

Bridging gaps in healthcare: The evolution and impact of the Clinical Associate Programme at Walter Sisulu University

O A Adeleke, MMed (Fam Med), FCFP (SA), MPhil ; K Mfenyana, MPraxMed, MA;
P Yogeswaran, MSc, MFamMed, FCFP (SA) ; B Cawe, MPhil, MFamMed 

Department of Family Medicine and Rural Health, Faculty of Medicine and Health Sciences, Walter Sisulu University, Mthatha, South Africa

Corresponding author: O A Adeleke (oadeleke@wsu.ac.za)

S Afr Med J 2025;115(11b):e3475. <https://doi.org/10.7196/SAMJ.2025.v115i11b.3475>

The Clinical Associate Programme in South Africa (SA) was formally inaugurated in March 2004 under the auspices of the Minister of Health.^[1] This landmark event brought together all heads of departments of family medicine across the country, marking a significant milestone in the evolution of mid-level medical education and workforce development. Walter Sisulu University (WSU) delivered a pioneering presentation outlining a strategic and contextually responsive framework for implementing the programme within its academic and healthcare structures.

The momentum generated by this inaugural meeting culminated in a follow-up engagement in June 2005 between the Minister of Health, senior leadership of the National Department of Health (NDoH), and the Family Medicine Education Consortium (FaMEC), a collaborative body representing all academic departments of family medicine in SA.^[2]

Following this pivotal meeting, the FaMEC established a dedicated task team to design the scope of practice, curriculum and training framework for a new category of mid-level medical professionals in SA. By August 2005, the task team presented its comprehensive report to the NDoH, proposing the title 'Clinical Associate' for this emerging cadre. In addition, the FaMEC developed a generic business plan and a nationally aligned curriculum designed with the flexibility to allow adaptation by individual training institutions.

In early 2006, WSU, in collaboration with the Eastern Cape Department of Health (ECDoH), reviewed the national curriculum and business plan for the Clinical Associate Programme. The Department of Family Medicine was tasked with creating a university-specific implementation plan in consultation with other academic departments, especially in the basic sciences. The finalised business plan was sent to the NDoH, and the academic programme received approval from internal governance structures, including the Faculty Board and University Senate. By mid-2006, the programme was under external review, and it received approval from the Department of Education, the Higher Education Quality Committee and the Health Professions Council of South Africa (HPCSA) in 2007. Consequently, in January 2008, WSU became the first institution in SA to launch the Clinical Associate Programme, marking a historic moment in SA medical education.

This milestone was formally celebrated in August 2008 with the programme's official launch by the Minister of Health. In October 2009, the programme underwent its first accreditation review by the HPCSA. The accreditation team commended the initiative, awarding 'unconditional accreditation' for the first and second years of the curriculum and highlighting the 'high quality' of the training delivered.

By the end of 2010, the entire inaugural class of 24 students successfully completed their examinations, a testament to both the rigour of the programme and the commitment of its students

and faculty. Encouraged by this success, the university expanded enrolment to 32 students in January 2011, welcoming its fourth cohort.

The Clinical Associate Programme at WSU was grounded in the educational philosophy of the Faculty of Medicine and Health Sciences, which emphasises problem-based learning and community-based education. In alignment with this approach, students received hands-on clinical training across three district hospitals, fostering contextual relevance and early integration into real-world healthcare settings. Upon graduation, the programme's first cohorts were employed by the ECDoH and deployed to district hospitals throughout the province, directly contributing to strengthening rural health services.

The programme's demonstrated success in terms of academic outcomes and service impact prompted the university to progressively expand its student intake, from an initial 24 students to 32, 48 and eventually to 60. Correspondingly, participating district hospitals increased from three to five to accommodate the expanded clinical training needs. This growth was supported by the HPCSA, which formally approved the increased enrolment and the suitability of the additional training sites.

Each academic year begins with a 12-week residential block at WSU's main campus in Mthatha, where students engage in intensive theoretical instruction and practical training. Following this foundational phase, students transition to designated district hospitals, immersed in clinical practice for the rest of the year. The programme maintains a structured cohort model, with 12 students enrolled in each of the 3 years of study at each site.

To ensure high-quality training and effective programme management, the university appoints two clinicians and an administrative officer to oversee academic delivery and logistical co-ordination. The programme co-ordinator conducts regular site visits to monitor implementation, engage faculty and clinical supervisors, and maintain educational standards across training sites.

Student assessment is rigorous and multifaceted. Formative assessments are conducted through workplace-based methods, including the Mini Clinical Evaluation Exercise (Mini-CEX) and the Direct Observation of Procedural Skills (DOPS), providing real-time feedback on clinical competence. Summative assessment is conducted via structured multiple-choice questions, modified essay questions and Objective Structured Clinical Examinations (OSCEs).

Soon after WSU successfully implemented the Clinical Associate Programme, the University of the Witwatersrand and the University of Pretoria launched their programmes,^[2] contributing to the national scaling up of this mid-level healthcare training model. The three universities collaboratively established the Clinical Associate National

Examination body,^[3] recognising the importance of standardising academic quality and clinical competence across institutions. This body oversees a unified national exit examination to ensure consistency in the calibre of graduates entering the healthcare system.

In keeping with the programme's commitment to socially responsive education, students participate in community-oriented primary care activities throughout their clinical placements. They are integrated with hospital teams providing outreach services to local clinics and health centres, delivering essential care while gaining practical experience. Additionally, students engage in school-based health education initiatives, facilitating discussions on relevant health issues and enhancing their communication skills and public health awareness.

The Clinical Associate Programme at WSU integrates quality improvement (QI) projects into the clinical training experience to cultivate students' research skills and deepen their engagement with healthcare systems. Conducted in small groups at each of the training hospitals, these projects are designed to address real-world service delivery challenges. Students collaborate with hospital staff members, fostering interdisciplinary learning and teamwork while promoting the sustainability of project outcomes beyond the students' involvement. The QI projects are formally presented to hospital management, clinical staff and community representatives upon completion. Stakeholders have widely commended this participatory approach for its positive impact on healthcare quality and service delivery at the district level.

Recognising the evolving role of Clinical Associates as a relatively new cadre in SA's health workforce, WSU has implemented a comprehensive graduate support strategy. In partnership with the

ECDoH, the programme offers biannual upskilling refresher courses to enhance clinical competencies and support career development. A monthly online continuing professional development programme is also provided to keep graduates current with best practices. This commitment ensures the development of adaptable, competent and community-responsive health professionals. The Clinical Associate Programme is currently developing a postgraduate diploma to enhance graduates' qualifications and expand their career opportunities in healthcare.

A distinguishing feature of the programme is early exposure to clinical care, allowing students to engage in hands-on learning from the start. Over 3 years, students are placed in district hospitals, becoming integral members of the healthcare team and community. This experience enhances their understanding of holistic medicine and service learning while providing real-world training aimed at retaining healthcare professionals in rural areas. By embedding students in these communities, the programme helps build a sustainable workforce to address the needs of underserved populations.^[4]

1. Hugo J. Implementation plan for a midlevel medical worker for South Africa: A discussion paper. *S Afr Fam Pract* 2004;46(2):5-8. <https://doi.org/10.1080/20786204.2004.10873039>
2. Couper ID, Hugo JF. Addressing the shortage of health professionals in South Africa through the development of a new cadre of health worker: The creation of Clinical Associates. *Rural Remote Health* 2014;14(3):423-430. <https://doi.org/10.22605/rrh2874>
3. Smalley S, Tshotetsi L. Clinical Associates in South Africa – a brief history of the profession. *Social Innovations J* 2021;8.
4. Isembatya G, Kakia A, Iputo JE. Clinical associates and access to healthcare in the Eastern Cape province of South Africa. *Afr J Prim Health Care Fam Med* 2022;14(1):3027. <https://doi.org/10.4102/phcfm.v14i1.3027>

Received 10 April 2025. Accepted 11 August 2025.