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UCT study flags gaps in surgical training

A University of Cape Town (UCT) study examining South Africa's two-year medical internship programme has highlighted persistent challenges in surgical training. It warns against proposals to shorten the internship period, which could undermine clinical exposure and preparedness. The study has also found that most junior doctors and their supervisors view the internship as an essential and effective bridge between university and independent medical practice.

Published in the [BMC Medical Education](#) journal, the survey-based study explored the expectations and perceptions of the South African internship programme among 82 participants, including 63 medical interns and 19 senior clinicians (intern curators and heads of department) in the Western Cape.

The findings revealed that most interns value the programme's two-year structure, citing its crucial role in building procedural and diagnostic competence and ensuring readiness for independent practice.

More than two-thirds of respondents (68%) said reducing the internship to one year would be harmful, warning that a shorter programme would mean less clinical exposure (83%) and reduced teaching time (75%).

"The data clearly indicate that interns and supervisors believe the two-year internship remains vital for developing competent, confident doctors ready to serve South Africa's health system," said Professor Salome Maswime, co-author of the study and head of UCT's [Global Surgery Division](#).

Most interns reported that the programme successfully prepared them for independent work in family medicine (96%), anaesthesia (94%), psychiatry and mental health (86%), internal medicine (81%), paediatrics (76%), and obstetrics and gynaecology (71%). However, only 38% said their surgery rotation provided adequate preparation – raising concerns about limited procedural opportunities and supervision in surgical departments.

When asked what they hoped to gain from the internship, interns overwhelmingly pointed to hands-on experience and mentorship: 90% wanted to strengthen their procedural skills, 89% aimed to sharpen their diagnostic ability, and 84% sought more meaningful interaction with senior colleagues to support their learning.

Professor Maswime said the findings reinforced the need to keep the internship's focus on clinical immersion and practical skill development, especially in high-pressure settings that mirror real-world medical practice.

Maswime said the findings indicated that direct experience within a discipline was key to improving confidence and preparedness, a principle relevant across all levels of care. "South Africa's growing population, coupled with limited opportunities for specialisation, places increasing responsibility for patient care on junior doctors. This challenge is intensified by the rising prevalence of medically complex patients with multiple comorbidities, driven in part by improved life expectancy following widespread antiretroviral therapy adoption," she added.

With medical specialists per capita declining, she said robust exposure to family medicine and other foundational disciplines during internship was essential to preparing junior doctors for independent practice across diverse healthcare settings.

Maswime said factors that made interns less likely to work in rural and primary care settings must continue to be investigated and addressed systematically, allowing for further service provision to the majority of the population.

"Efforts made to create a family medicine rotation that is fit-for-purpose should continue to be encouraged, while there is an opportunity for this rotation to incorporate aspects of rural healthcare that create pull factors for junior doctors to migrate to or stay in rural and primary care settings in their future practices," she added.

[Access the study.](#)

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