated approach to student success.

The measure of that progress will not lie only in examination results. It will also be seen in whether students are supported to remain in their programmes, whether they experience the Faculty as a place in which they can develop and belong, and whether they leave Walter Sisulu University prepared to practise with competence, confidence and a clear understanding of their responsibility to society.

4. RESEARCH, POSTGRADUATE EDUCATION AND INNOVATION

4.1 Building a Stronger Research Culture

Research is one of the areas in which the Faculty has recorded its most visible progress during the first half of the strategic period. The change is reflected in publication output, research units, external funding and postgraduate activity. It is also evident in the structures being developed to support researchers and in the increasing prominence of research within the academic life of the Faculty.

By mid 2026, the Faculty had published 182 articles and accumulated approximately 140 research units against an annual target of 200. The Faculty had also strengthened proposal development and postgraduate support through initiatives including a Scientific and Ethics Bootcamp and a writing retreat for postdoctoral research fellows.

This progress reflects deliberate effort to move research beyond the work of individual productive academics towards a stronger Faculty research environment. That distinction is important. Sustainable research performance depends on more than publication numbers. Researchers require access to funding, methodological and statistical support, ethical and administrative systems, mentorship and opportunities for collaboration. Postgraduate students require supervision and an environment in which research can progress from proposal to completion.

The Faculty has therefore begun to strengthen the institutional architecture around research. The challenge during the remaining strategic period will be to ensure that these developments reach researchers at different stages of their careers and contribute to a research culture that is broad, productive and increasingly recognised for the relevance of the knowledge it produces.

4.2 Research Productivity and Growth

The trajectory of research output provides a clear indication of the progress achieved. Research output increased from 41.18 units in 2023 to 62.2 units in 2024 and approximately 130.45 units in 2025. By the middle of 2026, approximately 140 units had already been accumulated against an annual target of 200.

The trend has already been presented in Figure 1 and is not repeated here. What is important at this stage of the review is what lies behind it.

The increase between 2023 and 2025 represents more than a threefold rise in research output. The mid year position in 2026 indicates that the momentum has continued. The Faculty's performance report further records 182 published articles by mid 2026.

Research activity has also been supported through events intended to strengthen the intellectual life and institutional memory of the Faculty. The Faculty's 40th anniversary in 2025 gave rise to the Faculty Heritage and Memory (FaMe) Public Lecture Series, established by Faculty Board to honour trailblazers whose leadership, teaching, research, clinical service and community engagement helped shape the Faculty. The series continued into 2026 and, by June 2026, had hosted public lectures across disciplines including Obstetrics and Gynaecology, Nursing, Internal Medicine, Paediatric Surgery, Family Medicine, Surgery and Paediatrics.

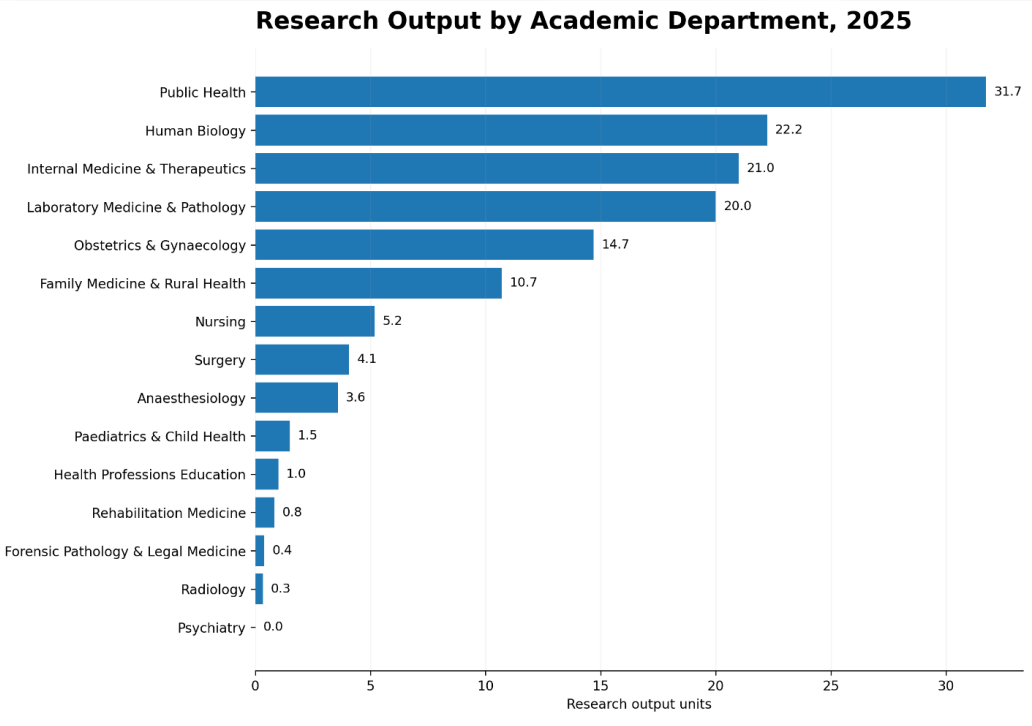
These activities matter because research culture is built not only through the production of publications but through academic exchange. Conferences, lectures, writing opportunities and collaboration create spaces in which ideas are tested, research is shared and younger academics encounter the intellectual traditions of their disciplines.

4.3 Research Performance Across Academic Departments

The overall growth in research output is encouraging, but Faculty level totals can conceal important differences between academic departments. The mid term review must therefore consider not only how much research is being produced but how widely research activity is distributed across the Faculty.

This is particularly important for the next stage of development. A Faculty can achieve strong aggregate research performance while remaining dependent on a relatively small group of productive departments or researchers. Sustainable research intensification requires a broader base.

The evidence available for the review indicates that research productivity is not yet evenly distributed across departments. This should not be interpreted simply as a weakness. Disciplines differ in size, research tradition, clinical workload, postgraduate activity and access to research opportunities. The value of departmental analysis lies in allowing the Faculty to identify where research is already well established, where promising growth is occurring and where additional support may be required.



Source: FMHS RIHDC 2025 Annual Report. Updated departmental outputs reported as at 13 February 2026.

Figure 6. Research Output by Academic Department, 2025

The departmental figure should therefore be read as a picture of the Faculty's developing research base rather than as a ranking of departments. Its purpose is to inform decisions about mentorship, collaboration, postgraduate supervision and research support during the remaining strategic period.

4.4 Research Funding and Capacity

Growth in research output has been accompanied by a substantial increase in external research income. Grant revenue increased from R12.1 million in 2023 to R19.9 million in 2024 and R25.2 million in 2025. The trend has already been presented in Figure 2.

The increase is important because research funding creates the conditions in which more ambitious scholarship becomes possible. External funding can support data collection, postgraduate students, research personnel, equipment, collaboration and the development of research infrastructure.

The Faculty has also begun strengthening the support environment around funded research. Four specialised support units are reported as part of this development. These are Grant Management and Research Administration, the Clinical Training and Mentoring Unit, Biostatistics Analytical Training Services and the Clinical Trials Unit.

These structures have the potential to address an important part of research capacity. Researchers should be able to concentrate on the intellectual and scientific work of their projects while receiving appropriate support for grant administration, statistical analysis, clinical research and compliance requirements.

As research funding grows, governance becomes equally important. Strong financial management, timely administration and effective monitoring will be necessary to protect funder confidence and ensure that research resources are translated into academic output and impact.

4.5 Postgraduate Growth and the Academic Pipeline

Postgraduate education has expanded substantially during the period under review. Postgraduate enrolment increased from approximately 310 students in 2024 to 699 students in 2025, while doctoral enrolment increased from approximately 22 students in 2023 to 55 in 2025.

The growth trends were presented earlier in Figures 3 and 4 and are not repeated in this chapter. Here, their significance lies in the relationship between postgraduate education and the Faculty's longer term academic development.

Postgraduate students contribute directly to research activity. More importantly, they represent part of the future academic and specialist workforce. A strong postgraduate programme therefore has implications for research productivity, supervision capacity, specialist development and the Faculty's ability to renew its academic staff over time.

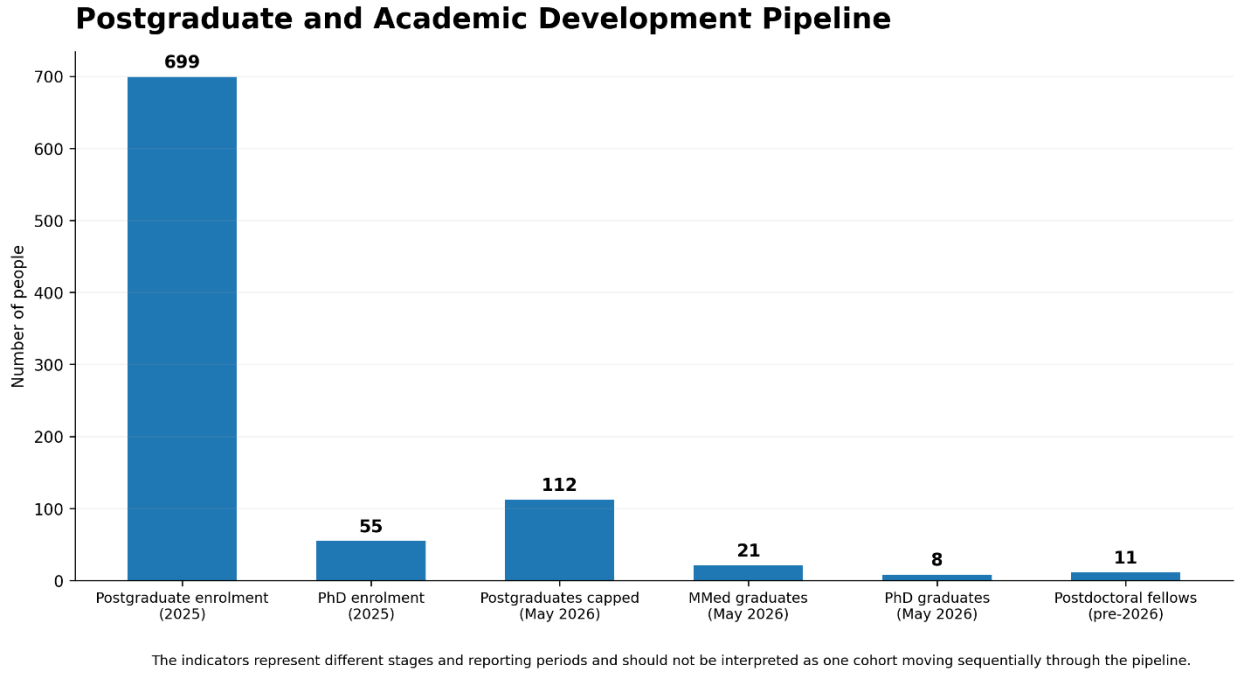


Figure 7. Postgraduate and Academic Development Pipeline

The postgraduate pipeline is already producing tangible outcomes. In May 2026, 112 postgraduate students were capped, including eight PhD graduates and 21 MMed graduates. Among those, the faculty graduated its first Chemical Pathologist both in the University and Eastern Cape at large.

The challenge is now to ensure that growth in enrolment is matched by progression and completion. The Faculty's postgraduate ambitions will ultimately be judged not by the number of students entering programmes but by the quality of their research, the support they receive and their ability to complete their qualifications within reasonable periods.

4.6 Doctoral Education

The growth from approximately 22 doctoral candidates in 2023 to 55 in 2025 represents an important development in the Faculty's academic profile. Doctoral education is particularly significant because it strengthens advanced research capacity and contributes directly to the development of future supervisors and academic leaders.

Increasing doctoral enrolment, however, brings a corresponding need for supervisory capacity. This is particularly important in a Faculty where academics may simultaneously carry substantial teaching, clinical service and administrative responsibilities.

The Faculty's development of research support mechanisms is therefore closely connected to the sustainability of doctoral growth. Scientific and ethics support, statistical expertise, writing development and access to appropriate research infrastructure can improve the postgraduate experience while reducing some of the pressure placed on individual supervisors.

Doctoral development should also remain connected to the Faculty's wider academic pipeline. The value of producing more PhD graduates increases when opportunities exist for emerging researchers to continue into postdoctoral work, academic appointments, research fellowships and independent research careers.

4.7 Research Centres, Groups and Platforms

The strengthening of research requires intellectual homes in which researchers can collaborate around areas of shared expertise and societal importance. The Faculty's research institutes, centres, groups and emerging platforms provide an important foundation for this work.

The development of the Institute of Indigenous Knowledge Systems represents one of the significant structural developments reported at mid term. The Institute is intended to provide a platform for scholarship that engages African knowledge systems and the cultural dimensions of health and disease.

The Faculty's existing research structures also span areas including health professions education, community health and wellbeing, health systems and other fields relevant to the health challenges of the region. The Centre for Health Professions Education, Research and Development, for example, focuses on human capital development, educational innovation and research in areas including competency based education, problem based learning and workplace based assessment.

A further development is the Indigenous Health Systems Research Institute (IHSRI), housed in the School of Biomedical Sciences and formally launched on 16 July 2026. The Institute provides an enabling home for multidisciplinary research, Research Chairs and centres advancing Indigenous and rural health systems scholarship. Its research programme spans Indigenous medicines and innovation, non-communicable diseases, tuberculosis and infectious diseases, Indigenous health genomics and integrated rural health systems.

By August 2026, IHSRI reported seven peer-reviewed publications and five systematic reviews, together with externally funded projects supported through the NRF, Technology Innovation Agency and SARChI mechanisms. Its research capacity included four postdoctoral fellows, six PhD candidates, 12 master's students and six honours students. The Institute is also embedded in the Nyandeni community-engaged scholarship platform and is building partnerships with traditional healers, government, research councils, universities and innovation partners to support co-creation, translation and rural health policy development.

The TB and Associated Research and Innovation Platform (TARIP) provides another example of a focused research platform linking scientific production with postgraduate development. Between 2024 and August 2026, TARIP produced 29 peer-reviewed publications across areas including drug-resistant tuberculosis, TB-HIV coinfection, molecular epidemiology, clinical governance, health literacy, predictive modelling and machine learning. Its student pipeline grew to 15 honours students and eight new master's students in 2026, while three PhD candidates were registered across 2024 to 2026. Four master's students are also participating in biophotonics innovation projects in collaboration with the Council for Scientific and Industrial Research.

The value of these structures will increasingly depend on their ability to create active research communities rather than functioning only as organisational entities. Productive centres and groups should provide opportunities for mentorship, postgraduate supervision, collaborative grant applications, interdisciplinary scholarship and the development of recognisable areas of research strength.

4.8 Innovation and Knowledge Translation

The Faculty's research agenda is beginning to extend more deliberately from knowledge production towards innovation and translation. CRADLE currently oversees 12 registered innovation projects, supported by the emerging research infrastructure within the Faculty.

Some of this work is already demonstrating the potential for research to move beyond publication. Within Medical Orthotics and Prosthetics, for example, work on a pneumatic prosthetic foot has progressed through design and human participant validation and has received support from the Technology Innovation Agency. Patent applications have been filed in South Africa, China and Europe, with further prototype validation planned.

This is an important example of the kind of academic pathway the Faculty should continue to encourage. A locally identified health or rehabilitation challenge can generate research, lead to technological development and potentially produce an intervention with practical value.

Innovation should nevertheless be understood broadly. In a health sciences Faculty, translation may involve a new device, but it may equally involve an improved clinical pathway, a new model of health professions education, evidence that informs health policy or a community intervention that changes practice.

4.9 From Research Output to Research Impact

The growth in publications, research units and grant income represents an important achievement at mid term. The next stage of the Faculty's research development requires an additional question to be asked. What difference is the research making?

For a Faculty with a strong social accountability mandate, research impact must be considered in relation to the health system and the communities with which the University works. This does not diminish the importance of publication in high quality journals or international academic recognition. Rather, it broadens the understanding of scholarly success.

The Nyandeni partnership provides one emerging example. More than ten research projects within the broader programme have been developed around health and social needs identified by the community itself. This creates an opportunity for the Faculty to demonstrate a complete scholarly pathway from identifying a question with the community to generating evidence and returning useful knowledge or interventions to the setting from which the question emerged.

The Faculty's future research profile should therefore be characterised by both excellence and consequence. Strong scholarship should contribute to academic knowledge while increasingly demonstrating relevance to clinical practice, health policy, education, innovation and community wellbeing.

4.10 Priorities for the Remaining Strategic Period

Research enters the second half of the strategic period from a considerably stronger position. Output has accelerated, external grant income has increased, postgraduate education has expanded and new support structures are being developed. The Faculty has also begun strengthening innovation and creating research platforms around areas of academic and societal importance.

The immediate task is to consolidate this progress.

Research productivity should become more broadly distributed across academic departments. Emerging researchers will require mentorship and opportunities to develop independent research careers. Postgraduate growth must be supported by sufficient supervision and stronger progression and completion systems. Research support units will need to mature into reliable services that researchers can access consistently.

The Faculty will also need to become increasingly deliberate about research impact. Publication output and research units remain important measures of academic performance, but the next stage should provide stronger evidence of how Faculty research influences healthcare, education, policy, innovation and the communities from which many of its research questions emerge.

The first half of the strategic period has demonstrated that the Faculty can increase the volume of its research. The opportunity now is to build a research environment distinguished not only by how much knowledge it produces, but by the quality, reach and usefulness of that knowledge.

5. THE ACADEMIC HEALTH PLATFORM AND CLINICAL ENTERPRISE

5.1 An Academic Platform Rooted in the Health System

The Academic Health Platform is one of the Faculty's most important assets. It is where education, clinical service, research and community engagement meet, and where the relationship between the University and the public health system becomes most visible.

The platform is deliberately decentralized to shift health professions' training away from being a predominantly tertiary and quaternary to becoming a whole platform enterprise including all levels of the health system. It extends across the Eastern Cape from households and communities through primary healthcare facilities, community health centres and district hospitals to regional, specialised, tertiary and central hospital services. Nelson Mandela Academic Hospital serves as the central hospital and the seat of academic leadership, while the broader platform is organised through the Eastern Deanery based in Mthatha and the Central Deanery based in East London.

This structure gives the Faculty an academic reach that extends well beyond a single campus or teaching hospital. It allows students and registrars to learn across different levels of care while enabling academic departments to participate directly in the clinical environments in which the health needs of the province are experienced.

The value of the platform lies precisely in this relationship. Teaching is strengthened by exposure to real service environments. Clinical services across all levels of care benefit from improved access and quality due to the participation of specialists and academics in training both undergraduate and postgraduate students. Research questions emerge from the realities of healthcare delivery, while communities provide an important setting in which the relevance of the Faculty's work can ultimately be tested.

For a Faculty whose identity is closely connected to rural and underserved communities, the Academic Health Platform is therefore more than a network of training sites. It is part of the mechanism by which the Faculty gives practical expression to its social mandate to train health professionals to serve rural and underserved communities.

5.2 Strengthening Clinical Disciplines

The first half of the strategic period has seen deliberate attention given to clinical disciplines where capacity presented a risk to teaching, specialist training and service delivery.

Oncology was prioritised through the appointment of academic leadership and the strengthening of specialist capacity. Four oncologists are active on the platform, with further capacity planned, while recruitment of medical physicists is underway. Radiology has moved from reliance on a single radiologist with limited registration to three fully accredited specialists, providing greater stability and leadership for the training programme. Nuclear medicine capacity has also been strengthened through the employment of medical specialists.

Psychiatry has similarly benefited from collaboration with the Eastern Cape Department of Health, resulting in additional appointments and greater stability within the Academic Health Platform. The Anatomical Pathology registrar programme continues to develop through collaboration with the National Health Laboratory Service and the University of Cape Town.

These developments illustrate the interdependence of the academic and clinical missions. Strengthening a discipline does not benefit teaching alone. Additional specialist capacity can improve supervision, registrar development and service delivery while creating stronger foundations for research and future subspecialisation.

The Faculty is also looking beyond the immediate stabilisation of existing disciplines. Plans have advanced for recognised medical subspecialties including Critical Care, Rheumatology and Paediatric Cardiology, with a further specialty under consideration.

The direction is important. A mature Academic Health Platform requires both breadth and depth. The Faculty must be able to support undergraduate clinical education while progressively developing the specialist and subspecialist expertise required for postgraduate training, academic leadership and increasingly complex patient care.

5.3 Extending the Clinical Training Footprint

The geographic reach of the Academic Health Platform has expanded during the period under review. The Integrated Longitudinal Community Clinical Clerkship has been extended to Aliwal North, Glen Grey, Hewu and Nompumelelo hospitals. This expansion has increased the number of district hospitals participating in the clerkship to 16, spanning five of the province's six districts and one of its two metropolitan municipalities. Clinical training has also been decentralised into the Central Deanery through Cecilia Makiwane, Frere and Komani hospitals, while the Clinical Associate programme has expanded to Oliver and Adelaide Tambo Regional Hospital.

This expansion is significant because the Faculty is increasingly using the provincial health system itself as a distributed academic environment. Students are not exposed only to tertiary medicine. They encounter healthcare at different points in the referral system and in communities with different disease profiles, resources and access to specialist services.

Figure 5. Faculty Academic Health and Clinical Training Footprint

The expansion of the platform should nevertheless remain purposeful. The value of a training site cannot be measured simply by adding another hospital to the Faculty's geographic footprint. Each site must provide an educational experience supported by appropriate clinical exposure, academic supervision, connectivity and the practical arrangements required for students to learn effectively.

The challenge for the second half of the strategic period is therefore to consolidate the distributed platform so that expansion in geographic reach is matched by consistency in academic quality.

5.4 Rural and Decentralised Clinical Education

The establishment of the Rural Clinical School at St Elizabeth Hospital in Lusikisiki represents one of the most significant developments within the Academic Health Platform during the period under review.

The Rural Clinical School was developed as a partnership between the Faculty and the Eastern Cape Department of Health in response to persistent rural health inequalities and shortages of health professionals in underserved communities. Its establishment is formalised through the WSU and Eastern Cape Department of Health Memorandum of Agreement and forms part of the wider Academic Health Platform.

Academic and clinical activities formally commenced on 19 January 2026. The inaugural cohort comprises ten final year MBChB students who are spending their full sixth year at St Elizabeth Regional Hospital. The students follow the same HPCSA accredited MBChB VI curriculum as their counterparts in Mthatha and East London, with teaching based on the Faculty's established Problem Based Learning and Community Based Education approaches.

The significance of the Rural Clinical School extends beyond the placement of students in a rural hospital. Its model brings education, clinical service and community context into the same academic environment. St Elizabeth Hospital serves as the central academic and clinical hub within a network that connects additional hospitals, community health centres and primary healthcare facilities. A coordinated rotation system is being developed to enable specialists, registrars and students to move across this platform.

The supporting environment has also been established. St Elizabeth Hospital has committed clinical training space, lecture facilities and access to a health resource centre. The Eastern Cape Department of Health has committed to strengthening human resources, infrastructure and specialist capacity, while the Faculty provides transport and the site has student accommodation and ICT infrastructure.

The Rural Clinical School was officially launched on 4 February 2026, with participation from University leadership, the Eastern Cape Department of Health, traditional leadership, local government, the business community, hospital governance and management structures, staff and members of the wider community.

The School commenced with a functional academic and clinical operational framework, supported by ongoing specialist and registrar input from Nelson Mandela Academic Hospital. The model is designed as a hub-and-spoke system in which St Elizabeth Regional Hospital serves as the central academic and clinical hub linked to additional hospitals, community health centres and primary healthcare facilities.

The student support environment includes secure accommodation on the St Elizabeth Hospital premises, permanent eduroam connectivity with high-capacity routers available as backup, and dedicated transport for staff and students travelling to Lusikisiki. These arrangements are intended to provide students at the rural site with the same essential conditions for learning that are expected across the wider Academic Health Platform.

The ten pioneering MBChB students undertake their clinical rotations as a single cohort. By August 2026 they had completed rotations in Paediatrics, Family Medicine, Internal Medicine and Obstetrics and Gynaecology and were completing Psychiatry, with General Surgery scheduled as the final rotation. Mid-block student feedback has been strongly positive about the learning and clinical training environment, with the limited concerns raised being addressed.

The Rural Clinical School therefore provides an important test of the Faculty's ability to deliver academically equivalent health professions education in a setting where the need for health workforce development is particularly acute.

5.5 Partnership with the Eastern Cape Department of Health and the National Health Laboratory Service

The Academic Health Platform depends on partnership. The Faculty does not own the hospitals and health facilities in which much of its clinical education takes place, while the provincial health system relies on academic expertise for important aspects of specialist training, clinical leadership and service development.

The relationship with the Eastern Cape Department of Health is therefore fundamental. The Faculty's academic programmes are delivered across the province in collaboration with the Department, while the joint Academic Health Platform provides the structure through which education, research, clinical service and community engagement are brought together.

The partnership has enabled the decentralisation of training, strengthening of specialist disciplines and establishment of the Rural Clinical School. It also creates an important shared responsibility. Academic quality depends on functional clinical environments, while improvements in specialist capacity and academic leadership can contribute directly to the quality of provincial healthcare.

The National Health Laboratory Service is equally important to the laboratory and pathology components of the platform. Its support for the Anatomical Pathology registrar training programme illustrates how partnership can strengthen disciplines where the academic and service functions are closely connected.

The next phase of the Academic Health Platform will require these relationships to mature further. The recently signed Memorandum of Agreement places emphasis on stronger academic leadership, decentralisation of training to regional and district hospitals and improved systems for managing students and academic programmes across the platform.

The strength of the platform will ultimately depend on the ability of the University and its health sector partners to see academic development and health service strengthening as connected responsibilities rather than parallel institutional interests.

5.6 Academic Excellence and Service to the Health System

The relationship between academic medicine and service becomes particularly visible when specialist expertise is directed towards areas of significant patient need.

During the period under review, several clinical departments undertook interventions that demonstrate this connection. The Department of Ophthalmology conducted cataract surgery campaigns at Malizo Mpehle, Zithulele and Nelson Mandela Academic Hospital, through which 512 patients received cataract surgery over a twelve month period.

The Department of Anaesthesiology participated in the Operation Smile Project in October 2025, during which 32 patients underwent cleft lip and palate surgery in collaboration with plastic surgeons. Orthopaedics also implemented a surgical backlog reduction campaign.

These activities illustrate an important dimension of the Faculty's clinical enterprise. Academic excellence is not separate from service. Specialist expertise, clinical training and academic leadership can contribute directly to addressing waiting lists, expanding access to care and strengthening services within the provincial health system.

This relationship should continue to deepen. The Academic Health Platform provides an opportunity for the Faculty to develop models in which clinical service generates opportunities for teaching and research while academic expertise contributes to improvements in quality, clinical governance and patient outcomes.

The establishment of the WSU Institute for Clinical Governance and Healthcare Administration provides a further platform for this work. The Institute is intended to advance research, training and development in clinical governance, quality and safety of care, healthcare leadership and related health system fields, with a particular emphasis on strengthening the ability of the system to understand and respond to its own performance challenges.

5.7 Priorities for the Remaining Strategic Period

The Academic Health Platform has expanded considerably and enters the second half of the strategic period with stronger clinical disciplines, a broader geographic footprint and an operational Rural Clinical School. The relationship between academic development and health service delivery is also becoming more visible.

The next stage must focus on consolidation and depth.

Specialist capacity will need to continue developing in disciplines where staffing remains vulnerable. Planned subspecialties should be advanced where the academic, clinical and infrastructure conditions are sufficient to support sustainable training. The distributed training platform will require consistent supervision, connectivity and student support across sites.

The Rural Clinical School presents an important opportunity for further development. Plans include expansion beyond medicine into other Faculty programmes, development of undergraduate and postgraduate training, strengthening of research and clinical governance and eventual replication of the model at Frontier Hospital in Komani.

The Faculty must also continue strengthening the governance of the Academic Health Platform together with its partners. Clear academic leadership, shared planning and reliable systems for managing students, programmes and clinical training will become increasingly important as the platform grows.

The longer term ambition should be a clinical platform in which education, research and service reinforce one another. Students should experience high quality clinical education. Clinicians should have opportunities to teach, research and develop professionally. Communities should experience tangible benefit from the presence of the University. The health system should be strengthened through academic expertise, while the Faculty should remain grounded in the realities of the system it exists to serve.

In this sense, the Academic Health Platform is not simply where the Faculty conducts clinical training. It is one of the clearest expressions of what the Faculty seeks to become: academically strong, clinically relevant and accountable to the society from which its purpose is drawn.

6. SOCIAL ACCOUNTABILITY AND COMMUNITY ENGAGED SCHOLARSHIP

6.1 A Faculty in and of Its Communities

Social accountability is central to the identity of the Faculty of Medicine and Health Sciences. The Faculty's location in the Eastern Cape has shaped an academic tradition in which education, research and service are closely connected to the realities of rural and underserved communities. This relationship is reflected in the Faculty's commitment to train health professionals who understand the communities they serve and to ensure that academic knowledge contributes meaningfully to the improvement of health and wellbeing.

The Faculty has long recognised that community engagement cannot be limited to occasional outreach activities. Its current approach seeks to integrate community engagement into the scholarly work of the Faculty so that teaching, research and service increasingly respond to priorities identified together with communities.

This philosophy is captured in a simple but important commitment:

We learn from the community. We learn in the community. We learn with the community.

The statement reflects an understanding that knowledge does not flow in only one direction. Communities bring experience, local knowledge, assets and priorities that can strengthen academic work when engagement is based on reciprocity and respect.

The Faculty has therefore begun moving from community service towards a more deliberate model of community engaged scholarship in which communities participate in defining priorities and in shaping the academic response.

6.2 From Community Engagement to Engaged Scholarship

The Faculty defines community engaged scholarship as a reciprocal collaboration between the University, service providers and communities in the production of knowledge and in addressing mutually identified priorities. The approach builds on local assets and capabilities rather than beginning from an assumption that communities are defined only by their needs.

This represents an important development in the Faculty's social accountability agenda. Traditional community service often positions the University as the provider of expertise and the community as the recipient. Community engaged scholarship seeks a different relationship in which the community participates as a partner in identifying questions, developing responses and learning from the process.

Within the Faculty, this work brings together community engaged research, community engaged learning and teaching, community engaged service and community service where communities have identified an immediate need for direct support.

Community based education already provides a strong academic foundation for this approach. Service learning in Nursing, practice based learning in the Clinical Associate programme, Community Based Education and Service in the early MBChB years and the Integrated Longitudinal Community Clerkship in MBChB V all provide opportunities for students to learn through engagement with real communities and health services.

The challenge at mid term is therefore not to create community engagement from the beginning, but to build on this history and strengthen its scholarly character. The intention is increasingly to ensure that engagement produces learning, research, evidence and sustained relationships rather than remaining a series of disconnected activities.

6.3 The Rural Clinical School

The Rural Clinical School provides one of the strongest examples of social accountability being translated into the core academic programme.

The establishment and operational development of the Rural Clinical School at St Elizabeth Regional Hospital are discussed in Section 5.4. In the context of social accountability, its significance lies in the way the model places longitudinal rural clinical education within a wider platform for service, research, community engagement and health system strengthening.

The importance of this development lies in what it makes possible. Students are able to experience rural healthcare over an extended period rather than through brief exposure. Academic departments can establish deeper relationships with rural clinical services. Research can emerge from the health challenges experienced within those communities, while academic expertise can contribute to strengthening the local health system.

6.4 The Nyandeni Partnership

The Nyandeni Community Engaged Scholarship Programme represents the Faculty's most developed attempt to establish a long term partnership in which the community participates directly in shaping the academic agenda.

Nyandeni Local Municipality was selected as a pilot site because of its rural character and proximity to Mthatha, which allows academic departments across the Faculty to participate. Community entry began in early 2025 and led to collaboration between Walter Sisulu University, the Nyandeni Kingdom and Nyandeni Local Municipality. The partnership was formally established through a Memorandum of Understanding signed on 4 September 2025.

The process was deliberately participatory. An asset mapping and needs assessment study was conducted in April 2026, followed by a strategic planning workshop in June. The resulting programme was therefore informed not only by University priorities but by issues raised by the community and the three partners during the planning process.

The programme now includes 31 sub projects spanning research, teaching and learning, service and community development. More than ten research projects have emerged directly from needs identified by the community.

Community Engaged Scholarship Footprint

The breadth of activity is important. The Faculty has adopted five schools through a Life Sciences support initiative and has undertaken teacher development involving more than 70 regional teachers. The Nursing Department has developed an Adopt a Garden initiative in Baziya and extended it to a neighbouring school garden. Adopt a Clinic activities are also being developed through selected primary healthcare facilities, while the broader Nyandeni programme creates a platform through which research, education and service can increasingly be integrated.

What distinguishes the Nyandeni model is therefore not simply the number of activities. Its value lies in the existence of a formal relationship, a shared planning process and an explicit attempt to allow community priorities to influence the direction of academic work.

6.5 Community Informed Research

Community engaged research is becoming an increasingly important part of the Faculty's approach to social accountability. The Nyandeni programme has already identified areas for research that include indigenous knowledge and traditional medicine, nutrition, cancer, non communicable diseases, communicable diseases, teenage pregnancy, circumcision, alcohol and drug abuse and gender based violence.

The significance of this approach lies in how research questions are generated. Rather than beginning entirely within the University and subsequently entering the community to collect data, community based participatory research places greater emphasis on communities identifying priorities and participating in the research process.

This does not reduce the importance of academic rigour. The Faculty's own framework emphasises clear goals, appropriate methods, significant results, effective communication and reflective critique as standards of scholarship. What changes is the relationship between scholarship and the setting in which it takes place.

This approach also creates opportunities for research to return value to the communities that make it possible. Findings should increasingly be communicated in accessible forms, influence local practice where appropriate and contribute to interventions that communities and service providers can use.

In this way, community engaged research can strengthen both the social relevance of the Faculty's scholarship and its contribution to African knowledge production. The Faculty's community engagement strategy specifically recognises the importance of local and indigenous knowledge in understanding health and developing solutions that are meaningful within African contexts.

6.6 A Knowledge Partner to Society

The Faculty's aspiration to become a knowledge partner to society provides a useful way of understanding the relationship between academic excellence and social accountability.

A knowledge partner does more than transfer expertise. It listens, learns and works alongside others. For the Faculty, this means recognising communities, health services, traditional leadership, government and civil society as partners whose knowledge and experience can strengthen teaching, research and service.

Several developments during the period under review point in this direction. Public Health Fridays has brought health walks, talks and awareness activities into communities. Outreach programmes have been undertaken in Tabase, Lusikisiki and Bambisana. Clinical departments have contributed to addressing service backlogs, while Faculty staff also participated in the response to the Mthatha floods.

Community based education has also created opportunities for students to share their learning and improvement work. The Community Based Education and Service student conference allows third year students to report on projects undertaken in clinics, while the virtual Integrated Longitudinal Community Clerkship Quality Improvement Conference connects hospitals across the Eastern Cape and provides a platform for students to present practical improvements arising from their clinical training.

These activities demonstrate that the relationship between the Faculty and society is becoming broader. The longer term ambition should be for communities and health services to recognise the Faculty not simply as an institution that arrives periodically to conduct teaching or research, but as a reliable academic partner with whom problems can be understood and solutions developed.

6.7 Priorities for the Remaining Strategic Period

The first half of the strategic period has established important foundations for a more integrated approach to social accountability. The Rural Clinical School is operational, the Nyandeni partnership has moved from initial engagement to a formal strategic programme and community based education remains embedded across several academic programmes.

The next phase must now demonstrate the depth and durability of these initiatives.

The 31 Nyandeni sub projects will require strong coordination and monitoring so that activity does not become fragmented. The more than ten community identified research projects should progress towards outputs that are academically credible and useful to the communities from which the research questions emerged. The Faculty will also need to document more clearly the outcomes of Adopt a School, Adopt a Clinic, Adopt a Garden and other community based initiatives so that their contribution can be assessed over time.

Monitoring and evaluation will become increasingly important. The Faculty Annual Performance Plan already recognises the need for all community based education and community engagement projects to have responsible project managers and to report through the relevant Faculty structures. The next step is to strengthen evidence of impact on students, communities and the health system.

The Faculty should also continue to bring more academic departments into sustained community engaged scholarship. The strength of the model will ultimately depend on whether engagement becomes part of the normal academic life of the Faculty rather than remaining concentrated within a limited number of programmes or individuals.

Social accountability is difficult to demonstrate through activity counts alone. Its deeper measure is whether communities experience the University as responsive and trustworthy, whether students develop a stronger understanding of the people they will serve and whether the knowledge produced by the Faculty contributes to healthier and more equitable communities.

The work undertaken during the first half of the strategic period provides a promising foundation. The challenge for the years ahead is to turn these partnerships into enduring relationships in which academic excellence and service to society are understood as part of the same responsibility.

7. TRANSFORMATION, PEOPLE AND ACADEMIC LEADERSHIP

7.1 The Faculty's Transformation Agenda

The transformation of the Faculty cannot be separated from the development of its people. Academic programmes, research platforms and clinical services may provide the structures through which the Faculty fulfils its mandate, but their quality and sustainability ultimately depend on the academics, clinicians, professional staff and leaders who carry that work.

The Faculty's approach to transformation during the period under review has therefore increasingly moved beyond representation alone. While equity remains important, the emerging agenda is also concerned with opportunity, academic development, leadership, succession and the deliberate creation of pathways through which a new generation can progress within the institution.

This is particularly important for a Faculty with ambitious plans for growth. Increasing student numbers, postgraduate expansion and the development of research and specialist programmes all require a stronger academic workforce. Transformation must consequently be understood as part of institutional capacity building rather than as a separate compliance activity.

The Faculty has strengthened its capacity through the appointment of HoDs with doctoral PhD qualifications. Among those was Dr Luphiwo Mduzana, who made history as the first orthotist and prosthetist to graduate with a PhD.

At mid-term, several initiatives point towards this broader approach. The Faculty continues to use the nGAP programme and its wider “grow your own timber” strategy to develop emerging academics. Staff are being supported towards higher qualifications, while research mentorship and supervision development are being strengthened. More recently, the Faculty has placed particular emphasis on developing women academics through structured leadership, mentorship and international exposure.

The direction is significant because transformation becomes more sustainable when it creates people who are able to progress, lead and develop others in turn.

7.2 Building the Next Generation of Academics

The sustainability of an academic institution depends on its ability to renew itself. The Faculty has therefore continued to develop what it describes as a “grow your own timber” approach, supported by nGAP and other mechanisms for developing early career academics.

The need for this work is becoming more pressing as the Faculty grows. Larger undergraduate and postgraduate programmes require academics who can teach, supervise and conduct research. Expanding specialist programmes require appropriately qualified clinicians who can assume academic responsibilities. The development of research centres and new academic programmes creates further demand for experienced academic leadership.

One of the most encouraging indicators at mid-term is the continued development of staff qualifications. In May 2026, three Faculty staff members graduated with PhDs, while a further 24 staff members were registered for doctoral study.

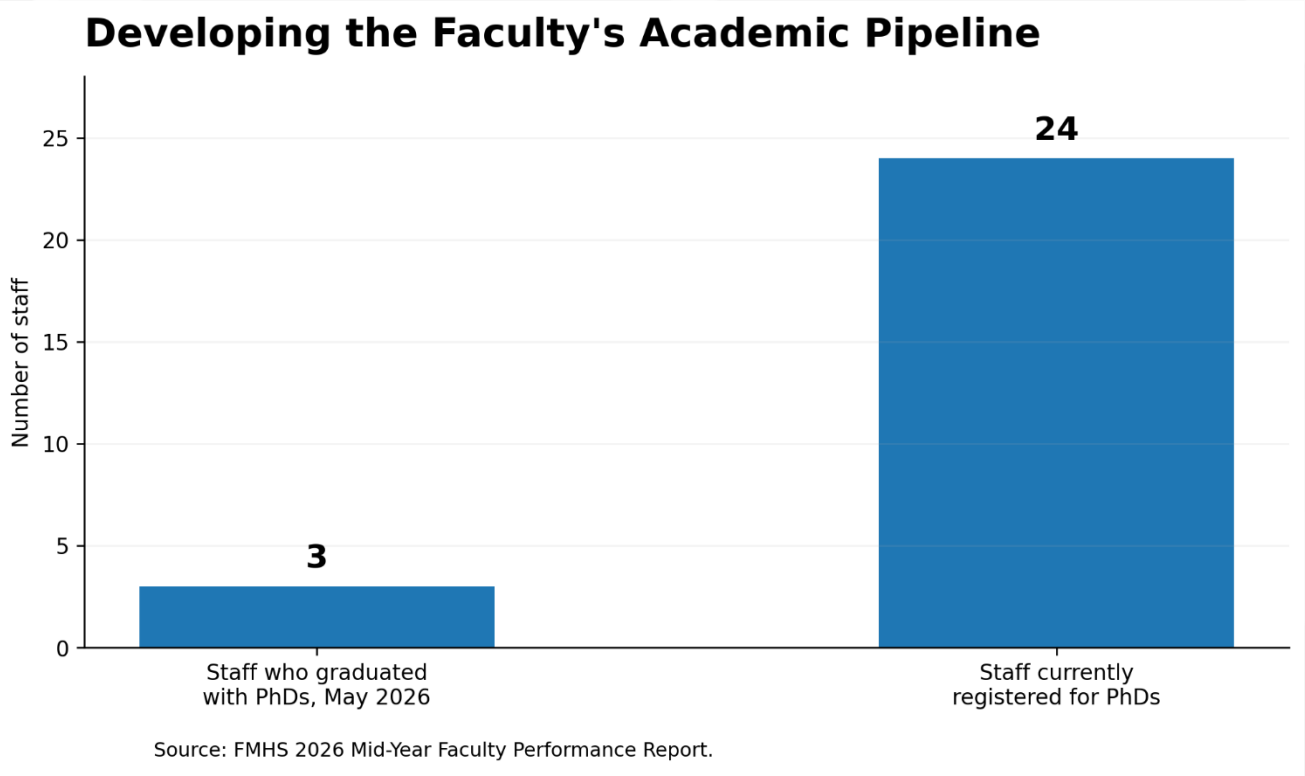


Figure 8. Mid-Term Progress On Staff Member Pursuing PhD

This represents a meaningful investment in the future academic base of the Faculty. Doctoral qualification strengthens the pool of staff able to supervise postgraduate research, develop independent research programmes and progress into more senior academic roles.

The value of this development will become increasingly visible over time. The immediate achievement is the qualification itself. The longer-term return lies in what those academics are subsequently able to contribute through teaching, research, supervision and leadership.

The Faculty has also recruited highly qualified academics into professorial positions during 2026. These appointments are intended not only to fill gaps in the organisational structure but to provide academic leadership and additional supervision capacity for the growing postgraduate community.

The next challenge is to connect these elements more deliberately. Recruitment, doctoral development, mentorship, promotion, and succession should increasingly operate as parts of one academic development strategy rather than as separate interventions.

7.3 Developing Women in Academia and Leadership

The development of women has emerged as a particularly deliberate component of the Faculty's transformation agenda.

This work has both historical and contemporary significance. The Faculty's founding Dean, Professor Xaba-Mokoena, established an important leadership legacy as the woman who led the establishment of the medical school and advanced community oriented and community based medical education. The Professor Xaba-Mokoena Women-in-Health Club has been established to carry aspects of that legacy forward by supporting emerging women leaders in academic and professional health environments.

The Club is built around leadership development, intergenerational collaboration, visibility and voice, and equity and accountability. Its purpose is not simply to celebrate women who have already succeeded but to create an environment in which others can develop and be recognised.

This agenda has been strengthened further through the approval of the Global Academic Leadership Programme for Women and the Emerging Female Academics Mentorship Programme, known as e-FAME.

The two programmes are intended to combine leadership development, academic development, internationalisation and structured mentorship. The Global Academic Leadership Programme will provide international academic exposure and opportunities for scholarly exchange, while e-FAME is intended to provide sustained mentorship for emerging female academics as they develop their research, leadership, and academic careers.

Twenty female academics are planned to participate in the programmes, with international academic exposure structured around a two-week period. Existing partnerships with institutions including the University of New South Wales, the George Institute for Global Health, the University of Oxford and the University of Stirling provide potential platforms for this development.

What is important about this approach is the connection between exposure and sustained development. International experience can broaden academic networks and confidence, but its longer term value depends on what happens when participants return. The mentorship component is therefore critical in converting exposure into research collaboration, stronger supervision, career progression and future leadership.

7.4 Mentorship and Academic Career Development

Mentorship has become increasingly important across several areas of the Faculty's work. It is being used to support postgraduate students, emerging researchers, clinical academics and women who are developing towards more senior academic and leadership roles.

Within research, the Faculty has appointed three mentors through the Clinical Training and Mentoring Unit to support academics and postgraduate students, with particular attention to registrars. The Annual Performance Plan also identifies research mentorship and staff peer mentorship as mechanisms for developing researchers and supporting early career academics.

This represents an important shift from assuming that academic development occurs automatically through employment. Becoming an effective academic requires the development of several capabilities. Academics must learn to teach, supervise, conduct research, publish, compete for funding, participate in academic governance and, increasingly, provide leadership.

Structured mentorship can shorten the distance between potential and competence by making academic knowledge and institutional experience available to those who are still developing.

The emerging e-FAME programme adds another layer to this work by creating a formal mentorship relationship specifically for female academics. Its emphasis on career progression, research development, leadership and peer learning provides an opportunity to develop mentorship as part of a longer academic journey rather than as a short term intervention.

The next phase should bring greater coherence to these initiatives. The Faculty now has several mentorship activities serving different groups. A stronger institutional framework could ensure that expectations are clear, mentors themselves are supported and the outcomes of mentorship are followed over time.

7.5 Staff Development and Academic Capacity

The Faculty has continued to invest in staff development across teaching, research and supervision.

Research and supervision training has been offered to academic staff, while proposal development workshops, research retreats and other structured interventions have brought academics and postgraduate students together around the practical work of research.

The development of CRADLE has provided additional support through research administration, mentoring, biostatistics and clinical trials capacity. Its Clinical Training and Mentoring Unit and Biostatistics Analytical Training Services are particularly relevant to staff development because they provide expertise that academics can draw on while building their own research capability.

Academic development is also taking place through international collaboration. The proposed Global Academic Leadership Programme is intended to strengthen capability in areas including data analysis, global health, human resources for health, indigenous health, traditional medicine and health systems while using international partnerships to broaden academic and research exposure.

Taken together, these initiatives demonstrate that capacity development is becoming more closely connected to the Faculty's strategic ambitions. Research intensification requires researchers. Postgraduate growth requires supervisors. Curriculum renewal requires skilled educators. Internationalisation requires academics able to work confidently within global networks.

The value of staff development must therefore increasingly be assessed in relation to these outcomes. Attendance at training is useful, but the more important question is whether staff development results in stronger teaching, increased research activity, better supervision, academic progression and greater institutional capability.

7.6 Leadership Development and Succession

Leadership development is essential to the long term stability of the Faculty.

The growth taking place across academic programmes, research, the Academic Health Platform and community engaged scholarship has created more complex leadership demands. Heads of departments and academic leaders are required not only to manage their immediate areas of responsibility but to lead teams, build academic programmes, support staff development, manage partnerships and contribute to the wider direction of the Faculty.

The recruitment of senior academics and professors provides important leadership capacity in the immediate term. The longer term requirement, however, is to ensure that leadership can also emerge from within the Faculty.

The "grow your own timber" approach, staff doctoral development, mentorship programmes and the development of women academics all contribute to this pipeline. Their strategic value lies in ensuring that the Faculty is not continually dependent on external recruitment when senior positions become vacant.

Succession planning should therefore increasingly become explicit. Emerging academics who demonstrate potential should be given opportunities to lead projects, committees and academic initiatives and should receive the mentorship required to understand institutional leadership before they are expected to assume major roles.

The Faculty's history provides powerful examples of academic leadership that combined scholarship, service and institution building. The challenge is to ensure that leadership development remains connected to those values while preparing a new generation for a very different academic and health sciences environment.

7.7 Staff Experience and Institutional Culture

Transformation is experienced not only through programmes and appointments but through the everyday culture of an institution.

A Faculty can recruit talented people and invest in their qualifications, but it will struggle to retain them if the working environment does not enable them to develop and contribute. Staff experience therefore deserves increasing attention as part of institutional strength.

The evidence available for the mid term review provides stronger information on staff development initiatives than on systematic measures of staff experience. This is an important distinction. The Faculty can demonstrate investment in research training, doctoral development, mentorship and leadership programmes, but there is currently less evidence available in the source material on staff satisfaction, workload, belonging and perceptions of institutional support.

This is an area that should be strengthened during the remaining strategic period.

The demands placed on academic staff are considerable. Many Faculty academics operate simultaneously as teachers, researchers, supervisors, clinicians and administrators. For clinical academics in particular, service pressures can compete directly with time required for research and academic development. This challenge was explicitly recognised during the WSU and Eastern Cape Department of Health Joint Research Strategy discussions, where protected research time for clinicians and the relationship between performance management and research responsibilities were identified as important considerations.

A stronger staff experience agenda should therefore consider how institutional systems support academics to do the work expected of them. It should also examine recognition, communication, career progression and whether staff across different campuses and clinical sites experience themselves as part of one Faculty community.

The development of people is most effective when it takes place in an institutional culture that allows talent to flourish.

The Faculty Heritage and Memory Public Lecture Series adds an intergenerational dimension to this culture. By creating a structured space for former and senior academics to share institutional history, experience and lessons with current staff and students, the series helps preserve institutional memory while connecting the Faculty's 40-year legacy with the development of its next generation of academics and leaders.

7.8 Priorities for the Remaining Strategic Period

The first half of the strategic period has established important foundations for a more deliberate people and transformation agenda. Staff are progressing towards doctoral qualifications, senior academic appointments are strengthening leadership and supervisory capacity and the Faculty continues to invest in nGAP and its wider "grow your own timber" strategy.

The establishment of the Professor Xaba-Mokoena Women-in-Health Club and the approval of the Global Academic Leadership Programme for Women and e-FAME represent a further development in the Faculty's approach. Together, they provide an opportunity to move women's advancement beyond representation towards structured academic development, mentorship, leadership preparation and international exposure.

The next stage should focus on coherence and measurable progression. The Faculty should be able to see the pathway from an emerging academic entering the institution to higher qualification, research development, promotion, mentorship of others and eventual academic leadership.

The 24 members of staff currently undertaking doctoral studies provide one immediate pipeline that should be supported to completion. Mentorship programmes should be evaluated according to the development of mentees rather than participation alone. International leadership opportunities should translate into collaborations, scholarship and leadership contributions after participants return.

The Faculty should also strengthen its evidence on the staff experience. Transformation cannot be fully assessed through qualifications, appointments and programme participation. It must also be visible in whether people experience opportunities to develop, whether talent is retained and whether the institutional environment allows academics and professional staff to contribute at their best.

The Faculty's future will ultimately depend on the people it develops now. Buildings can be expanded and programmes can be created, but academic institutions endure through generations of people who are prepared to teach, discover, serve and lead. The transformation agenda should therefore remain one of deliberate investment in human potential, with the expectation that those developed today will carry the Faculty's academic mission forward and create opportunities for those who follow.

8. PARTNERSHIPS, INTERNATIONALISATION AND ACADEMIC REACH

8.1 Partnerships with Purpose

Partnerships have become increasingly important to the Faculty's academic development. The growth of the Academic Health Platform, expansion of research, development of specialist disciplines and increasing emphasis on internationalisation have all required the Faculty to work beyond its own institutional boundaries.

The value of these relationships, however, is not found in the number of agreements that the Faculty is able to sign. A partnership becomes meaningful when it strengthens an area of academic work, creates opportunities for staff and students, develops institutional capability or contributes to better health outcomes.

This principle has shaped several of the Faculty's strongest collaborations. The relationship with the Eastern Cape Department of Health provides the foundation for the Academic Health Platform and decentralised clinical training. Collaboration with the National Health Laboratory Service supports laboratory medicine and pathology training, while research partnerships with institutions such as the South African Medical Research Council, National Research Foundation and Council for Scientific and Industrial Research contribute to the developing research environment.

International relationships have added another dimension. The Faculty is using established collaborations in research, postgraduate supervision and honorary appointments to create opportunities for academic development and wider scholarly engagement. Partnerships with institutions including the University of New South Wales, the George Institute for Global Health, the University of Oxford and the University of Stirling provide an existing foundation on which this work can develop.

The direction at mid term is therefore towards fewer relationships that exist only on paper and stronger partnerships that can demonstrate academic value.

8.2 Health Sector and Academic Partnerships

The Faculty's closest partnerships remain those connected to its immediate academic and health service responsibilities.

The Eastern Cape Department of Health is fundamental to this relationship. Much of the Faculty's clinical teaching takes place within provincial health facilities and the development of the Academic Health Platform depends on joint planning between the University and the health service. This partnership has enabled the expansion of clinical training, establishment of the Rural Clinical School and strengthening of specialist disciplines.

The National Health Laboratory Service provides another important academic and service partnership. Its contribution to Anatomical Pathology registrar training is particularly significant and complements the Faculty's wider plans to develop an NHLS accredited internship as part of strengthening work readiness.

Collaboration with other universities has also helped the Faculty strengthen areas where additional academic expertise is required. The Anatomical Pathology registrar programme, for example, has benefited from collaboration with the University of Cape Town, while Faculty researchers are participating in co-supervision and research relationships with academics at institutions including the University of Stirling.

These partnerships illustrate an important principle. Institutional collaboration is most valuable when it addresses a clearly defined academic need. The Faculty should therefore continue to assess partnerships according to what they enable, whether that is stronger specialist training, research capability, postgraduate supervision, innovation or improved clinical education.

8.3 International Academic Collaboration

The Faculty's internationalisation agenda has become more visible during the period under review, but its direction is becoming more distinctive as well. International engagement is increasingly being used not only to connect the Faculty to global academic networks, but also to strengthen the Faculty's ability to contribute to scholarship from an African perspective.

The launch of the Faculty African Health Programme during Africa Month in May 2026 was particularly important in this regard. The programme was introduced as a strategic academic initiative to reimagine health sciences education through African knowledge systems, lived realities and contextual relevance. Its conceptual foundation draws on Ubuntu, relational accountability and holistic wellbeing and recognises that health is shaped by social, cultural, environmental, psychological, spiritual and economic factors.

The programme represents an intentional assertion that internationalisation and Africanisation do not sit at opposite ends of the Faculty's academic agenda. The Faculty can participate confidently in global scholarship while remaining rooted in African knowledge, communities and realities. The programme was launched on 6 May 2026 at the Mthatha Health Resource Centre and included discussions on African centred health, cultural and linguistic dimensions of healthcare, indigenous knowledge, psychological and spiritual wellbeing and the decolonisation of health knowledge.

This direction is reinforced by the establishment of the Institute of Indigenous Knowledge Systems, which provides an academic platform for work on the Africanisation of health knowledge, language transformation and the cultural interpretation of health and disease.

Internationalisation has also become visible through academic events. The inaugural International Medicine Week, held on 27 and 28 May 2026 in East London as part of the Faculty's 40th anniversary programme, created a platform for academic and clinical exchange across a wide range of disciplines. Presentations and discussions across paediatrics, urology, fertility medicine, haematology, vascular medicine, obstetrics and gynaecology and ophthalmology demonstrated both the breadth of expertise within the Faculty and the value of bringing disciplines together around emerging clinical challenges, innovation, specialist training and health system improvement.

The wider international network continues to grow. The Faculty has established or renewed relationships with the University of New South Wales, the George Institute for Global Health, the University of Oxford, the University of Stirling, the University of Alabama at Birmingham and the University of Graz. It has also contributed to international health workforce discussions through engagement with the World Health Organization Regional Office for Africa.

These developments suggest a maturing internationalisation model. The Faculty is no longer simply looking outward for exposure. It is increasingly creating platforms through which it can participate in international conversations while contributing its own experience of rural health, community-based education, health systems development and African centred scholarship.

8.4 Opportunities for Staff and Students

Internationalisation becomes meaningful when staff and students are able to experience its benefits directly and when those opportunities produce academic outcomes.

The Faculty's cotutelle partnership with the University of Stirling provides one of the clearest examples. The partnership began to produce its first major outcomes in 2026 when the first cohort graduated at Walter Sisulu in May and subsequently at the University of Stirling in Scotland in June.

Two Walter Sisulu University doctoral candidates, Dr Zanele Nomatshila and Dr Xolani Mbongozi, became the first graduates of the South African Doctoral Training Programme for Health Sciences at historically disadvantaged institutions through the Stirling partnership. Their achievement is important not only because of the international graduation itself, but because it demonstrates what structured academic partnerships can produce when they are connected to doctoral development, joint supervision and sustained academic support.

This is precisely the kind of internationalisation that creates institutional value. It strengthens doctoral training, expands supervisory networks and gives emerging scholars access to academic environments beyond their home institution while retaining their connection to the health priorities of South Africa.

The Faculty is extending this approach through the Global Academic Leadership Programme for Women and the Emerging Female Academics Mentorship Programme. Twenty female academics are intended to participate in structured international academic development, including a two week residency at a mentor institution. The programme includes research meetings, seminars, manuscript development, postgraduate supervision activities, networking and continued mentorship after the international residency.

Mobility agreements with the University of Graz and cotutelle arrangements with Stirling further expand the infrastructure through which staff and student mobility can develop.

The next stage should ensure that these opportunities become part of a deliberate Faculty pathway rather than remaining available only through individual academic relationships. International exposure should increasingly support postgraduate development, early career academics, emerging leaders and students who can benefit from collaborative learning environments.

8.5 Strengthening the Faculty's Continental Presence

The Faculty's internationalisation strategy must remain firmly connected to Africa.

The African Health Programme provides an important intellectual foundation for this direction. Its purpose extends beyond celebrating African identity. It seeks to legitimise African knowledge systems and bring them into teaching, research and community engagement while encouraging the Faculty to examine health through a broader understanding of lived experience and context.

This provides the Faculty with an opportunity to contribute to a wider continental conversation about what health professions education should look like in Africa.

The Faculty's current regional activity already provides a starting point. In Botswana, Faculty academics continue to participate in clinical examination moderation and health sciences training. Engagement has also begun with the University of Namibia around the development of a more structured academic relationship. Discussions have included possibilities for joint grant applications, research collaboration, staff and student mobility, sabbatical opportunities, honorary academic appointments, short learning programmes and jointly hosted academic events.

Further relationships are being developed with institutions in Eswatini, while engagement with Lesotho includes undergraduate and postgraduate training support and discussions relating to the development of medical education capacity.

The Faculty has also contributed to the development of the health workforce roadmap for Africa through engagement with the World Health Organization Regional Office for Africa.

These developments are significant because they begin to position the Faculty differently. It is not only participating in North South partnerships. It is building relationships within the continent and drawing on its own experience as a rural medical school to contribute to African health professions education and health system strengthening.

The Faculty's history gives it something distinctive to offer. It has more than four decades of experience in community-based education, a province wide decentralised Academic Health Platform, an operational Rural Clinical School and an expanding programme of community engaged scholarship. These are areas in which many African institutions are confronting similar questions.

The next phase should therefore give greater prominence to South South and Africa to Africa academic collaboration. The Faculty should increasingly see itself as part of a continental community of institutions working together to develop contextually relevant African solutions.

8.6 Bringing Global Knowledge Home

The strongest international partnerships are those that change something within the Faculty.

International engagement should enable staff and students to encounter new ideas and technologies, but its value should ultimately be visible in stronger teaching, better research, improved clinical services and more capable academics.

The University of Alabama at Birmingham relationship provides one such example. What began with leadership development later contributed to joint training initiatives and the establishment of oncology services. More recent engagement has focused on biomedical innovation, artificial intelligence and new approaches to healthcare delivery.

The Stirling partnership provides another. Its value is no longer theoretical. The graduation of the first cotutelle doctoral cohort in 2026 demonstrates a direct return through advanced academic capacity and the development of scholars who can contribute to the Faculty's future research and supervision base.

International Medicine Week provides a different form of knowledge exchange. By convening specialists from different disciplines around clinical advances, healthcare challenges and professional development, the Faculty created a space in which global and local knowledge could be examined against the realities of the South African health system.

The African Health Programme adds an important counterbalance. Bringing global knowledge home should not mean importing models without considering context. The Faculty has explicitly positioned the programme around African knowledge systems, intellectual sovereignty and contextual relevance. It recognises that the Faculty must be able to engage with international knowledge while also asking what African communities, practitioners and knowledge systems contribute to the understanding of health.

This is a more confident model of internationalisation. The Faculty should be open to the world without becoming academically dependent on it.

Its future standing will be strengthened when it can demonstrate both sides of the relationship. Walter Sisulu University should remain a place where its academics and students learn from leading institutions internationally, but it should equally become a Faculty from which others come to learn about rural health professions education, community engaged scholarship, African health systems and socially accountable medical education.

That balance between global reach and African intellectual confidence should become one of the defining features of the Faculty's internationalisation agenda.

9. INSTITUTIONAL CAPACITY AND SUSTAINABILITY

9.1 Sustaining Growth

The Faculty has entered a period in which its ambitions are increasingly being matched by visible growth. Student enrolments have expanded, the Academic Health Platform has widened, postgraduate activity has increased, and research performance has strengthened considerably. These gains are important, but they also bring the question of sustainability into sharper focus.

Sustaining growth requires more than maintaining momentum. It requires the Faculty to ensure that academic staffing, infrastructure, student support, research administration and governance systems develop at a pace that can support the increasing scale and complexity of the academic enterprise.

This is particularly evident in the growth of the MBChB programme and postgraduate education. The medical intake increased from 120 students in 2024 to 175 in 2026, with a planned intake of 200 in 2027. Postgraduate enrolment increased from 311 in 2024 to 699 in 2025, while doctoral enrolment increased from 22 in 2023 to 55 in 2025.

These figures represent substantial academic expansion. They also mean that the Faculty must provide more teaching, supervision, clinical placements, administrative support and learning resources than it did only a few years ago.

The mid-term position therefore calls for a shift in emphasis from growth alone to managed and sustainable growth. The central question for the remaining strategic period is whether the institutional capacity beneath the Faculty's academic achievements is sufficiently strong to carry the next stage of development.

This is not an argument for slowing ambition. It is an argument for ensuring that ambition is properly supported.

9.2 Academic Staffing and Human Resources

Human resources remain one of the most important determinants of the Faculty's sustainability.

The Faculty has made progress in strengthening its academic base. New appointments to highly qualified professorial positions were made during 2026, with the intention of completing important areas of the Faculty organogram and expanding leadership and postgraduate supervision capacity. Three staff members graduated with PhDs in May 2026, while a substantial pipeline of staff remains registered for doctoral study.

The Faculty has also continued to use the nGAP programme and the broader "grow your own timber" strategy to strengthen its academic pipeline. These efforts are important because sustainable staffing cannot depend entirely on external recruitment. The Faculty must also produce academics who understand its history, its academic model and the communities and health system in which it operates.

Progress within individual clinical disciplines demonstrates what focused recruitment can achieve. Radiology, Psychiatry, Oncology and Anatomical Pathology have all benefited from targeted interventions aimed at stabilising academic and specialist capacity.

The staffing challenge, however, is not completely resolved. Growth in programmes and postgraduate numbers increases the demand for academics able to teach, supervise research and provide clinical leadership. The Faculty must therefore continue to monitor not simply the total number of employees, but whether staffing is appropriately distributed across disciplines and whether the skills mix supports the direction in which programmes are growing.

The remaining strategic period should place particular emphasis on critical and scarce skills, succession planning, supervisor development and retention. Staff development must also be connected more clearly to workload. Academics who are expected to teach, supervise, conduct research and provide clinical service require institutional arrangements that make those responsibilities achievable.

Human resource sustainability will ultimately depend on the Faculty's ability to attract capable people, develop those already within the institution and create conditions in which they are able to remain and build careers.

9.3 Infrastructure and the Learning Environment

The expansion of the Academic Health Platform has made infrastructure an increasingly important strategic issue.

All clinical training sites now have connectivity, representing an important step towards a more digitally enabled and integrated platform. The mid term assessment nevertheless notes that connectivity is not yet consistently stable across all sites, creating a risk for the reliable delivery of blended and digitally supported learning.

The appointment of an Instructional Designer in June 2026 has provided additional capacity to strengthen digital pedagogy. The Faculty also has access to digital resources including Primal Pictures, Access Medicine and ClinicalKey. These resources create opportunities for students and staff to engage with academic content across dispersed training environments.

Smart classroom development remains more constrained. The Faculty's Annual Performance Plan identifies the development of at least five smart classrooms, but implementation remains resource dependent and is currently focused on the main central training sites.

Accommodation is equally important within a decentralised clinical training model. During the period under review, the Faculty moved beyond maintenance alone and invested in making several decentralised residences functional and habitable. Cecilia Makiwane Hospital Blocks B and E are fully functional; a 24-bed residence at Butterworth Hospital is operational; accommodation has been renovated and furnished at Nompumelelo Hospital, Hewu Hospital and Glen Grey Hospital; the 12-bed Nzululwazi residence at Dr Malizo Mpehle Hospital is occupied; and 19 replacement beds were procured for the Mthatha Regional Hospital residence.

ICT support has also become more structured across the distributed platform. Permanent eduroam connectivity has been installed across a range of tertiary, regional and district hospitals, supported by dedicated technical assistance and additional high-capacity Wi-Fi routers. Library support has improved alongside this development: the Cecilia Makiwane Hospital Library has been operational since May 2025, Access Medicine is available on an unlimited basis, and development of the Madzikane Ka Zulu Hospital Library is nearing completion.

Transport capacity has been strengthened through the procurement of two 16-seater vehicles serving students in the Central Deanery and three additional vehicles based at the Mthatha Medical School, including vehicles supporting the Nyandeni Community Engaged Scholarship initiative. These investments are important because the decentralised academic model depends on reliable movement of students and staff between sites as much as it depends on physical teaching space.

The Faculty has a history of developing learning infrastructure beyond its main campuses. Health Resource Centres have been established at several hospital sites and ICT infrastructure has been used to link remote facilities to the Mthatha Health Resource Centre for multi site teaching.

This experience provides an important foundation. The next stage should build a more consistent learning environment across the platform so that the quality of a student's educational experience is not determined by the particular hospital or geographic site at which they are placed.

Infrastructure planning must therefore remain closely linked to enrolment planning and clinical decentralisation. New training sites should not be regarded as fully functional academic environments until connectivity, teaching space, accommodation, transport and access to academic resources are sufficiently established.

9.4 Research and Administrative Support

Research growth has required a corresponding strengthening of the support systems behind it.

The establishment of CRADLE and its specialised units represents one of the most important institutional developments in this area. The Faculty now has dedicated functions for Grant Management and Research Administration, Clinical Training and Mentoring, Biostatistics Analytical Training Services and Clinical Trials.

These structures address an important reality of modern research. Strong researchers still require strong systems. External grant funding brings responsibilities relating to budgets, reporting, procurement, ethics, contracts and compliance. Postgraduate and clinical research also requires methodological, statistical and administrative support.

The Faculty's research revenue increased from R12.1 million in 2023 to R19.9 million in 2024 and R25.2 million in 2025. This growth strengthens the Faculty's research base, but it also increases the importance of effective pre-award and post-award management and of protecting financial accountability.

Administrative capacity is therefore not peripheral to academic success. Delays in research administration, procurement, ethics processes or postgraduate systems can slow the academic work itself. Conversely, well designed support systems can make it easier for researchers and students to progress.

The Faculty has already invested in mechanisms such as proposal development workshops, scientific and ethics bootcamps, writing retreats, statistical support and research mentoring. Research methodology and biostatistics development has reached substantial numbers of postgraduate students and academics through programmes such as the Summer Research School.

The next phase should consolidate these functions into a dependable support environment that researchers experience as accessible, timely and responsive. Growth in research output will be difficult to sustain if the administrative infrastructure remains dependent on individual relationships or short-term interventions.

9.5 Systems, Governance and Accountability

The growing complexity of the Faculty has required corresponding development of its governance and management structures.

The Faculty's leadership model now includes differentiated responsibilities for Associate Deans covering Strategic Affairs and Internationalisation, Research and Innovation, and the Central and Eastern Deaneries. Strategic units have also been introduced for Health Information Resources and ICT Networks, Facilities and Maintenance and Registrar Training.

These developments reflect the reality that a Faculty operating across multiple campuses, hospitals, clinical sites, research platforms and community partnerships cannot be governed effectively through a single central structure.

Faculty Executive and Faculty Board remain important academic governance structures, alongside committees responsible for specific areas of the academic project. The Faculty has also introduced strategic committees including Fund Raising and Innovation structures.

Accountability becomes increasingly important as this structure expands.

The mid-term review itself is part of that accountability. The purpose is not simply to record achievements but to examine whether activities are producing the intended results and whether areas of weakness are being addressed early enough to influence the remainder of the strategic period.

The Faculty performance framework currently distinguishes between achieved, partially achieved and outstanding objectives. Several objectives remain in progress because of the nature of curriculum and programme approval cycles. This type of monitoring should continue, but the next stage should place greater emphasis on outcomes and impact rather than activity completion alone.

The Faculty's governance responsibilities also extend across a complex network of external relationships. The Academic Health Platform requires joint governance with the Eastern Cape Department of Health and the National Health Laboratory Service, while research and community partnerships introduce additional expectations relating to accountability, ethics and stewardship.

Strong governance in this environment requires clarity about responsibility. As activities grow, each programme, centre, partnership and strategic project should have identifiable leadership, clear reporting arrangements and agreed measures of progress.

The Faculty has built considerable institutional complexity during the period under review. The next challenge is to ensure that complexity does not become fragmentation.

9.6 Priorities for the Remaining Strategic Period

The Faculty enters the second half of the strategic period from a position of growth and increasing academic confidence. The institutional systems supporting that growth have also developed, but the mid-term review makes clear that some areas now require consolidation.

Academic staffing will remain a priority. The Faculty must continue filling critical posts, developing existing staff towards higher qualifications and expanding supervision capacity. The "grow your own timber" approach and doctoral pipeline should be protected, while succession planning becomes more deliberate.

Infrastructure must increasingly follow the geography of the academic programme. Stable connectivity, appropriate teaching environments, student accommodation and smart classroom development are particularly important as decentralised clinical education expands. The present concentration of some infrastructure at central sites should gradually give way to a more consistent standard across the Academic Health Platform.

Student support remains another sustainability issue. The Faculty's own mid term assessment identifies shortages in psychosocial support and mentoring capacity as risks to the student experience and academic progression. These are not isolated student affairs matters. They affect the Faculty's ability to convert access and enrolment growth into successful completion.

Research support structures will need to mature as grant income, postgraduate activity and clinical research expand. The capacity created through CRADLE provides a strong foundation, but the value of these units will ultimately depend on reliability, responsiveness and their ability to reduce administrative barriers to scholarship.

Governance must also continue to evolve. The Faculty now operates through a wide network of academic departments, deaneries, centres, institutes, clinical sites and partnerships. Clear delegations, dependable reporting and disciplined performance monitoring will be increasingly important in ensuring that the organisation remains coherent.

The central task for the remaining strategic period is therefore not to choose between growth and sustainability. It is to bring the two together.

The Faculty has demonstrated an ability to expand its academic work and raise its level of performance. The next measure of institutional maturity will be whether it can build the human resources, infrastructure and systems required to sustain that progress over time. Growth that rests on strong institutional foundations can become lasting academic strength. Growth that moves faster than those foundations eventually becomes difficult to carry.

For this reason, the second half of the strategic period should be characterised by consolidation without loss of ambition. The Faculty should continue to grow, but with increasing attention to the people, systems and resources that will allow that growth to endure.

10. THE SECOND HALF OF THE JOURNEY

The purpose of a mid term review is not simply to establish what has been achieved. Its greater value lies in what the institution learns from the first half of the journey and how that learning informs the decisions that follow.

The Faculty reaches this point with a stronger academic footprint than it had at the beginning of the strategic period. Research productivity has increased substantially, postgraduate education has expanded, the clinical training platform has widened and new academic and research structures have been established. Community engaged scholarship has become more deliberate, while partnerships and international engagement are creating new opportunities for the Faculty.

The second half of the journey must now build on these gains. It must also recognise that growth changes the nature of the task. The question is no longer only whether the Faculty can expand. The question is whether it can convert expansion into lasting academic strength.

10.1 What We Have Learnt

One of the clearest lessons from the period under review is that progress becomes possible when there is clarity of purpose.

Several of the strongest areas of development emerged where the Faculty identified a specific problem and organised its resources around addressing it. Vulnerable clinical disciplines were strengthened through targeted recruitment and partnership. Research performance improved alongside investment in mentorship, research administration, statistical support and researcher development. The Academic Health Platform expanded because decentralised training was approached as part of the academic model rather than simply as an answer to increasing student numbers.

This experience reinforces an important lesson. Academic improvement rarely results from isolated interventions. Sustainable progress occurs when leadership, people, resources and institutional systems are directed towards the same objective.

A second lesson is that growth creates its own responsibilities. The expansion of postgraduate enrolment from approximately 310 students in 2024 to 699 in 2025 is a considerable achievement. It also increases the requirement for supervision, research support, timely progression and administrative capacity. Similarly, expansion of the clinical training footprint creates opportunities for richer learning, but only where academic supervision and the learning environment develop alongside it.

The Faculty has also learnt that partnerships are most valuable when they are connected to a clear institutional purpose. Collaboration with the Eastern Cape Department of Health has enabled development of the Academic Health Platform and Rural Clinical School. Research and international partnerships have supported postgraduate training, specialist development, leadership and academic exchange. Community partnerships are beginning to shape research questions and academic activity.

Another important lesson concerns people. The progress recorded in this review has depended on academics, clinicians, professional staff, students and partners who have carried programmes and initiatives through periods of considerable institutional change. The next stage cannot therefore focus only on programmes and performance indicators. The Faculty must continue investing in the people who make those achievements possible.

Finally, the review confirms the importance of accountability. Progress must be recognised, but it must not prevent the Faculty from seeing where its ambitions have moved faster than its capacity. The mid year performance assessment itself identifies objectives that remain partially achieved because curriculum, registration and institutional approval processes are still underway. The ability to acknowledge unfinished work and respond to it is part of institutional maturity.

10.2 Protecting the Gains Already Made

The Faculty has made gains that should not be treated as temporary achievements.

The improvement in research performance is one such gain. Research output increased markedly from its earlier baseline and external research income has also grown. The priority now is to ensure that this performance becomes embedded across the Faculty and is not dependent on a limited number of departments or highly productive individuals.

The postgraduate community represents another important gain. Growth in masters, doctoral and specialist training strengthens the Faculty's potential research base and provides a pipeline for future academics, researchers and health professionals. Protecting this gain requires attention to supervision quality, progression and completion. Expansion in enrolment will have limited long term value if students are not supported to complete successfully and within reasonable timeframes.

The strengthening of vulnerable clinical disciplines must also be protected. Considerable effort has gone into rebuilding capacity in areas including Oncology, Radiology, Psychiatry and Anatomical Pathology. These gains provide greater stability for teaching and specialist training and strengthen the relationship between the Faculty and clinical service. The next stage should ensure that these disciplines develop beyond recovery towards sustainable academic programmes.

The Rural Clinical School and wider decentralised Academic Health Platform represent another important institutional investment. Their sustainability will depend on continued attention to academic supervision, infrastructure, connectivity, accommodation and the quality of the student experience.

The same principle applies to the Faculty's emerging community engaged scholarship programme. The Nyandeni partnership and other community initiatives have established relationships that require continuity. Community trust is difficult to build and easy to weaken if institutional engagement becomes intermittent. Protecting these gains means remaining present and ensuring that commitments made to communities are followed through.

The Faculty should therefore approach the remainder of the strategic period with a clear understanding that innovation must be accompanied by institutionalisation. Successful initiatives should progressively become part of the normal academic work of the Faculty rather than remain dependent on exceptional effort.

10.3 Areas Requiring Greater Attention

The mid term review also identifies areas where further work is necessary.

Student support requires particular attention. The Faculty has achieved a 97 per cent admission to examinations rate for Semester 1 of 2026, although final progression and pass rate information was not yet available because of changes to the academic calendar. The Faculty must therefore continue to follow performance through to progression and completion rather than treating examination admission as the final measure of student success.

Psychosocial and mentoring support remains a capacity concern. The 2026 performance assessment identifies critical understaffing in these areas as one of the resource dependencies that could affect longer term success. Strengthening student experience must therefore become a practical programme of work with sufficient human resources behind it.

Infrastructure across the distributed Academic Health Platform also requires continued attention. Connectivity has improved, but the expansion of clinical training requires more consistent learning environments across sites. Smart classrooms, accommodation, teaching space, transport and access to digital academic resources must develop in step with decentralisation.

Academic staffing remains another area requiring vigilance. Growth in undergraduate and postgraduate programmes increases the demand for academics who can teach, supervise, conduct research and provide leadership. Staff development and recruitment should therefore remain closely connected to programme growth and succession planning.

Research participation must become broader. The considerable increase in Faculty level output is encouraging, but sustainable research intensification will require stronger participation across departments. Research support should increasingly help emerging and less research intensive departments establish credible programmes appropriate to their disciplines.

The review also points to the need for stronger evidence of impact. The Faculty has become increasingly active across research, community engagement, internationalisation and academic development. The next stage should ask more consistently what changed as a result. Research should increasingly demonstrate influence on practice, policy or health outcomes. Community engagement should show value to communities. Staff development should translate into academic progression and leadership. International partnerships should produce tangible academic opportunities and outputs.

These are not failures of the first half of the strategic period. They are the issues that become visible because the Faculty has grown.

10.4 From Growth to Sustainable Academic Strength

The defining task of the second half of the journey is to convert momentum into institutional strength.

The distinction is important. Growth can be measured through larger enrolments, more publications, additional programmes, new partnerships and an expanded clinical footprint. Academic strength is demonstrated when the systems beneath those achievements are capable of sustaining them.

For the Faculty, this means moving from increasing postgraduate numbers to ensuring strong progression and completion. It means moving from increasing research output to developing a broad and durable research culture. It means moving from opening new clinical training sites to ensuring consistent educational quality across the Academic Health Platform.

It also means moving from staff development activities towards visible academic career pathways. The Faculty has a developing pipeline of academics undertaking doctoral studies and emerging programmes for mentorship and leadership development. These initiatives should increasingly produce the next generation of supervisors, professors, heads of department and academic leaders.

Community engagement must similarly progress from programmes and projects towards enduring relationships and demonstrable impact. Internationalisation should move beyond institutional agreements towards active networks that produce scholarship, mobility, joint supervision and academic development.

This transition requires discipline. New initiatives will remain important, but the Faculty must also create space to consolidate what has already been established.

The principle that should guide this stage is therefore straightforward. Not every measure of progress needs to become bigger. Some need to become stronger.

10.5 Priorities for the Remainder of the Strategic Period

The evidence considered across this review points towards a focused set of priorities for the remaining strategic period.

ACADEMIC QUALITY

Complete outstanding curriculum renewal and programme approval processes while maintaining professional accreditation and strengthening work readiness across programmes. The Faculty should continue developing culturally and contextually responsive education, including the work already underway on isiXhosa language development and accessibility of academic knowledge.

STUDENT SUCCESS AND EXPERIENCE

Strengthen academic, mentoring and psychosocial support and ensure that growth in access is matched by progression and completion. The student experience across decentralised training sites should receive the same attention as the formal curriculum.

RESEARCH AND POSTGRADUATE SUSTAINABILITY

Protect the research trajectory while broadening participation across departments. Strengthen supervision, progression and completion and continue building the support environment around postgraduate students and researchers. The longer term target of improved on time completion for PhD and MMed students will require sustained attention to these systems.

THE ACADEMIC HEALTH PLATFORM

Consolidate decentralised clinical education and strengthen the Rural Clinical School. Clinical expansion should remain linked to specialist capacity, academic supervision, appropriate infrastructure and the needs of the provincial health system.

PEOPLE AND TRANSFORMATION

Continue developing the academic pipeline through doctoral training, mentorship, nGAP, leadership development and deliberate succession planning. Particular attention should remain on creating meaningful opportunities for emerging academics and women to progress into senior academic and leadership roles.

SOCIAL ACCOUNTABILITY

Deepen community engaged scholarship and demonstrate its impact. The Faculty's commitment to becoming a knowledge partner to society should increasingly be visible in how research questions are generated, how knowledge is shared and how communities benefit from academic partnerships. Community engaged scholarship provides an important mechanism for bringing community knowledge into research, teaching and health system development.

PARTNERSHIPS AND ACADEMIC REACH

Build deeper rather than simply more partnerships. International and continental engagement should strengthen staff and student development, research, specialist training and African scholarship while ensuring that knowledge and opportunity return to the Faculty.

INSTITUTIONAL CAPACITY

Align staffing, infrastructure, administrative support and governance with the scale of the academic enterprise. Growth should increasingly be planned against the capacity required to sustain it.

Taken together, these priorities do not represent a change in direction. They represent a maturing of the direction already established.

The first half of the journey demonstrated what the Faculty is capable of building. The second half must demonstrate what it is capable of sustaining.

11. CLOSING REFLECTION

A Faculty of Excellence, Relevance and Service

A mid-term review inevitably tells a story through evidence. It records the programmes that have grown, the research that has been produced, the partnerships that have been formed and the initiatives that have moved from intention into practice. Those measures matter because a Faculty must be able to account for its performance.

They do not, however, tell the whole story.

Behind the progress described in this review is a Faculty that has been asking a deeper question about the kind of institution it wishes to become. The answer emerging from the first half of the strategic period is increasingly clear. The Faculty seeks academic excellence, but not excellence removed from society. It seeks wider national and international standing, but not at the expense of its African identity or its responsibility to the communities around it. It seeks growth, but understands increasingly that growth has value only when it strengthens the quality and sustainability of the academic enterprise.

This is particularly important because of where the Faculty is located and whom it serves. The Eastern Cape presents some of the country's most persistent health and socioeconomic challenges. These realities have shaped the Faculty throughout its history and continue to give meaning to its academic mandate. The Faculty's commitment to rural and underserved communities is therefore not an additional programme alongside teaching and research. It is part of the reason those functions matter.

The idea of becoming a knowledge partner to society captures this responsibility well. Partnership requires the Faculty to contribute its expertise, but it also requires the humility to listen. It recognises communities not simply as recipients of healthcare, locations for clinical training or participants in research, but as holders of knowledge and partners in understanding the challenges that affect their lives.

This philosophy is visible in the Faculty's continuing development of community based education, the Rural Clinical School and community engaged scholarship. It is also visible in the emerging African Health agenda and its recognition that African knowledge systems have a legitimate place in health sciences education and scholarship. The Faculty's wider community engagement framework similarly places emphasis on knowledge generated with communities and on scholarship capable of influencing practice and improving health.

The same responsibility extends to students. The Faculty does not simply confer qualifications. It prepares people who will enter communities, hospitals, laboratories, universities and health systems carrying the name and values of the institution. Their competence matters, but so do their integrity, humanity and understanding of the society they will serve. The quality of the graduate remains one of the most enduring expressions of the quality of the Faculty.

The future also rests with the people who work within the institution. The development of emerging academics, researchers and leaders is therefore one of the most important investments the Faculty can make. Transformation becomes meaningful when people are given genuine opportunities to develop and when the institution can see the next generation of academic leadership beginning to emerge. This principle has been central to the Executive Dean's reflection on the Faculty's future.

There is much to be proud of at mid-term. The Faculty has strengthened its research profile, expanded postgraduate education, widened its clinical training footprint and established new platforms for research, community engagement and international collaboration. The Faculty newsletter describes this identity through the values of Excellence, Ubuntu, Relevance and Resilience, values that remain closely connected to its legacy of service and its future academic ambitions.

The significance of the next phase will lie in how these achievements are carried forward.

The Faculty should continue to be ambitious. It should pursue excellent scholarship and compete confidently for recognition nationally, across the continent and internationally. It should build centres of academic strength, develop specialists and researchers and create opportunities for its students and academics to participate in the wider world of scholarship.

Yet the measure of that success should remain close to home.

It should be visible in the student who is supported to succeed. It should be visible in the emerging academic who develops into a scholar and later creates opportunities for others. It should be visible in a rural training site where academic presence strengthens both education and service. It should be visible when research contributes to a better clinical decision, a stronger health programme or a more informed policy. It should be visible when a community recognises the University as a partner that has remained present long enough to understand and work alongside it.

That is the kind of excellence to which this Faculty can aspire.

The first half of the strategic journey has established a stronger foundation and has given the Faculty reason for confidence. The second half now calls for the discipline to protect what has been built, the courage to address what remains unfinished and the imagination to continue developing an institution worthy of its history and responsive to the future.

The Faculty of Medicine and Health Sciences enters that next stage with an academic identity that is becoming increasingly distinct. It is a Faculty rooted in the Eastern Cape, engaged with Africa and open to the world. It is a Faculty that seeks to generate knowledge while remaining accountable for how that knowledge serves society.

Above all, it is a Faculty whose pursuit of excellence finds its fullest meaning in relevance and service.

Walter Sisulu
Medicine and Health Sciences

FACULTY OF MEDICINE & HEALTH SCIENCES
OUR FACULTY CHARTER

The Walter Sisulu University Faculty of Medicine & Health Sciences subscribes, amongst others, to the following Guiding Principles:

1. Pursuing four missions namely, educating health professionals, achieving high standards of healthcare care, pursuing clinical, laboratory, public health and translational research, and caring for the rural and underserved communities.

2. Building partnerships between the university, healthcare providers, the community, and our strategic partners to implement world-class health services, education, research & innovation and community engagement programmes.

3. Developing a globally competitive academic health platform that will enable undergraduate teaching & learning to take place mainly in secondary and primary health care settings, and provide a platform to conduct clinical, laboratory, public health and translational research.

4. Developing a knowledge management & information infrastructure in order to use clinical, management and research data capacities, advance a robust interdisciplinary outcomes-oriented academic & research enterprise, create the culture of continuous learning, contribute to the redesign of care delivery models, and deliver improved systems and capabilities for faster translation of research into practice.

5. Fostering an environment that develops and empowers leaders in healthcare, education, research & innovation and community engagement.

6. Providing leadership and guidance on pressing societal matters, including promoting health, preventing illness, reducing the burden of disease, reducing health disparities, improving the quality of health care and promoting integrity and ethical practice in health care, education and research.

7. Providing tangible, sustainable, integrated and comprehensive primary health care services that are based on relevance, equity, quality and cost effectiveness.

8. Developing models that shift the platform of care delivery out of the hospital setting, moving the locus of care to the outpatient setting, the home, and the community where the emphasis can also shift to prevention and early detection.

9. Creating Centres of Clinical Excellence to combine investigative methods of clinical research, epidemiology, health economics and healthcare informatics with systems redesign, process improvement, change management, and project management.

10. Developing a robust research infrastructure that supports prevention and promotion research (to improve understanding of how to identify and reduce health risks), clinical research (to translate new discoveries into clinical practice and evaluate current clinical practices), and health services research (to improve understanding of the effectiveness and costs associated with care).

11. Creating Centres of Research Excellence to drive the development of new knowledge, translation of new knowledge into education and clinical practice as well as optimization of the delivery of care.

12. Implementing appropriate recruitment and selection processes that enable the faculty to recruit from communities with greatest need.

13. Implementing an appropriate curriculum that is based on the primary health care approach and guided by health and social needs.

14. Implementing a student support programme that ensures access for success.

15. Recruiting and/or developing appropriate academic staff that has passion for education, research or community engagement.

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In pursuit of excellence

Walter Sisulu
Medicine and Health Sciences

FACULTY OF MEDICINE & HEALTH SCIENCES

OUR FACULTY GOALS

The Faculty of Medicine & Health Sciences has set the following nine (9) strategic goals to put the faculty on the path for growth, excellence, sustainability and impact:

1. Reconfiguring and making the faculty fit for purpose
2. Promoting growth & development of undergraduate programmes
3. Promoting growth & development of postgraduate programmes
4. Instituting strategies to promote research & innovation
5. Re-engineering of the Academic/Clinical Enterprise to serve the four missions (service; education; research & innovation and community engagement)
6. Implementing consulting, health systems strengthening & technical support strategy to increase relevance, revenue and impact
7. Implementing the Faculty Heritage & Memory Series
8. Empowering our faculty staff; and
9. Implementing strategies to ensure financial sustainability of the faculty

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Medicine and Health Sciences

FACULTY OF MEDICINE & HEALTH SCIENCES

OUR KNOWLEDGE PARTNER FOR A HEALTHIER SOCIETY

Our accredited joint Academic Health Platform with the Eastern Cape Department of Health and the National Health Laboratory Service, which operates in both urban and rural settings, includes all levels of care ranging from the community, households, clinics and community health centres through district hospitals, specialised hospitals and regional hospitals to tertiary hospitals. Our undergraduate and postgraduate students are taught by well-trained staff, have access to appropriate health technologies, are supported by state-of-the art health facilities, secured by contracted security providers and regularly monitored for standards compliance to ensure patients receive quality healthcare and students receive high quality education.

Mission
Through our core programmes in education, research and community engagement, we collaborate with our government, partners and local communities to build local health systems, deliver high-quality sustainable healthcare to the rural and underserved communities, contribute to better health outcomes and bring about change in health status of underserved populations.

Education
We develop educational programmes in response to societal needs, recruit our students from rural and underserved areas, train our students in rural and underserved communities, and produce versatile future-ready graduates. Our curriculum is problem-based and the number one community-based education programme in South Africa.

Research & Innovation
With our partners and collaborators, we conduct rigorous research, test new models of care, test new ways or modalities of treatments, find innovative solutions to health challenges, harness knowledge to improve the quality of healthcare and share our knowledge through publication in peer-reviewed journals to influence national and global health policy.

Community Engagement
We are firm believers in community engagement and ensure that all academic and research programmes integrate community engagement within their activities. “We learn from the community. We learn in the community. We learn with the community. We serve while we learn.” We conduct research within and with local communities and translate findings into relevant and/or co-designed interventions for improving the performance of local health systems and health outcomes.

Continuing Training and Professional Development
We believe that our staff, as teachers, health workers. leaders, innovators and researchers, should maintain appropriate skills and competencies in their respective areas of practice in order to serve our patients and communities to the best of their abilities. To maintain skills and competencies, we have set up relevant academic & research infrastructure to strengthen research & innovation capacity, provide ongoing leadership training, clinical training, continuous professional development and health professions education.

Responsive Local Health Systems “Excellence Through Relevance”
We believe that the best way to guarantee sustainable equitable access to high-quality healthcare is to invest in building capacity in responsive local health systems. This includes producing locally trained health professionals, harnessing and translating knowledge into locally responsive interventions, training health managers and leaders, investigating innovative solutions for local challenges and implementing community engagement initiatives in response to local population needs.

Partnerships “Globally Connected and Locally Relevant”
We believe that strong partnerships are an essential prerequisite for the achievement of sustainable improvements in health status of underserved communities. We have historically established strong partnerships with the Eastern Cape Provincial Government, the health facilities and associated communities, academic institutions, and national government. We believe that regional, continental and global partnerships provide a good platform for knowledge exchange, innovation and collaborative efforts towards a just world.

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