

MOTIVATION FOR WRITING THIS THESIS

Most of the work described in this thesis was conducted at the University of Cape Town (UCT) in South Africa. The reasons for conducting the research work at this university were: (1) I have served as a clinician-educator in the Faculty of Health Sciences of this university for more than a 15 years and, thus, have a good understanding of assessment practices in the medical (MBChB) programme; (2) I have been actively involved in the process of curriculum change and the implementation, in 2002, of a problem-based learning programme in the first three years of the revised six-year MBChB programme; (3) over the past decade UCT, a historically White university, has demonstrated great success in achieving ethnic transformation of student enrolment and graduation profiles in its MBChB programme; (4) UCT is located in one of South Africa's provinces where the reallocation of health care resources to lower levels of health care is significantly influencing the resource limitations that already impact upon medical training programmes in South Africa; (5) both the undergraduate and postgraduate medical training programmes at UCT are located within the public health service, and thus the extreme resource constraints, particularly the lack of sufficient, experienced off-campus clinician-educators, is a familiar challenge to all involved in programme design and delivery. The latter three reasons argue most powerfully for the location of the research work conducted.

Furthermore, the experience of implementing assessment practice advances in an increasingly resource-constrained environment, in some instances approaching the resource constraints of significantly poorer African countries, renders the research findings potentially useful to other African medical schools facing similar challenges. This is particularly true of the work conducted with colleagues from other medical training centres in Africa.

Finally, the potential for future collaboration is apparent. I am a Fellow of the Foundation for the Advancement of International Medical Education and Research (FAIMER), a non-profit organization committed to improving medical education practices in developing world regions,^{2,3} and have already forged links with FAIMER Fellows in other developing countries. A recently publication,⁴ co-authored by nine FAIMER Fellows, including myself, provides an early indication of the potential this network of clinician-educators has to sustain and improve medical education in developing world regions, including sub-Saharan Africa.

² Norcini JJ, Burdick W, Morahan P. The FAIMER Institute: creating international networks of medical educators. *Medical Teacher* 2005; 27: 214-218.

³ Burdick WP, Morahan PS, Norcini JJ. Slowing the brain drain: FAIMER education programmes. *Medical Teacher* 2006. In press.

⁴ Cueto J, Burch VC, Mohd Adnan NA, Afolabi BB, Ismail Z, Jafri W, et al. Accreditation of undergraduate medical training programmes: practices in nine developing countries as compared with the United States. *Education for Health* 2006; 19: 207-222.