

Community-based education: A strategy for training community-responsive health professionals

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Why a medical school in the Eastern Cape, the eighth in South Africa?

The idea of establishing a medical school in Eastern Cape Province emerged in response to the concentration of medical training in tertiary care centres located mainly in metropolitan areas. These centres, although equipped with specialist services, focus on complex and less common medical conditions, which may not always reflect the healthcare needs in rural areas. Moreover, tertiary care centres often underemphasise primary healthcare training, which is vital in South Africa (SA), as most of the country's population requires primary healthcare services. Primary healthcare settings include homes, communities, clinics, health centres, old-age homes, hospices and district hospitals.

With most medical training conducted in tertiary settings, it became clear that the medical education system was not meeting the needs of the broader population. As a result, the Faculty of Health Sciences at the University of Transkei (Unitra), now Walter Sisulu University (WSU), was established in 1985 as SA's eighth medical school, designed to respond better to local health needs. Unitra became the first medical school to significantly focus on community-based medical training.

Why community-based education?

Daubenton^[1] posited that excellence in medical education is measured by its relevance to the community. The motto of the Faculty of Medicine and Health Sciences at WSU is 'Excellence Through Relevance'. Schmidt *et al.*^[2] emphasised the importance of exposing students to the realities of community healthcare from the moment they enter medical school. This exposure should not be brief or fleeting, but rather a continuous and integral part of the curriculum.

An ideal community-based medical education programme should feature a balanced variety of learning activities spread across the duration of the curriculum. The World Health Organization^[3] and Schmidt *et al.*^[2] advocated for community-based medical education as a progressive approach to learning, combining education with practical work and involving all stakeholders in the educational process.

Community-based education not only serves underserved areas but also addresses the gap in patient diversity seen in academic hospitals. It is also beneficial for developed countries, where academic hospitals often cater to a very different demographic. Community-based education is crucial in ensuring that students become familiar with the types of conditions most seen in general practice and rural healthcare settings.

Proponents of community-based education highlight the following learning opportunities:

- Exposure to undifferentiated patients, especially those with chronic conditions

- Observation of disease progression through continuity of care
- Practice in health promotion and disease prevention
- Development of patient communication and negotiation skills
- Dealing with social, psychological, financial and ethical aspects of medical care
- Increased interest and competence in serving rural and underserved communities.

The commitment of the Faculty of Medicine and Health Sciences

The Faculty of Health Sciences at Unitra introduced community-based medical education in 1989, inspired by visits to universities in Canada, the USA, Israel, Egypt and Kenya. Key influences on the curriculum also came from Newcastle (Australia) and educational strategies developed by Prof. R M Harden in 1984.^[4]

Despite early challenges, including poor clinic facilities and a lack of community health centres, community-based education was fully implemented by 1992, following a series of faculty workshops. In 1991, the Unitra Community Health Partnership Project (UCHPP) was launched with funding from the WK Kellogg Foundation. This initiative aimed to establish 'models of academic community-based primary health care centres' around Mthatha, creating teaching hubs within local health centres.

This model was expanded to benefit not only medical students but also nursing and health promotion students. The UCHPP introduced a partnership between the university, local communities (Baziya, Mbekweni, Ngangelizwe and Mhlakulo), and two service providers: the Eastern Cape Department of Health and Umtata Municipality.

The shared vision of the UCHPP: 'An improved health status and quality of life for underserved communities in the Eastern Cape Province of South Africa through education, research, and community service.'

Key achievements of the UCHPP included:

- Establishment of four community health centres
- Organised community-based education at the university
- Creation of a Skills Laboratory and Primary Health Care Research Unit at the university
- Transition of the Department of Family Medicine to a community-based model, leading to improvements in local primary healthcare services.

Principles of community-responsive medical education at WSU

The Faculty of Medicine and Health Sciences adheres to several guiding principles for community-based education:

- **Partnerships** between the university, service providers and communities to identify and address health needs

- **A recruitment strategy** that prioritises applicants committed to community engagement
- **Clear educational goals** that are understood by all stakeholders involved
- **Integration of learning and service** within the community to ensure reciprocal benefits for both students and the community
- **Community-based participatory research** that can be linked to community-orientated primary care or quality improvement projects
- **Distribution of community-based learning activities** throughout the undergraduate curriculum (33.3% of learning activities are community based).

What has been achieved

In the early stages, the proportion of student training time spent in the community was 17.7%. With the introduction of the Integrated Longitudinal Community Clerkship in 2014, this increased to 33.9%, surpassing the target of 33.3%. Community-based education, which

aligns with the university's commitment to community-engaged scholarship, is now the flagship programme of WSU.

Conclusion

The Faculty of Medicine and Health Sciences at WSU has successfully established itself as a leader in community-based education. The faculty continues to serve the community while providing students with invaluable hands-on experience, preparing them to meet real-world healthcare challenges after graduation.

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