

The Student Curriculum Lekgotla Charter

Faculty of Health Sciences

University of Cape Town

A Student-Led Platform for the Making of Professionals of Healing for Africa

Across our campuses and clinics, curricula remain technically dense yet too often contextually hollow—freighted with Eurocentric templates, thin on African languages and lifeworlds, and organised in professional silos that do not resemble the teams with whom we will one day save the same patient. At the University of Cape Town (UCT), this is not an abstract problem of design but a long historical arc of power: from colonial “civilising mission” to apartheid ambivalence to post-1994 reform—and, more recently, to the hard questions posed by student movements about whose knowledge counts and to what end.

The Student Curriculum Lekgotla (SCL) begins here: in a clear-eyed reading of history and a generative commitment to repair. Curriculum at UCT has always mirrored the political economy and social hierarchies of its time—sometimes reproducing them, sometimes resisting them. Recognising that curriculum is not neutral but deeply ideological, SCL is constituted as a student-led, faculty-supported platform to co-create what comes next: a curriculum that is local and African-centred, rigorous and relational, ethically grounded and socially accountable.

Why this platform—and why now?

Historical necessity (UCT).

UCT’s curriculum history cannot be separated from South Africa’s wider social and political trajectories. Founded in 1829 as the South African College, its earliest medical and scientific curricula were designed to serve empire: training clerks, surveyors, and doctors who could extend colonial administration and consolidate extractive systems. Through the twentieth century, UCT’s medical school both enabled pioneering advances and entrenched racial exclusions, with Black students often marginalised or excluded outright until the late apartheid era. Curriculum reform during the 1990s democratic transition focused primarily on access, structural compliance, and efficiency, yet the epistemic hierarchies underpinning the curriculum remained largely intact.

The 2015–2017 student movements—*#RhodesMustFall*, *#FeesMustFall*, and their local echoes in the Faculty of Health Sciences—changed the landscape irreversibly. They forced public reckoning with the epistemic violence embedded in syllabi, institutional rituals, and the politics of “knowledge neutrality.” They highlighted that inclusion cannot be reduced to numbers or demographics: whose histories, languages, and ways of knowing count within the classroom became a defining question. In their wake, terms like “decoloniality” and “transformation” entered mainstream discourse, but the deeper project remains unfinished. Transformation at UCT is not a destination but a contested process—one that requires new platforms to hold memory, build capacity, and reimagine power relations in knowledge-making.

The lesson is stark: to transform health sciences education, we cannot simply “add” African content to Eurocentric structures. We must interrogate the histories sedimented in our knowledge practices and redesign the very terms on which authority, expertise, and legitimacy are distributed.

Continental moment (Africa).

Across the African continent, the urgency of aligning education with health system imperatives has never been greater. The African Union has explicitly tied education to continental self-determination. The Second Decade of Education for Africa (2015–25) placed quality, relevance, and equity at the centre of reform, while the Decade of Traditional Medicine (extended to 2030) underscores that African knowledge systems are not supplementary but essential for a coherent health future. The Agenda 2063 framework envisions “an Africa whose development is people-driven, relying on the potential of African people, especially its women and youth.”

Simultaneously, continental health governance has matured. The establishment of the Africa Centres for Disease Control and Prevention (Africa CDC), the Africa Health Strategy, and continental collaborations on pandemic preparedness, surgical systems, and public health training mark Africa’s refusal to remain dependent on Northern infrastructures. Yet a disjuncture persists: education pipelines across health sciences often lag behind these systemic ambitions. Curricula remain fragmented, externally benchmarked, and insufficiently attuned to context. This is the continental moment: to connect pedagogy with health system design, and to build collaborative platforms where students—the next generation of professionals—anchor knowledge exchange, innovation, and institutional memory across borders.

Global pedagogy (students-as-partners).

Globally, higher education has witnessed a pedagogical turn towards students not merely as consumers of curricula but as active co-creators. The “students as partners” movement, once rhetorical, now constitutes a recognised field of practice and scholarship. Its ethos is grounded in nine core values: authenticity, honesty, inclusivity, reciprocity, empowerment, trust, courage, plurality, and responsibility. These values have been operationalised at multiple scales—micro (individual courses and projects), meso (faculty and institutional structures), and macro (sectoral and policy frameworks).

Examples abound: the UK’s National Union of Students Quality Strategy, Canada’s Students as Partners in Teaching and Learning projects, Australia’s institutional frameworks for student-staff curriculum co-creation, and the International Students as Partners Institute. These models illustrate not a template but a stance: partnership as an everyday practice that reconfigures how teaching, learning, assessment, and governance are enacted.

What sets the African context apart is the possibility—and necessity—of coupling this global pedagogy with a decolonial imperative. Partnership here is not only about pedagogical innovation but about epistemic justice. It is about restoring suppressed knowledge traditions, redistributing authority, and designing a curriculum that serves communities rather than markets.

Why now.

Taken together, the UCT imperative, the continental opportunity, and the global pedagogical movement converge to make this the moment for a platform like the Student Curriculum Lekgotla. It emerges not as an “add-on” but as a historical response to three intersecting forces: the unfinished business of decolonial transformation at UCT, the continental project of aligning education with Africa’s health futures, and the global recognition of students as indispensable partners in the creation of knowledge.

What the SCL is (and is not)

Is a standing, dialogic lekgotla—a communal space where students, staff, graduates, and communities deliberate, design, test, and document curricular change together. The SCL does not duplicate existing governance; it reconfigures the terms of engagement by embedding student-staff partnership as a sustained practice, not an episodic intervention.

Partnership work in the SCL deliberately spans the four interlinked strands identified in the literature—learning, teaching, and assessment; subject-based inquiry; curriculum design and consultancy; and the scholarship of teaching and learning. Reform cannot be compartmentalised; for it to endure, it must be woven into every strand of how knowledge is taught, organised, assessed, and reflected upon.

The SCL therefore acts simultaneously as a memory engine and a design studio. As a memory engine, it archives what we learn about reform, ensuring that lessons are not lost at graduation but remain available as a living institutional memory. As a design studio, it prototypes the next steps—small, testable interventions that prevent reform from stalling at rhetoric. These dual functions are mutually reinforcing: the archive grounds innovation, and experimentation adds back into collective memory.

Crucially, the SCL holds both care and dissensus. Care signals a commitment to context, difference, and relational ethics: attending to who is in the room, whose knowledge counts, and what healing is required. Dissensus signals a refusal to collapse disagreement into consensus too quickly: principled conflict is welcomed as a generative force that widens imagination rather than shutting it down. This dual ethic allows the lekgotla to function not as a court of complaint or a political caucus, but as a living workshop—where disagreement can coexist with solidarity, and where care ensures disagreement does not fracture trust.

In this way, the SCL is less an “initiative” than an infrastructure: a standing site that gathers institutional memory, tests new possibilities, and holds open the imaginative space necessary for curriculum to keep becoming.

How we work: principles into practice

a) *Partnership ethics — our “how” beneath the how*

SCL integrates deontological, consequentialist, relational, and care ethics in a bricolage—choosing the right lens for the question at hand—and uses narrative vignettes and scenario planning to surface tensions before they derail projects. These approaches build on the tradition of applied ethics in health sciences, where plural frameworks allow for context-sensitive judgement (Beauchamp & Childress, 2019; Held, 2006). By operationalising these frameworks through student-led authorship fairness, consent practices, data stewardship, and recognition, SCL enacts what African higher education scholars have called “relational accountability” in research and teaching (Chilisa, 2012).

b) *Multidisciplinary formation — training with those we will serve alongside*

No single profession saves a patient alone. SCL designs dialogues, simulations, and case reviews across medicine, nursing, rehabilitation sciences, pharmacy, social work, and public health so that students rehearse team-based care while still in training. Evidence from interprofessional education demonstrates that such exposure strengthens teamwork, communication, and ultimately patient outcomes (Reeves et al., 2016). In African contexts, where health systems rely on task-sharing and collaborative practice, embedding interprofessional training early has been shown to improve graduates’ preparedness for under-resourced settings (Frenk et al., 2010; Ndlovu-Gatsheni, 2018).

c) *Inter-university interchange — learning across the country*

We build a National Student Curriculum Dialogue linking South African schools of health sciences. Its purpose is to share practices and failures, adapt innovations rather than reinventing them, and craft student inputs that speak coherently to national bodies. This model echoes global calls for horizontal learning platforms among institutions to strengthen system-wide coherence (WHO, 2013). Importantly,

it is a complement, not a duplication, of existing structures: a common table where “what works here” can be tested there, with careful attention to context and equity (Keet, 2014).

d) Graduate advisory circle — bringing practice back into the classroom

Each year, recent graduates (interns and community-service professionals) form an auxiliary advisory group to critique curricular preparedness, highlight failure points (handover, triage, teamwork, ethics on the ward), and co-author pragmatic fixes. Feedback loops of this kind operationalise the idea of curricula as “living documents” responsive to practice realities (Barnett & Coate, 2005). In South Africa, where transition-to-practice stress remains acute, such structures ensure student proposals remain anchored in feasibility and patient safety (South African National Department of Health, 2017).

e) Re-indigenising content — redistributing epistemic centre-of-gravity

We embed African languages, health epistemologies, and community narratives into case banks, teaching materials, and assessment prompts. Re-indigenising is not an additive “flavour”—it reorganises what counts as core knowledge and how it is assessed. This approach answers calls to decolonise curricula by moving beyond inclusion towards epistemic re-centring (Mbembe, 2016; Hoppers, 2002). In health sciences, this includes embedding community-based knowledges and linguistic accessibility as essential to safe and equitable care (Odora Hoppers & Richards, 2011).

The technical spine: from philosophy to design

Philosophical anchoring

At its root, the SCL is informed by social constructivist pedagogy, which positions knowledge as co-created through dialogue and context (Vygotsky, 1978). It also draws on Freire’s (1970) conception of education as a practice of freedom, insisting that curricula must prepare health professionals not only for technical competence but also for ethical and political responsiveness. Within the South African context, these approaches intersect with calls for decolonial pedagogy, which foregrounds epistemic justice, inclusivity, and the recognition of African knowledge traditions in health sciences education (Heleta, 2016; Mbembe, 2016).

Framework principles

From these foundations emerge guiding principles that shape the Lekgotla’s design:

- Dialogue as method: Knowledge emerges through structured student–staff dialogue, echoing the African tradition of the lekgotla as a communal space for deliberation (Ramose, 2002).
- Relational accountability: Transformation is pursued not as policy compliance but as a living practice of relationships between students, educators, and communities (Wilson, 2008).
- Iterative feedback: Rather than one-off consultations, the SCL envisions continuous cycles of reflection, feedback, and co-creation, aligning with quality assurance literature in health professions education (Harden, 2000).
- Critical consciousness: The process aims to cultivate a generation of clinicians attuned to both biomedical competence and socio-political realities (Freire, 1970).

Practical design elements

Technically, this philosophy is operationalised through a layered structure:

1. Internal forums: Working groups arranged by year-level or thematic focus (e.g., planetary health, clinical readiness), tasked with collating student perspectives and synthesising concerns.
2. Deliberative assemblies: Termly SCL sessions where representatives, educators, and faculty leadership convene to deliberate issues raised from the forums, structured around a facilitated dialogue process.
3. LMS integration: A digital platform for anonymous student feedback, polling, and tracking curriculum issues over time, ensuring transparency and institutional memory.

Horizons of Transformation: From Cape Town to the Continent

The Student Curriculum Lekgotla (SCL) emerges from Cape Town but is not bounded by it. Rooted in the intellectual, political, and cultural struggles of South African students, the SCL positions itself as a continental project of renewal. Its horizon is Africa—where questions of health, education, and justice are deeply intertwined and cannot be addressed in isolation. By grounding its work in continental frameworks and histories, the SCL affirms that student-led curriculum transformation is not merely institutional reform but a contribution to Africa’s collective future.

This continental vision aligns with the African Union’s Agenda 2063, which names youth as the “drivers of Africa’s renaissance” and prioritises health and education as twin pillars of sustainable development (African Union Commission, 2015). It resonates with the AU Health Strategy 2030, which calls for responsive, inclusive, and innovative training of health workers (African Union, 2016). It also echoes the Pan-African University initiative, which seeks to build knowledge economies through cross-border collaboration and epistemic sovereignty (Ndlovu-Gatsheni, 2018). In this sense, what begins in Cape Town must reverberate in Kampala, Kigali, Accra, or Cairo—each context adapting, expanding, and indigenising the practices shared through the SCL.

Three commitments anchor this horizon:

1. Building a Knowledge Commons across Africa.

The SCL could curate and circulate student-authored cases, reflective tools, and teaching guides designed for mobility and adaptation. Knowledge generated by students in one institution should not remain locked behind its gates. A clinical case study developed at the University of Cape Town can be translated into isiZulu, French, or Arabic, contextualised for a Nigerian teaching hospital, or used to spark reflection in a Malawian classroom. In this way, SCL resists the silos of institutional knowledge and contributes to an African commons where intellectual labour is shared, adapted, and continually renewed. This speaks to traditions of Ubuntu—knowledge as something to be held in common for the wellbeing of all (Letseka, 2012).

2. Continental Alignment with Shared Strategies.

The SCL intentionally maps its work to continental priorities, ensuring that student-led innovation is not fragmented or parochial. Its activities align with initiatives such as the African Union’s *Decade of Traditional Medicine (2021–2030)*, which seeks to integrate indigenous healing practices into modern health systems, and the AU Health Strategy 2030, which emphasises capacity-building for health professionals. By situating curriculum transformation within these frameworks, the SCL ensures that its experiments contribute to Africa-wide agendas and that its innovations support the long-term vision of continental health sovereignty.

3. Partnerships in Practice.

The SCL convenes with peers, educators, policymakers, and ministries across Africa as contributors, not petitioners. The premise is simple: those who will one day work together to save patients must learn together across borders. This means creating opportunities for joint curriculum dialogues between universities, co-developing learning modules that reflect multiple epistemic traditions, and building solidarity between student movements. It requires intentional work across languages, disciplines, and national boundaries, recognising that health is a shared responsibility that transcends state borders.

Holding these commitments affirms that student-led curriculum innovation is not a narrow or isolated endeavour. It is a practice of continental citizenship: pedagogy as integration, education as self-determination, and knowledge as a shared inheritance. By extending its vision beyond Cape Town, the SCL declares that its task is nothing less than to contribute to Africa's renewal—through learning that heals, and teaching that liberates.

An invitation to co-steward the next chapter

The SCL is both seed and scaffold—alive with the possibility of growth, steady with the strength to hold. As seed, it is meant to root differently in every soil; as scaffold, it is meant to give shape to the houses of learning we are yet to build.

We call on our partners—departments, ministries, hospitals, councils, universities—to join a single task: to train together those who must serve together, in words and ways that honour our people.

Curricula have always been political: they either keep the world as it is, or they help remake it. We believe this lekgotla can be the latter—an apprenticeship not only in skill, but in solidarity. A place to train clinicians, yes, but above all, **healers for Africa.**

Asante Sana,
Student Curriculum Lekgotla Working Group