I was a guest at a recent academic development meeting at the School of Pharmacy of the University of the Western Cape where, as some of you may recall, I was a lecturer for more than twenty years. In attendance were former graduates as well as a few notables, including the Director of the Cape Western Province Branch of the PSSA, Mike Perkin, another former academic of the Nelson Mandela Metropolitan University and Professor Praneet Valodia, a former colleague of mine. It was quite an exciting meeting, which kicked off with a presentation by the director of the school, Prof Sarel Malan, who explained that the workshop was in response to the recently published Bachelor of Pharmacy qualification by the South African Qualifications Authority (SAQA). He also expressed his belief that the curriculum should equip the students for competence in the workplace and also serve as a platform for establishing good and self-sustaining research programmes. His talk was followed by brief overviews from one or more staff members of each discipline. It was clear that in terms of content the current curriculum more than satisfies the requirements of the SAQA proposed qualification.

Participants in the workshop made several comments, most of which I thought were quite pertinent and probably applicable to all pharmacy programmes in the country. One such comment was that academics like to introduce topics which are of personal interest to them but which may not necessarily add value in terms of imparting knowledge crucial to better pharmaceutical practice. A case was mentioned of a neighbouring medical school, which upon review of their curriculum, discovered that content equivalent to eighteen months of teaching time could be eliminated without compromising the standards and aims of the qualification. On the other hand, a recent graduate who is currently doing his internship in industry, felt that he would have been better prepared for his current duties had he received more training in regulatory pharmacy. Regulatory pharmacy is a specialised area that does not fit into a specific discipline. For example, package insert amendments are primarily clinical whereas changes to the synthesis or supplier of active ingredients require understanding of the chemistry of the substance. Such a course is best taught at postgraduate level. It should also be emphasised that the BPharm qualification is an entry level degree and that students who exit the programme should not expect to possess all the skills and knowledge they will need to be experts in the workplace for the rest of their lives. They should understand that the workplace itself is a learning environment. The only difference is that there are no lecturers to guide their learning. They must assume responsibility for it.

I would also like to comment on integration of the disciplines. It has several benefits, the main one being that it overcomes the problem of compartmentalising knowledge by students. I have found, however, that in integrating disciplines one often ends up sacrificing depth and detail, which requires students to learn to concentrate and apply focussed effort in order to develop a thorough understanding of concepts and insight into their application. I believe the ability to integrate different types of knowledge is a skill that cannot be taught. The best way for students to acquire it is by presenting them with exercises that will require them to consult different resources and then mentally create the links that will solve the challenges.