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**GOVERNMENT NOTICE**

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**DEPARTMENT OF HIGHER EDUCATION AND TRAINING****No. 567****8 July 2011****REPORT OF THE TASK TEAM INTO THE IMPACT OF THE MERGER BETWEEN  
MEDUNSA AND THE UNIVERSITY OF THE NORTH TO FORM THE UNIVERSITY OF  
LIMPOPO ON THE EDUCATION AND TRAINING OF HEALTH PROFESSIONALS,  
APPOINTED BY THE MINISTER OF HIGHER EDUCATION AND TRAINING**

**I, Bonginkosi Emmanuel Nzimande**, MP, Minister of Higher Education and Training, publish the report of Professor Malekgapuru Makgoba and Dr Max Price, the task team appointed to review the impact of the merger between MEDUNSA and the University of the North to form the University of Limpopo, on the education and training of health professionals.



**Dr Bonginkosi Emmanuel Nzimande, MP**  
**Minister of Higher Education and Training**

# The Task Team Review Report of the University of Limpopo Merger

Appointed by Minister Blade Nzimande (Department of Higher Education and Training) and Minister Aaron Motsoaledi (Department of Health)

**Compiled by: Professor Malegapuru Makgoba**

**Dr Max Price**

*The task team was ably assisted by Dr Zameer Brey who contributed to designing and analysing the online survey, the logistics for the interview process, and produced the first draft of the report. He also collated and summarised documentation, and corresponded with stakeholders. The task team members want to acknowledge his substantial effort in supporting our work.*

**7<sup>th</sup> MARCH 2011**

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## EXECUTIVE SUMMARY

The Task Team was appointed by Minister Blade Nzimande and Minister Aaron Motsoaledi to review the 'troubled' merger of the University of Limpopo (UL) and make recommendations on the way forward in light of the dire need for more health professional education and training and in the best interest of the nation.

The Task Team conducted an online survey questionnaire to which 351 students and staff across the two campuses responded. In addition the Task Team interviewed over 130 individuals and groups encompassing senior management, Council, staff, students, unions at the two campuses of Medunsa and Turfloop, officials from two provincial health departments, graduates/alumni of Medunsa, senior officials and academics of the University of Pretoria and some officials from the Department of Health. All interviews were done face to face.

Following an analysis of the background literature, the online survey responses and the inputs from the face-to-face interviews with stakeholders, the Task Team makes the following recommendations:

1. The merger of UL has not been successful and should be undone. The continuation of the merger will not benefit the current programmes of either campus.
2. The development of the new Health Sciences Faculty at UL (the 9<sup>th</sup> Medical Faculty linked to a tertiary hospital) is fully supported and its inception should be accelerated. The support of Medunsa in the establishment of this new faculty is not essential, and in fact the continuation of the merger may hinder its progress.
3. Medunsa has played and will continue to play a critical role in the training of health professionals, particularly those from disadvantaged backgrounds and those raised in rural areas. There is no question that Medunsa should not be closed but should be supported to play a meaningful role in the future education and training of health professionals.
4. Medunsa, in the current higher education configuration and funding formula is neither viable nor sustainable as a stand-alone institution. At 3500 students it is way below the required economies of scale of a university. As a health sciences university it requires cross subsidization like all similar faculties on other universities – but not having other faculties to draw upon, it will simply be annually in deficit and soon bankrupt. Neither do we believe it is academically desirable in the long term, even if it were financially sustainable, to have a single faculty medical university. Under those circumstances it will always be a second tier institution, lacking vibrant

post-graduate studies, thin on research, struggling to attract serious academics, and lacking the cross-faculty, cross-disciplinary vibrancy for students and staff of a normal university.

5. There is no good reason to merge Medunsa with either Tshwane University of Technology or the University of North West.
6. Medunsa should ideally be incorporated / merged into the University of Pretoria. This, in an ideal world, would be the best guarantee of success over a ten-year time frame such that Medunsa training would then be on par with the best in the country. If the task members were to make a proposal such that we would be happy to send our own children to Medunsa, then it would be a merger of the faculty with the faculty at UP. We believe that if such a solution were supported on both sides, this would be possible.
7. However, we are concerned that at this stage, there is not enough support for this proposal from either side; indeed there may be active opposition. The incorporation/merger would probably be traumatic for all concerned and risk failure if it had, once again, to overcome ongoing resistance from one or both parties. This opposition may, at this stage be somewhat reflexive. Those interviewed were being presented with the idea of a strategic incorporation of Medunsa into UP for the first time and without the benefit of hearing all the pros and cons, and thinking through the details of how such a merger of faculties might work, and in particular, what safeguards and oversight could be put in place to avoid the pitfalls of previous mergers. Similarly on UP's side, no-one had yet thought what such an incorporation would look like, how one could protect UP standards while promoting integration, the advantages of a more diverse class, what additional resources government would make available to ensure that incorporation did not cost UP anything, etc. We are concerned that this option might be rejected based on the unknown: the unknown details of how such a merger might work; and the unknown of the other party, its students and faculty members, their strengths, weaknesses and their attitudes (it is assumed by both sides that the other side would not want them in a partnership).
8. Therefore there appear to be two options. The first is, having committed to undoing the merger with UL, which in any case will take a year, to facilitate a process of exploration between the two institutions of what an incorporation would look like and how it might be done, with what resources, and with what compromises and alignments, and to get to know each other to ascertain whether there is a possibility for successful incorporation. At the end of this period, which might be 6 months, the two institutions would decide whether, and if so under what circumstances, to proceed.

9. The second option is based on the judgment that the leaders of UP and Medunsa will not be persuaded that merger/ incorporation is a desirable outcome for both parties and remain opposed to exploring the details of such a solution. In this case the merger will fail and obviously it follows that it should not be forced upon the institutions. Medunsa should then remain an independent, stand-alone university. It will require a unique and preferential funding allocation within the national higher education funding formula. It may also benefit from a new vision that involves growth in numbers, disciplines and even academic programmes. It should probably not be expected to perform on the national research criteria i.e. in the planned differentiation of universities; this would be a teaching-rich, largely undergraduate university.
10. For recommendation 9 to be effective and for a radical and comprehensive turn around to occur at Medunsa, the leadership/management team should immediately be buttressed by the appointment of an experienced university leader to address the weakened leadership/management structures and processes, curb the culture of ill-discipline, build academic leadership, confidence and credibility of health professional education and training. Government should hold the new leadership to account.



## INTRODUCTION

The Ministers of Higher Education and Health appointed a task team to review the merger between Medunsa and the previous University of the North, currently known as University of Limpopo (UL). The rationale and objective for the establishment of UL was gazetted on 14<sup>th</sup> November 2003, in Government Gazette No 25737, following recommendations of the National Working Group (2002). It was legally established on 01<sup>st</sup> January 2005. The two campuses of the University of Limpopo became known as Medunsa and Turfloop after the merger. The merger raised a number of challenges that affected both staff and students at the two campuses. This task team was established with the aim of understanding the current situation and the effects of the merger. In addition the task team was mandated to make recommendations on the way forward for these two campuses. They both have a critical role to play in the higher education and health professional training in South Africa.

The task team needs to highlight the urgency with which this review process needs to be completed and communicated to the broader university public. Many staff and students have explicitly expressed the difficulties under which they are working and studying and need clarity on what is to happen in the future of their respective campuses in order to continue progress. Many processes at both campuses have come to a complete halt pending the task team's review and outcome, which should be engaged promptly.

This report starts by outlining the terms of references before discussing the 3-stage process that was followed in this review. The bulk of the report focuses on the findings of the review from a broad range of stakeholders. The recommendations developed by the task team are based on the many inputs and insights received from individuals and groups bearing in mind, the national interest over and above individual, group or campus interests.

## 1. TERMS OF REFERENCE

The original terms of reference (TORs) for this task team are noted in Appendix 1. After the TORs had been issued, the purpose of the Review and the options to be considered needed to be modified in view of the clear message in the President's State of the Nation address on Thursday 10 February 2011 in which he indicated that the Government was committed to building a new medical faculty in Polokwane. The task team reinterpreted its brief as being to seek answers to the following questions:

- A. How has the merger worked since 2005 - outline some of the benefits and challenges that arose from merger of UNIN and Medunsa. What were the reasons for the difficulties experienced? And linked to this, why has progress been so slow?
- B. Given the plan to establish a new Health Sciences faculty in Polokwane, what are the implications for the merger going forward? What value is added to UL Turfloop-based disciplines through retaining Medunsa in the merged university once UL has its own Health Sciences Faculty in Polokwane? What value is added to the Medunsa-based faculties by the merger and how will this be affected by a new Faculty of Health Sciences in the North?
- C. If the merger is undone, can Medunsa stand alone as a University or Faculty with a singular focus on health sciences?
- D. Are there any other alternatives to standing alone? For example, would Medunsa be better served in the long term by merging with the University of Pretoria, North West or Tshwane University of Technology?

## 2. PROCESS

The task team developed a three staged process in reviewing the merger.

The first stage involved a review of documents related to the original purpose of the merger, the interim reviews that had been done, accreditation reports of the Medunsa-based professional programmes, and relevant correspondences in support of or against the merger ( e.g National Working Group Report, Khoapa Report, The HPCSA Reports, the DoE Merger report, the Sithole and Judge Ngoepe reports). The full list of documents is in Appendix 3

The second stage involved conducting an online open survey. The purpose of the survey was firstly, to increase participation to anyone who wished to submit opinions to the task team. Secondly, we wished to solicit any new thinking about how to solve the problems encountered by the merger that might be missed due to the limited number of people we could interview. The survey results were used to identify additional respondents with innovative ideas who should be interviewed.

Thirdly, while not a representative sample, 351 individuals responded representing an array of relevant stakeholders, which helped us establish where the weight of opinion was in each group of stakeholders (e.g. staff at the respective campuses, students, unions, clinical and joint staff, provincial officials).

The survey commenced on the 23<sup>rd</sup> December 2010 until the 10<sup>th</sup> February 2011. The survey consisted of 24 questions, 11 of which were completely open ended, 4 were discriminatory in order to obtain respondent details and the remainder consisted of questions with a choice of responses for selection by the respondent.

The survey assisted in developing probing questions for the third stage of the process which involved face to face interviews with stakeholders from the University of Limpopo (Turfloop campus and Medunsa campus), Limpopo and Gauteng Provincial Departments of Health, doctors from Polokwane/Mankweng Hospitals complex and George Mukhari Hospital, and from the University of Pretoria (See appendix 2 for the full list). During this stage the task team was able to interview **136 stakeholders** representing a broad range of staff and student categories, as well as other organisations who were directly affected by the merger, such as the ANC Doctors Forum (Gauteng).

### 3. FINDINGS

This section is divided into two sections, the first involving the survey and the second detailing the findings of the interviews. There were many documents that assisted and guided the task team with its task (these can be found in Appendix 3).

#### SUMMARY OF THE ONLINE SURVEY

The task team initially anticipated 100 responses and was pleased when by the end of the survey phase 351 individuals had responded. This supported the idea that many people and organizations felt passionately about the issues under review and wanted to make a contribution and ensure their voices

were heard. There were 3 main issues that arose when analyzing and discussing the merger and its challenges.

Firstly, respondents cited the serious logistical issues that arose, as the two campuses are 300km apart. While in itself real, it was quite surprising as modern ICT can easily overcome this and many institutions globally are running campuses across countries and across oceans e.g. some universities in Europe and the USA run campuses in Asia.

Secondly, governance and management at Medunsa and Turfloop campuses came under fire from many individuals and groups.

Thirdly many high calibre staff began to exit due to uncertainty about the threat of "relocation of Medunsa to Polokwane", which became linked to the declining quality of the programmes. This led to what some termed or referred to as "juniorisation<sup>1</sup> of staff" at Medunsa

**In summary, the survey suggested there was an overwhelming sense that the merger had "failed", the merger was not achieving its intended objective and that the two campuses should be unmerged. There were also suggestions that Medunsa should merge/be incorporated into the University of Pretoria.**

#### SUMMARY OF THE INTERVIEW PHASE

The interview phase affirmed some of the observations and thinking that arose from the online survey and served to provide a much richer picture for the task team to understand the status quo of the merger as well as how things should proceed going forward. The strength of interviewing such a broad range of stakeholders at the two campuses was the ability to test, to probe, to corroborate, to affirm or reject information, assertions, statements or evidence made through triangulation. This phase involved face to face interviews with a broad group of 136 individuals over a two-week period. The breakdown of the interview categories can be found in Table 1 below:

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<sup>1</sup> This term refers to when junior staff assume the tasks and responsibilities of senior staff without proper qualifications, training or competency.

<b>GROUPING INTERVIEWED</b>	<b>NUMBER OF INDIVIDUALS INTERVIEWED</b>
SENIOR MANAGEMENT AT BOTH CAMPUSES	15
ACADEMICS AND CLINICAL STAFF	67
STUDENT REPRESENTATIVES	11
LABOUR REPRESENTATIVES	18
DEPARTMENT OF HEALTH OFFICIALS	8
SUPPORT STAFF (HR, FINANCE, INSTITUTIONAL PLANNING)	10
OTHER STAKEHOLDERS	7

*Table 1 Breakdown of stakeholder categories interviewed (Details can be found in Appendix 2)*

It is useful to briefly summarise the thinking and overall sense of discussion held at the Turfloop and Medunsa campuses of the University of Limpopo.

### **Turfloop Campus**

There was a sense that much effort had been put into 'making the merger work' from a range of stakeholders. Some of the senior management at Turfloop felt the merger had many challenges to date but most of these had been overcome recently and they recognised Medunsa as a valuable asset to the University of Limpopo and wanted to make the merger work. Their view was that Medunsa could play a critical and much needed role in assisting to develop the medical platform in Limpopo. This view was limited and was unanimously opposed by all other categories of staff that were interviewed including junior and senior academics, students and some support staff at the Turfloop campus and all senior clinical staff at Mankweng/Polokwane hospitals. A number of reasons were presented that showed the merger was not sustainable and the relationship between the two campuses were irreversibly shattered. The clinical staff at Polokwane/Mankweng hospital complex had put serious effort and hard work into developing their own training program to train medical doctors. The task team concluded that despite many achievements in harmonising the two

institutions and thus increasing efficiency, the merger seemed to be untenable. It failed to achieve many of the reasons it was conceived to do and would remain a stumbling block for both campuses who want to progress their agendas.

### **Medunsa Campus**

With the many interviews conducted at Medunsa, the overwhelming message was clear – people want the merger stopped. While at both campuses there were small pockets of people who felt the merger should continue, most of those interviewed were clear about the need to demerge. Medunsa staff felt they had lost control of finances, governance and all decision-making power. Faced with facts that Medunsa was not sustainable as a stand-alone institution, staff and students offered other creative ideas in order to keep Medunsa as a stand-alone institution. These included diversifying the subject offerings, increasing capacity on core courses such as Medicine, partnering with other universities, and arguing for creating a special dispensation for funding Medunsa. Many of the Medunsa interviewees seemed very proud of belonging to the Medunsa brand and were very loyal to it. There was great reluctance for Medunsa to merge with any other institution and high on this list was the University of Pretoria. Their objections stemmed from past experience having witnessed the veterinary school ‘take over’ and the recent experience of the Mamelodi campus incorporation (elaborated in more detail below).

Each of the four aspects (A-D) discussed under the Terms of reference above are now discussed in detail.

#### **A. HOW HAS THE MERGER WORKED SINCE 2005 - OUTLINE SOME OF THE BENEFITS AND CHALLENGES THAT AROSE FROM MERGER OF UNIN AND MEDUNSA. WHAT WERE THE REASONS FOR THE DIFFICULTIES EXPERIENCED? AND LINKED TO THIS, WHY HAS PROGRESS BEEN SO SLOW?**

The answers to this question are reported under the following headings:

- The reasons for resistance from the Medunsa campus
- The delays in establishing governance structures
- The achievements of the merger

- The impact of the merger on Medunsa Campus
- The impact of the merger on the Turfloop Campus

#### REASONS FOR RESISTANCE TO THE MERGER FROM THE MEDUNSA CAMPUS

From even before the merger and right through the merger, difficulties were experienced due to resistance from the Medunsa campus towards the merger. One of the merger partners was unwilling to merge. The task team's analysis suggests several reasons for this resistance including:

- The fear of **“relocation lock, stock and barrell from Pretoria to Polokwane”** with serious disruption to family and work life. Relocation was a clearly indicated as a long term consequence of the merger. The announcement by Minister Naledi Pandor (Minister of Education Communique' in 2008) confirming there would be no relocation stands out as a watershed moment in the history of the merger. Prior to this, the fear of relocation seriously hampered any efforts to engage constructively between the two campuses. After the Minister gave staff and students the security that Medunsa was not to relocate, there was a sense that working relations between the universities improved. Only after Minister Pandor's announcement in late 2008, did this resistance lessen up that the faculty in Medunsa would not be required to relocate.
- Loyalty to Medunsa's history, legacy and its many graduates. This would be lost as the new University of Limpopo wouldn't retain any of the original branding. The academic reputation of Medunsa was perceived as superior to the old University of the North. In particular, many alumni protested politically and lobbied hard against the merger because of this concern that the reputation of their qualifications and future perception of the Medunsa graduates would be compromised by the merger with UNIN.
- The logistics of the merger due to the two campuses being more than 300 km apart. This posed a serious threat to efficiency as many reported the frustration with having to travel so far resulting in wasted resources of money and time. A two hour meeting might take one and a half days of someone's time. The Senate meetings, for example, required dozens of senior academics and officials to give up two days to travel to attend at whichever campus was hosting the Senate meeting. Participation in Senate and in many committees became consequently

poor. It should be noted there were attempts to make greater use of videoconferencing but this has not significantly alleviated the problem.

- **There is little sense of being part of a single university.** This was partly due to the continued adherence to the old brands and wilful and recalcitrant resistance; partly due to the very limited interaction between the staff on the two campuses and the perceived remoteness of the Turfloop-based 'head office' from Medunsa; partly because, after 7 years, there were still many systems which were completely separate – such as separate payroll systems, different conditions of service, different retirement ages; and critically, very little alignment of curricula and programmes - most courses, even where the same degree was offered (e.g. Nursing, Pharmacy, Dietetics, Medical BSc) had different curricula, different final examinations, and no cross teaching by staff on the other campus.
- There was a perception that Medunsa was being "swallowed up" or "taken over by UNIN" and this was not truly a merger of equal partners as gazetted for all mergers (National Working Group 2002). While this was inevitable as UNIN had about 17000 students enrolled while Medunsa only had 3500, nevertheless this principle of "equal partners" in a merger was compromised at great peril to the UL merger. Lessons and experience at UKZN taught us that treating the 'weaker partner' equally in a merger promotes buy-in and better integration (The Creation of the University of KwaZulu-Natal 2011). It became a consistent lightning rod for the resistance. The centre of gravity of administration and executive power was always going to be at Turfloop because of its size. Whether this was the right decision remains speculative. But the Medunsa staff believed that as a 'merger' it should have been a marriage of equals with equal distribution of authority, systems, meetings and access to resources.
- A view was expressed that the various heads of departments and deans and legacy DVCs may have wanted the status of senior positions and therefore were not supportive of the Turfloop campus leadership which left them permanently in subordinate positions. This was in part responsible for the conflict in the early years of the merger between the leadership at the two campuses and the consequent high turnover of senior management at Medunsa campus.
- The unions contested the different working conditions at the two campuses and felt that they would be worse off in a merger. They also reported that blue collar workers were presented with a threatening image of relocation e.g. that trucks would be sent to collect the workers and



their possessions and simply move them to the North with the connotation of a forced removal. This mental picture created a lot of tension and anxiety about the prospect of relocation and hence of the merger.

- The resistance manifested in acts of non-compliance such as not attending meetings or vocal protests. This created major challenges for the management at the Turfloop campus. It was said that even the mention of relocation at some meetings would result in the Medunsa colleagues walking out during the meeting. There were times when the VC was actually locked out of the Medunsa campus and refused entry.

#### DELAY IN ESTABLISHING GOVERNANCE STRUCTURES

- In essence the persistent resistance to the merger contributed significantly to instability and the delay of critical appointments, which threatened the functioning of the campus.
- The merging of the two university councils was delayed and this in turn led to delays in establishing a single Senate and its various subcommittees.
- No dean was appointed to Medunsa until 2009. All health science deans from the time of the merger until 2009 were acting, usually for 6 to 12 months, and therefore unable to effect change and drive progress in a serious manner. The DVC (Campus Director) for Medunsa was also only appointed in 2009 after intervention from Minister Pandor.
- Of the 18 Executive members, 13 were appointed into their permanent positions in 2009. Since 2005 staff were in acting positions during the crucial stages of the merger.
- Only once the leadership structures were formed could other governance structures follow suit. For example at Medunsa and Turfloop, the Heads of Departments needed to be formalized across campuses. This is only being done now.
- Both campuses were in serious financial trouble at the time of the merger and all attention went to sorting this out. An external enquiry was conducted in 2007, leading to a 'rescue plan' which took a further few years to improve. Merger funds from the government were not released until 2008 due to this.

**ACHIEVEMENTS AS A RESULT OF THE MERGER**

- The many achievements of the merger were tempered by the delays in implementation.
- The UL merger operated under the Standard Institutional Statute since January 2005 up till July 2010. A unitary Council was established, with a dedicated subcommittee under Judge Leeuw, which looked at merger-related issues being raised from the Medunsa campus. The new statute of UL was only gazetted in August 2010.
- A single Senate was created which met alternately at each campus.
- The revised academic structure with deans across both campuses was formalized in January 2010.
- There was alignment of many policies including HR. These policies were approved and implemented in 2010.
- There was reduced duplication on the administrative front. In 2008 many staff were shed due to a reduction in the administrative burden.
- A single finance department was created.
- Prior to the merger, both campuses were in financial difficulty. The Medunsa campus was insolvent while the Turfloop was running at an annual deficit. There clearly has been a financial turnaround assisted significantly by the merger funds provided by the treasury.
- Student enrolment, admissions and financial aid policies were aligned.
- Better systems were established and were applied uniformly across campuses. For example the FTE workload model was applied uniformly and resulted in greater equity and rationality.
- There has been mixed success with harmonizing specific programmes. For example BSc Medical Science, BPharm, Nursing, Nutrition and physics are currently taught completely separate with separate teachers, resources and exams.
- There has been a major injection of capital funds for infrastructure development.
- An outstanding skills lab was developed at Medunsa with the special Clinical Training Grant (not really dependent on the merger).

- A MOU exists between UL and the Limpopo Dept. of Health and another between UL and Gauteng Department of Health and mostly the relationships have been described as constructive and mutually beneficial.

Many of these achievements occurred only recently and the full impact of these achievements is difficult to appreciate currently.

#### THE IMPACT OF THE MERGER ON THE MEDUNSA CAMPUS

- The Gauteng Department of Health believed the relocation of Medunsa would follow the merger and therefore refused to fund and fill senior posts including the post of dean, chief specialists and Heads of Departments. The freezing of posts coupled with the fear of relocation led to many resignations of highly skilled academic and clinical staff. The loss of senior staff led to a 'juniorisation' where many posts were then occupied by relatively junior personnel.
- Many of the recruitment and retention of staff issues addressed above started to change after the critical announcement made in 2008 by the Minister of Education at the time, Naledi Pandor, that Medunsa would NOT relocate. Gauteng made more posts available to be filled. However, the Task Team were told that it is still very difficult to attract staff and that they frequently leave for better posts at the University of Pretoria, and elsewhere. The vacancy rate is high.
- The resistance led to delays in creating a unitary stable institution with an identity different from its ancestor institutions; resistance led to delays in setting up a unified Council, unified Senate and delays in appointing an Executive with full support. It created a lot of anxiety through the institution.
- Many experienced staff found themselves working in acting posts for more than 5 years. The delay in appointing people permanently undermined their security, their ability to function and led to further resignations.
- The delay in creating a unitary institution further entrenched the culture of resistance; this became a vicious cycle. The continued resistance destroyed trust, goodwill and a sense of common purpose all round in the merger project; this is essential for any institution, let alone one that is merging.

- The continued resistance has consumed time, energy and emotions with little to show for it. This has impacted negatively on productivity.
- The absence of leadership exacerbated poor management, weak processes and lack of discipline and sometimes poor work ethic. Combined with the loss of academic staff, this in turn resulted in declining quality of teaching and declining research outputs<sup>2</sup>. Student numbers and pass rates have also declined. There has been a drop in student numbers from over 200 medical students in 2005 to a current number of 134 graduands from Medicine. In 2008, there was a serious risk of Medunsa losing its accreditation of the MBChB programme with the HPCSA which would have barred them from taking any students in 2010.
- The fear of relocation also led to an unwillingness amongst Medunsa staff to assist with developing the medical platform at Mankweng/Polokwane. The successful development of Mankweng/ Polokwane was perceived as another threat to Medunsa.
- The administrative functioning has been compromised because there is no devolved authority. There is a single bank account with signatories in Turfloop. Managerial time is wasted on travel. The distance between the campuses creates many time demands.
- There has also been loss of financial control and therefore inability to make informed financial decisions at the Medunsa campus as a result of the merger.
- Traveling between Turfloop and Medunsa campus has been difficult, coupled with the inconvenience and major expense of this exercise;
- The monitoring of private practice seems to be out of control, which may be linked to the absence of a permanent full-time dean until recently, weak leadership, and the concern that Medunsa could not afford to risk losing more clinical staff by taking a firm stand.

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<sup>2</sup> Research outputs at the University of Limpopo have dropped from 100 SAPSI units in 2005 to about 77 units in 2009. In 2008, Medunsa achieved 51 of the 84 SAPSI units, in excess of about 50% of the research output, but still declining.

**THE IMPACT OF THE MERGER ON THE TURFLOOP CAMPUS**

- The task team wishes to acknowledge how much effort was put into making the merger work at the managerial and leadership level.
- The UL leadership despite willingness and good intentions failed to act timeously and decisively; Many are now 'tired' of the many consultations, few follow throughs and little or no progress; Many consultants, interventions and support came from the government and externally to lend support. With the fierce resistance this was clearly a difficult merger to lead and manage.
- Some of the substantive work includes the IOP, infrastructural development, merger manager role, the creation of the UL brand, systems development.
- The Turfloop campus has cross-subsidised Medunsa significantly without Medunsa recognising this.
- Turfloop leadership has also tried to extract best practices from the UNIN and the Medunsa systems in order to function optimally and effectively.
- The Limpopo DoH supported the merger initially and has been patient and hopeful but this patience and hope has not yielded any benefits; they are no longer hopeful and have lost patience; too many bosberaads and photo shoots with little to show for these.
- The Polokwane/ Mankweng Health complex and the Limpopo DoH are unanimous and resolute that the merger has failed and the way forward is to demerge. They want to focus their energies into building the new academic health faculty within UL and without the encumbrance of Medunsa. The Heads of Schools and Departments at UL also share the view the merger has not worked
- The student representatives are of the view the merger has failed and going forward, Medunsa should be left alone.
- Even though it has not yet happened, Turfloop can benefit substantially from adopting some of the BPharm programme at Medunsa. (The pharmacy programme at Turfloop recently lost its accreditation while Medunsa has a good programme to date.)

- Several individuals expressed concerns and frustrations about the large distance between the two campuses (300km). There has been an effort to share this burden by convening two of the four senate meeting at Medunsa and 2 at Turfloop; Council meetings are held in Johannesburg; Management meetings rotate. Smaller meeting use video conferencing which has questionable reliability despite the major benefits it offers.
- Research output has declined post merger on both campuses.

**B. Given the plan to establish a new Health Sciences faculty in Polokwane, what are the implications for the merger going forward? What value is added to UL Turfloop based disciplines through retaining Medunsa in the merged university once it has its own Health Sciences Faculty in Polokwane? What value is added to the Medunsa based faculties by the merger and how will a new Faculty of Health Sciences in the North affect this?**

DEVELOPMENT OF THE MANKWENG/POLOKWANE MEDICAL PLATFORM

- The task team compliments the team led by Professor Mashego for developing a programme and medical curriculum with input from a number of other schools other universities;
- The rotation of Medunsa students through various departments at Polkwane/Makweng hospital is encouraging (they currently rotate through paediatrics, obstetrics and gynaecology, community health, surgery and medicine). Eleven departments at Polokwane/Mankweng complex have full accreditation for specialist training and 5 have accreditation for partial (2 years) training. This has all been done with no direct teaching or supervision from the Medunsa based staff;
- The clinical staff at Polokwane/Mankweng feel that they are unnecessarily controlled by the faculty at Medunsa. One example is the insistence by Medunsa HODs, that registrar rotations completed at the Mankweng complex must be signed off by them and not the Mankweng clinicians who did the actual supervision.
- There have been few visits from any of the Medunsa HODs in the last 18 months, some of whom have never even visited at all.

- The Limpopo DoH has been very positive and enthusiastic about developing the capacity of the Polokwane/Mankweng complex for training undergraduate and post-graduate doctors. It has funded registrar and specialist posts as well as a skills lab at the hospitals and also conference attendance by staff and some visiting consultancy support;
- By contrast, UL staff at Mankweng/Polokwane hospital complex believe that they have done all the curriculum development and current clinical training rotations themselves with little support from Medunsa and at times even foot-dragging by Medunsa leadership. There was a claim that the curriculum proposal for the new MBChB programme at Polokwane/Mankweng was sent to the acting dean in 2008 but was completely rejected in 2008, not put to Faculty Board or Senate - thus unable to make progress. This was because the Medunsa part of the faculty believed that the teaching at Polokwane should exactly duplicate the curriculum already in place at Medunsa. They may be right, but the point is that far from supporting each other and accelerating the development of undergraduate training in the North, the opposite was happening.
- Because Medunsa believes, rightly, that as the parent faculty for medical training, the Medunsa based HODs and dean should be involved in the appointment of joint staff at Polokwane/Mankweng, there have been many delays and even obstructions to such appointments with an impact upon training capacity. This is particularly frustrating for the Limpopo DOH who are the actual employers of this staff.
- The only support that was cited positively was the support Medunsa has provided with setting up the library and IT system at Mankweng.

In conclusion, the Task Team believes that the continued merger with Medunsa will add little value to the development of the new Health Sciences faculty in Polokwane. In fact the difficulties of distance, different approaches to curriculum, and the extra layer of management entailed by having one school of medicine incorporated under another school, would have a net negative impact. It should be noted that the Polokwane/Mankweng complex lacks capacity in some disciplines such as internal medicine, pathology and basic sciences. These would need to be audited to determine their capacity to train medical students. But the new faculty could and should draw on several other medical schools in the country and need not be tied to one.

We have a similar view with respect to the value of the merger on the other health science disciplines although if the faculty members at Turfloop in Pharmacy were willing to adopt the Medunsa curriculum, in this case it could help them rapidly regain their accreditation. But it is not essential for this to be done within the framework of a merger. Support from Medunsa or any other Pharmacy School could ensure similar benefits.

In the basic sciences, there are good reasons why the focus of similar subjects should differ between the two campuses (e.g. chemistry taught at Medunsa is particularly oriented to human health while that taught at Turfloop is more general) and we think the efforts to align these courses is time consuming and unwarranted.

#### **IS THERE VALUE TO THE MEDUNSA CAMPUS AND PROGRAMMES IN BEING MERGED WITH UL?**

There has already been some value in the introduction of many systems which Medunsa lacked (see above). If the merger with Medunsa were undone, it is not clear whether Medunsa would and could continue with these improvements on its own.

The key benefit that Medunsa would derive from ongoing merger, would be the financial subsidy that it gets from the rest of the university, which according to the financial reports prepared for us by the CFO, is in the region of R50 million a year.

The access that Medunsa students have to the clinical platform of the Polokwane/Mankweng complex is significant, with about 60 to 70 5<sup>th</sup>-year students in the complex at any one time out of a total class of 200. Medunsa had previously developed other clinical outlets, in North West Province (Rustenburg) and elsewhere, and these have closed in the last five years during the problems Medunsa has had just trying to keep its own programmes running. Whether the merger continues or not, the growth of the medical school at the Polokwane / Mankweng complex will mean that there will be no room there for Medunsa based students anyway. So Medunsa will have to re-establish those other venues, and probably seek new ones.

The Limpopo Department of Health will not fund a demerged Medunsa.

Academically and from a health professional training perspective, the task team could not see any area where Medunsa programmes had been strengthened or would become stronger as a result of continuing with the merger.



IS THERE COMMITMENT TO MAKE THE MERGER WORK?

- At certain levels of Turfloop senior management there is strong commitment. This may be driven by the large investment of time and other resources in creating a brand, developing systems and improving financial stability. The management also feels that Medunsa can help build the proposed new platform at Mankweng if the resistance is overcome; management and the academic leadership at Medunsa are opposed to the continuation of the merger.
- At the level of the clinical personnel and the health sciences personnel both at Polokwane/Mankweng and at Medunsa, there is opposition to the continuation of the merger. These individuals feel that working through the Medunsa is cumbersome, inefficient, frustrating and doesn't add much value. The staff at Medunsa likewise feel that involving the staff in the North in all decisions, curriculum work, and being involved in all their appointments and bureaucratic activities, does not add value to them.
- The academic heads of Basic Sciences' Schools and Departments at UL see no purpose in continuing the merger.
- Student representatives (PASMA and the SRC) are opposed to the continuation of the merger.
- The Unions are opposed to the continuation of the merger.
- Many graduates of Medunsa and especially the ANC Doctors Forum are opposed to the continuation of the merger.
- The Department of Health in Limpopo is opposed to the continuation of the merger.
- Having two medical schools attached to a single university would need specific interventions. It would also need to overcome some of the major existing obstacles such as logistics. It will also be a double drain on UL's resources and medical schools almost always have to be cross-subsidized by the main university – and UL would have to subsidize two.
- Whilst many of the support systems are said to be harmonized and therefore a reduction in duplication and inefficiencies; the two campuses still have 2 payrolls, and various other separate administrative systems.

The task team concluded that except in certain very senior circles, such as the top executive and the Council of UL, there was no commitment to continuing the merger or to the effort required to make it work.

**There was unanimity that the two campuses should demerge.**

**C. If the merger is undone, can Medunsa stand alone as a University with a singular focus on health sciences?**

The overwhelming majority of those interviewed at both campuses argued cogently that Medunsa in the current circumstances could not stand alone with a singular focus on health sciences.

However, it should be noted that a small number of individuals felt this was the best option as it would allow Medunsa to regain its autonomy, reclaim its "glory days", they perceived this would improve the quality and many staff would return to the university to teach and start research programmes. These sentiments came only from Medunsa. Given the reality that Medunsa was not currently financially viable nor sustainable, individuals said this could be improved by one of or more of the following:

- Diversifying its offerings by including other courses that would cross-subsidise the medical faculty;
- Ask current government to make a special provision for its subsidy to Medunsa;
- Increasing the number of students currently enrolled as there was mention of some 'spare capacity' on some its core programmes such as Medicine;
- Fundraising was also seen as an option;

However, this option was deemed unsustainable to the following reasons:

- Medunsa has about 3500 students. Even if it grew somewhat, it would not be viable financially. The economies of scale in a university require that the university overheads be carried by at least 7000 students and probably more e.g. Rhodes University, which does not have a medical faculty. Unless it received funding at a much higher level than other universities (as was the case under Apartheid), it would not be sustainable in the longer term.

- Many departments at Medunsa would not have the critical mass of staff to continue e.g. the basic science departments such as maths, statistics, chemistry, biology, computer science – these are all departments which in other universities service students in Commerce, Engineering, and Science majors. As such they would be big departments which could then support post-graduate studies, teaching assistants, doctoral and post-doc students, research programmes etc. Currently the Science departments were allocated above the required staff FTEs in order to achieve a critical mass. Even then, several are not allowed by the Science Dean in UL to progress beyond undergraduate stage due to a shortage of senior highly qualified academics to supervise them. This, however, indicates that they are unlikely ever to grow into strong research oriented departments and will always be undergraduate service departments.
- Small departments also lack the depth to cope with sabbaticals, maternity leave, and unforeseen vacancies.
- Without the critical mass, research and teaching will be compromised
- In the context of the current funding formula, it will not cover training of health professionals and in nearly all universities, the costs are covered by the other faculties such as Law, Humanities and Commerce.
- Medunsa will run at a R50million loss annually (based on calculations using 2009 data). However this can be addressed by modifying the funding formula to subsidize Medunsa. One must recognize that this would result in similar demands from other universities (i.e. that the funding formula should provide for full funding for health science training as opposed to being subsidised by other faculties).
- A single faculty makes it difficult and expensive to support good systems for quality assurance, human resource and financial management, staff development, etc...
- There are very few good universities that are single faculty focused around the world, except in higher education systems that have professional schools at post-graduate level. An health sciences faculty not linked with other strong and vibrant faculties and departments becomes an undergraduate factory rather than an intellectual space for exchange and research, cross-disciplinarity, and the students themselves have a much richer experience if they can mix in the

residences, cafeterias, and student societies with students from other, very different, disciplines. This is how many Health Sciences are training future professionals ie as rounded citizens;

- Gauteng province already has 6 fully-fledged universities and it is probably not ideal to have another university due to financial and geographic reasons. Other provinces such as Mpumalanaga and Northern Cape are more deserving as they have no tertiary facilities such as a university.

#### SUMMARY OF FINANCIAL PERFORMANCE OF MEDUNSA 2003 -2009

Medunsa has a strong focus on health sciences and its core business relates to the training of medical professionals. In the Apartheid era, Medunsa was aided by the 'A-Factor' funding formula, which allowed it almost double funding for medical students compared with other universities. This extra funding came to a grinding halt in 2004, which is reflected in its financial statements. In 2003 Medunsa was almost breaking even with a net loss of R1.1m and in 2004 this shot up to R42m rendering the institution a loss running concern. Audited financials for 2004 received a disclaimer, as the external auditors could not pass an opinion on the state of affairs due to a number of reasons. In 2005, the year the merger was formalized Medunsa continued to run at a loss of between R50 and R88 million. In 2009 Medunsa was calculated to have incurred a net deficit of R50m. The rest of the University of Limpopo subsidized much of this deficit during the merger, which placed a major strain on the university. Other funding alternatives will need to be considered.

Medunsa cannot be a stand-alone nor is it viable or sustainable

**D. Are there any other alternatives to standing alone? For example, would Medunsa be better served in the long term by merging with the University of Pretoria, North West or Tshwane University of Technology?**

#### MEDUNSA FORGES A STRATEGIC ALLIANCE WITH UP

The option of merging Medunsa with Pretoria was discussed and debated at length with many stakeholders. The table below presents some of the pros and cons of the decision to merge or incorporate Medunsa with the University of Pretoria. It should be said that while the University of Pretoria can be thought of incorporating Medunsa, at a faculty level it can be seen as a merger between the Faculties of Health Sciences.

PROS OF MERGING MEDUNSA WITH UNIVERSITY OF PRETORIA	CONS OF MERGING MEDUNSA WITH UNIVERSITY OF PRETORIA
<p>The two Health Sciences faculties' course offerings can be seen as complementary not divergent from each other.</p>	<p>Both parties have expressed concerns about the other party's willingness to want to build a strategic alliance. This is the first "no no" in a merger or incorporation i.e. when the two parties are unwilling/reluctant to merge or incorporate.</p>
<p>Registrars at Medunsa have expressed concerns about having very little supervision from consultants. Having a larger pool of academics to give training it is likely that this will be addressed.</p>	<p>Medunsa has already been through two mergers and some individuals were recorded as having felt severely bruised and fatigued from these two experiences with little willingness to go through a third.</p>
<p>The view held by some individuals is that Medunsa should merge with UP in order to improve the quality of Medunsa's courses. In doing so, more high caliber academics will be attracted to work at Medunsa, creating a sustainable plan to improve the low quality education currently being offered at Medunsa.</p>	<p>The University of Pretoria is dealing with many of its own challenges that include increasing its research outputs, curriculum renewal and transformation programmes. The merger may detract from them getting to grips with these deep and broad challenges.</p>
<p>Many heads of departments from Medunsa have moved to UP which will facilitate the merger. These heads contribute substantially to UP's academic echelon and are likely to be understanding of the Medunsa culture and sensitivities.</p>	<p>The University of Pretoria officials said they were really stretched in terms of capacity and cannot see themselves having to cope with an additional load from Medunsa.</p>
<p>The experienced leadership at Medunsa pointed out that a turnaround is needed for</p>	<p>There is a risk that in combining the clinical platforms, all of the top clinicians get moved</p>

<p>Medunsa to survive. In order to achieve this it needs to 'incorporated' with UP.</p>	<p>to Steve Biko and George Mukhari becomes a second level hospital. However, interviews with Gauteng Health indicated that they are committed to maintaining and building up tertiary care at the new George Mukhari hospital.</p>
<p>It is envisaged that the referral system will improve which will also improve service delivery in the region. Steve Biko and George Mukhari Hospitals are relatively close and there will be benefit in synchronizing work and treatment options across these 2 institutions.</p>	<p>In order to create a single programme the admission requirements of UP would likely exclude many traditional Medunsa entrants. Would UP be willing to modify their admission requirements, including providing additional academic support, in the interests of transformation?</p>
<p>Despite current negativity, with good ground rules this strategic alliance will have much positive impact on the running of Medunsa. Both Medunsa and UP need to be convinced the other party wants to make a success of the alliance.</p>	<p>A few staff members that previously worked at Mamelodi and now at Medunsa spoke bitterly about how UP 'walked in and gave everybody packages' at Mamelodi.</p>
	<p>Some individuals pointed out there existed a racial divide between the two campuses often leaving black students, registrars and academics feeling inferior with a perception that they were unfairly treated.</p>

The task team notes the University of Pretoria is clearly reluctant to incorporate or merge with Medunsa on the following grounds:

- They perceive that staff at Medunsa are not enthusiastic about merging with UP and will resist and UP does not want to be regarded as forcing Medunsa into an unwanted marriage

- The current UP unitary organizational model does not lend itself to forming a partnership with Medunsa as it is not set up to run a federal model with distinct campuses that have high degrees of autonomy. Medunsa will be incorporated into the much larger and stronger UP, and they will not regain their full autonomy as previously.
- It would simply not be desirable to have two different programmes at the same university e.g. a Medicine (Steve Biko) degree and a different Medicine (Medunsa) degree. The experience at UP shows that this eventually results in the setting up of an unworkable situation where one programme is superior to the other resulting in the eventual phasing out of one of the programmes. This period can take up to 10 years. This phasing out would consume energy and time, and may in fact hamper efforts to expand on healthcare training and the production of healthcare professionals, rather than accelerate it.
- The University of Pretoria currently does not have any unused capacity that could help with incorporating Medunsa and would need to appoint some senior staff dedicate to this project.

On the other hand, while many senior staff at Medunsa could see the advantages and inevitability of being merged with UP, others were opposed to it for various reasons:

- They are concerned about losing their Medunsa identity.
- They may have concerns that the expectations on them will increase – both for daily workloads and working hours. They may find it much harder to obtain promotion. Some who are currently heads of departments may find they are junior to an HOD from Pretoria and lose their HOD status.
- Many individuals from Medunsa bore sore memories of the merger of the Medunsa Veterinary Sciences with UP Veterinary Sciences. While the task team evaluated this and felt the merger being proposed and this merger of the veterinary school is different in the following ways:
  - The school at Medunsa was very small and was only graduating about 30 students each year despite taking in almost 80 students in first year.
  - The two campuses were less than 10km apart and it made economic and logistical sense for UP to merge them. Veterinary schools are very expensive to run and in order to be efficient these two small schools were combined.

However, the task team acknowledges the real experience on the ground and that the merger had a negative impact on producing black veterinarians. UP has committed to training more black vets in the future and government should hold them to this promise. With the Medunsa veterinary programme there was also a stronger focus on community outreach and farm animals which was seen as particularly beneficial as compared to UP's programme that was perceived to focus on the treatment of pets and domestic animals. Even though some individuals from Medunsa are objecting to forming a strategic alliance with UP based on the experience of the veterinary school, and the Mamelodi incorporation, the task team felt these objections were insufficient and not applicable to the current proposal.

#### **MEDUNSA FORGES A STRATEGIC ALLIANCE WITH TSHWANE UNIVERSITY OF TECHNOLOGY (TUT)**

This was discussed and considered. The task team concluded this would not be suitable based on the following:

- TUT is a technikon and many felt very strongly that Medicine should not be taught at a technikon type institution.
- TUT has very limited focus on research and the kind of research is usually around applied technology. Research is considered by many to be the life-blood of Medical Schools.
- TUT has no experience in running a health sciences faculty – and the different cultures would clash, as had been experienced with UL.
- Forging an alliance with TUT will not necessarily result in attracting better clinical staff, nor would it improve the quality of the Medunsa courses.

#### **MEDUNSA FORGES A STRATEGIC ALLIANCE WITH NORTH WEST UNIVERSITY (NWU)**

This was discussed and considered. The task team concluded this would not be suitable based on the following:

- There was stark contrast between Medunsa and NWU in terms of culture and racial constitution, which individuals felt would not be progressive.



- NWU was also quite far from Medunsa, which would again experience the problems it experienced when merged into the University of Limpopo. The distance challenges seemed real and frustrated many staff. Again the centre of gravity, executive authority and power, and administration would be remote.
- NWU does not having the experience of running a medical faculty which is substantially different to other faculties.
- Again joining with NWU won't guarantee any increase in quality for the Medunsa programme.

### IMPORTANT ISSUES RELEVANT TO THE FUTURE OF MEDUNSA

During our work across both campuses we were constantly reminded by all stakeholders interviewed of the following disturbing allegations:

- Poor work ethic,
- Poor academic culture,
- Corrupt financial practices,
- Unregulated and uncontrolled private practice that leads to deteriorating service, teaching and research standards,
- The need for infrastructure development at Medunsa especially the students' residences and students' quality of life.

All these existed long before the merger and were exacerbated by the merger. These needed to be fixed if Medunsa is to be turned around and be restored to a high quality training programme and institution.

#### 4. RECOMMENDATIONS

Based on all the inputs received and the deliberations held, the task team makes the following recommendations, bearing in mind the TOR for this team:

1. **The merger of UL should be undone.**
2. **The development of the new Health Sciences Faculty at UL (the 9<sup>th</sup> Medical Faculty linked to a tertiary hospital) is fully supported and its inception should be accelerated.**
3. **Medunsa should not be closed but should be supported to play a meaningful role in the future education and training of health professionals.**
4. **Medunsa, in the current higher education configuration and funding formula is neither viable nor sustainable as a stand-alone institution. Neither do we believe it is academically desirable in the long term, even if it were financially sustainable, to have a single faculty medical university. Under those circumstances it will always be a second tier institution, lacking vibrant post-graduate studies, thin on research, struggling to attract serious academics, and lacking the cross-faculty, cross-disciplinary vibrancy for students and staff of a normal university.**
5. **There is no good reason to merge Medunsa with either Tshwane University of Technology or the University of North West.**
6. **Medunsa should ideally be incorporated into the University of Pretoria. This, in an ideal world, would be the best guarantee of success over a ten-year time frame such that a Medunsa training would then be on par with the best in the country. If the task members were to make a proposal such that we would be happy to send our own children to Medunsa, then it would be a merger of the faculty with the faculty at UP. We believe that if such a solution were supported on both sides, this would be possible.**
7. **However, we are concerned that at this stage, there is not enough support for this proposal from either side, and one may in fact anticipate active opposition. The incorporation/merger would probably be traumatic for all concerned and risk failure if it had, once again, to overcome ongoing resistance from both parties. This opposition may, at this stage be somewhat reflexive. Those interviewed were being presented with the idea of a strategic incorporation of Medunsa into UP for the first time and without the benefit of hearing all the pros and cons, and thinking through the details of how such a merger of faculties might work, and in particular, what safeguards and oversight could be put in place to avoid the pitfalls of previous mergers. Similarly on UP's side, no-one had**

thought what such an incorporation would look like, how one could protect UP standards while promoting integration, the advantages of a more diverse class, what additional resources government would make available to ensure that incorporation did not cost UP anything, etc. We are concerned that this option might be rejected based on the unknown: the unknown details of how such a merger might work; and the unknown of the other party, its students and faculty members, their strengths weaknesses and their attitudes (it is assumed by both sides that the other side would not want them in a partnership).

8. Therefore there appear to be two options. The first is, having committed to undoing the merger with UL, which in any case will take a year, to facilitate a process of exploration between the two institutions of what an incorporation would look like and how it might be done, with what resources, and with what compromises and alignments, and to get to know each other to ascertain whether there is a possibility for successful incorporation. At the end of this period, which might be 6 months, the two institutions would decide whether, and if so under what circumstances, to proceed.
9. The second option is based on the judgment that the leaders of UP and Medunsa will not be persuaded that merger/ incorporation is a desirable outcome for both parties and remain opposed to exploring the details of such a solution. In this case the merger will fail and obviously it follows that it should not be forced upon the institutions. Medunsa should then remain an independent, stand-alone university. It will require a unique and preferential funding allocation within the national higher education funding formula. It may also benefit from a new vision that involves growth in numbers, disciplines and even academic programmes. It should probably not be expected to perform on the national research criteria i.e. in the planned differentiation of universities; this would be a teaching-rich, largely undergraduate university.
10. For recommendation 9 to be effective and for a radical and comprehensive turn around to occur at Medunsa, the leadership/management team should immediately be buttressed by the appointment of an experienced university leader to address the weakened leadership/management structures and processes, curb the culture of ill-discipline, build academic leadership, confidence and credibility of health professional education and training. Government should hold the new leadership to account.

## ACKNOWLEDGEMENTS

The task team would like to extend their sincere thanks to staff and students for taking the time to be interviewed and for offering valuable input and insights to the team. Over a two-week period we managed to hear from 136 individuals and groups. All should therefore be assured that we have listened to a broad set of stakeholders. The interview stage has been a good compliment to the online survey in which most participated and added great depth to our understanding of the current situation and how to move forward from here.

We are grateful for the support; hospitality and cooperation we received all round at both campuses. We thank senior management and especially Professor Mahlo Mokgalong for his support and in facilitating our logistic and ensuring that our work was discharged smoothly.

We thank all participants for their wholesome and passionate engagement.

## **APPENDIX 1 - Terms of Reference of an Ad Hoc Task Team appointed by Minister Nzimande and Minister Motsoaledi to Review the Impact of the Merger**

- Conduct a detailed analysis of, and report on the current situation in terms of organization, management and governance structures, processes, systems, policies, and competencies including issues of accountability and responsibility
- Conduct a review of all the interventions made at the University of Limpopo since the merger and to make an assessment of whether these have achieved anything on a sustainable basis and if not why not
- Review all management appointments for the Medunsa campus since 2005
- Review of practical matters of management (and associated problems) of a campus that is geographically distant from the main management seat
- Assessment of the campus culture of Medunsa and that of Polokwane and the differences between them if any
- Assessment of the teaching and training at the Medunsa campus and the development of a medical teaching and training facility at Polokwane and the inputs of staff at the Medunsa campus into its' creation

### **TO MAKE RECOMMENDATIONS ON:**

On whether the Minister should apply his mind to the critical issue of the status of the Medunsa campus and propose a course of action based on the evaluation and review of the merger.

### **COMPLETION AND REPORT**

The task team must complete their work and submit a report to the Minister within 30 working days of its appointment.

## APPENDIX 2- LIST OF INDIVIDUALS INTERVIEWED

## University of Limpopo Turfloop Campus

<b>NAME OF INDIVIDUAL</b>	<b>POSITION</b>
Professor Mokgalong	Vice-Chancellor
Professor Sibara	Deputy Vice-Chancellor
Mr. Naidoo	Registrar
Professor Mulder	Director Institutional Planning
Mr. Oleander	Chief Financial Officer
Dr Ngoepe	Executive Director Quality Assurance
Mr. Mohuba	Director Marketing and Communication
Dr Mbambo-Kekana	Director of Health Sciences
Dr Lekhuleni	HOD Nursing
Mr. Sello	HOD Pharmacy
Ms Bopape	HOD Nutrition
Dr Mpholokeng	HOD Public Health
Professor Siweya	Dean Faculty of Science
Professor Olivier	Dean Faculty of Agriculture
Professor Tsatsi	HOD of Diagnostic Radiology
Dr Mbokasi	Acting CEO Polokwane/ Mankweng Hospital
Mr. Madimalo and additional representative	NEHAWU
Mr. Tloti and additional representative	Non unionized labour representative

Mr. Zondo and three additional representatives	PASMA (student body)
Judge Leeuw	University Council
Judge Mailula	Chair of University Council
Professor Mashego	HOD Clinical Psychology
Professor Rautenabch	HOD Community Health
Dr Sema	HOD Dermatology
Professor Tsatsi	HOD Diagnostic Radiology
Dr Lubinga	HOD Emergency Medicine
Professor Mbokazi	HOD Family Medicine
Dr Bhuiyan	HOD General Surgery
Dr Franks	HOD Nuclear Medicine
Professor Nesengani	HOD Obstetrics and Gynaecology
DR Weiss	HOD Psychiatry
Dr Monare	HOD Urology
Dr Bvumbi	HOD Ophthalmology (Acting)
Mr. Ndhlovu	Merger Manager

### University of Pretoria

NAME OF INDIVIDUAL	POSITION
Professor de La Rey	Vice-Chancellor
Professor Grove	Registrar
Professor Buch	Dean Health Sciences

Professor Kerr	Deputy Dean Health Sciences
Professor Ligthelm	HOD Dentistry

### University of Limpopo Medunsa Campus

NAME OF INDIVIDUAL	POSITION
Professor Moja	Deputy Vice-Chancellor Medunsa Campus
Professor Holland	Executive Dean Health Sciences
Professor Ogubanjo	Director Medicine
Professor Joubert	Director: Pathology and Pre-clinical sciences
Professor Gugushe	Director Oral Health Care Sciences
Professor Lekalakala	Director Health Care Sciences
Ms Rampa	Residence Manager
Mr. Kahuna, Mr. Roos, Mr. Teffo	Finance Manager
Mr. Govender	Manager Research
Mr. Hlabati	Director Human resources
Prof Naidoo	Acting Director: Centre for Academic Excellence
Professor Golele	Previous academic
Professor Mokhuane	Previous academic
Professor Lombaard	HOD Operative Dentistry
Professor Kisause	HOD Radiology
Professor Human	HOD Anatomy
Professor Hay	HOD Physiology



Professor De Villiers	HOD Pediatrics
Professor Taukobong	HOD Physiotherapy
Professor Gopalraj	HOD Mathematics
Professor Chauke	HOD Cardiothoracic Surgery
Professor Ebrahim	HOD Medical Illustration
Professor Lekgwaza	HOD Neurosurgery
Professor Annandale	HOD Plastic Surgery
Emeritus Professor Summers	Pharmacy
Professor Pienaar	HOD Ophthalmology
Professor Moalusi	HOD Radiography
Professor Mohamed	HOD Intensive Care
Professor Bida	HOD Anatomical Pathology
Professor Hing	HOD Biology
Professor Gous	HOD Pharmacy
Professor Rataemane	HOD Psychiatry
Professor Mguleni	HOD Internal Medicine
Dr Motsoaledi	HOD Dermatology
Professor Magazi	HOD Neurology
Professor Mphahlele	HOD Virology
Professor Ndimande	Acting HOD Prosthodontics
Professor Monokoane	HOD Obstetrics and Gynecology
Professor Nchabeleng	HOD Microbiology

Dr Meyer	Pharmacy
Mr. Dandadzi	Computer Science
Professor Clarke	Biology
Dr Mtshali	Physiotherapy
Mr. Mathatho	Physiotherapy
Ms Raphokwane	Physiotherapy
Ms Human	Physiotherapy
Dr Dippenaar	Nursing Science
Dr Ndlovu (Registrar)	Diagnostic Radiology
Dr Modise (Registrar)	Diagnostic Radiology
Mr. Croucamp	Deputy registrar
Mrs. Potgieter	Office of the Deputy Registrar
Mrs. Webb	Office of the Deputy Registrar
Professor Green	MUSU Representative
F. Phakisi	MUSU Representative
J. Lekabe	MUSU Representative
M. Nkobeni	MUSU Representative
J. Masuzane	MUSU Representative
Mrs. Green	MUSU Representative
T.O. Sadiki	SRC
T.M. Ntsie	SRC
M.D. Netshilonga	SRC

S.S. Zikalala	SASCO
T.N. Shongwane	SASCO
S.T. Mkhizwana	SRC
J. Mahlaola	NEHAWU Representative (Treasurer)
T Sambo	NEHAWU Representative (Chairperson)
A. Tshatsinde	NEHAWU Representative (Shop Steward)
L. Adams	NEHAWU Representative (Secretary)
S. Mfete	NEHAWU Representative (Shop Steward)
M.Motshekgo	NEHAWU Representative (Shop Steward)
L. Lefosa	NEHAWU Representative (Deputy Chairperson)
J. Mawela	NEHAWU Representative (Shop Steward)

### Limpopo Department of Health

<b>NAME OF INDIVIDUAL</b>	<b>POSITION</b>
Ms. Nyathikazi	Acting HOD
Dr Buthelezi	Acting Senior General Manager in Tertiary and Academic Hospitals
Dr Nkadameng	Senior General Manager in Health Care Services

**Gauteng Department of Health**

<b>NAME OF INDIVIDUAL</b>	<b>POSITION</b>
Dr Kamy Chetty	HOD
Dr Rahman	COO
Dr Mazamisa	Director Hospital Services
Dr Fisher	CEO George Mukhari Hospital

<b>NAME OF INDIVIDUAL</b>	<b>POSITION</b>
Dr Percy Mahlali	Former Member of Council (1999-2004), Health Sciences training expertise

**Other Stakeholders**

<b>NAME OF INDIVIDUAL</b>	<b>POSITION</b>
Dr Masuku	ANC Doctors Forum
Dr Ngoatseng	ANC Doctors Forum
Drs Mangaliso Mahlaba	ANC Doctors Forum
Dr Ramokgopa	ANC Doctors Forum
Dr Molene	ANC Doctors Forum
Dr Moswane	ANC Doctors Forum

### APPENDIX 3- LIST OF DOCUMENTS USED FOR REFERENCES AND BACKGROUND READING

- Report of the National Working Group (2002);
- Khoapa, Ben, 2007, Report of the Independent Assessor, appointed by the Honorable Minister Naledi Pandor
- Communication of the Minister of Education 2008
- HPCSA Accreditation Reports (2004-2010)
- Progress Report on Mergers 2010. Department of Education.
- Audited Financial Documents for Medunsa 2003 (PWC Audit)
- Audited Financial Documents for University of the North 2003 (KPMG Audit)
- Summary of Financial position 2005-2009, as provided by Mr. Olander, CFO University of Limpopo
- Limpopo Leader, Number 3, Autumn 2005
- Statement on Report of National Working Group on Restructuring of Higher Education System by Chairperson, Mr. Saki Macozoma, Cape Town, 11 February 2002
- Government Gazette, No. 30169, Higher Education Act (101/1997): Investigation conducted at the University of Limpopo: Report of the Independent Assessor (Professor Khoapa)
- The Restructuring of the Higher Education System in South Africa, produced by the National Working Group mandated by Professor Kader Asmal, 2002
- Knowledge, Perceptions and Attitudes to Mergers at the University of the North, Kirti Menon, based on her MBA Dissertation of 2003
- HOJD statement presented to the task team on behalf of the clinicians based at Polokwane Campus of the University of Limpopo, 14<sup>th</sup> February 2011
- Makgoba, MW; Mubangizi, JC Eds. The Creation of the University of KwaZulu-Natal, 2011
- Maluleke's View on the merger, a submission by Professor FRS Maluleke, 15<sup>th</sup> February 2011
- Submission to the Merger task team, by Dr Phaladira, 27<sup>th</sup> February 2011
- Submission to the Merger task team, by Professor de La Rey (Vice-Chancellor of the University of Pretoria), 27<sup>th</sup> February 2011
- Memorandum of Agreement between Limpopo Provincial Government in its Department of Health and Social Development and the University of Limpopo, 2008
- Bachelor of Medicine and Bachelor of Surgery Curriculum development document, Polokwane Campus,
- Sekhu, M., Mahlaba, M., et al Envisioning a new future for the Medical University of Southern Africa (Medunsa); in line with National, Regional and Continental Health Imperatives of our time: A political lobbying Document, 24<sup>th</sup> February 2011,
- Submission from Clinical Heads of Departments, Medunsa Campus, 23<sup>rd</sup> February 2011
- Joint Statement to University of Limpopo Community from the Council and the Minister of Education, Dr NMG Pandor, 2008

## BIO'S

- **Prof MW Makgoba**

Prof. Malegapuru William Makgoba is the founding Vice-Chancellor & Principal of the University of KwaZulu-Natal. He was Vice-Chancellor & Principal of the former University of Natal and before that President of the Medical Research Council of South Africa. He is the author of *Mokoko-the Makgoba Affair: A Reflection on Transformation*; co-editor of *Knowledge, Identity and Curriculum Transformation in Africa* and together with Prof JC Mubangizi edited *The Creation of the University of KwaZulu-Natal*. Professor Makgoba led the successful merger of the University of KwaZulu-Natal. He is a member of the National Planning Commission.

- **Dr. Max Price**

Max Price took up the post of Vice-Chancellor of the University of Cape Town in July 2008. From 1996 to 2006, Dr Price was dean of the Faculty of Health Sciences at the University of the Witwatersrand. As dean, he spearheaded the introduction of a new medical curriculum and the creation of the first University-owned private teaching hospital. He chaired the National Committee of Medical Deans for 4 years, and also chaired the Medical and Dental Professions Board subcommittee responsible for accreditation of undergraduate medical degree programmes in South Africa. He has degrees from the Universities of the Witwatersrand, Oxford, and London and has published extensively in the fields of public health policy and health science education.

- **Dr. Zameer Brey**

Zameer Brey is a PhD Candidate at the UCT Graduate School of Business. Brey holds a MBA from UCT GSB and is a qualified medical practitioner. Brey is passionate about improving healthcare services and is involved deeply with both research and service delivery aspects of improving healthcare in South Africa. Dr Brey previously worked as process analyst for the Western Cape DoH in a management portfolio; as well as advisor in the office of the Dean of Health Sciences at UCT. Brey's work has been recognized widely and in 2009, one of his projects was awarded the prestigious Premier's Service Excellence Award placed 3<sup>rd</sup> in the Western Cape. Many of his projects have shown massive reductions (up to 75% less) in waiting times and resource usage. Brey is determined to make a difference to healthcare delivery in this country.