

Speech by Premier Dr Phophi Ramathuba delivered at the College of
Medicine of South Africa 70th Anniversary Limpopo Provincial Seminar,
University of Limpopo, Mankweng

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Programme Director,

University of Limpopo Vice-Chancellor and Principal, Professor Mahlo
Mokgalong,

Department of Health HoD, Dr Ntodeneni Ndwamato

College of Medicine South Africa Board,

Members of the Medical Profession,

Distinguished Guests,

Students and Future Specialists,

Colleagues and Friends,

Ndi matsheloni, Avuxeni, Thobela, Good morning, Goie more,

There is a story told often in our rural hospitals, of a woman who walks over
30 kilometers to reach the nearest health facility. She does not complain
about the distance, nor the heat, nor the cost. What weighs her down is the
knowledge that when she gets there, she might not find the specialist care
her child desperately needs.

That woman is the reason we are gathered here today. She is not just a
patient; she is a powerful reminder of why equitable access to specialist
healthcare must be our moral and professional obligation.

Programme Director, we gather here to mark a momentous occasion, the 70th anniversary of the College of Medicine of South Africa (CMSA), an institution born in 1954 from the vision and commitment of medical professionals who dared to build a platform for excellence and transformation in specialist training.

Since its establishment as a non-profit company in 1956, the CMSA has stood as a pillar of professionalism, academic rigor, and service to our people. As Limpopo hosts the final leg of this national seminar series, following Mthatha, Durban, Cape Town, and Johannesburg, we do so with pride, not just as Limpopo, but as a province deeply invested in improving rural healthcare outcomes.

This seminar is not only a celebration, but also a moment of critical reflection. It challenges us to confront the realities facing specialist healthcare in our province and, more broadly, in underserved communities across South Africa. It is a call to action.

Medical education, especially in rural settings, is not for the faint-hearted. Students and faculty alike face complex challenges, including academic, psychological, logistical, and financial.

Our medical schools are filled with young people who carry the dreams of their communities, yet must navigate the crushing pressure of intense workloads, overwhelming curricula, and limited access to advanced resources. For many, the joy of learning is clouded by anxiety, burnout, and emotional fatigue.

This is compounded by the isolation that rural training environments often bring. Students who leave their families and cultural comfort zones to study

in remote campuses must learn new languages, adapt to new norms, and do so while competing academically in high-stakes environments. Let us not underestimate the courage this requires. And let us not fail in our responsibility to support them holistically, not just as students, but as people.

We cannot speak of producing specialists without first securing the pipeline, from enrollment to retention to graduation. We must create robust support systems in our institutions, mental health services, academic mentorship, peer networks, and inclusive policies that recognize the diverse needs of our students. Tailored interventions, not generic responses, are what will sustain the next generation of medical professionals.

But the burden cannot rest on academic institutions alone. As a government and private sector, we have a duty to create an enabling environment for both students and practitioners. This begins with infrastructure investment, functional hospitals, modern laboratories, and digital classrooms equipped for 21st-century learning.

It includes faculty development, ensuring that educators are well-resourced, respected, and retained. And it demands that we streamline administrative burdens, so our clinicians and academics can focus on what matters: teaching, healing, and researching.

We must also tackle the research gap. In Limpopo and many rural provinces, our research output does not match our burden of disease. The lack of research support, be it statistical software, research assistants, or funding for fieldwork, hampers innovation. We are a province rich with lived experience and medical cases that could shape policy if studied rigorously. The government must find a way to fund this research and Universities

must publish it. And CMSA must help us translate it into specialist training and service delivery.

Programme Director, let us not shy away from the bigger picture, our country has a serious shortage of specialists, and the rural-urban divide in this regard is stark. Establishing the medical school at the University of Limpopo in 2016 was a historic turning point. It demonstrated that rural provinces could train their own. But we must do more. We need rural-friendly recruitment strategies, retention incentives, and continuous professional development to ensure that specialists stay in the communities that need them the most.

We must reimagine our training programs to produce not just doctors, but problem-solvers who can lead in resource-constrained environments. This includes leveraging technology: digital dissection tools, virtual reality simulations, flipped classrooms, and AI-driven diagnostics must become standard.

Programme Director, if our future clinicians are to work in a digital health ecosystem, we must start training them now, in telemedicine, data analytics, and digital ethics.

Yet even as we innovate, we must remember the essence of medicine: human connection. Technology is an enabler, not a replacement. The warmth of a listening ear, the clarity of a diagnosis explained in a patient's mother tongue, the trust that builds over time, these are the hallmarks of good care. We must prepare students not only to use machines, but to serve people.

Our seminar today is part of a broader dialogue, one that asks us: what kind of healthcare future are we building, and who is included in it? The answers must come from all of us, policymakers, educators, clinicians, students, and patients. The CMSA, through this 70-year legacy, offers a powerful platform to shape those answers.

As a government, we commit to working closely with the CMSA, our universities, and our healthcare institutions to transform Limpopo into a center of rural healthcare innovation. We will continue to invest in our people, our students, and our infrastructure, not just for prestige, but for impact. Not just for academic accolades, but for mothers walking 30 kilometers in search of care.

Programme Director, I want to remind us of a simple truth: the journey to health equity is long, but it begins with belief — belief that every child, no matter how rural their village, deserves access to a pediatrician; belief that every aspiring doctor, no matter their background, can become a specialist; and belief that together, we can build a healthcare system that reflects the dignity of all our people.

Happy 70th anniversary to the College of Medicine of South Africa. May the next 70 years be defined by deeper inclusion, stronger collaboration, and courageous transformation.

I thank you.