

Table of Contents

Foreword by the Minister of Health	2
Preface	3
Acknowledgements	4
Definitions	5
Abbreviations	6
Executive summary	7
1. Introduction	8
2. The purpose of the Nursing Strategy	8
3. Goal of the Nursing Strategy	8
4. Objectives of the Nursing Strategy	8
5. Perspective of Nursing	9
5.1. Nursing in changing health system	10
5.2. Nursing as a career of choice	10
5.3. Managing the nursing workforce	11
5.4. International/global influence	11
6. Strategies for nursing	12
7. Discussions	12
7.1. Nursing Practice	12
7.2. Education and Training	13
7.3. Nursing Leadership	14
7.4. Nursing Regulation	14
7.5. Social Positioning of nurses	15
7.6. Resources for nursing	15
8. Sponsors and champions of the Nursing Strategy for South Africa	16
9. Implementation aspects of the Nursing Strategy for South Africa	17
1. Nursing Practice	17
2. Education and Training	19
3. Nursing Leadership	21
4. Nursing Regulation	22
5. Social Positioning	23
6. Resources for Nursing	24
Attachments	
Nursing Qualifications	25
Draft Nursing Regulations	115
Nursing Act 2005	177

Foreword by the Minister of Health



The South African health system has experienced many challenges in the past resulting in the need to focus more specifically on various elements that form the foundation of health service delivery. Health system challenges have been enumerated many times before and many of those affecting the health professions have been the subject of many research studies. Some of the chronic features of service delivery in public health facilities relate to long queues at clinics and hospitals, inadequate supply of medicines to patients, decline in the number of health professionals in public service but more specifically in rural health facilities. In addition to these there is a perceived decline in the quality of standards of care provided by certain sections of the health professions.

The country's ability to address these challenges requires strategies that are appropriate for each of challenges being faced. This includes dealing with the challenge posed by the increasing burden of disease. Our government in the early years of freedom post-1994 adopted the primary health care approach as the preferred delivery mechanism to meet the health needs of the majority of South Africans. That shift to primary health care from a hospital centred approach placed new demands on the health professions particularly nursing. To be able to improve the health status of our people, we need to address each of the health professions in relation to the needs and challenges pertaining to them. The imminent introduction of the National Health Insurance requires of government to be even more prepared in all aspects so that, for example, in the human resource field it is capable and ready for its implementation when formally adopted.

Due to the fact that our health facilities are overwhelmingly staffed by the nursing profession, it is important that this profession continues to strengthen itself not only for the purposes of providing health services but also to bring innovation to its ranks. The profession needs to rise up to the challenges that face nursing globally. Some of these are necessitated by medical and technological advances in health care. Given these challenges and the Ministry of Health system's resolve to address them, it is important that all sections of the health workforce be mobilised so that human resources can be pooled to maximise our collective effort.

In early 2008 the Nursing Strategy for South Africa was published based on the National Human Resources for Health Planning Framework of 2006. The nursing profession has done very well in several areas of implementing proposals contained in the Planning Framework and the Nursing Strategy. In November 2007 the nursing qualifications were revised and published; the scopes of practice for all categories of nursing have also been revised and a process to revitalise public nursing colleges has commenced.

This strategy offers a comprehensive approach to addressing the challenges faced by the nursing profession and the health system. The driving force behind this strategy is the nursing profession in all its formations. It is therefore my hope that all nurses will use this strategy as a resource to organise themselves ultimately for service improvement for the benefit of all South Africans.

A handwritten signature in black ink, appearing to read 'A. Motsoaledi', written over a light-colored background.

Dr Aaron Motsoaledi, MP

Minister of Health

Preface



The National Human Resources for Health Planning Framework published in 2006 provided a basis for the development of the Nursing Strategy for South Africa. The development of the nursing strategy was listed as one of the priorities in the framework. It articulates the link between education and training, practice, leadership, regulation, social positioning, resources for nursing services and the national health system. Of critical importance in the development of this national strategy was the participation of the nursing profession in its development and its continued involvement in its implementation. An implementation plan was developed and is being acted upon as planned.

Nursing professionals have already benefited from the implementation of an innovative system known as the Occupational Specific Dispensation which seeks to address the fundamental challenges faced by the health professions serving the public health sector whilst assisting with recruitment and retention of health professionals in the public health sector. It is hoped that the nursing profession will continue to collaborate with the Department of Health at national and provincial levels to address the problems faced by the health system in relation to the areas identified during the process of developing and refining this strategy.

South Africa recently hosted the first Biennial Congress of the International Council of Nurses to be held in the African Continent. The South African nursing profession did our country very proud by successfully bringing this event to South Africa in 2009. The profession collaborated very well in all its formation to showcase the South African health system and its nursing services at this event. It is clear that Nursing South Africa has the potential, capability and requisite knowledge to take nursing to a higher position globally. This must however be rooted in the profession's ability to address the span of challenges faced by nursing in the South African context. I believe that it is possible for this profession to even export its expertise for the benefit of the South African health system while maximising its impact on the South African health service delivery.

This Nursing Strategy for South Africa provides the basis for all the above to be achieved. However it is important that the question of nursing leadership gets focussed attention because it is through mature and innovative leadership that nursing will indeed soar to greater heights here at home, in the continent and globally.

A handwritten signature in black ink, appearing to read 'Thamsanqa Mseleku'.

Mr. Thamsanqa Mseleku

Director General – National Department of Health

Acknowledgements



On behalf of the National Department of Health I wish to thank the National Human Resources Committee, national and provincial departments for their contribution and commitment to the development of this nursing strategy. I also wish to extend my gratitude to the various nursing professional associations and the South African Nursing Council for their contribution to this strategy. Our thanks go also to Atlantic Philanthropies for agreeing to provide funding to enable the Department to engage the services of an experienced nursing professional to coordinate the development of an implementation plan of this strategy.

I wish to reiterate the central role that the nursing profession has to and must continue to play in the implementation of this strategy carefully guided by the Ministry of Health and the Provincial Departments of Health. The department remains committed to engaging with all the stakeholders in the nursing profession to address the nursing workforce challenges.

A handwritten signature in black ink, appearing to read 'P. Mahlathi', written in a cursive style.

Dr Percy Mahlathi

Deputy Director General
Human Resources & Management Development
National Department of Health



Definitions:

1. Nursing- a caring profession practised by a person registered with the South African Nursing Council, which supports, cares for and treats a healthcare user to achieve or maintain health and where this is not possible, cares for a healthcare user so that he or she lives in comfort and with dignity until death.
2. Student nurse – a person undergoing education or training in basic nursing.
3. Professional nurse – a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.
4. Staff nurse – a person educated to practise basic nursing in the manner and to the level prescribed under section 31 (1) (c) of The Nursing Act.
5. Auxiliary Nurse or an Auxiliary Midwife – a person educated to provide elementary nursing care in the manner and to the level prescribed under section 31 (1) (d) and (e) of the Nursing Act respectively.



Abbreviations:

CBO: Community Based Organization

CPD: Continuing Professional Development

ETQA: Education and Training Quality Assurer

HRHP: Human Resource for Health Plan

NEI: Nursing Educational Institutions

NHC: National Health Council (Forum of Minister and Health Member of Executive Councils in the Provinces)

NHRC: National Human Resource Committee

RPL: Recognition of Prior Learning

SANC: South African Nursing Council

SAQA: South African Qualifications Authority

SGB: Standards Generating Body

EXECUTIVE SUMMARY:

The nursing profession in South Africa like many other health professions has for many decades faced major challenges that require dedicated attention by all stakeholders in the health workforce area. For many decades the health system experienced loss of health professionals from the public service to the private sector and to overseas countries particularly in the cases of nurses. As time progressed these problems became shared with the private health sector resulting in a vicious cycle of exodus of professionals thus increasing the workload on those remaining behind and a decline in the quality of services rendered increasing on a yearly basis. There are many reasons that health professionals advanced for their departure from the public health system and ranking high among these was the level of remuneration in the public health sector.

Sterling work has been done during the past few years to address these problems comprehensively. The introduction of Occupational Specific Dispensations for various health professions which links remuneration with other issues like career pathing, pay progression and performance management measures to ensure sustainability of interventions over a fairly long period of time. Nursing has indeed experienced major changes in the past three years relating to the several aspects of the strategic objectives of this Nursing Strategy, namely; nursing education and training, practice, leadership, resources, regulation and positioning.

As mentioned previously this strategy document is a living document which serves to guide the nursing profession in addressing and tackling its problems in a comprehensive manner. The National Human Resources for Health Planning Framework has been very pivotal in guiding many stakeholders in addressing the country's human resource challenges specifically related to health trained professions. In teasing out the issues affecting health professionals when drafting that framework, the nursing profession was used as an example to illustrate the effects of challenges on the health workforce. Furthermore the National HRH Planning Framework defines a number of strategic focal areas and identifies these as key in improving the country's human resources for health.

The planning framework concludes by suggesting a guideline or framework for use by various stakeholders in developing their HRH operational plans. The development of a strategy for the nursing profession is one of the priority areas listed in that planning framework. The stakeholders that have participated in the development of this strategy were very clear about their role in its implementation. This strategy identifies six major strategic objectives that are designed to improve the quality of nursing services and ultimately patient care. Included in this document are the following key policy documents: Nursing Qualifications, Revised Scopes of Practice for all categories of nursing and the Nursing Act No. 33 of 2005. These are published in one document so that it is easy to cross-reference where necessary. It is the intention of the department to ensure the smooth implementation of various aspects of this strategy working together with the nursing profession in all its various formations.



Dr Percy Mahlathi

Deputy Director General

1. INTRODUCTION

The nursing strategy is a critical part of addressing the serious challenges faced by nursing. It is proposed that it should be adopted as the basis and a blueprint, for the strengthening of nursing as a profession in this country.

Nursing is widely acknowledged nationally and internationally as an essential component of healthcare delivery systems. Although there are some 196 914 nurses that are eligible to practise nursing in South Africa the challenge facing the healthcare system is that the total number of nurses is not nearly sufficient to address the healthcare demands facing the South African healthcare system. South Africa has felt the impact of the global shortage of nurses and therefore it is imperative a country solution to address the challenges of maintaining an adequate nursing workforce is developed.

The transformation of the healthcare system has progressed at a rapid rate since 1994 and health professionals have been required to respond to and keep up with the transformation process. The transformation of the practise of health professionals has not been rapid as the healthcare system and the nursing strategy is aimed at addressing the gaps in the transformation of the nursing profession.

In May 2006 the Nursing Act No 33 of 2005 was signed by the State President, a landmark in the history of regulation of the nursing in South Africa. The passing of the Nursing Act creates a new regulatory framework for transforming the nursing profession in a new democratic society, albeit some 11 years later. The Nursing Act, 2005 (Act 33 of 2005) creates the legislative framework for the review of the Scope of Practice for the different categories of nurses to ensure that the practise of nurses in South Africa is aligned to the needs of the healthcare system. New qualifications that are based on the revised Scope of Practice are required to ensure that nurses are appropriately qualified to practice in accordance with the new Scope of Practice and, together, the revised Scope of Practice and the new qualifications will create a framework for nursing practice for the different categories of nurses in South Africa.

2. THE PURPOSE OF THE NURSING STRATEGY

This strategy is aimed at addressing as a matter of urgency the challenges faced by nursing in South Africa. It is a document that, in a nutshell articulates how nursing education and training, practice, resources, social positioning, regulation and leadership are planned and linked together with professionalism prescripts to support the nation's public health system.

3. THE GOAL OF THE NURSING STRATEGY

The goal of the Nursing Strategy for South Africa is to achieve and maintain an adequate supply of nursing professionals who are appropriately educated, distributed and deployed to meet the health needs of all South Africans.

4. THE OBJECTIVES OF THE NURSING STRATEGY

The Nursing Strategy for South Africa is based upon the principles of the Human Resources for Health Plan (HRHP) as mandated by the National Health Act No. 61 of 2003. The following principles are central to this strategy.

- Good quality education and training
- Provision of an enabling environment for nursing
- Accessibility of nursing to all South Africans
- Good leadership in all aspects of nursing
- Better image and social positioning of nursing
- Maintain a high standard and quality of nursing practice

- Promote and maintain a high standard of nursing education
- Enhance and maintain professionalism amongst members of the nursing profession
- Ensure that there is strong leadership that provides appropriate guidance and direction to nurses
- Have sufficient numbers and appropriate categories of nurses required for the healthcare system
- Ensure that adequate resources and support systems are available for nursing services
- Ensure that the environment within healthcare settings where nursing services are rendered are conducive for efficient nursing care

5. PERSPECTIVES ON NURSING

The nursing profession comprises the largest category of health professionals that provide healthcare within the South African Healthcare system (196 914 eligible to practise nursing) and due to the prominence of nurses in the healthcare delivery system it warrants a specific focus on a strategy for nursing. (SANC: 2006). Nurses consequently play a unique role in providing and maintaining the healthcare system. That is probably the single most important reason why the South African public is seriously concerned about the plight of the nursing profession. These professionals carry the responsibility of bringing health services to all communities through the spectrum of health care delivery mechanisms from primary health care up to tertiary levels of healthcare. Any shortage experienced in this professional cadre negatively impacts on the access and the quality of care that is enshrined in the country's constitution.

Similar to other countries worldwide, *'the issues associated with the nursing workforce are particularly complex and dynamic and involve multiple stakeholders, including governments, employers, professional associations, unions, and educators. Therefore, addressing these issues requires the full involvement and cooperation of all of these organizations. While each stakeholder supports the goal of a stable and competent supply of nurses, their different roles and responsibilities lead to different perspectives on how to best achieve this. The supply of nurses, their quality and competency, and their retention in jobs and in the profession are all dependent upon many different factors, including educational capacity, clinical training opportunities, entry-to-practice standards, support for new entrants in the workplace, efficient deployment patterns, continuing education opportunities, meaningful careers and supportive work environments. These factors are also largely dependent upon each other. These perspectives illustrate the complexity of these issues and the need for improvements in coordination and cooperative action'*. **(Health: Canada 2000).**

There are many documented challenges that nursing is faced with ranging from education, training, practice, remuneration, image in society, migration and leadership to name a few. The focus of the strategy therefore has to be broad enough to address these challenges leveraging on all possible networks. In addressing the challenges facing nursing as a profession, it is necessary to find solutions to the following challenges:

- How the nursing profession can leverage on the commitment expressed in various policies and legislation to improve the provision of nursing services
- How the nursing profession can find ways of embracing global influences in a manner that improves patient care
- How the image of the nursing profession can be restored
- How nursing can remain a profession that offers access to all South Africans particularly those from previously marginalized groups whilst lifting the 'bar' in terms of quality education and training



5.1 Nursing in a Changing Health System

The change in the mode of delivery of health services from a hospital-centered approach to a primary healthcare approach required a modification in the practice of nursing and consequently a change in emphasis in the education and training of health professionals. This development has not left nursing unscathed as the profession is now re-examining the impact of a changing health system on nursing, mainly brought about by a number of factors e.g. the increasing burden of disease and increasing attrition in skilled and experienced health professionals. As a result, attention has for a long time been focused primarily on trying to hold ground against workforce attrition and deteriorating environment as opposed to a concerted focus on planning for future supply and anticipating future shortages.

The latter phenomenon is common to almost all health professions. The challenge of a dynamic health system context and profile has resulted in pressures, which have highlighted the need for specific attention to be paid to planning and managing the health workforce. Increasingly, and somewhat inevitably, organizations representing the interests of health professionals find themselves having to take the lead in creating and maintaining loci of information about different characteristics and dynamics in the workforce. The nursing workforce is no different and requires particular attention since it is the foundation of the national health system. Due to the pivotal position of nursing and the far-reaching impact that the nursing profession has experienced from the changes in the health care system, nursing is well placed to lead the way in the transformation of health professionals.

5.2 Nursing as a Career of Choice

For many decades nursing has been a career of choice for South Africans from all sectors of society. Historically nursing as a career was accessible to many previously disadvantaged school leavers who were attracted to the subsidized nursing education and training. However, more recently, the situation has changed. The availability of student positions in the public sector has declined and the availability of other career choices has diluted the number of new recruits into the nursing profession. Many within the profession point to deteriorating conditions as a reason for decline in the status and

image of nursing. Nursing is not regarded or perceived as worthwhile or lucrative by young people in South Africa. This is as a result of changes in the social positioning of nurses and teachers who used to be revered in communities as people of high social standing. In addition, expanding opportunities in the general labour market have resulted in an increase in the competing employment opportunities nationally and even internationally. This is maybe the biggest challenge that the profession has to battle and ensure that it works hard to restore its image and attract the best minds to its ranks.

It is clear that innovative strategies will be needed to develop nursing as a career of choice among young people. The work that has been done on how young people make career choices must be expanded to include those who are about to make career choices to gauge their motivation and perceptions. The nursing workforce also needs to be studied in depth to identify those factors, which would induce nurses to work in the public health sector, especially in underserved areas in general.

5.3 Managing the Nursing Workforce

All nursing associations and unions report a deteriorating quality of work life for nurses. Quality of work life is widely believed to be one of the most important factors in recruitment and retention, thus having an impact on the current and the future supply of nurses. Quality of work life is determined by many factors, many of which are interrelated. The diversity of the nursing workforce and of practice settings means that there is no single work life issue to be addressed independently, but rather a constellation of issues each contributing in a different way to professional and personal job satisfaction. The range of issues includes appropriate workload, professional leadership and clinical support, adequate continuing education, career mobility and career ladders, flexible scheduling and deployment, professional respect, protection against injuries and diseases related to the work place, and good wages. Further, responsiveness and sensitivity to nursing professionals' concerns must be a key driver of nursing management capacity building throughout the health system.

5.4 International / global influences

While the impact of globalisation on the nursing services has not been scientifically quantified, the brain drain challenge and loss of highly skilled nurses needs no rigorous scientific quantification before remedies are put in place. Health professionals are generally in short supply worldwide, while international migration has grown in volume and has become an important social issue in many parts of the world. Trained human capital moves largely from less developed nations to most developed and affluent ones, with adverse implications for health services in the sending countries. In SA, nurses and medical doctors are the categories that emigrate in large numbers. The main factors influencing the migration of nurses are low remuneration, poor working conditions, shortages of supplies and equipment and poor working environments. In addition the mal-distribution of nurses between urban and rural areas is a serious issue of concern.

6. STRATEGIES FOR NURSING

In the Nursing Strategy for South Africa the six strategic focus areas are identified. Strategic objectives, activities, implementation partners and outputs for each strategic focus area have also been identified. The strategic focus areas are:

1. Nursing Practice
2. Nursing Education and Training
3. Nursing Leadership
4. Nursing Regulation
5. Social Positioning of Nursing
6. Resources for Nursing

These strategies are proposed with the understanding that further development and implementation of each strategy will

require the unifying efforts of all stakeholders. In addition the primary or lead responsibility and the output measures for each strategic focus are identified. The cost implications of these strategies will have to be considered by the National and Provincial Departments of Health and stakeholders to identify potential funding sources and reflect on fiscal capacities, as these are critical in securing a stable nursing workforce for the future. These are the strategic focus areas that have to be supported by specific activities in terms of implementation.

7. DISCUSSION

Six strategic focus areas are discussed below. Strategic objectives, activities, implementation partners and outputs for each strategic focus area have been identified.

7.1 Nursing Practice

The following strategic objectives are important for provision of an enabling environment for nursing service namely: establishment of an enabling legislative environment, improving the quality of nursing practice, improving the skills and competency levels of nurses, developing collaborative partners, developing nursing staff establishments responsive to service delivery needs and strengthening the role of nursing in health service delivery.

As part of the implementation of the nursing strategy, it will be critical to develop enabling policies in order to kick start the creation of appropriate career paths for nurses especially the clinical nursing specialists. In improving the quality of nursing practice it is important that critical nursing skills and competences should be identified and these be linked to Scope of Practice

The Scope of Practice provides the parameters within which professionals function. In line with the numerous changes to healthcare delivery system in South Africa alluded to earlier, the Scope of Practice for nurses was required to ensure that the practice of nurses was responsive to the healthcare delivery needs. In this regard the SANC in 2004 revised the Scope of Practice of the current three categories of nurses and midwives, namely: registered nurses, registered midwife, enrolled nurses and enrolled nursing auxiliaries. In line with the Nursing Act No 33 of 2005, the three categories of nurses proposed in the revised Scope of Practice were Professional Nurse, Professional Midwife, Staff Nurse and Auxiliary Nurse.

The revision to the Scope of Practice took into consideration the current healthcare system, international best practice, national healthcare policies and the healthcare priorities facing South Africa together with the challenges currently facing nursing practice.

The implementation of the revised Scope of Practice now requires:

1. New regulations on the Scope of Practice
2. Regulations that prescribe minimum educational requirements
3. New educational qualifications that are aligned to the revised Scope of Practice

This strategy will also aim to ensure that the revised scope of practice is successfully implemented so that it has a positive impact on the healthcare delivery system. Research into the relevance of theory to practice should be commissioned at regular intervals in order to guide nursing practice. Research activity in the nursing profession and among nursing educators and professionals will need special attention, as it is critical to the sustainability of the profession.

It is imperative that the public health sector identifies and works in collaboration with partners such as professional nursing organizations and the private health sector groups in the production, development and retention of nurses as part of the implementation of the nursing strategy. The development of national nursing staffing norms and standards and appropriate organisational systems will assist the nursing staff establishments that are responsive to service delivery needs and also strengthen the role of nursing in health service delivery. In achieving the above-mentioned strategic objectives

the National and Provincial Departments of Health, SANC, Nursing Education Institutions (NEIs), Nursing Professional Associations, Private Sector and Community Based Organisations (CBOs) should strongly work in collaboration.

7.2 Education and Training

Nursing Education and Training plays an important role in the production of well-trained and groomed nurses. The following strategic objectives are important in realising the above-mentioned crucial role played by education and training.

- Improving the quality of nurse educators
- Recruitment and retention of nurse educators
- Harmonisation of education and training
- Integration of theoretical knowledge with practice
- Appropriate Recognition of Prior Learning (RPL)
- Increasing the production of nurses
- Promotion of continuing professional development.

The revised Scope of Practice alluded to in the previous section requires new educational qualifications and in this regard The SANC and South African Qualifications Authority (SAQA) are in the process of finalising the new nursing qualifications. Initially the Standard Generating Body (SGB) for Nursing drafted educational qualifications in line with the current Scope of Practice and submitted these to the SAQA. The SANC expressed concern about these qualifications, as the basic qualification for a registered nurse was a Bachelors degree. The impact that this qualification would have had on the current providers is that only higher education institutions i.e. universities and universities of technology would have had the capacity to offer this qualification. This would have had a serious impact on the production of registered nurses as the bulk of the education and training of registered nurses are produced by nursing colleges, which are not recognised higher education institutions in their own right to award degrees. This concern was highlighted to the SGB, the Department of Health and SAQA, with the Department requesting that the qualifications be re-aligned with the revised Scope of Practice. This work is in progress.

The NEIs would need to align the curricula of the nursing programmes to comply with the requirements of the new qualifications alluded to above. In addition, the gap in the education and training between the current categories of nurses and the new categories of nurses requires to practice in accordance with the new Scope of Practice, will require special attention that will have to be jointly addressed by both the NEIs and the health service authorities. Support from the professional associations and the SANC is imperative for the successful implementation of the new scope of practice and entry into the new category of nurses.

The success of the implementation of the new educational qualifications is dependent on the availability of sufficient suitably qualified nurse educators. For nursing education and training to succeed it is important that retention strategies be developed for nurse educators in the public sector in particular. These may take the form of career pathing and succession planning as well as development and implementation of a set of attractive conditions of service for nurse educators. The responsibility of improving the conditions of service for nurse educators lies with the employer (Department of Health and the Private Health Sector).

Harmonization of education and training is essential and will be achieved by ensuring that nursing qualifications are commensurate with the relevant Scope of Practice. As explained earlier the Scope of Practice should be informed by service delivery needs and give effect to the integration of theoretical knowledge with practise to improve quality of nursing graduates. This requires that nurse educators are not only equipped academically but also in the clinical areas of the relevant nursing programmes. The review of the existing curricula of all nursing programmes, with priorities given to Midwifery, Psychiatry and Primary Healthcare is critical and must be an ongoing activity to ensure long-lasting relevance.

The SANC as an Education and Training Quality Assurer (ETQA) of nursing, as well as accredited nursing education and training institutions should ensure that such reviews are undertaken regularly. The need to increase the production of nurses has been identified and amplified in the framework for Human Resources for Health (HRHP).

To make sure that the learners succeed, the selection criteria for nurse training needs to be improved and support systems for candidates with potential developed to enable their success. In doing this, it is important that broader development and transformation goals are not ignored, and student support systems must be nuanced, geared to assistance, and ensure that students do succeed at all institutions.

The capacity of the accredited NEIs should be determined through regular national audits. Coupled with the audits, more clinical facilities should be subjected to SANC accreditation process so that more clinical facilities should be made available for clinical placement of learners as the supply of nursing professionals' needs to be expanded in the light of the shortages identified above. Preceptors must be made available to strengthen integration of theory and practice.

RPL is considered as an important mechanism for recognising work experience and on the job learning in South Africa. The implementation of RPL is a critical pre-condition for upgrading the qualifications of the existing midlevel workers in nursing or health related professions interested in nursing, and it assists in the creation of learning pathways towards nursing qualifications which can only augur well for the profession. In this regard the capacity of existing educational institutions to implement RPL requires urgent attention so that there is formal recognition of those nurses that have acquired skills and knowledge in the health sector. For those already practising, the development and implementation of effective, relevant and appropriate CPD is critical, provided it is well designed and assists participants in practical terms.

7.3 Nursing Leadership

A conscious decision should be taken to put in place leadership programmes for nurses such as mentorship and coaching programmes, succession planning, carefully planned deployment to increase exposure to diverse leadership environments, recognition and reward for expertise and excellence. To enhance nursing management capacity for nurses it is important that appropriate training and development programmes for nurse managers be established. Organizational structures in health provision should be developed in such a way that nurse leadership is strategically positioned to play its rightful role in the health system. National and Provincial Departments of Health, SANC, NEIs and Professional Associations are responsible for making sure that leadership in nursing is developed, nurtured and enhanced. Nursing organisations have a leading role to play in ensuring the development of curricula for appropriate management and leadership interventions in the nursing profession.

7.4 Nursing Regulation

It is internationally recognized and acknowledged that the fundamental purpose of regulating health professionals is to ensure that:

- a. They serve the public appropriately, and
- b. The public is reasonably protected

South Africa subscribes to this understanding and believes that it is only through tight regulation that the public interest can best be served. However such regulation has to be in keeping with the constitution of the country and serve to promote the quest for a common destiny by all South Africans with health professionals playing a major role. The SANC has been delegated the authority to administer regulatory and licensing responsibilities by means of The Nursing Act, 2005 (Act No 33 of 2005).

Nursing has always been regulated in this manner but this has to be strengthened by ensuring that there is regular re-evaluation of the South African regulatory framework that seeks to strengthen all aspects of nursing. A strong but fair regulatory framework for nursing must always underpins the five other principles identified in this policy strategy. This will promote and ensure uniform standards that must be applied across the country. Ultimately, the way nursing is regulated must show in the quality of clinical nursing practice and nursing leadership in all its forms. This is key to re-establishing and maintaining the public's high level of trust in the nursing profession.

The strength and quality of Nursing Regulation depends on nurses regulating nursing. Only the nursing profession itself has the unique knowledge necessary to set and enforce standards of nursing practice. Nursing is bound by the ethical values of the profession that require nurses to base their practice on relevant and current knowledge, and to show respect for the well-being, dignity and autonomy of persons receiving care. These values promote safe, ethical and competent nursing care. It is therefore the SANC's responsibility to ensure that there are clear practice rules and guidelines set for the profession and responsibility of members of the profession to practice in accordance with these guidelines.

Nursing Regulation must therefore evolve to meet the changing healthcare needs of the South African public. A developmental approach in the maintenance of nursing standards and processes is essential. Scopes of Practice evolve and often overlap with other health professions to respond to changing healthcare needs of the public. Likewise, regulation approaches evolve to meet the challenges and opportunities of technological advancements. It is important that regulators, policy makers, educators and the nursing profession itself know how important Nursing Regulation is to the country's health. Advancing from keeping the register of professionals to ensuring adherence to professional values through education and practice is a major responsibility to participation in nursing workforce planning and development. This means constant benchmarking internally (within nursing), externally (with other professional groups) and internationally (with nursing regulators). Self-regulation by the health professions has to undergo detailed scrutiny with exploration of nursing practices, policies and history of self-regulation prominent in that exercise. There is a clear reason why Nursing Regulation has to be strengthened and alternative models to improve it be investigated and tested if found reasonable.


7.5 Social Positioning of Nursing

The nursing profession should be promoted as a career of choice for qualifying school leavers including individuals wanting to make a career change as well as health related midlevel workers without compromising on the high standards of nursing care. The conditions of service for nurses must be improved including introduction of professional wellness and personal growth programmes. Provision of good and safe accommodation for nurse learners as well as nurses working in underserved areas will promote nursing as a career of choice. The image of nursing needs to be restored by making sure that professionalism is upheld at all times. It is important that nurses understand the thrust of the country in order to support policy decisions taken regarding the nursing profession. Examples of those are among others, introduction of community service for nurses, definition of nursing in the SA context, improving knowledge and acceptance of the role of professional associations and unions. The responsibility of proper positioning of nursing in a social context lies with the National and Provincial Health Departments, Private Health Sector, SANC, NEIs, Professional Associations and Unions.

7.6 Resources for Nursing

For nursing to improve, it is important that nursing be adequately resourced. In improving staffing, proper organizational investigations including work studies and appropriate staffing norms, should be conducted in order to have adequate nursing staff. In conducting these investigations, the impact of HIV and AIDS on staffing should be taken into consideration. Adequate funding based on health service needs will need to be provided in order that the nursing strategy is implemented fully.

It is the responsibility of the National and Provincial Departments of Health, Department of Education, SANC and NEIs to



ensure that nursing is sustainably resourced. This will involve gathering information and data to make compelling cases for resourcing in the future, as well as considerable amount of time lobbying for resourcing in order to implement the strategy.

In addition, capacity will need to be developed in planning for the workforce in the medium to long term by the relevant stakeholders. This will necessarily involve carrying out monitoring and evaluation activities in order to assess the shorter-term impact of nursing improvement interventions. Clearly, the Department of Health and Education as well as the nursing profession will need to develop and engage with issues relating to supply and demand projections for nursing professionals.

SPONSORS AND CHAMPIONS OF THE NURSING STRATEGY FOR SOUTH AFRICA

As a steward of the healthcare system, the government (through the National Department of Health, Provincial Departments of Health and National Department of Education) has a key role to play in ensuring the successful implementation of this strategy. Ensuring future supply of nurses requires close collaboration among all employers (public and private), SANC, Nurse Educators, Nursing Professional Associations, and Labour organizations. This approach will ensure success in determining the supply needs and ensuring that they are met.

To ensure a measure of success, the Department of Health remains a sponsor of this strategy with the nursing profession, through the SANC taking the role of championing it. This effectively catapults the nursing profession into taking responsibility for marketing itself to all stakeholders and society.

IMPLEMENTATION ASPECTS OF THE NURSING STRATEGY FOR SOUTH AFRICA

STRATEGIC FOCUS AREA	STRATEGIC OBJECTIVE/S	ACTIVITY	IMPLEMENTATION PARTNERS	OUTPUT MEASURE/S
1.NURSING PRACTICE	1.1 Establish an enabling legislative environment	<p>1.1.1 Review, develop and align all legislative instruments impacting on nursing practice</p> <p>1.1.2 Create a regulatory framework for the establishment of a public nursing agency to address resource requirements for public health services</p> <p>1.1.3 Create adaptable /implementable policies for nursing practice</p>	National and Provincial Departments of Health SANC	<p>Implementable policies in place</p> <p>Legislation aligned to nursing practice in place</p> <p>Policy on public nursing agency in place</p>
	1.2 Improve quality of nursing practice / Promote & assure quality of care	<p>1.2.1 Implement the reviewed Scopes of Practice in the areas of education and practice</p> <p>1.2.2 Develop Scope of Practice for advanced nursing practice</p> <p>1.2.3 Link theory and research to practice</p> <p>1.2.4 Develop nursing service operational plans in line with quality service delivery needs and resources</p>	Nursing Education Institutions, SANC, National and Provincial Departments of Health Private Sector	<p>Finalised Scope of Practice</p> <p>Evidence based practice</p> <p>Operational plans in line with service delivery needs and resources</p>
	1.3 Improve the skills and competency levels of nurses in accordance with the competency framework and revised Scope of Practice	<p>1.3.1 Conduct a skills audit of all nursing personnel in terms of new Scope of Practice and competency requirements</p> <p>1.3.2 Upgrade skills of nursing personnel to comply with new competency requirements</p> <p>1.3.3 Provide career development programmes in accordance with health service delivery needs</p>	Provincial Departments of Health Private Sector SANC	<p>Competency assessment system in place</p> <p>Skills plan in place</p> <p>Skills development programmes in place</p> <p>CPD activities identified and aligned to revised Scope of Practice</p>
	1.4 Develop collaborative partnerships with key stakeholders	1.4.1 Identify stakeholders and their roles to participate in production, placement and retention strategy for nurses	Private Sector, Training Providers, NGO, CBO, NPO National Department of Health Provincial Departments of Health	<p>Adoption of the Nursing Strategy for South Africa</p> <p>Sustained partnership</p>

STRATEGIC FOCUS AREA	STRATEGIC OBJECTIVE/S	ACTIVITY	IMPLEMENTATION PARTNERS	OUTPUT MEASURE/S
1.NURSING PRACTICE	1.5 Develop nursing staff establishments that are responsive to service delivery needs	1.5.1 Develop an approach to nursing staffing norms and standards based on SA context 1.5.2 Achieve a better balance among the different, health professionals and support services based on revised staffing norms and standards 1.5.3 Create appropriate career paths Create clinical career path for nursing 1.5.4 Develop realistic, sustainable and implement retention strategies 1.5.5 Develop & implement flexible staffing structures aligned to the Scope of Practice	National Department of Health Private Sector: Health	Nursing staffing norms and standards in accordance with service needs in place Career paths for all categories in place especially clinical specialities Retention strategy implemented
	1.6 Strengthen role of nursing in health service delivery	1.6.1 Position nursing strategically at provincial, national and internationally levels 1.6.2 Ensure better and improve quality of supervision 1.6.3 Build quality nursing teams 1.6.4 Upgrade current enrolled and registered nurses in line with new Scopes of Practice 1.6.5 Develop quality assurance systems for monitoring and evaluation of nursing practice 1.6.6 Establish provincial and national forums for sharing best practices in nursing	National & Provincial Departments of Health, SANC	Organizational systems reviewed and/or established

STRATEGIC FOCUS AREA	STRATEGIC OBJECTIVE/S	ACTIVITY	IMPLEMENTATION PARTNERS	OUTPUT MEASURE/S
2. EDUCATION & TRAINING	2.1 Improve quality of Nurse Educators	2.1.1 Review conditions of service for Nurse Educators through attractive, adaptable /implementable conditions of service. 2.1.2 Review and implement the requisite upgraded qualifications for Nurse Educators required for providing education and training	Departments of Health	Improved conditions of service All nurse educators are appropriately qualified and skilled
	2.2 Ensure harmonisation of education & training	2.2.1 Ensure qualifications are commensurate with Scope of Practice <ul style="list-style-type: none"> • Re-activate nursing SGB i.r.o the new Scope of Practice • Link training with changing service delivery needs 2.2.2 Align nursing education to legislative requirements 2.2.3 Finalise new qualifications in line with revised Scope of Practice	SANC & NEI	Nursing SGB reactivated Training linked with service delivery needs Nursing education is aligned to legislative requirements
	2.3 Integrate practical & theoretical knowledge	2.3.1 Strengthen collaboration with NEI and service providers to provide education and training. 2.3.2 Provide capacity for mentorship and preceptors programmes 2.3.3 Ensure qualifications are aligned to health service delivery needs	SANC, NEI Department of Health SANC	Proper integration of practical and theoretical knowledge
	2.4 Increase production of nursing professionals	2.4.1 Identify and accredit health facilities for clinical education and training to increase the capacity to accommodate the increased production requirements 2.4.2 Audit and increase the capacity of nursing colleges and training courses 2.4.3 Develop a recruitment and selection strategy for young nurses	SANC Provincial Departments of Health	Implementable plan in place Audit report
	2.5 Skills improvement	2.5.1 Identify, develop and strengthen CPD activities 2.5.2 Align CPD to clinical outcomes	SANC, NEI, Departments of Health	CPD activities identified and aligned
	2.6 Recruitment & retention of nurse educators	2.6.1 Develop retention strategies 2.6.2 Career pathing and succession planning	Departments of Health	Retention strategies

STRATEGIC FOCUS AREA	STRATEGIC OBJECTIVE/S	ACTIVITY	IMPLEMENTATION PARTNERS	OUTPUT MEASURE/S
2. EDUCATION & TRAINING	2.7 Improve quality of nursing education	2.7.1 Develop quality management systems at nursing education institutions	SANC Nursing Education institutions All service providers for quality of nursing practice	Quality management systems in place at NEI Skills and resource audits conducted Improved quality of nursing education
		2.7.2 Audit quality of nursing education		
		2.7.3 Review and audit capacity and skills of Nurse Educators		
		2.7.4 Improve capacity of nursing education institutions and Nurse Educators to provide quality nursing education		
		2.7.5 Facilitate the registration of nursing education institutions as FET and HET institutions		
		2.7.6 Review the role of Auxiliary nurses within the healthcare system		
	2.8 Ensure an implementation strategy for RPL of nurses	2.8.1 Establish RPL assessment centres in provinces	Department of Health Education Institutions SANC	RPL assessments centres RPL assessments conducted
		2.8.2 Implement RPL in all provinces		
	2.9 Promote professional development for nurses	2.9.1 Improve the selection criteria for nurse training	Department of Health Education Institutions SANC	Improved selection criteria Training and re-training plan in place
		2.9.2 Conduct pre-selection interviews for prospective nursing students		
2.9.3 Conduct pre-selection medical assessment for prospective nursing students				
2.9.4 Develop a plan for training and re-training of nurses in relation to reviewed Scopes of Practice				
2.10 Improve research capacity of nurses	2.10.1 Conduct extensive training in research methodology	Department of Health Education Institutions SANC	Research training programmes in place Increased research on nursing practice Increased research publications	
	2.10.2 Facilitate nursing research amongst academic institutions and health facilities			

STRATEGIC FOCUS AREA	STRATEGIC OBJECTIVE/S	ACTIVITY	IMPLEMENTATION PARTNERS	OUTPUT MEASURE/S
3. NURSING LEADERSHIP	3.1 Identify and positioning nursing leadership in all aspects: <ul style="list-style-type: none"> • Registration • Practice • Education • Labour And at all levels of healthcare nationally and internationally	3.1.1 Develop organizational structures to appropriately position nurse leadership in all aspects and at all levels: national, provincial, local and institutional (public and private)	National and Provincial Departments of Health Regulatory bodies, higher education, DPSA, Professional Association/Labour, Public and Private Sector	Nursing strategically positioned in organisational structures at all levels
	3.2 Enhance nursing leadership capacity to ensure good governance at all levels	Identify skills and competencies in all aspects at all levels in line with service delivery needs Develop and implement appropriate training programmes Develop and implement mentorship and coaching programmes Ensure effective succession planning Deploy nurses to situation that will enhance and develop their leadership capacity Succession plans and IDPs in clinical and administrative areas Recognise, utilise and reward expertise	Provincial and National Departments of Health, regulatory bodies, higher education, DPSA Professional Association/Labour, Public and Private Sector	Audit of skills and competencies training and development plan Leadership development programmes developed
	3.3 Identify and nurture potential and emerging nurse leaders	Encourage all nurse leaders (academic leaders) to positively influence neophytes into nursing and health (academic) debates on health systems Establish the current numbers of emerging nurse leaders Fast track potential leaders through use of IDP and succession plans	NEI, National Department of Health, Provincial Departments of Health, Regulatory bodies, DPSA, Professional Association/Labour	Increased growth of leadership numbers of nurses involved in academic issues pertaining to health and nursing issues (Need to be specific around numbers)
	3.4 Attract young nurses to nursing academia	Encourage academic leaders to positively influence neophytes into academic debates on health systems	NEI, National Department of Health	Growth in number of nurses involved in academic issues pertaining to health and nursing issues

STRATEGIC FOCUS AREA	STRATEGIC OBJECTIVE/S	ACTIVITY	IMPLEMENTATION PARTNERS	OUTPUT MEASURE/S
4.NURSING REGULATION	4.1 Implement the Nursing Act (Act 33 of 2005)	4.1.1 Regulate registration and licensing of nurses 4.1.2 Regulate the Scope of Practice 4.1.3 Regulate nursing education 4.1.4 Implement community service 4.1.5 Regulate ethical code and conduct of nurses 4.1.6 Regulate CPD for nurses 4.1.7 Establish a Nursing Council in terms of the Act	<ul style="list-style-type: none"> National & Provincial Departments of Health SANC 	Provisions of the Nursing Act implemented New Regulations aligned to the Act and health service requirements developed
	4.2 Ensure high standards of professional self-governance	4.2.1 Implement the corporate governance provisions of the Nursing Act 4.2.2 Arrange regular governance training session for council members 4.2.3 Perform periodic governance audits 4.2.4 Develop skills competencies for regulation leadership (<u>all councils</u>)	<ul style="list-style-type: none"> National Department of Health 	Adherence to corporate governance by the professional regulator
	4.3 Ensure quality service and protection of the public	4.3.1 Redesign educational programmes in accordance with new qualifications 4.3.2 Promote and advance the value of the profession to the public 4.3.3 Put in place mechanisms for the public to communicate freely with council.	<ul style="list-style-type: none"> NEI Nursing Professional Association Provincial Departments of Health Department of Education SANC 	Educational programmes and professional values responsive to public needs in place
	4.4 International benchmarking	4.4.1 International benchmarking of strategic nursing management, nursing service delivery, standards, nursing education 4.4.2 Benchmark laws and regulations governing nursing with international nursing regulatory frameworks	<ul style="list-style-type: none"> National Department of Health Nursing Professional Association SANC 	Policies compare with international best practice Nursing legal framework benchmarked

STRATEGIC FOCUS AREA	STRATEGIC OBJECTIVE/S	ACTIVITY	IMPLEMENTATION PARTNERS	OUTPUT MEASURE/S
5.SOCIAL POSITIONING	5.1 Restore the image of nursing and maintain professionalism	5.1.1 Promote a caring ethos / ethics <ul style="list-style-type: none"> Promote respect of colleagues Make public aware of nurses' rights Establish a balance between nursing and patient rights 	Departments of Health, SANC, Professional Associations, Private Sector Nursing Institutions	Image of nursing improved and maintained Professionalism amongst nurses restored
	5.2 Improve understanding of political focus of the country	5.2.1 Ensure a positive approach to community service implementation	NEI, Professional Associations	Positive approach to nursing ensured
		5.2.2 Define nursing to reflect the meaning of nursing in SA context	SANC	Definition of nursing in SA context
		5.2.3 Improving knowledge & acceptance of the role of unions	Departments of Health, SANC, Professional Associations, Private Nursing Institutions	Regular interaction (twice yearly) with the professional association and nursing labour organisations
	5.3 Improve social infra-structural support	5.3.1 Provide good and safe accommodation facilities for nurses during training 5.3.2 Provide revised housing subsidies for accommodation of nurses 5.3.3 Develop professional wellness and growth programmes	Provincial Departments of Health Private Sector	Good and safe accommodation facilities in place Revised housing subsidies EAP programmes in place for nurses
	5.4 Promote nursing as a career of choice	5.4.1 Market nursing as a career choice 5.4.2 Create attractive employment opportunities for nurses	Departments of Health NEIs, Private Sector	Recruitment and marketing strategy for nursing

STRATEGIC FOCUS AREA	STRATEGIC OBJECTIVE/S	ACTIVITY	IMPLEMENTATION PARTNERS	OUTPUT MEASURE/S	
6. RESOURCES FOR NURSING	6.1	Ensure safe nurse practice with appropriate nursing resources	1.1.1 Determine minimum staffing norms for safe practice	Provincial Departments of Health Private Sector	Guidelines on safe nursing practice
	6.2	Ensure sustainability of nursing	6.2.1 Adequate funding of nursing services	DoH, DoE, Private Sector	Sustainability of nursing ensured
			6.2.2 Attractive incentives and remuneration structures for nursing posts	DoH, DoE, Nursing Education Institutions, Private Sector	
			6.2.3 Provide resources for education & training and continuing development programmes for nurses	DoH, DoE, Nursing Education Institutions, Private Sector	
	6.3	Quality assurance of clinical learning facilities	6.3.1 Assess the quality of learning facilities	Departments of Health (National & Provincial) SANC	Audit of clinical facilities
			6.3.2 Enabling accreditation processes to take place internally and externally.		Funding secured
			6.3.3 Provide funding for nursing research		
	6.4	Improve workforce planning	6.4.1 Work-study to address the needs of institutions with the illnesses of staff and HIV in mind to review the staff establishments of health institutions	Departments of Health (National & Provincial)	Work-study report
			6.4.2 Develop human resource plans (nursing) institutional, district, provincial and national level		Human resource plans projecting current and future nursing needs
			6.4.3 Develop capacity for human resource planning		HR planning skills programme in place
	6.5	Developing nursing academics / teachers	6.5.1 Develop a national health sciences academic programme	NEI, National Department of Health, SANC, DoE	National health sciences academic programme in place

**SOUTH AFRICAN QUALIFICATIONS AUTHORITY
REGISTERED QUALIFICATION:**

National Certificate: Auxiliary Nursing

SAQA QUAL ID	QUALIFICATION TITLE		
49993	National Certificate: Auxiliary Nursing		
ORIGINATOR	REGISTERING PROVIDER		
SGB Nursing			
QUALITY ASSURING ETQA	SANC-South African Nursing Council		
QUALIFICATION TYPE	FIELD	SUBFIELD	
National Certificate	Field 09 - Health Sciences and Social Services	Curative Health	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	160	Level 3	Regular-Unit Stds Based
REGISTRATION STATUS	SAQA DECISION NUMBER	REGISTRATION START DATE	REGISTRATION END DATE
Registered	SAQA 1063/05	2005-11-30	2008-11-30
LAST DATE FOR ENROLMENT	LAST DATE FOR ACHIEVEMENT		
2009-11-30	2012-11-30		

This qualification does not replace any other qualification and is not replaced by any other qualification.

PURPOSE AND RATIONALE OF THE QUALIFICATION

Purpose:

Learners credited with this qualification are able to render fundamental nursing care in collaboration with other members of the health team and with the involvement of individuals and communities in the provision of preventive, promotive, curative and rehabilitative health care.

Qualifying learners will have obtained a fundamental level of knowledge and competence in nursing and should be able to apply this knowledge in all health care settings where basic nursing care is required. The learner works under the supervision of a currently registered or enrolled nurse within the applicable scope of practice.

Rationale:

A first level nurse, capable of delivering skilled fundamental nursing care, is essential to health care in a variety of settings, such as geriatric care facilities, hospitals and clinics.

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

- Communication at NQF level 2
- Mathematical Literacy at NQF level 2

Recognition of Prior Learning

Learners may provide evidence of prior learning for which they may receive credit towards the qualification by means of portfolios, other forms of appropriate evidence and/or challenge examinations as agreed to between the relevant provider and relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

Access to Qualification

Any learner who has successfully completed ten years of formal schooling, or who has successfully completed a NQF Level 2 qualification may access this qualification.

Access to the course:

Providers must ensure that:

- Learners are enrolled as learners with the South African Nursing Council.
- Learners have access to a provider accredited by the relevant ETQA or an ETQA that has a Memorandum of Understanding in place with the relevant ETQA for clinical learning.
- Workplace experience complies with the requirements of the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

RECOGNISE PREVIOUS LEARNING?

Y

QUALIFICATION RULES

In order to be accredited with this qualification, learners are required to achieve all 57 credits of the fundamental component, all 95 credits of the core component and at least 8 credits from the elective component.

EXIT LEVEL OUTCOMES

1. Apply foundational knowledge of anatomy, physiology, biophysics and microbiology in the provision of nursing care.
2. Communicate in a variety of ways in a nursing context.
3. Use mathematics in a nursing situation.
4. Participate in addressing the needs of individuals and groups in a community.
5. Participate in the implementation of basic nursing care.
6. Demonstrate understanding of appropriate methods of interacting sensitively and professionally with people with diverse backgrounds.
7. Maintain professionalism in nursing practice.

Critical Cross-Field Outcomes:

- Problem solving/Make decisions:
 - > Apply foundational knowledge of anatomy and physiology in the provision of nursing care.
 - > Communicate in a variety of ways in a nursing context.
 - > Use mathematics in a nursing situation.
 - > Participate in addressing the needs of individuals and groups in a community.
 - > Participate in the implementation of basic nursing care.
 - > Maintain professionalism in nursing practice.
- Team work:
 - > Communicate in a variety of ways in a nursing context.
 - > Demonstrate understanding of appropriate methods of interacting sensitively and professionally with people with diverse backgrounds.
 - > Participate in addressing the needs of individuals and groups in a community.
 - > Participate in the implementation of basic nursing care.
- Organising:
 - > Apply foundational knowledge of anatomy and physiology in the provision of nursing care.
 - > Communicate in a variety of ways in a nursing context.
 - > Participate in addressing the needs of individuals and groups in a community.
 - > Participate in the implementation of basic nursing care.
- Information:
 - > Apply foundational knowledge of anatomy and physiology in the provision of nursing care.
 - > Communicate in a variety of ways in a nursing context.
 - > Use mathematics in a nursing situation.
 - > Participate in addressing the needs of individuals and groups in a community.
 - > Participate in the implementation of basic nursing care.
 - > Maintain professionalism in nursing practice.
- Communication:
 - > Apply foundational knowledge of anatomy and physiology in the provision of nursing care.
 - > Communicate in a variety of ways in a nursing context.
 - > Use mathematics in a nursing situation.
 - > Demonstrate understanding of appropriate methods of interacting sensitively and professionally with people with diverse backgrounds.
 - > Participate in addressing the needs of individuals and groups in a community.
 - > Participate in the implementation of basic nursing care.
 - > Maintain professionalism in nursing practice.
- Science and Technology:
 - > Apply foundational knowledge of anatomy and physiology in the provision of nursing care.
 - > Communicate in a variety of ways in a nursing context.
 - > Use mathematics in a nursing situation.
 - > Participate in addressing the needs of individuals and groups in a community.
 - > Participate in the implementation of basic nursing care.
 - > Maintain professionalism in nursing practice.

- Related systems:

- > Apply foundational knowledge of anatomy and physiology in the provision of nursing care.
- > Communicate in a variety of ways in a nursing context.
- > Use mathematics in a nursing situation.
- > Participate in addressing the needs of individuals and groups in a community.

- > Participate in the implementation of basic nursing care.
- > Maintain professionalism in nursing practice.

- Personal development:

- > Communicate in a variety of ways in a nursing context.
- > Use mathematics in a nursing situation.
- > Demonstrate understanding of appropriate methods of interacting sensitively and professionally with people with diverse backgrounds.
- > Participate in addressing the needs of individuals and groups in a community.
- > Participate in the implementation of basic nursing care.
- > Maintain professionalism in nursing practice.

ASSOCIATED ASSESSMENT CRITERIA

1.

- Fundamental understanding of macro body structure and functioning is demonstrated by the nursing care provided, in accordance with the relevant scope of practice.
- An understanding of the structure and functioning of micro-organisms is demonstrated in the provision of nursing care.

2.

- Oral and written communication is maintained to promote effective fundamental nursing care.
- Written communication is clear, relevant and unambiguous.

3.

- Mathematical functions are used correctly to address needs of the patient such as correct fluid balance and nutrition.
- Mathematical signs and symbols are correctly used.

4.

- Health promotion programmes are implemented under supervision of other members of the health team.

5.

- Individual and/or group health care plans across the health-illness continuum are implemented and evaluated in collaboration with other members of the health care team.
- Information obtained from continuous monitoring of responses to nursing interventions is correctly applied to the individual or group.
- Appropriate emergency care and first aid principles in respect of:
 - > Treatment of injuries and accidents.
 - > Emergency deliveries.
 - > Basic life support is applied.

6.

- Fundamental nursing interventions are implemented with sensitivity to people of diverse cultural, religious and socio-economic backgrounds.

7.

- Recording of data is done in compliance with institutional standards and legal criteria.
- Patient records are maintained accurately, concisely and systematically, to reflect the fundamental nursing care rendered.
- Confidentiality and integrity of patient information are maintained in interaction with patients and others.

Integrated Assessment

The South African Nursing Council guidelines are used as a reference for clinical competence.

Formative Assessment:

A variety of assessment strategies and/or approaches must be used, including, but not limited to:

- Tests
- Assignments
- Workbooks
- Projects
- Demonstrations
- Clinical assessments

Summative Assessment:

May take the form of:

- > written
- > practical
- > oral assessment

as agreed to by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

INTERNATIONAL COMPARABILITY

In most countries around the world, first-level health workers are not recognized by their relevant nursing professional councils or relevant licensing authorities. However, this qualification is recognised by the South African Nursing Council as a National Certificate at NQF level 3. It is likely that it will be utilized in the SADC region and throughout Sub-Saharan Africa as well as other third- and first-world countries.

South Africa has been an active member of both the International Council of Nurses and the International Labour Organisation for many decades. During the time of ostracism, international contact was maintained through the specialized organizations and their overseas affiliates. Thus, South African qualifications in nursing have always been aligned with the best in the world, and it is common knowledge that the services of South African nurses are in great demand in all parts of the globe.

This qualification upholds that tradition and is comparable with the best available in this category anywhere in the world. In other third world and some first world countries, similar courses exist, but South Africa has taken precedence in generating a full qualification with recognition at professional council level for this category of nurse.

ARTICULATION OPTIONS

This certificate provides access to the FET Certificate: Nursing (NQF Level 4) or any other equivalent qualification in the health field.

MODERATION OPTIONS

Both internal and external moderation must be conducted by moderators who have been appointed by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA. Both internal and external moderators and assessors must be in possession of an appropriate qualification above the level of this qualification, as well as relevant clinical expertise and current experience. In addition, the external moderation will be conducted by the relevant ETQA or an ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

CRITERIA FOR THE REGISTRATION OF ASSESSORS

Can be assessed by a currently registered professional or enrolled nurse who is registered as an assessor by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

NOTES

N/A

UNIT STANDARDS:

	ID	UNIT STANDARD TITLE	LEVEL	CREDITS
Core	120171	Carry out a needs assessment of an individual of any age	Level 3	15
Core	120175	Function as a health worker with all relevant groups within a community	Level 3	4
Core	120170	Maintain current records according to the scientific nursing process	Level 3	5
Core	120173	Practice in accordance with ethical and legal codes of nursing and relevant legislation	Level 3	4
Core	120174	Provide relevant nursing care in order to meet needs identified according to the scientific approach to nursing	Level 3	28
Core	120182	Participate in a community health assessment	Level 4	3

Core	120172	Participate in the provision of effective child- and adolescent-friendly services	Level 4	12
Core	120169	Provide nursing care to individuals with long term illness	Level 4	8
Core	120176	Provide palliative care to terminally ill patients and support to their families	Level 4	8
Core	120177	Provide the patient and/or carer with sufficient information on which to base decisions about nursing care	Level 4	8
Fundamental	8968	Accommodate audience and context needs in oral communication	Level 3	5
Fundamental	120178	Apply foundational knowledge of the structure and biology of pathogenic micro-organisms and parasites in clinical practice	Level 3	4
Fundamental	9010	Demonstrate an understanding of the use of different number bases and measurement units and an awareness of error in the context of relevant calculations	Level 3	2
Fundamental	120181	Demonstrate knowledge of the macro structure, basic functions and applied basic biophysics of all human body systems	Level 3	8
Fundamental	9013	Describe, apply, analyse and calculate shape and motion in 2-and 3-dimensional space in different contexts	Level 3	4
Fundamental	120180	Interact sensitively, effectively and professionally with people of diverse cultural, religious, socio-economic, educational and professional backgrounds	Level 3	5
Fundamental	8969	Interpret and use information from texts	Level 3	5
Fundamental	9012	Investigate life and work related problems using data and probabilities	Level 3	5
Fundamental	120179	Participate in a helping conversation	Level 3	4
Fundamental	8973	Use language and communication in occupational learning programmes	Level 3	5
Fundamental	7456	Use mathematics to investigate and monitor the financial aspects of personal, business and national issues	Level 3	5
Fundamental	8970	Write texts for a range of communicative contexts	Level 3	5
Elective	116490	Identify key ethical values for human conduct	Level 3	6
Elective	116493	Demonstrate understanding of tolerance in human relations	Level 4	6
Elective	117862	Describe and explain general principles of lay counselling	Level 4	3
Elective	117849	Facilitate a group counselling process	Level 4	8
Elective	117863	Promote health and wellness in a selected context	Level 4	2
Elective	117878	Provide lay counselling support services	Level 4	4

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION:

NONE

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

REGISTERED QUALIFICATION:

National Diploma: Nursing

SAQA QUAL ID	QUALIFICATION TITLE		
59236	National Diploma: Nursing		
ORIGINATOR	REGISTERING PROVIDER		
SGB Nursing			
QUALITY ASSURING ETQA			
-			
QUALIFICATION TYPE	FIELD	SUBFIELD	
National Diploma	Field 09 - Health Sciences and Social Services	Curative Health	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	286	Level 5	Regular-Unit Stds Based
REGISTRATION STATUS	SAQA DECISION NUMBER	REGISTRATION START DATE	REGISTRATION END DATE
Registered	SAQA 0474/07	2007-11-28	2010-11-28
LAST DATE FOR ENROLMENT	LAST DATE FOR ACHIEVEMENT		
2011-11-28	2015-11-28		

This qualification does not replace any other qualification and is not replaced by any other qualification.

PURPOSE AND RATIONALE OF THE QUALIFICATION

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

Purpose:

This qualification will enable the learner to function as a clinically focused, service orientated, independent registered staff nurse, who is able to render basic care to persons with stable and uncomplicated general health problems, as determined by the appropriate legislative framework (stable is defined as: situations in which the client's health status can be predicted or anticipated; and where interventions have predictable outcomes and/or a known level and range of negative outcomes).

The qualification will provide a basis for decision-making about what is within and beyond the defined scope of practice as well as understanding of the referral system in place for anything outside of the scope of practice. Recipients of this qualification will also be able to deal with specified emergencies beyond their scope in case of need. The qualifying learner will apply evidence-based nursing practice, which is based on research, or established practices that have proven to be effective both nationally and internationally within the profession.

On successful completion of this qualification, the learner is eligible for registration with the relevant statutory body as a Staff Nurse. Successful registration will license nurses to practice as a staff nurse as defined in the Nursing Act No.33 of 2005. [The Act defines a Staff Nurse as: "a person educated to practice basic nursing in the manner and to the level prescribed - according to relevant legislation and regulations"].

More specifically, the qualification aims to:

- Produce high quality diplomates who are able to be competent nursing practitioners in a range of health service settings.
- Provide diplomates with a range of skills, knowledge and attitudes that will enable them to make a meaningful and sustained contribution to health services.
- Equip diplomates with a developed sense of equity, justice and service ethics that will ensure that they work in an accountable manner, irrespective of their chosen work place.
- Offer a wide range of transferable skills for application in other professions, disciplines and general life. These include:
 - > A methodical, solution-based approach to problem solving.
 - > An empowerment strengths-based approach to personal development.
 - > Competence in written and oral communication.
 - > Capacity to assess and implement health and other policy.
 - > Ability to plan, implement and manage projects of a varied nature.
 - > An ability to work independently and as part of a team.

As such, the qualification will also be valuable for those in the profession who may have been practising within the field, but without formal recognition for registration purposes.

In particular, this qualification will be useful for:

- Ancillary health workers, auxiliary nurses, and community health workers who wish to progress into nursing as a career.
- Persons in Health and Allied Health Sciences who wish to change direction and move into nursing.
- Those wishing to progress towards qualification as a Professional Nurse and beyond.

This qualification articulates:

- All competency requirements and outcomes (academic, specialist theory and practical/workplace experience) necessary to achieve professional registration.
- The requirements and provisions of the Professional Body for Professional registration.
- Designation/s that may be achieved.
- The ongoing requirements (including the Code of Ethics and the requirement for Continuing Professional Development) for retention of registration, and the implications of non-compliance on use of the Professional Designation and right to practice and/or licence to practice.

Recipients of this qualification will be able to:

- Maintain professionalism in own practice of nursing.
- Apply knowledge of biomedical, biotechnological and psychosocial sciences to the practice of nursing.
- Develop, implement and evaluate population-based health care.
- Assess, plan, implement and evaluate nursing care for individuals and groups with stable uncomplicated health problems based on thorough assessment.
- Deliver nursing care to sick or disabled individuals and groups with stable uncomplicated health problems.
- Promote rehabilitation of individuals and groups with disabilities.
- Diagnose and treat minor ailments.
- Deliver safe maternal care.
- Manage a health care unit.
- Utilise principles of science and methodology in investigating nursing and health related problems.

Learners will function within the current scope of practice of the staff nurse as formulated by the relevant statutory council, in conjunction with the policies of the institutions of employment.

Professionals carry out their duties:

- As a member, or leader, of a team.
- In accordance with the Professional Code of Ethics for Nurses.
- In accordance with the provisions of the norms and standards for nursing.
- By taking full responsibility for basic health care.

Rationale:

This qualification is intended to prepare the qualifying learner to meet the service delivery needs of the country. It is envisaged that the majority of the nursing learner population will access this qualification. Practice is focused on quality service delivery within a broad spectrum of health services.

A significant report by Pick, Nevhutalu, Cornwall, and Masuku (2001, July) on the current situation of human resources in health in South Africa, outlines a background of extreme economic and health inequalities of the past, and describes the current landscape still characterised by complex distortions of supply, production, distribution, and development of health personnel.

Pick et al (2001) found that there was considerable overlap of services in the primary health care package; seen as normal, but that some of the professional categories were not available at all points of Primary Health Care delivery. Nurses who had undergone no curative clinical care training provide primary clinical care for large sections of the population, while many health personnel currently provide many service components contained in the PHC package in contravention of their scopes of practice. Scopes often overlap, are too general, are not clearly defined, or are restrictive. The report strongly recommended that scopes of practice of different professionals be revised.

The Report further identified a shortage of professionals - e.g. doctors, nurses, and therapists - mostly in the rural areas. To address these shortages the Report proposed that the scopes of practice of upper- and mid-level workers be redesigned to allow some tasks traditionally assigned to upper-level professionals to be given, with training and associated controls, to workers at a lower level.

Striking inequalities were found between urban and rural facilities in the staffing of nurses. The Report further recommended that the scopes of practice of all categories of nurses be revised to ensure that all categories are able to progress to the next level in the nursing skill hierarchy.

Based on the above findings, Pick et al (2001) then recommended that some of the tasks, traditionally provided by highly specialised professionals, be reassigned, with training and supervision, to workers at a different professional level.

Extension of the tasks of the enrolled nurse is suggested as:

- Health promotion.
- Execution of nursing care plan.
- Prevention of deformity.
- Monitoring of vital signs.
- Monitoring of reactions to disease, stress, anxiety, medication and treatment.
- Promotion of health and family planning.
- Basic optometry and oral health checks.
- Immunisation.
- Administering prescribed medicine.
- Services for children under 15 years of age.
- Reproductive and other women's health care services.

The Act No.33 of 2005, passed in May 2006, makes reference to four categories of nurses and also outlines the scope of practice.

This qualification, one of those categories, is intended for the majority of those nurses in, or wishing to enter the profession, because it meets the minimum requirements for registration as a Staff Nurse. The intention behind the qualification is to create a mid-level practitioner to practice nursing, by far the highest demand category for the existing and projected needs in health service delivery to the community.

Nurses in this category will assume responsibility for the broad scope of health service delivery. It is a more comprehensive qualification than existing qualifications, and upgrades current requirements to meet the new scope of practice for the Nursing Profession, and align emerging practitioners to the health delivery needs of the country. Nurses receiving this qualification will be competent to practice in all contexts, and will no longer be bound by old distinctions between regional and area hospitals. The focus of the qualification is on providing a broad range of maintenance skills rather than dealing with complications of serious illnesses. Qualified persons will plan for basic health care, and carry through the planning of professional nurses.

The qualification is intended to focus on practice rather than academic routes and provides for high quality learning opportunities with a focus on nursing practice. It replaces the old NQF Level 4 qualification - in line with the increased demands placed on the nursing profession in the new health care system - but also allows for more rapid entrance into practice.

The qualification is unit standard based to provide clear indications of how the new qualification links to the revised scope of practice for the profession, and to facilitate the upgrade of existing practitioners. It is further intended to assist in bringing coherence to training provision by providing clearly defined outcomes of learning, and a single standard for the sector. This will make it possible for quality assurance bodies to challenge quality of training provision, and assist training providers in their re-curriculum processes towards the new requirements. The unit standards will also allow for recognition of incremental learning through RPL processes; where the scope has changed, it is easy for currently registered nurses to identify new requirements. The qualification and its unit standards will further facilitate ongoing professional development.

The qualification is intended to promote higher-level cognitive thinking skills. Unit standards assist in clearly demarcating areas for experiential learning (vs. theoretical) - to meet requirements for registration.

RECOGNISE PREVIOUS LEARNING?

Y

QUALIFICATION RULES

Nursing training is based on an assumption of 1540 hours of learning per annum - (35 hours per week for duration of 44 weeks).

In order to be credited with this qualification, learners are required to achieve a minimum of 286 credits - to be compiled as follows:

- Fundamental: All 6 Fundamental component credits are compulsory.
- Core: All 270 Core component credits are compulsory.
- Elective: At least 10 Elective component credits must be attained to complete the qualification.

EXIT LEVEL OUTCOMES

- Successful completion of a Grade 12 certificate or recognised equivalent qualification.
- Communication skills at NQF Level 4.
- Mathematical literacy at NQF Level 4.
- Computer literacy at NQF Level 3.

Recognition of Prior Learning:

Learners may provide evidence of prior learning for which they may receive credit towards the qualification by means of portfolios, other forms of appropriate evidence and/or challenge examinations, as agreed to between the relevant provider and relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

RPL is particularly important, as there are people in the profession with a variety of qualifications of differing quality and scope. It is

important that an RPL process be available to assist in making sense of existing qualifications, and helping to standardise qualifications around a common standard. A related issue is that the nursing profession is facing a new scope of practice, based on international standards. It is essential that existing qualifications and all new provisions are aligned to the new scope of practice, and the vision for health care in South Africa.

A further consideration is that there is a big change in the needs of the community that nurses have to serve; this partly explains the 'migration' amongst practitioners to other qualifications. Nurses are finding that their existing qualifications do not meet emerging needs or requirements, and they move to another to meet those needs.

Nursing has historically provided an access to learning for people without education. People have gained entry into nursing through different routes (usually via auxiliary and ancillary health). There are increased numbers of people wanting to access higher education, and RPL will assist in formalising what exists and providing access to learning pathways.

There are also existing staff nurses (those qualified under single bridging courses - the old course was a 2 year qualification that allowed 'enrolled nurses' to become registered nurses); as well as currently enrolled nurses. There are gaps between old qualifications and the requirements of the new scope of practice, and a consequent need to upgrade qualifications. RPL is seen as vitally important in every case to give recognition to learning already in place, making sense of the plethora of different levels and standards in the field, and providing a means for all to gain access to, and progress within, a common learning pathway for the profession.

Access to the Qualification:

In terms of current relevant legislation:

- Learners are required to be registered with the relevant statutory health council as learners for the duration of the period of learning.
- Learners must have access to clinical facilities of health service providers that are accredited by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA for the practical component.
- Clinical and work-based experiences must comply with the current regulations of the relevant statutory health council.

1. Communicate in a helping manner.
2. Maintain professionalism in own practice of nursing.
3. Apply knowledge of biomedical, biotechnological and psychosocial sciences to the practice of nursing.
4. Develop, implement and evaluate population-based health care.
5. Assess, plan, implement and evaluate nursing care for individuals and groups with stable uncomplicated health problems based on thorough assessment.
6. Deliver nursing care to sick or disabled individuals and groups with stable uncomplicated health problems.
7. Promote rehabilitation of individuals and groups with disabilities.
8. Deliver safe maternal care.
9. Manage a health care unit.
10. Utilise principles of science and methodology in investigating nursing and health related problems.

Critical Cross-Field Outcomes:

This qualification addresses the following critical cross-field outcomes, as detailed in the associated unit standards:

- Identifying and solving problems in which responses indicate that responsible decisions using critical and creative thinking have been made.
- Working effectively with others as a member of a team, group, organisation or community.
- Organising and managing oneself and one's activities responsibly and effectively.
- Collecting, analysing, organising and critically evaluating information.
- Communicating effectively using visual, mathematical and/or language skills in the modes of oral/written persuasion.
- Using science and technology effectively and critically, showing responsibility towards the environment and health of others.
- Demonstrating and understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.

Learning programmes directed towards this qualification will also contribute to the full personal development of each learner and the social and economic development of the society at large, by making individuals aware of the importance of:

- Reflecting on and exploring a variety of strategies to learn more effectively.
- Participating as responsible citizens in the life of local, national and global communities.
- Being culturally and aesthetically sensitive across a range of social contexts.
- Exploring education and career opportunities; and developing entrepreneurial opportunities.

ASSOCIATED ASSESSMENT CRITERIA

Associated Assessment Criteria for Exit Level Outcome 1:

1.1 Communication is supportive of patients` needs, and deals sensitively with diversity in all respects, and for all contexts.

Associated Assessment Criteria for Exit Level Outcome 2:

- 2.1 Practice is applied consistently in a manner that reflects a clear understanding and interpretation of the requirements of SA Nursing and Health Care legislation.
- 2.2 Ethical codes, professional accountability and responsibility, and standards for the practice of nursing are interpreted and applied consistently in line with their spirit and intent.
- 2.3 Own personal development and management maintains emotional balance, and promotes effective and professional service delivery.

Associated Assessment Criteria for Exit Level Outcome 3:

- 3.1 Knowledge of applied psychology and sociology is applied in ways, which benefit the level and quality of health care delivery to patients.
- 3.2 Knowledge of anatomy, micro-organisms and physiology meets requirements for professional health care, and promotes effective health care delivery.

Associated Assessment Criteria for Exit Level Outcome 4:

- 4.1 Health care provided is appropriate to the particular context, and based on proper health assessment.
- 4.2 Community involvement in health care is promoted through information sharing, and contact, which promotes ongoing collaboration with the community or group.
- 4.3 Community health assessments assist in prioritising community needs and reporting findings for effective health care delivery.
- 4.4 Counselling, where required, is supportive of a range of different needs, including needs of those affected by abuse, neglect, or violence.

Associated Assessment Criteria for Exit Level Outcome 5:

- 5.1 Planning and provision for health care is based on sound assessment, and informed decision making. Planning is inclusive of the patient and other key stakeholders.
- 5.2 Nursing care is implemented in an integrated manner, according to plans.
- 5.3 Health care status of individuals, groups and/or communities identifies changes in general status in time to implement preventive or corrective measures in the interests of general well being.

Associated Assessment Criteria for Exit Level Outcome 6:

- 6.1 Nursing care delivered provides the necessary physical and psychological care and support for long term and or terminally ill patients, in line with the accepted scope of practice for nursing.
- 6.2 Support provided to patients recovering from acute illness prepares them for discharge in ways that enable the patient, family and significant others to cope with the management of the patient at home.

Associated Assessment Criteria for Exit Level Outcome 7:

- 7.1 Goals set are realistic in terms of functional ability and possible barriers to rehabilitation.
- 7.2 Assistance provided to the client identifies indicators of relapse or complications and ways of preventing these.

Associated Assessment Criteria for Exit Level Outcome 8:

- 8.1 Care delivered is integrated and provides for the long-term wellbeing of mother and child, in line with the accepted scope of practice for nursing.

Associated Assessment Criteria for Exit Level Outcome 9:

- 9.1 Management activities are directed towards the establishment of a team approach to health care, and the effective delivery of services within a physically safe and emotionally supportive environment.
- 9.2 Pharmacological preparations and treatment are managed in ways that ensure the correct storage of drugs, and the correct preparation and administration of pharmacological treatment.
- 9.3 Assessment, planning, implementation and evaluation is documented accurately and timeously, and promotes effective service delivery as well as security and confidentiality of information.
- 9.4 Standards set for unit health care delivery are monitored regularly, and information gathered identified areas for improvement on an ongoing basis.

Associated Assessment Criteria for Exit Level Outcome 10:

- 10.1 Technology is used in ways that facilitate the effective diagnosis and treatment of hearing and breathing related conditions.

Integrated Assessment:

Evidence of integration will be required as per the following broad criteria, all within the context of an active learning environment. The guidelines of the relevant statutory health council are used as a reference for clinical competence.

Assessment should take place within the context of:

- Given Quality Assurance policies, procedures and processes.
- A guided and supported learning environment.

Assessment will take place according to the detailed specifications indicated in the unit standards associated with each exit level outcome (see “associated unit standards” above).

Over and above the achievement of the specified unit standards, evidence of integration will be required as per the following broad criteria, all within the context of an active learning environment.

Assessors should note that the evidence of integration could well be presented by candidates when being assessed against the unit standards - thus there should not necessarily be separate assessments for each unit standard and then further assessment for integration. Well designed assessments should make it possible to gain evidence against each unit standard while at the same time gain evidence of integration.

Formative assessment:

Throughout the qualification programme formative assessment strategies are used to ensure that exit level and critical cross-field outcomes are achieved and include:

- Written assignments.
- Tests (or examination equivalent tests).
- Projects.
- Demonstrations.
- Clinical Assessments.

And/or any applicable method, including evidence of involvement in a research project.

Summative assessment:

Can take the form of:

- Oral.
- Written.
- Practical examinations.

As agreed to by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

INTERNATIONAL COMPARABILITY

South Africa is an active member of the International Council of Nurses (ICN) as well as the International Labour Organisation (ILO), member of the African Union (AU), formerly the Organisation of African Unity (OAU), Southern African Development Community (SADC) and the Commonwealth. The proposed qualification would meet recognition requirements in most of the member countries of these organisations and throughout Sub-Saharan Africa.

Comparison of Qualifications:

In recognition of the reality of globalisation of nursing and nursing personnel, the International Council of Nurses (ICN) (2001) recommended “global” competencies for the generalist nurse. The ICN defined the generalist nurse as:

“A person who has completed a programme of basic nursing education and is qualified in her/his country to practice nursing. The educational programme prepares the nurse, through study of behavioural, life and nursing sciences and clinical experience, for effective practice and direction of nursing care, and for the leadership role. The first level (generalist) nurse is responsible for planning, providing and evaluating nursing care in all settings for the promotion of health, prevention of illness, care of the sick and rehabilitation; and functions as a member of a health team” (ICN, 200, p. 2).

The ICN further differentiates between what they refer to as a first and a second level nurse. The first level nurse refers to the generalist nurse or the equivalent of a professional nurse in current SA terms. The second level nurse on the other hand refers to a nurse who has completed a programme of study including “nursing theory and clinical practice” (p. 2) in preparation for practising nursing under the supervision of the first level nurse. This would be the equivalent of either the enrolled and nurse or the enrolled nursing

assistant in SA terms.

The Role of the Generalist Nurse:

The role includes: “Promotion of health, and prevention of illness of individuals of all ages, families and communities; planning and management of care if individuals of all ages, families and communities with physical or mental illness, disabilities or rehabilitation needs in institutional and community settings and care at the end-stage of life” (p. 3).

Competencies of the Generalist Nurse:

The ICN defined competence as: “a level of performance demonstrating the effective application of knowledge, skill and judgment” (1997, 44; 2001, p. 3). Three broad categories of competencies are identified. These include:

- Professional, ethical and legal competence.
- Care provision and management.
- Professional development.

The World Health Organisation (1987) on the other hand has placed emphasis on the issues surrounding the relevance of the education of health professionals. The basic premise on which the WHO’s recommendations are based is that effective education of health professionals must produce health professionals who are “responsive to needs to the needs of the populations they serve, in order to achieve the goal of health for all” (WHO, 1987, p. 5), and that such an education should be “based largely in the community, or in any of a variety of health service settings” (p. 5). In this regard, the WHO recommends that education of health professionals be community-based. The WHO views community-based education as “consisting of learning activities that use the community extensively as a learning environment”.

Required Competencies of Graduates of Community Based Education Programmes:

The WHO work study group on community-based education classifies competencies of graduates of CBE programmes into:

- General competencies for all Health Professionals:
All health professionals should be able to:

- > Respond to health needs and expressed demands of the community by working with the community, in order to stimulate self-care and a healthy life-style.
- > Educate both the community and their co-workers.
- > Solve or stimulate action for the solution of both individual and community health problems.
- > Direct their own and community efforts towards the promotion of health and the prevention of disease, unnecessary suffering, disability and avoidance of death.
- > Work as members of health teams and with other health other health teams.
- > Act as leaders of such teams when necessary.
- > Continue to learn throughout their working experience, in order to maintain and improve personal competence.

- Professional functions:

Include the following:

- Provision of preventive care.
- Provision of curative care.
- Health education of the population.
- Management of services.
- Participation in health team work.
- Training other members of the health team.
- Participation in research activities.
- Collaboration with other sectors involved in community development.
- Finding solutions to unfamiliar problems.
- Self-assessment and the continuous development of personal professional skills.

The proposed National Diploma: Nursing NQF Level 5 compares with the ICN requirements in the relevant categories of professional nurses.

Scope of Practice:

In developing the scope of practice for nursing in South Africa, the South African Nursing Council (SANC) looked at all the countries where SA Nurses can register. In particular, models were examined for New Zealand, Canada, New Mexico, United Kingdom (UK), and ECSACON (East Central Southern Africa College of Nursing) - which attempts to provide a professional regulatory framework; attempt to benchmark all educational standards for the region.

The scope of practice for nurses in South Africa is based on guidelines produced by the International Council of Nurses (which provides the guidelines and/or competency framework for most countries), as well as the results of research into the countries and regions described above.

The Review:

The Review of the Scope of Practice of Nursing and the profession of nursing began in 1999 when the South African Nursing Council prioritised the need to revise the scope of practice. The factors that influenced the review of the scope of practice was a changing health care system identified in the White Paper for the Transformation of Health and the changes in education system brought about by the National Qualifications Framework and the South African Qualifications Act.

The purpose of the review is to align the practice of nursing to the changes in the national health policy and the legislative framework. Purpose includes:

- Ensure that nursing practice is in keeping with and is responsive to a changing health care delivery system.
- Develop a scope for nursing practice that is informed by the core competencies required for nursing practice.
- Review the scope applicable to different categories of nurse to ensure that each category of nurse is enabled to practice independently within their scope.
- The new scope of practice and the competencies required for nursing practice will then inform the education and training of nurses required for such practice. This will assist in facilitating the development of a framework for a single unitary education pathway for nursing qualifications that is in line with the principles of the National Qualifications Framework.

Challenges facing Nursing Education:

The changes in both the health care system and the education system has created numerous challenges for nursing education and training and some of these challenges are:

- Promoting and maintaining a caring ethos within the nursing profession.
- Ensuring National Health Priorities are addressed in all nursing education programmes.
- Creation of a cadre of nurses who are lifelong learners and critical thinkers.
- Promote the ability in every nurse to evaluate and assure quality in this/her practice.
- Access to Nursing Education by learners is limited due to the slow implementation of the National Qualifications Framework in the Health Sector.
- Selection and recruitment criteria in many instances remain restrictive limiting access to nursing qualifications.
- The distinct nursing qualifications for each category of nurse is not in keeping with the NQF principles and thereby limiting access to higher education training opportunities for existing enrolled & auxiliary nurses.
- Recognition of Prior Learning (RPL) as a selection criterion is not widely applied because RPL assessment is complex, costly and there is a general lack of knowledge on how to give recognition to prior learning.

Challenges facing the Profession:

South Africa requires nurses that are comprehensively trained to provide nursing care in various contexts (Primary health care, institutional/hospitals, midwifery and mental health settings) and in both rural and urban setting. Comprehensive training does not imply or focus on attaining separate qualifications but rather on the ability to integrate knowledge and skills for the provision of comprehensive nursing care. Each category of nurse will be an independent practitioner in accordance with their scope of practice and the level of training and competence attained.

The Scope, and a Competency Framework:

The revised scope of practice focuses on outlining the practice of the three basic categories of nurses. Education and training of nurses will be informed by the scope of practice and the competencies required for nursing practice, as defined in this qualification (and three others). Where the scope of practice for current categories of nurses is expanded, training to upgrade the skills and competencies will be required.

Each category of nurse is defined and a clear distinction in terms of the practice is made. The scope distinguishes between different areas of practice viz. clinical, ethical and professional and quality of practice. The scope of practice is supported by a competency framework for the profession of nursing. The competency framework provides detailed for and supports an outcomes based approach to nursing education and training.

The scope is outlined:

Definitions:

A staff nurse is a person who:

- Is educated and competent to practise basic nursing.

- Assumes responsibility and accountability for independent decision making in such practice.
- Is registered and licensed as a staff nurse under the Nursing Act.

Scope of Practice:

The scope of the staff nurse is to provide basic nursing care, which entails:

- The provision of basic nursing care and treatment of persons with stable and uncomplicated health conditions in all settings.
- Basic Emergency care.
- Assessing and developing a plan of nursing care for persons with stable and uncomplicated health conditions.
- Taking responsibility for the nursing care of persons whose health condition is stable and uncomplicated in a unit of an overall health facility or service.
- A staff nurse may not take responsibility and accountability for managing nursing care in a health facility or service.
- A staff nurse may provide nursing care and treatment to persons who have complicated health problems or are in an unstable condition under the supervision of a professional nurse.

Scope of Professional and Ethical Practice:

The Professional and Ethical practice of a Staff Nurse requires a practitioner to:

- Demonstrate knowledge of laws and regulations relevant to the practice of the staff nurse.
- Practise as a staff nurse in accordance with the laws and regulations relevant to nursing and health care in South Africa.
- Protect and advocate for the rights of individuals and groups in relation to health care.
- Practise nursing in accordance with the standards and ethical code set by the profession.
- Understand and accept accountability and responsibility for his/her own nursing actions and omissions within the relevant legal and ethical parameters.

Scope of Clinical Practice:

The clinical practice of a staff nurse is to provide basic nursing care for the treatment and rehabilitation of common health problems for individuals and groups. Such practice requires a practitioner to:

- Assess and screen the health status through basic observation interaction and measurement.
- Interpret data and diagnose basic nursing needs.
- Develop nursing care plan to meet basic health care needs/nursing needs.
- Take responsibility for the implementation of the care plan he/she developed.
- Manage all aspects of delegated nursing care.
- Timeous referral and appropriate consultation with a professional nurse or midwife.
- Promote health through the provision of relevant information.
- Maintain continuity of care through reporting and communication to care givers and members of the health care team.
- Evaluate health care user's progress towards expected outcomes and revise the nursing plan of care in accordance with observation data.
- Create and maintain an accurate record of nursing intervention.
- Establish and promote a supportive and helping relationship with health care user.
- Maintain an environment that promotes safety, security and respect of the health care user.
- Maintain a safe environment for nursing care.
- Advocate for the rights of health care users.
- Promote health care user participation in health care and empowers them towards self reliance.
- Demonstrate and maintain clinical competence to ensure safe practice as a staff nurse.

Quality of Practice:

The quality of nursing practice of a staff nurse is to:

- Participate in the maintenance of set standards to improve the quality of nursing care.
- Utilize learning opportunities to improve own nursing practice.
- Continuously review own performance against nursing standards.

Conclusion:

An examination of the Scope of Practice, as well as those in operations in ICN signatory countries, clearly indicates the alignment of this proposed qualification with international practice.

ARTICULATION OPTIONS

This qualification - National Diploma: Nursing - articulates with the Professional Degree in nursing at NQF Level 7, or any other bachelor's degree in the health and social sciences as determined by the provider.

The following diagram shows the location of this qualification in terms of other possible qualifications within the field:

- Level 1: GETC: Ancillary Health.
- Level 2: NC: Fundamental Ancillary Health.
- Level 3: NC: Auxiliary Nursing; NC: Community Health Work; NC: Health Sciences and Social Services.
- Level 4: FETC: Nursing; FETC: Community Health Work; NC: Health Sciences and Social Services.
- Level 5: Diploma: Nursing: Mental Health; Diploma: Nursing: Community Health; NC: Community Health Facilitator Training.
- Level 7: B: Nursing; Social sciences (social work; health/social services; C&YCW; Probation).
- Level 8: Masters: Nursing (PD prepares learners for Masters).
- Level 8 and above: PhD: Nursing.

Horizontal Articulation:

Learners can move into a number of related areas in health and allied health sciences, as well as research, education and nursing management, by achieving the credits specified in each qualification, mainly related to specialisation areas particular to each sub-field.

Vertical Articulation:

Learners can move vertically by using this qualification as the basis for any of the qualifications indicated above NQF Level 5.

MODERATION OPTIONS

- Providers offering learning towards this qualification or the component unit standards must be accredited by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.
- Moderation of assessment will be overseen by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA, according to moderation principles and the agreed ETQA procedures.
- Internal and external moderation must be conducted by moderators appointed by the provider and accredited through the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.
- Both internal and external moderators must be in possession of an appropriate qualification at an NQF Level above this qualification, as well as relevant clinical expertise and current experience. In addition external moderation will be conducted by the relevant ETQA for nursing and midwifery.

CRITERIA FOR THE REGISTRATION OF ASSESSORS

- An Assessor must be a person currently registered with the relevant statutory health council as a professional nurse and midwife, as determined by the particular exit level outcome. In addition, Assessors must have appropriate clinical expertise and/or a relevant qualification at an NQF Level above this qualification.

NOTES

N/A

UNIT STANDARDS:

	ID	UNIT STANDARD TITLE	LEVEL	CREDITS
Core	252082	Carry out a health assessment of an individual of any age group	Level 5	7
Core	252112	Demonstrate knowledge of the anatomy and bio-physical functioning of the human body	Level 5	20
Core	252110	Demonstrate knowledge of the structure and biology of micro organisms as it applies to clinical practice	Level 5	12
Core	252113	Develop and apply strategies to cope with the emotional demands of nursing situations	Level 5	4
Core	252089	Ensure child and adolescent-friendly health and nursing care	Level 5	4
Core	252107	Facilitate community stakeholder involvement in promoting and maintaining health	Level 5	5
Core	252093	Implement and evaluate planned nursing care to achieve identified patient outcomes	Level 5	16
Core	252105	Lead and participate in team approaches to health care	Level 5	4
Core	252092	Manage a community health intervention	Level 5	3
Core	252095	Monitor and stimulate the growth and development of a child and/or adolescent	Level 5	10
Core	252080	Practice in accordance with ethical and legal codes of nursing and the laws of the country	Level 5	8
Core	252099	Provide nursing care to a terminally ill patient and support to the family	Level 5	5

Core	252102	Share information to promote effective decision making in health care	Level 5	7
Core	252101	Create and maintain a safe physical and emotionally supportive environment in a health care unit	Level 6	6
Core	252106	Demonstrate knowledge of applied psychology in the care of health care users	Level 6	12
Core	252103	Demonstrate knowledge of applied sociology in the care of patients	Level 6	12
Core	252109	Demonstrate knowledge of the physiology and biochemical functioning of all body systems	Level 6	20
Core	252100	Develop a care plan in collaboration with patients and/or carers	Level 6	10
Core	252091	Maintain optimum health of the pregnant woman and the family	Level 6	12
Core	252081	Manage childhood illnesses in an integrated manner	Level 6	8
Core	252097	Manage individuals and groups with communicable diseases	Level 6	14
Core	252111	Manage minor ailments and common illnesses	Level 6	16
Core	252087	Manage pharmacological preparations and treatment	Level 6	9
Core	252096	Manage rehabilitation	Level 6	8
Core	252108	Provide nursing care to individuals with long term illness	Level 6	9
Core	252085	Provide postpartum care to the mother and neonate	Level 6	12
Core	252088	Respond to physical and psychological emergency situations	Level 6	10
Core	252083	Utilise relevant legislation, regulations and policy in planning in a health care unit	Level 6	3
Core	252094	Organise, co-ordinate and review the activities of a health care unit	Level 7	4
Fundamental	252098	Use communication skills to establish and maintain supportive relationships	Level 5	6
Elective	252125	Perform a spirometry screening test in an occupational setting	Level 5	5
Elective	252126	Perform an audiometric screening test in an occupational setting	Level 5	5
Elective	252086	Develop, maintain and manage an effective information management system for nursing practice	Level 7	8
Elective	252090	Maintain physical and psychological comfort in acute and/or chronically ill patients, and significant others	Level 7	11
Elective	252084	Manage the provision of quality nursing care in a cost effective manner	Level 7	6
Elective	252104	Prepare the patient who has recovered from an acute illness for discharge	Level 7	5
Elective	244229	Provide counselling and intervention for people affected by abuse, neglect, or violence	Level 7	15

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION:

NONE

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

REGISTERED QUALIFICATION:

Bachelor of Nursing

SAQA QUAL ID	QUALIFICATION TITLE		
59257	Bachelor of Nursing		
ORIGINATOR	REGISTERING PROVIDER		
SGB Nursing			
QUALITY ASSURING ETQA	-		
QUALIFICATION TYPE	FIELD	SUBFIELD	
National First Degree	Field 09 - Health Sciences and Social Services	Curative Health	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	508	Level 7	Regular-Unit Stds Based
REGISTRATION STATUS	SAQA DECISION NUMBER	REGISTRATION START DATE	REGISTRATION END DATE
Registered	SAQA 0474/07	2007-11-28	2010-11-28
LAST DATE FOR ENROLMENT	LAST DATE FOR ACHIEVEMENT		
2011-11-28	2015-11-28		

This qualification does not replace any other qualification and is not replaced by any other qualification.

PURPOSE AND RATIONALE OF THE QUALIFICATION

Purpose:

Nursing is an essential skill in any community and country, and the profession in South Africa has enjoyed an enviable reputation for quality and competence, and the comprehensive nature of training provided. There is concern to maintain this quality and comprehensiveness going forward as the country works to transform health care provision. The identified needs of South Africa's various communities are for comprehensively trained nurses.

Planning for the development of nurses in response to these needs has indicated two key categories of nurses: The Staff Nurse and the Professional Nurse clearly distinguished in terms of their required competence and scope of practice.

There is a need for skilled professionals with highly developed critical thinking, analytical, and problem-solving skills that will be able to use evidence-based practice to evaluate nursing practice in the interests of quality and continuous improvement. If the profession is to develop, it will need to be based on sound research, which demands that professional nurses be able to carry out research and write up results, as well as put in quality standards.

The focus on more academic aspects of nursing will position professional nurses to look at new knowledge and new approaches to nursing care, which they will be able to monitor and evaluate. In this way they will be able to assess the impact of interventions.

This qualification will also prepare nurses for further specialisation as they move from general nursing practice to specialisation in particular areas, with a change in focus from practice to consultancy roles and clinical nurse specialists in their field. The focus will also shift from regional and institutional concerns to national and international issues.

On successful completion of this qualification, the learner is eligible for registration with the relevant statutory body (currently the South African Nursing Council) as a Professional Nurse. Successful registration will license nurses to practice as a professional nurse as defined in the Nursing Act No.33 of 2005. [The Act defines a Professional Nurse as one who: "is educated and competent to practise comprehensive nursing, assumes responsibility and accountability for independent decision making in such practice, and is registered and licensed as a professional nurse under the Nursing Act"].

More specifically, the qualification aims to:

- Produce high quality graduates who are competent nursing practitioners in a range of health service settings.
- Provide graduates with a range of skills, knowledge and attitudes that will enable them to make a meaningful and sustained contribution to health services.
- Equip graduates with a developed sense of equity, justice and service ethics that will ensure that they work in an accountable manner irrespective of their chosen work place.
- Offer a wide range of transferable skills for application in other professions, disciplines and general life. These include:

- > A methodical solution based approach to problem solving.
- > An empowerment strengths based approach to personal development.
- > Competence in written and oral communication.
- > Capacity to assess and implement health and other policy.
- > Ability to plan and implement and manage projects of a varied nature.
- > An ability to work independently and as part of a team.

As such, the qualification will also be valuable for those in the profession who may have been practising within the field, but without formal recognition for registration purposes.

This qualification will be useful for:

- Staff nurses who wish to progress into nursing as a career.
- Persons at a commensurate level in Health and Allied Health Sciences who wish to change direction and move into nursing.
- Those wishing to progress towards qualification as a Master or Doctor of Nursing and beyond.

This qualification articulates:

- All competency requirements and outcomes (academic, specialist theory and practical/workplace experience) that are necessary to achieve professional registration.
- The requirements and provisions of the Professional Body for professional registration.
- Designation/s that may be achieved.
- The ongoing requirements (including the Code of Ethics and the requirement for Continuing Professional Development) for retention of registration as stipulated by SANC, and the implications of non-compliance on use of the Professional Designation and right to practice and/or licence to practice.

Recipients of this qualification will be able to:

- Apply knowledge of biomedical, biotechnological and psychosocial sciences to the practice of nursing.
- Develop, implement and evaluate population based health care.
- Assess, plan, implement and evaluate nursing care for individuals and groups based on thorough assessment.
- Deliver nursing care to sick or disabled individuals and groups.
- Promote rehabilitation of individuals and groups with disabilities.
- Diagnose and treat minor and common ailments.
- Maintain professionalism in nursing practice.
- Manage a health care unit and facility.
- Deliver safe obstetric care.
- Utilise principles of science and methodology in investigating nursing and health related problems.

Learners will function within the current scope of practice of the professional nurse as formulated by the South African Nursing Council, in conjunction with the policies of the institutions of employment.

Professionals carry out their duties:

- As a member, or leader of a team.
- In accordance with the Professional Code of Ethics for Nurses.
- In accordance with the provisions of the norms and standards for nursing.
- Taking full responsibility for basic health care.

Rationale:

This qualification will enable the learner to function as a clinically focused, service orientated, independent registered professional nurse, who is able to render comprehensive care across all spheres of health, as determined by the appropriate legislative framework. Comprehensive nursing in this context is defined in legislation as: "Nursing interventions that integrate and apply the scientific process of the full range of nursing that is general, community, obstetric, mental health that promote and maintain the health status of health care users in all contexts of health care delivery".

In addition, the qualifying learner will apply evidence-based research to enhance nursing practice.

A significant report by Pick, Nevhutalu, Cornwall, and Masuku (2001, July) on the current situation of human resources in health in South Africa outlines a background of extreme economic and health inequalities of the past and describes the current landscape still characterised by complex distortions of supply, production, distribution, and development of health personnel.

Pick et al (2001) found that there was considerable overlap of services in the primary health care package, seen as normal, but that some of the professional categories were not available at all points of Primary Health Care delivery. Nurses who had undergone no curative clinical care training provide primary clinical care for large sections of the population, while many health personnel currently

provide many service components contained in the PHC package in contravention of their scopes of practice. Scopes often overlap, are too general, are not clearly defined, or are restrictive. The report strongly recommended that scopes of practice of different professionals be revised.

The Report further identified a shortage of professionals e.g. doctors, professional nurses, and therapists - mostly in the rural areas. To address these shortages the Report proposed that the scopes of practice of upper- and mid-level workers be redesigned to allow some tasks traditionally assigned to upper-level professionals to be given, with training and associated controls, to workers at a lower level. Given the shortage of doctors, it would seem likely that professional nurses will be required to undertake tasks formerly excluded from their scope of practice, with consequent implications for developing and recognising competence. The potential inability to hold professionals accountable for their actions can be addressed by building a hierarchy of skills in which, as professionals advance up the hierarchy, they fulfil their roles at the highest level but are not excluded from assisting in roles at lower levels.

Striking inequalities were found between urban and rural facilities in the staffing of nurses. The Report further recommended that the scopes of practice of all categories of nurses be revised to ensure that all categories are able to progress to the next level in the nursing skill hierarchy.

Based on the above findings, Pick et al (2001) then recommended that some of the tasks, traditionally provided by highly specialised professionals, be reassigned, with training and supervision, to workers at a different professional level. These proposals are likely to see an increased demand for staff and professional nurses, newly skilled in terms of the revised scope of practice for nursing in South Africa.

In practice, supply falls short of demand, and the gap is growing. According to the statistics published by the South African Nursing Council, in 1996, 2 259 learners graduated as professional nurses, with the qualification: Nursing Science (General, Community and Psychiatry) and Midwifery. In 2005, the number had dropped to 1 533.

The decline of learners entering the nursing profession has been a matter of great concern to the South African Nursing Council and to the Ministry of Health. The problem is discussed in the Human Resources Plan for Health, which the Minister of Health launched in April 2006 and emphasis is given to recruitment of more learners into professional nursing. The registration of a Professional Degree: Nursing is seen as imperative to promote the uptake of graduate and postgraduate qualifications.

The Act No.33 2005, passed in May 2006, makes reference to 4 categories of nurses and also outlines the scope of practice.

On successful completion of this qualification, the learner is eligible for registration with the South African Nursing Council as a Professional Nurse. [The definition of a Professional Nurse in the Nursing Act is: "a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed, and who is capable of assuming responsibility and accountability for such practice"].

Of importance in this proposed qualification is the scope. The graduate will be more comprehensively qualified than before, with a scope that includes obstetric skills, mental health, and primary health care (1st level contact and provision of health services with a referral system in operation when cases are beyond their scope). A person with this qualification will work with all patients, stabilised or not, and take responsibility for health care in any context. In addition, they will take responsibility for managing nursing care in a health care facility. The qualification will provide them with a comprehensive view of the field, and the necessary skills to screen patients and refer as required.

There is a strong need for professional nurses to be equipped to promote the quality of health care in South Africa. They are expected to initiate quality measures, and take full responsibility for all nursing practice. There is recognition in the health care field of the need to benchmark practices and work towards quality improvement, and to this end the qualification makes provision for a strong research component. Professional Nurses will act as professional team leaders, after having developed their practical skills, typically deployed as unit and/or zone managers. They are both the providers of health care, and managers; there is a strong coordination role for care provided by other caregivers. Professional nurses will look at developing the capacity of other team members.

The qualification, while solidly grounded in practice, is intended to provide access to further academic routes and provides for high quality learning opportunities with a focus on specialisation and research.

The qualification is unit standard based so as to provide clear indications of ways in which the new qualification links to the revised scope of practice for the profession, and to facilitate the upgrade of existing practitioners. It is further intended to assist in bringing coherence to training provision by providing clearly defined outcomes of learning, and a single standard for the sector. This will make it possible for quality assurance bodies to challenge to quality of training provision, and assist training providers in their re-curriculum processes towards the new requirements. The unit standards will also allow for recognition of incremental learning through RPL processes where the scope has changed, it is easy for currently professional nurses to identify new requirements. The qualification and its unit standards will further facilitate ongoing professional development.

The qualification is intended to promote higher-level cognitive thinking skills. Unit standards assist in clearly demarcating areas for experiential learning (vs. theoretical) to meet requirements for registration.

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

- Successful completion of a Grade 12 certificate or recognised equivalent qualification.
- Communication skills at NQF Level 4.
- Mathematical literacy at NQF Level 4.
- Computer literacy at NQF Level 3.

Recognition of Prior Learning:

Learners may provide evidence of prior learning for which they may receive credit towards the qualification by means of portfolios, other forms of appropriate evidence and/or challenge examinations, as agreed to between the relevant provider and relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

RPL is particularly important, as there are people in the profession with a variety of qualifications of differing quality and scope. It is important that an RPL process be available to assist in making sense of existing qualifications, and helping to standardise qualifications around a common standard. A related issue is that the nursing profession is facing a new scope of practice, based on international standards. It is essential that existing qualifications and all new provision is aligned to the new scope of practice, and the vision for health care in South Africa.

A further consideration is that there is a big change in the needs of the community that nurses have to serve; this partly explains the `migration` amongst practitioners to other qualifications. Nurses are finding that their existing qualifications do not meet emerging needs or requirements, and they move to another to meet those needs. Historically, Nursing has provided an access to learning for people without higher education. People have gained entry into nursing through different routes (usually via auxiliary and ancillary health). There are increased numbers of people wanting to access higher education, and RPL will assist in formalising what exists and providing access to learning pathways.

Existing registered nurses (single qualified registered nurses), as well as currently enrolled nurses, and the staff nurse qualified under the new National Diploma may wish to obtain this qualification.

There are gaps between old qualifications and the requirements of the new scope of practice, and a consequent need to upgrade qualifications. RPL is seen as vitally important in every case to give recognition to learning already in place, make sense of the plethora of different levels and standards in the field, and provide a means for all to gain access to, and progress within, a common learning pathway for the profession.

There is a strong need to bring about alignment to the profession, with one nationally recognized qualification providing for the comprehensive approach. The focus is on the integration of the various components of nursing, to ensure that these are allied in an integrated manner to provide comprehensive care. Professional Nurses are the managers of health care in all settings for health care delivery. They are independent practitioners, exercising judgement and make decisions around nursing care, and there is a strong need for critical and analytical thinkers to build the scientific knowledge base of nursing.

Access to the Qualification:

Successful completion of the National Diploma: Nursing, NQF Level 5, or through recognition of prior learning. Learners may provide evidence of prior learning for which they may receive credit towards the qualification by means of portfolios, other forms of appropriate evidence and/or challenge examinations, as agreed to between the relevant provider and relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

The National Diploma: Nursing will provide credits towards the professional degree through an RPL process. This will be verifiable evidence, and will allow candidates access to formal assessment of their competence.

In terms of current relevant legislation:

- Learners are required to be registered with the relevant statutory health council as learners for the duration of the period of learning.
- Learners must have access to clinical facilities of health service providers that are accredited by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA for the practical component.
- Clinical and work-based experiences must comply with the current regulations of the relevant statutory health council.

RECOGNISE PREVIOUS LEARNING?

Y

QUALIFICATION RULES

Nursing training is based on an assumption of 1560 hours of learning per annum (35 hours per week for a duration of 44 weeks).

The Professional Degree: Nursing at NQF Level 7 incorporates the whole of the National Diploma: Nursing at NQF Level 5. Typical learning routes will be entirely different for both qualifications:

- Nursing Colleges are likely to provide learning resulting in the National Diploma, while the Professional Degree will be offered at accredited Universities. It cannot be assumed that learners will achieve the Diploma (either through service and RPL, or the College route) before moving into a Degree programme at a University. In fact, this would be a rare exception to the rule, and the typical target populations for each category will almost certainly be quite different.
- There are likely to be large numbers of persons studying for the National Diploma, with no immediate intention to progress beyond that, although the two qualifications provide for the necessary articulation. Persons wishing to be recognised as Professional Nurses are likely to start out in a degree study programme, enrolled at a university.

In order to be credited with this qualification, learners are required to achieve a minimum of 508 credits to be compiled as follows:

- Fundamental: all 121 Fundamental component credits are compulsory.
- These credits are all included in the National Diploma: Nursing at NQF Level 6. They are essential learning for the Professional Degree. For reasons stated above, they must be registered as part of the Professional Degree.
- Core: all 377 Core component credits are compulsory.
- Of these credits, 272 are new to the Professional Degree (are not included in the Diploma).
- Elective: at least 10 Elective component credits must be attained to complete the qualification.

EXIT LEVEL OUTCOMES

1. Support and/or protect the rights of others in a health care context.
2. Maintain professionalism in own practice of nursing.
3. Apply knowledge of biomedical, biotechnological and psychosocial sciences to the practice of nursing.
4. Develop, implement and evaluate population-based health care.
5. Assess, plan, implement and evaluate nursing care for individuals and groups with stable uncomplicated health problems based on thorough assessment.
6. Deliver nursing care to sick or disabled individuals and groups.
7. Promote rehabilitation of individuals and groups with disabilities.
8. Deliver safe obstetric care.
9. Manage a health care unit and facility.
10. Utilise principles of science and methodology in investigating nursing and health related problems.

Critical Cross-Field Outcomes:

This qualification addresses the following critical cross-field outcomes, as detailed in the associated unit standards:

- Identifying and solving problems in which responses indicate that responsible decisions using critical and creative thinking have been made.
- Working effectively with others as a member of a team, group, organisation or community.
- Organising and managing oneself and one's activities responsibly and effectively.
- Collecting, analysing, organising and critically evaluating information.
- Communicating effectively using visual, mathematical and/or language skills in the modes of oral/written persuasion.
- Using science and technology effectively and critically, showing responsibility towards the environment and health of others.
- Demonstrating and understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.

Learning programmes directed towards this qualification will also contribute to the full personal development of each learner and the social and economic development of the society at large, by making individuals aware of the importance of:

- Reflecting on and exploring a variety of strategies to learn more effectively.

- Participating as responsible citizens in the life of local, national and global communities.
- Being culturally and aesthetically sensitive across a range of social contexts.
- Exploring education and career opportunities; and developing entrepreneurial opportunities.

ASSOCIATED ASSESSMENT CRITERIA

Associated Assessment Criteria for Exit Level Outcome 1:

- 1.1 Advocacy activities promote individual, group and community rights with respect to law and health care provision.
- 1.2 Organisation, presentation and communication of professional information in court settings meets requirements of expert testimony, is consistent with professional expectations, and enhances perceptions of the professions.

Associated Assessment Criteria for Exit Level Outcome 2:

- 2.1 Practice is applied consistently in a manner that reflects a clear understanding and interpretation of the requirements of SA Nursing and Health Care legislation.
- 2.2 Ethical codes, professional accountability and responsibility, and standards for the practice of nursing are interpreted and applied consistently in line with their spirit and intent.
- 2.3 Own personal development and management maintains emotional balance, and promotes effective and professional service delivery of self and the health care unit as a whole.
- 2.4 Engagement in professional development activities contributes significantly to the professional growth of nurses in sphere of influence, and to the standing of the nursing profession.

Associated Assessment Criteria for Exit Level Outcome 3:

- 3.1 Knowledge of applied psychology and sociology is applied in ways, which benefit the level and quality of health care delivery to patients.
- 3.2 Knowledge of anatomy, micro-organisms and physiology meets requirements for professional health care, and promotes effective health care delivery.

Associated Assessment Criteria for Exit Level Outcome 4:

- 4.1 Health care provided is appropriate to the particular context, and based on proper health assessment.
- 4.2 Community involvement in health care is promoted through information sharing, and contact, which promotes ongoing collaboration with the community or group.
- 4.3 Community health assessments assist in prioritising community needs and reporting findings for effective health care delivery.
- 4.4 Strategies and/or programmes developed are appropriate to the findings of comprehensive health assessments, and based on sound epidemiological principles.
- 4.5 Counselling, where required, is supportive of a range of different needs, including needs of those affected by abuse, neglect, or violence.

Associated Assessment Criteria for Exit Level Outcome 5:

- 5.1 Planning and provision for health care is based on sound assessment, and informed decision making. Planning is inclusive of the patient and other key stakeholders.
- 5.2 Nursing care is implemented in an integrated manner, according to plans. Health care status of individuals, groups and/or communities identifies changes in general status in time to implement preventative or corrective measures in the interests of general well being.
- 5.3 Childhood illnesses, minor and common ailments are accurately diagnosed and managed according to generally accepted treatment guidelines.
- 5.4 Interventions with mentally ill persons are consistent with generally accepted psychosocial techniques, and contribute to the therapeutic management of these patients.

Associated Assessment Criteria for Exit Level Outcome 6:

- 6.1 Nursing care delivered provides the necessary physical and psychological care and support for long term and or terminally ill patients, in line with the accepted scope of practice for nursing.
- 6.2 Interventions with acutely ill patients contribute to identification and management of physical and psychiatric illnesses, maintenance of physiological homeostasis, the physical and psychological comfort of patient and significant others, and the prevention and/or management of complications.
- 6.3 Support provided to patients recovering from acute illness prepares them for discharge in ways that enable the patient, family and significant others to cope with the management of the patient at home.

Associated Assessment Criteria for Exit Level Outcome 7:

- 7.1 Goals set are realistic in terms of functional ability and possible barriers to rehabilitation.

7.2 Assistance provided to the client identifies indicators of relapse or complications and ways of preventing these.

Associated Assessment Criteria for Exit Level Outcome 8:

8.1 Care delivered is integrated and provides for the long-term wellbeing of mother and child, in line with the accepted scope of practice for nursing.

8.2 Intra-labour care delivered to the mother and baby complies with generally accepted treatment guidelines, manages potential and actual emergencies, and promotes the safety of both.

Associated Assessment Criteria for Exit Level Outcome 9:

9.1 Unit philosophy, vision, mission, goals, policy and procedures developed for nursing care provision and personnel management within a health care unit comply with current legislation, SANC requirements, and international best practice for the profession.

9.2 Systems established promote cost effective and efficient service delivery within a health care unit.

9.3 Management and leadership activities are directed towards the establishment of a team approach to health care, and the effective delivery of services within a physically safe and emotionally supportive environment.

9.4 Pharmacological preparations and treatment are managed in ways that ensure the correct storage of drugs, and the correct preparation and administration of pharmacological treatment.

9.5 Assessment, planning, implementation and evaluation is documented accurately and timeously, and promotes effective service delivery as well as security and confidentiality of information.

9.6 Standards set for unit health care delivery are monitored regularly, and information gathered identified areas for improvement on an ongoing basis.

Associated Assessment Criteria for Exit Level Outcome 10:

10.1 Technology is used in ways that facilitate the effective diagnosis and treatment of hearing and breathing related conditions.

10.2 Research activities develop own professional knowledge and expertise, and contribute to the development of nursing practice and the profession as a whole.

Integrated Assessment:

The South African Nursing Council (SANC) guidelines for assessment, and the competency framework are used as a reference for assessing clinical competence.

Formative:

A variety of assessment strategies and approaches must be used. This could include tests, assignments, projects, demonstrations or clinical assessments and/or any applicable method. There must be evidence of involvement in a research project. Formative assessments can include a mix of simulated and actual (real) clinical practice or care settings.

Summative:

Summative assessment can take the form of oral, written and practical examinations as agreed to by the relevant ETQA. All summative practical assessments must be conducted in actual clinical practice or care settings.

INTERNATIONAL COMPARABILITY

Attempts to benchmark South African nursing practice have seen a review of international best practice, as well as best practice on the African continent. Countries regarded as leaders, such as New Zealand and Canada, do not provide the comprehensive training that South Africa has done for the professional nurses. South Africa provides comprehensive training as basic whereas other countries provide it by way of additional courses. The reason is South Africa's emphasis on primary health care, nursing in the health care system, and our particular system and range of contexts. The scope of practice for nurses in South Africa is necessarily much broader.

The quality and scope of South African qualifications is endorsed by the fact that most 1st world countries readily accept South African nursing qualifications, and the UK, USA, New Zealand, Australia, Canada, Holland, and the UAE are keen to employ South African nurses. South African nursing standards exceed those in comparable economies such as Brazil, Indonesia, and India. In Africa, South Africa accepts nursing qualifications from Botswana, Swaziland, Tanzania, Namibia (which has only a diploma at present, although they are moving towards a degree in nursing), Zimbabwe and Zambia. These nations, in turn, accept South African qualifications.

South Africa is an active member of the Internal Council for Nursing (ICN) as well as the Internal Labour Organisation (ILO), member of the African Union (AU), formerly the Organisation of African Unity (AOU), Southern African Development Community (SADC) and the Commonwealth. The proposed qualification would meet recognition requirements in most of the member countries of these organisations and throughout Sub-Saharan Africa.

Comparison of qualifications:

In recognition of the reality of globalisation of nursing and nursing personnel, the International Council of Nurses (ICN) (2001) recommended “global” competencies for the generalist nurse. The ICN defined the generalist nurse as:

“A person who has completed a programme of basic nursing education and is qualified in her/his country to practice nursing. The educational programme prepares the nurse, through study of behavioural, life and nursing sciences and clinical experience, for effective practice and direction of nursing care, and for the leadership role. The first level (generalist) nurse is responsible for planning, providing and evaluating nursing care in all settings for the promotion of health, prevention of illness, care of the sick and rehabilitation; and functions as a member of a health team” (ICN, 2001, p. 2).

The ICN further differentiates between what they refer to as a first and a second level nurse. The first level nurse refers to the generalist nurse or the equivalent of a professional nurse in current SA terms. The second level nurse on the other hand refers to a nurse who has completed a programme of study including “nursing theory and clinical practice” (p. 2) in preparation for practising nursing under the supervision of the first level nurse. This would be the equivalent of either the enrolled nurse or the enrolled nursing assistant in SA terms.

The Role of the Generalist Nurse:

The role includes: “Promotion of health, and prevention of illness of individuals of all ages, families and communities, planning and management of care of individuals of all ages, families and communities with physical or mental illness, disabilities or rehabilitation needs in institutional and community settings and care at the end-stage of life” (p. 3).

Competencies of the Generalist Nurse:

The ICN defined competence as: “a level of performance demonstrating the effective application of knowledge, skill and judgment” (1997, 44; 2001, p. 3). Three broad categories of competencies are identified.

These include:

- Professional, ethical and legal competence.
- Care provision and management.
- Professional development.

The World Health Organisation (1987) on the other hand has placed emphasis on the issues surrounding the relevance of the education of health professionals. The basic premise on which the WHO’s recommendations are based is that effective education of health professionals must produce health professionals who are “responsive to needs to the needs of the populations they serve, in order to achieve the goal of health for all” (WHO, 1987, p. 5), and that such an education should be “based largely in the community, or in any of a variety of health service settings” (p. 5). In this regard, the WHO recommends that education of health professionals be community-based. The WHO views community-based education as “consisting of learning activities that use the community extensively as a learning environment”.

Required Competencies of Graduates of Community Based Education Programmes:

The WHO work study group on community-based education classifies competencies of graduates of CBE programmes into:

General competencies for all Health Professionals.

All health professionals should be able to:

- Respond to health needs and expressed demands of the community by working with the community, in order to stimulate self-care and a healthy life-style.
- Educate both the community and their co-workers.
- Solve or stimulate action for the solution of both individual and community health problems.
- Direct their own and community efforts towards the promotion of health and the prevention of disease, unnecessary suffering, disability and avoidance of death.
- Work as members of health teams and with other health other health teams.
- Act as leaders of such teams when necessary.
- Continue to learn throughout their working experience, in order to maintain and improve personal competence.

Professional functions.

Include the following:

- Provision of preventive care.

- Provision of curative care.
- Health education of the population.
- Management of services.
- Participation in health teamwork.
- Training other members of the health team.
- Participation in research activities.
- Collaboration with other sectors involved in community development.
- Finding solutions to unfamiliar problems.
- Self-assessment and the continuous development of personal professional skills.

The proposed Professional Degree: Nursing NQF Level 7 compares with the ICN requirements in the relevant categories of professional nurses.

Scope of Practice:

The work of the task team, which compiled the revised scope of practice for nursing, was informed by a review of:

- Health care delivery needs within the context of the South African Health care system.
- Existing legislation.
- Policy documents.
- Human resource reports (Pick Report).
- Norms of Standards (PHC, District Hospitals).
- Regulatory frameworks & Scope of nursing practice documents of other countries:
 - > UK, Canada, New Mexico, Australian, New Zealand.
 - > African Countries (ECSACON Professional Regulatory Framework).
 - > ICN competency framework for nursing.

The scope of practice for nurses in South Africa is based on guidelines produced by the International Council of Nurses (which provides the guidelines and/or competency framework for most countries), as well as the results of research into the countries and regions described above.

The Review:

The Review of the Scope of Practice of Nursing and the profession of nursing began in 1999 when the South African Nursing Council prioritised the need to revise the scope of practice. The factors that influenced the review of the scope of practice was a changing health care system identified in the White Paper for the Transformation of Health and the changes in education system brought about by the National Qualifications Framework and the South African Qualifications Act.

The purpose of the review is to align the practice of nursing to the changes in the national health policy and the legislative framework.

Purpose includes:

- Ensure that nursing practice is in keeping with and is responsive to a changing health care delivery system.
- Develop a scope for nursing practice that is informed by the core competencies required for nursing practice.
- Review the scope applicable to different categories of nurse to ensure that each category of nurse is enabled to practice independently within their scope.
- The new scope of practice and the competencies required for nursing practice will then inform the education and training of nurses required for such practice. This will assist in facilitating the development of a framework for a single unitary education pathway for nursing qualifications that is in line with the principles of the National Qualifications Framework.

Challenges facing Nursing Education:

The changes in both the health care system and the education system has created numerous challenges for nursing education and training and some of these challenges are:

- Promoting and maintaining a caring ethos within the nursing profession.
- Ensuring National Health Priorities are addressed in all nursing education programmes.
- Creation of a cadre of nurses who are lifelong learners and critical thinkers.
- Promote the ability in every nurse to evaluate and assure quality in his/her practice.
- Access to Nursing Education by learners is limited due to the slow implementation of the National Qualifications Framework in the Health Sector.
- Selection and recruitment criteria in many instances remain restrictive limiting access to nursing qualifications.
- The distinct nursing qualifications for each category of nurse is not in keeping with the NQF principles and thereby limiting access to higher education training opportunities for existing enrolled & auxiliary nurses.
- Recognition of Prior Learning (RPL) as a selection criterion is not widely applied because RPL assessment is complex, costly and

there is a general lack of knowledge on how to give recognition to prior learning.

Challenges facing the profession:

South Africa requires nurses that are comprehensively trained to provide nursing care in various contexts (Primary health care, institutional/hospitals, midwifery and mental health settings) and in both rural and urban setting. Comprehensive training does not imply or focus on attaining separate qualifications but rather on the ability to integrate knowledge and skills for the provision of comprehensive nursing care. Each category of nurse will be an independent practitioner in accordance with their scope of practice and the level of training and competence attained.

The Scope, and a Competency Framework:

The revised scope of practice focuses on outlining the practice of the three basic categories of nurses. Education and training of nurses will be informed by the scope of practice and the competencies required for nursing practice, as defined in this qualification (and three others). Where the scope of practice for current categories of nurses is expanded, training to upgrade the skills and competencies will be required.

Each category of nurse is defined and a clear distinction in terms of the practice is made. The scope distinguishes between different areas of practice viz. clinical, ethical and professional and quality of practice. A competency framework for the profession of nursing supports the scope of practice. The competency framework provides details for and supports an outcomes based approach to nursing education and training.

Definitions:

A professional nurse is a person who:

- Is educated and competent to practise comprehensive nursing.
- Assumes responsibility and accountability for independent decision making in such practice.
- Is registered and licensed as a professional nurse under the Nursing Act.

Scope of Practice:

The scope of the professional nurse is to provide comprehensive nursing, which entails:

- The provision of comprehensive treatment and care of persons in all health care settings.
- Emergency care.
- Taking responsibility and accountability for the management of nursing care of individuals, groups and communities.
- Ensuring safe implementation of nursing care.
- Taking responsibility and accountability for the care of persons who have unstable and complicated health conditions.
- Ensuring that nursing care is only delegated to competent practitioners.

Scope of Professional and Ethical Practice:

The Professional and Ethical practice of a Professional Nurse & Midwife requires a practitioner to:

- Demonstrate an in depth understanding of laws and regulations relevant to nursing, midwifery and health care in South Africa.
- Practise nursing and midwifery in accordance with the laws and regulations relevant to nursing and health care in South Africa.
- Practise nursing and midwifery in an ethically justifiable manner.
- Create and maintain an enabling environment for ethical nursing and midwifery practice.
- Promote and protect the rights of individuals and groups in relation to health care.
- Practise nursing and midwifery in accordance with the standards set for the profession.
- Accept and assume accountability and responsibility for nursing and midwifery actions and omissions within the legal and ethical parameters of a dynamic health care environment.
- Ensure safe implementation of all nursing care.

Scope of Clinical Practice:

The clinical practice of a professional nurse is to provide comprehensive nursing care and management for the treatment and rehabilitation for all health problems of individuals, groups and communities as an independent practitioner. Such practice requires a practitioner to:

- Screen the health status and assess nursing needs through comprehensive observation, interaction and measurement.
- Assess the health care information needs of clients and plan for and respond accordingly.
- Analyse, interpret data and diagnose nursing needs.
- Formulate and prescribe a comprehensive nursing and care plan.
- Take full responsibility for the total management and implementation of the overall nursing plan of care to achieve identified out-

comes.

- Manage nursing care and co-ordinate health care to ensure continuity of care within the health care team.
- Delegate nursing care and tasks to competent persons and provide supervision for all nursing care.
- Appropriately and timeously refer a health care user.
- Facilitate continuity of care through reporting and communication to care givers and members of the health care team.
- Evaluate health care user's progress towards expected outcomes and revise nursing care plans in accordance with evaluation data.
- Create and maintain a complete and accurate nursing record.
- Initiate and maintains a therapeutic relationship.
- Establish and maintains an environment in which health care can be provided safely and optimally.
- Create and maintain an environment in which health care users feel safe, secure and respected.
- Advocate for the rights of health care users.
- Promote health care user participation in health care and empowers them towards self reliance.
- Demonstrate and maintain clinical competence in all required areas of nursing to practice as a safe practitioner.
- Continuously review nursing practice against professional standards.

Quality of Practice:

The quality of nursing practice of a professional nurse and midwife is to:

- Actively engage in the development of standards, criteria and indicators for quality nursing, midwifery and health care.
- Participate in the development and maintenance of a plan to improve the quality of nursing, midwifery and health care.
- Implement and manage a quality improvement plan for his/her own area of practice.
- Participate in the auditing of quality of nursing, midwifery and health care.
- Assist with the development of nursing and midwifery and improvement of standards of care through research.
- Incorporate appropriate research findings into practice.
- Create an environment and learning opportunities that foster professional growth and improvement in nursing and midwifery practise.
- Commit to the development, maintenance and facilitation of life long learning for self and others.
- Actively engage in the education and training of learners in the health care system.
- Identify own learning needs and maintain knowledge and skills required for competent and independent nursing and midwifery practice.

Conclusion:

An examination of the Scope of Practice, as well as those in operation in ICN signatory countries, clearly indicates the alignment of this proposed qualification with international practice.

ARTICULATION OPTIONS

This qualification The Professional Degree: Nursing articulates vertically with the National Diploma: Nursing at NQF Level 6 and the Masters Degree in nursing at NQF Level 8 or Masters Degree in the health and social sciences, as determined by the provider. Horizontal articulation would include any other Professional Degree.

The following shows the location of this qualification in terms of other possible qualifications within the field:

Represented in categories:

- Level 1: GETC: Ancillary Health.
- Level 2: NC: Fundamental Ancillary Health.
- Level 3: NC: Auxiliary Nursing; NC: Community Health Work; NC: Health Sciences and Social Services.
- Level 4: FETC: Nursing; FETC: Community Health Work; NC: Health Sciences and Social Services.
- Level 5: Diploma: Nursing: Mental Health; Diploma: Nursing: Community Health; NC: Community Health Facilitator Training.
- Level 6: National Diploma: Nursing (leads to PD); Various: health/allied health sciences; Various: research/teaching/education/management.
- Level 7: B: Nursing; Social sciences (social work; health/social services; C&YCW; Probation).
- Level 8: Masters: Nursing (PD prepares learners for Masters).
- Level 8 and above: PhD: Nursing.

Horizontal articulation:

Learners might move into a number of related areas in health and allied health sciences as these qualifications are developed, as well as research, education and nursing management, by achieving the credits specified in each qualification, mainly related to specialisation areas particular to each sub-field.

Vertical articulation:

Learners can move vertically by using this qualification as the basis for any of the qualifications indicated above Level 7.

MODERATION OPTIONS

- Providers must be accredited to provide this qualification in terms of the current relevant nursing legislation by the relevant ETQA or ETQA that has a Memorandum of understanding in place with the relevant ETQA.
- Moderation of assessment must be overseen by the relevant ETQA or ETQA that has a Memorandum of understanding in place with the relevant ETQA according to moderation principles and the agreed ETQA procedures.
- Internal and external moderation must be conducted by moderators appointed by the provider in agreement with the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.
- Moderators must be trained and registered as Moderators with the relevant ETQA. Competence in Design of Assessments is a further requirement.

CRITERIA FOR THE REGISTRATION OF ASSESSORS

- Assessors must be accredited by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.
- Both internal and external moderators must be in possession of an appropriate qualification at a NQF Level above this qualification, as well as relevant clinical expertise and current experience. In addition they must be in possession of a qualification as an educator or administrator or clinical specialist. External moderation will be conducted by the relevant ETQA for nursing and midwifery.
- An Assessor must be accredited by the relevant ETQA and also be currently registered with the relevant statutory health council as a professional nurse and midwife, as determined by the particular exit level outcome being assessed. In addition, Assessors must have appropriate clinical expertise and/or a relevant qualification at an NQF Level above this qualification.

NOTES

Provision of this Qualification:

- This qualification can only be offered by a higher education and training provider as determined by the current legislation pertaining to Higher Education, in agreement with the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.
- The provider must have the required clinical facilities to meet the clinical requirements for the qualification in terms of the current legislation for nursing.
- In order to be registered to practice as a Nurse, the learner will have to comply with the requirements set by the relevant statutory health council and the legislative framework.

UNIT STANDARDS:

ID

UNIT STANDARD TITLE

LEVEL

CREDITS

Core

252101

Create and maintain a safe physical and emotionally supportive environment in a health care unit

Level 6

6

Core

252106
Demonstrate knowledge of applied psychology in the care of health care users
Level 6
12

Core
252103
Demonstrate knowledge of applied sociology in the care of patients
Level 6
12

Core
252109
Demonstrate knowledge of the physiology and biochemical functioning of all body systems
Level 6
20

Core
252100
Develop a care plan in collaboration with patients and/or carers
Level 6
10

Core
252091
Maintain optimum health of the pregnant woman and the family
Level 6
12

Core
252081
Manage childhood illnesses in an integrated manner
Level 6
8

Core
252097
Manage individuals and groups with communicable diseases
Level 6
14

Core
252111
Manage minor ailments and common illnesses
Level 6
16

Core
252087
Manage pharmacological preparations and treatment
Level 6
9

Core
252096
Manage rehabilitation
Level 6
8

Core
252108
Provide nursing care to individuals with long term illness
Level 6
9

Core

252085

Provide postpartum care to the mother and neonate

Level 6

12

Core

252083

Utilise relevant legislation, regulations and policy in planning in a health care unit

Level 6

3

Core

252149

Advocate for the rights of individuals, families, groups or communities and health care providers

Level 7

10

Core

252141

Apply epidemiological principles to health planning and monitoring

Level 7

3

Core

117434

Conduct research

Level 7

15

Core

252140

Deliver safe intra-partum care to mother and baby

Level 7

24

Core

252148

Demonstrate professionalism in own practice and promote and maintain professionalism in a health care unit and facility

Level 7

8

Core

252172

Develop and implement unit philosophy, vision, mission, goals, policy and procedures for nursing care provision and personnel management within a health care unit

Level 7

6

Core

252086

Develop, maintain and manage an effective information management system for nursing practice

Level 7

8

Core

252160

Diagnose and manage common ailments

Level 7

7

Core

252152

Formulate appropriate population based health promotion strategies and/or programmes

Level 7

7

Core
252159
Identify and manage acute physical and psychiatric illnesses
Level 7
32

Core
252157
Improve or restore mental health of individuals or groups through psychosocial techniques
Level 7
24

Core
252173
Lead and guide personnel allocated to a health care unit
Level 7
6

Core
252090
Maintain physical and psychological comfort in acute and/or chronically ill patients, and significant others
Level 7
11

Core
252161
Maintain physiological homeostasis in the acutely ill patient
Level 7
10

Core
252154
Manage extreme emotions and behaviour of mentally ill patient therapeutically
Level 7
24

Core
252084
Manage the provision of quality nursing care in a cost effective manner
Level 7
6

Core
252094
Organise, co-ordinate and review the activities of a health care unit
Level 7
4

Core
252104
Prepare the patient who has recovered from an acute illness for discharge
Level 7
5

Core
252151
Provide a therapeutic environment for patients with mental illnesses
Level 7
8

Core
252146
Take responsibility for own personal and professional development and contribute to the growth of the nursing profession
Level 7
8

Fundamental

252082

Carry out a health assessment of an individual of any age group

Level 5

7

Fundamental

252112

Demonstrate knowledge of the anatomy and bio-physical functioning of the human body

Level 5

20

Fundamental

252110

Demonstrate knowledge of the structure and biology of micro organisms as it applies to clinical practice

Level 5

12

Fundamental

252113

Develop and apply strategies to cope with the emotional demands of nursing situations

Level 5

4

Fundamental

252089

Ensure child and adolescent-friendly health and nursing care

Level 5

4

Fundamental

252107

Facilitate community stakeholder involvement in promoting and maintaining health

Level 5

5

Fundamental

252093

Implement and evaluate planned nursing care to achieve identified patient outcomes

Level 5

16

Fundamental

252105

Lead and participate in team approaches to health care

Level 5

4

Fundamental

252092

Manage a community health intervention

Level 5

3

Fundamental

252095

Monitor and stimulate the growth and development of a child and/or adolescent

Level 5

10

Fundamental

252125

Perform a spirometry screening test in an occupational setting

Level 5

5

Fundamental

252126

Perform an audiometric screening test in an occupational setting

Level 5

5

Fundamental

252080

Practice in accordance with ethical and legal codes of nursing and the laws of the country

Level 5

8

Fundamental

252099

Provide nursing care to a terminally ill patient and support to the family

Level 5

5

Fundamental

252102

Share information to promote effective decision making in health care

Level 5

7

Fundamental

252098

Use communication skills to establish and maintain supportive relationships

Level 5

6

Elective

252167

Provide expert testimony in court

Level 6

6

Elective

244225

Advocate for the rights of children and youth at risk

Level 7

10

Elective

244237

Organise, manage and implement advanced behaviour management strategies and techniques

Level 7

15

Elective

252150

Provide coherent responses to patients manifesting with seriously troubled/troublesome behaviour

Level 7

7

Elective

244229

Provide counselling and intervention for people affected by abuse, neglect, or violence

Level 7

15

Elective

244239

Provide workspace and consultative supervision and support for child and youth care workers

Level 7

18



LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION:

NONE

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

REGISTERED QUALIFICATION:

Master of Nursing

SAQA QUAL ID	QUALIFICATION TITLE		
59346	Master of Nursing		
ORIGINATOR	REGISTERING PROVIDER		
SGB Nursing			
QUALITY ASSURING ETQA			
-			
QUALIFICATION TYPE	FIELD	SUBFIELD	
Masters Degree	Field 09 - Health Sciences and Social Services	Curative Health	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	271	Level 8 and above	Regular-ELOAC
REGISTRATION STATUS	SAQA DECISION NUMBER	REGISTRATION START DATE	REGISTRATION END DATE
Registered	SAQA 0474/07	2007-11-28	2010-11-28
LAST DATE FOR ENROLMENT	LAST DATE FOR ACHIEVEMENT		
2011-11-28	2014-11-28		

This qualification does not replace any other qualification and is not replaced by any other qualification.

PURPOSE AND RATIONALE OF THE QUALIFICATION

Purpose:

Learners credited with this qualification are able to function with advanced intellectual and practical competencies in complex and ill-defined specialized areas of nursing practice as leaders, consultants, educators and specialist practitioners in providing evidence-based care together with other team members. In addition, qualifying learners contribute to the continuous development of specific specialized areas of nursing through the development of scientific and professional knowledge for the advancement of nursing practice, research, management and education.

Qualifying learners work as clinical nurse specialists in the health sector. They are independent practitioners in their own right in the area of speciality.

This qualification affords learners access to doctoral studies, further increasing the candidate pool for leadership in nursing and/or midwifery. As qualified specialist practitioners, they have access to more senior positions, and are able to affect areas of policy change, development and implementation. The recently released Health Department Human Resources Plan makes provision for clinical nurse specialist positions, by offering progress and reward, without removing them from clinical practice.

Clinical nurse specialists are the trendsetters in the following areas of specialisation:

- Orthopaedic Nursing.
- Operating Room Nursing.
- Palliative and Oncology Nursing.
- Ophthalmic Nursing.
- Emergency Care Nursing.
- Occupational Health Nursing.
- Nephrology Nursing.
- Paediatric Nursing.
- Critical Care Nursing (Adult).
- Critical Care (Child and Adolescent).
- Psychiatric Nursing.
- Midwifery and Neo-natal Nursing.
- Community Health Nursing.
- Nursing and Health Services Management.
- Nursing Education.

Note: It is possible to complete a research masters, without a clinical component:

- Nursing Research.

This involves them in the development of new techniques, strategies and skills. Because of their competence, specialization, and nearness to practice, they have the opportunity to try out and develop new ways of working with people, and in the process of extending the scientific body of knowledge. This provides for them academic career options; the minimum requirement to lecture at university being a masters qualification. Further, internationally, the requirements for advanced practice nursing is a master's degree.

More specifically, the qualification aims to:

- Produce high quality graduates who are able to be competent advanced nursing practitioners in a range of health service settings.
- Provide graduates with a range of skills, knowledge and attitudes that will enable them to set trends, and take leadership roles in a meaningful and sustained contribution to health services.
- Equip graduates with a developed sense of equity, justice and service ethics that will ensure that they work in an accountable manner irrespective of their chosen work place.
- Offer a wide range of transferable skills for application in other professions, disciplines and general life. These include:
 - > Capacity to assess and implement health and other policy.
 - > An ability to affect areas of policy change, development and implementation.
 - > Ability to plan and implement and manage projects of a varied nature.
 - > An ability to work independently and as part of a team.

This qualification will be useful for:

- Professional nurses who wish to progress within the field.
- Persons at a commensurate level in Health and Allied Health Sciences who wish to change direction and move into nursing.
- Those wishing to progress towards qualification as a Doctor of Nursing and beyond.

This qualification articulates:

- All competency requirements and outcomes (academic, specialist theory and practical/workplace experience) that are necessary to achieve professional registration.
- The requirements and provisions of the Professional Body for professional registration.
- Designation/s that may be achieved.
- The ongoing requirements (including the Code of Ethics and the requirement for Continuing Professional Development) for retention of registration as stipulated by SANC, and the implications of non-compliance on use of the Professional Designation and right to practice and/or licence to practice.

Scope of practice:

Learners will function within the current scope of practice of the advanced specialist nurse as formulated by the South African Nursing Council, in conjunction with the policies of the institutions of employment.

Professionals carry out their duties:

- As a member, or leader, of a team.
- In accordance with the Professional Code of Ethics for Nurses.
- In accordance with the provisions of the norms and standards for nursing.
- They will take full responsibility for specialist areas in the health sector.

Rationale:

Note: The rationale for the Master's Degree is similar to that of the Master's Certificate, with the added dimension of significant research, which is the essential difference between the two.

There is rarely any exposure of pre-registration nurses to the complex, and dynamic context of specialized nursing practice. The changing context of health care practice with a growth in debilitating health conditions demands a cadre of clinical nurse specialists who are able to provide nursing care to patients in need of specialized nursing care.

The ongoing complexity of technology and the increasing acuity levels of the patients being cared for demand a capacity to self-evaluate, to exercise personal responsibility and initiative and indicate a depth of knowledge and a high level of skill and competence in specialized health care units.

High levels of trauma and critical illness in the country lead to complex demands on nurses to utilize rapid meta-cognitive problem solving skills in the resolution of concrete and abstract critical issues.

A significant report by Pick, Nevhutalu, Cornwall, and Masuku (2001, July) on the current situation of human resources in health in South Africa outlines a background of extreme economic and health inequalities of the past, and describes the current landscape still characterised by complex distortions of supply, production, distribution, and development of health personnel.

Pick et al (2001) found that some of the professional categories (doctors, professional nurses, and therapists) were not available at all points of Primary Health Care delivery. Furthermore, 80% of midwifery and neonatal services in the country are delivered by midwives and in view of the high peri-natal and maternal mortality and morbidity rates, it is essential to have an advanced practitioner able to build the knowledge base and improve practice in midwifery and neonatal nursing. Advanced nurse practitioners will frequently function independently within their specialised scope of practice. Concerns around the inability to hold professionals accountable for their actions can be addressed by building a hierarchy of skills in which, as professionals advance up the hierarchy, they fulfil their roles at the highest level but are not excluded from assisting in roles at lower levels.

In practice, supply falls short of demand, and the gap is growing. According to the statistics published by the South African Nursing Council, in 1996, 2 259 learners graduated as professional nurses, with the qualification: Nursing Science (General, Community and Psychiatry) and Midwifery. In 2005, the number had dropped to 1 533.

The decline of learners entering the nursing profession has been a matter of great concern to the South African Nursing Council and to the Ministry of Health. The problem is discussed in the Human Resources Plan for Health, which the Minister of Health launched in April 2006 and emphasis is given to recruitment of more learners into professional nursing.

The need for the continued supply of nurse researchers to lead knowledge production in an area of health sciences that is continuously changing and growing as new disease patterns emerge and raise new and unexpected questions, which can only be answered through scientific analysis cannot be overly emphasized.

The registration of a Masters Degree: Nursing is seen as important in providing extended learning pathways, and promoting the uptake of graduate and postgraduate qualifications.

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

Competence must include achievement of requirements for a professional nurse:

- Developing, implementing and evaluating population based health care.
- Planning, implementing and evaluating nursing care for individuals and groups based on thorough assessment.
- Delivering nursing care to sick or disabled individuals and groups.
- Promoting rehabilitation in individual and groups with disabilities.
- Diagnosing and treating minor and common ailments.
- Maintaining professional nursing in practice.
- Managing a health care unit.
- Delivering safe midwifery care.
- Understanding of research principles, methodologies and approaches.
- Integration and application of knowledge of biomedical sciences, including body and functioning, microbiology and pharmacology as well as socio-psychology in the provision of nursing care within a comprehensive health care system.

Recognition of Prior Learning:

Learners may provide evidence of prior learning for which they may receive credit towards the qualification by means of portfolios, other forms of appropriate evidence and/or challenge examinations, as agreed to between the relevant provider and relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

RPL is particularly important, as there are people in the profession with a variety of qualifications of differing quality and scope. It is important that an RPL process be available to assist in making sense of existing qualifications, and helping to standardise qualifications around a common standard. A related issue is that the nursing profession is facing a new scope of practice, based on international standards. It is essential that existing qualifications and all new provision is aligned to the new scope of practice, and the vision for health care in South Africa.

A further consideration is that there is a big change in the needs of the community that nurses have to serve; this partly explains the 'migration' amongst practitioners to other qualifications. Nurses are finding that their existing qualifications do not meet emerging needs or requirements, and they move to another to meet those needs.

Existing registered nurses, as well as professional nurses qualified under the new Professional Degree may wish to obtain this qualification. Specialist Nurses who have already achieved the Masters Certificate: Nursing, may be given recognition of their learning, and required to do the research component to achieve the Masters Degree: Nursing.

There are gaps between old qualifications and the requirements of the new scope of practice, and a consequent need to upgrade qualifications. RPL is seen as vitally important in every case to give recognition to learning already in place, make sense of the plethora of different levels and standards in the field, and provide a means for all to gain access to, and progress within, a common learning pathway for the profession.

There is a strong need to bring about alignment to the profession, with one nationally recognized qualification providing for the comprehensive approach. The focus is on the integration of the various components of nursing, to ensure that these are allied in an integrated manner to provide comprehensive care. Professional Nurses are the managers of health care in all settings for health care

delivery. They are independent practitioners, exercising judgement and make decisions around nursing care, and there is a strong need for critical and analytical thinkers to build the scientific knowledge base of nursing.

Access to the Qualification:

The South African Nursing Council requires the following for this qualification:

- An equivalent of a diploma or degree in nursing at NQF Level 7.
- Current registration with SANC as a professional nurse.

Learners may provide evidence of prior learning for which they may receive credit towards the qualification by means of portfolios, other forms of appropriate evidence and/or challenge examinations, as agreed to between the relevant provider and relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

Learners must have access to clinical facilities of health service providers that are accredited by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA for the practical component.

Clinical and work-based experiences must comply with the regulations of the South African Nursing Council.

RECOGNISE PREVIOUS LEARNING?

Y

QUALIFICATION RULES

In order to be credited with this qualification, learners are required to achieve:

Fundamental:

All 15 Fundamental component credits are found in the following unit standard:

- ID 117434: Conduct research, NQF Level 7, 15 credits.

Core:

All 176 Core component credits (Exit Level Outcomes 1-4). These are compulsory, regardless of the area of specialisation selected.

Elective: [at present each elective option is registered as a separate qualification]:

- At least 80 Elective component credits.
- Candidates can choose from 16 different elective options.
- Each elective is an area of specialisation, and carries a minimum of 80 credits.
- Candidates must select whole elective options, and complete all of the exit level outcomes for that elective.

Experiential learning (applicable to Clinical Based Masters) hours are credit earning hours and are calculated as one actual hour equals one notional hour. (SAQA 10 notional study hours equal one credit). These hours are spent under direct supervision of nurse lecturers as supervised practice, laboratory learning and project learning. All qualifications must include a minimum of 30 experiential learning credits.

If candidates are busy with a masters, and have completed everything except the research (thesis), and do not wish to continue, they may apply for recognition of the Master's Certificate in the relevant field.

Work Based learning hours under the supervision of a unit manager and registered nurse, are not credit earning hours but are important to become truly skilled as learners during clinical placement in health services. Work placement allows for the practicing of work/professional roles and competencies to a safe level under the supervision of unit managers or registered nurses. The required number hours and nature work-based learning are clearly stipulated by the SANC for each nursing specialization. Workplace learning is only for the clinical based Master's.

EXIT LEVEL OUTCOMES

Core:

1. Function effectively as a clinical nurse specialist with other members of the health within the health care system.
2. Analyse a range of research methods and approaches with regard to their appropriateness for investigating particular research problems in specialized nursing and midwifery.
3. Manage and evaluate specialized nursing services at district, provincial and national level within the constraints of national health

policy and international guidelines and in different settings.

4. Apply advanced research methods in investigating complex and/or ill defined problems in nursing and midwifery education, management and practice.

Elective:

Note: The number of criteria per Exit Level Outcome varies according to the requirements of the particular outcome. They are not indicators of the size of the outcome, but rather directives for assessors and providers on critical evidence of competence.

Elective 1: Orthopaedic Nursing:

5. Work as a specialist practitioner with other team members within the health care system for the promotion of healthy musculo-skeletal functioning, rehabilitation and the prevention of orthopaedic morbidity.

6. Demonstrate an informed and critical understanding of the principles, theories, issues and debates emerging in orthopaedic nursing.

7. Apply specialist knowledge and skills in orthopaedic nursing in the care of individuals, groups and communities with orthopaedic problems.

Elective 2: Operating Theatre Nursing:

8. Work as a specialist practitioner with other team members within the operating theatre and surgical environment for the prevention of illness.

9. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in operating theatre nursing.

10. Apply specialist knowledge and skills in peri-operative care of individuals.

Elective 3: Palliative and Oncology Nursing:

11. Work as a specialist practitioner with other team members within the health care system for the promotion of health, prevention of malignant conditions and care of the dying patient.

12. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in palliative and oncology nursing.

13. Apply specialist palliative care and oncology nursing knowledge and skills in the care of individuals, groups and communities.

Elective 4: Ophthalmic Nursing:

14. Work as a specialist practitioner with other team members within the health care system for the promotion of ophthalmologic health and the prevention of visual impairment and blindness.

15. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in ophthalmic nursing.

16. Apply specialist knowledge and skills in the ophthalmologic health care of individuals, groups and communities.

Elective 5: Emergency Nursing:

17. Work as a specialist practitioner with other team members within the health care system for the prevention of mortality and morbidity, before, during and after emergencies.

18. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in emergency nursing.

19. Apply specialist knowledge and skills in the emergency nursing of individuals and groups.

Elective 6: Occupational Health Nursing:

20. Work as a specialist practitioner with other team members within the health care system for the promotion of occupational health and the prevention of occupational illness.

21. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in occupational health nursing.

22. Apply specialist knowledge and skills in the occupational health care of individuals and groups.

23. Maintain excellence in practice as a specialist practitioner in a variety of settings (private, employed, self-employed, urban and rural).

Elective 7: Nephrology Nursing:

24. Work as a specialist practitioner with other team members within the health care system for the promotion of renal health and the prevention of renal dysfunction.

25. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in renal nursing.

26. Apply specialist knowledge and skills in the renal nursing care of individuals, groups and communities with renal health problems.

Elective 8: Paediatric Nursing:

27. Work as specialist practitioner with other team members within the health care system in the assessment of the health status of children, from healthy to very ill with specific understanding of the maturation and development of children.

28. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in paediatric nursing.

29. Apply specialist knowledge and skills in the provision of nursing care to sick children and their families.

Elective 9: Critical Care Nursing (Adult):

30. Demonstrate a practice-based understanding and knowledge of bio-medical technologies and nursing skills utilized in support of care of the critically ill person.

31. Apply evidence-based knowledge and skills to understanding, interpreting and mediating the physical and emotional environment of the critical care unit for patients, their families and staff.

32. Demonstrate a coherent understanding of principles, theories, emerging issues nationally and globally in critical care nursing.

33. Interpret and apply information and data correctly to assess the critically ill adult.

34. Apply specialist knowledge and skills in the care and physiological support of critically ill and high-risk adults and their families.

Elective 10: Critical Care Nursing (Child and Adolescent):

35. Demonstrate a practice-based understanding and knowledge of bio-medical technologies and nursing skills utilized in support of care of the critically ill person.

36. Apply evidence-based knowledge and skills to understanding, interpreting and mediating the physical and emotional environment of the critical care unit for patients, their families and staff.

37. Demonstrate a coherent understanding of principles, theories, emerging issues nationally and globally in critical care nursing.

38. Interpret non-verbal information and other data presented by children and families of varying developmental phases to completely assess children who require critical care.

39. Demonstrate specialist knowledge of congenital, child specific physiology and pathophysiology that requires critical care.

40. Demonstrate ability to respond to rapidly changing clinical conditions, including the recognition and management of emerging health crises, organ dysfunction and failure in critically ill children and adolescents.

Elective 11: Psychiatric Nursing:

41. Work as a specialist practitioner with other members of health team within the health care system for the promotion of mental health and prevention of mental illness.

42. Demonstrate a coherent and critical understanding of the principles, theories, emerging issues and debates in psychiatric nursing.

43. Apply specialist knowledge and skills in the nursing of individuals, groups and communities with mental health problems.
44. Enhance the functioning of the individual, group and community through expert psycho education.

Elective 12: Midwifery and Neonatal Nursing:

45. Work as a specialist practitioner with team members within the health care system for the promotion of maternal and neonatal health and the prevention of maternal and neonatal mortality and morbidity.
46. Demonstrate a coherent and critical understanding of the principles, theories and emerging issues and debates in advanced midwifery and neonatal nursing.
47. Apply specialist knowledge and skills in the provision of advanced reproductive health care for individuals, groups and communities.

Elective 13: Community Health Nursing:

48. Work as a specialist practitioner with other members of health team for the promotion of health for groups, communities and populations in striving to resolve public health issues that impact negatively on the attainment of optimal health for the population as a whole.
49. Demonstrate a coherent and critical understanding of the principles, theories, emerging issues and debates in national and global public health.
50. Apply specialist knowledge and skills in population-based care to meet the health needs of groups, communities and populations.
51. Use advanced epidemiological research methods and epistemological thinking to assess needs, determine strategies to meet identified needs and identify best practices in public health and community-based nursing.

Elective 14: Nursing and Health Services Nursing Management:

52. Demonstrate a comprehensive and systematic knowledge and understanding of the components of the management process in the management of a health service.
53. Demonstrate a coherent and critical understanding of principles and theories of management and leadership.
54. Organize the management of a defined health care unit by identifying, analysing and dealing with complex issues using evidence-based solutions and theory driven arguments.
55. Control the quality of management and performance of health care in the defined service by means of scientific-based solutions.
56. Conduct fair and cost effective human resource management by engaging with current research and scholarly literature pertaining to sound human resource management.
57. Formulate and implement an effective strategic plan for a defined health care service by taking cognisance of internal strengths and weaknesses and external threats and opportunities.
58. Evaluate the effectiveness of the implemented strategic plan for the defined health care service by critical analysis, synthesis and independent evaluation of quantitative and qualitative data.
59. Demonstrate coherent and in-depth understanding of principles of business management pertaining to the private health sector.

OR

60. Demonstrate coherent and critical understanding of the structure and functions of the public health services.

Elective 15: Nursing Education:

61. Create active learning environments in the teaching of nursing and midwifery both in clinical and classroom settings based on comprehensive and systematic understanding of adult development, learning and motivation theories.
62. Lead curriculum change and/or transformation in the education of nurses and midwives based on critical analysis of educational philosophy, national and global policies and discourses such as managing diversity, RPL, and globalization with regard to their implications for nursing and midwifery education.

63. Design, implement and assess classroom and clinical learning outcomes based on expected learning outcomes and a comprehensive understanding of principles and strategies of assessment of learning outcomes with specific reference to professional education.

64. Develop a coherent curriculum for a particular nursing and/or midwifery programme taking into account the principles of the NQF and the stipulations of the ETQA for nursing and midwifery education (SANC) in collaboration with peers.

65. Demonstrate a comprehensive and critical understanding of theories and approaches of educational management, including quality management systems, with specific reference to managing a nursing education institution (nursing colleges, university and technikon nursing departments).

Elective 16: Family Nurse Practice:

66. Work as a specialist practitioner with other team members within the primary care setting providing comprehensive clinical care.

67. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in family nursing.

68. Apply specialist knowledge and skills in providing advanced clinical care to individuals of all ages, and families, in a primary care setting.

Elective 16: Nursing Research:

69. Demonstrate ability to design and implement methodological research in nursing and health.

70. Demonstrate ability to select and perform statistical calculation appropriate for descriptive, differential and inferential analyses in nursing and health related research.

71. Initiate and manage health systems research with a specific focus on national health policy implementation.

Critical Cross-Field Outcomes:

This qualification addresses the following critical cross-field outcomes, as detailed in the associated unit standards:

- Identifying and solving problems in which responses indicate that responsible decisions using critical and creative thinking have been made.
- Working effectively with others as a member of a team, group, organisation or community.
- Organising and managing oneself and one's activities responsibly and effectively.
- Collecting, analysing, organising and critically evaluating information.
- Communicating effectively using visual, mathematical and/or language skills in the modes of oral/written persuasion.
- Using science and technology effectively and critically, showing responsibility towards the environment and health of others.
- Demonstrating and understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.

Learning programmes directed towards this qualification will also contribute to the full personal development of each learner and the social and economic development of the society at large, by making individuals aware of the importance of:

- Reflecting on and exploring a variety of strategies to learn more effectively.
- Participating as responsible citizens in the life of local, national and global communities.
- Being culturally and aesthetically sensitive across a range of social contexts.
- Exploring education and career opportunities; and developing entrepreneurial opportunities.

ASSOCIATED ASSESSMENT CRITERIA

Core:

Associated Assessment Criteria for Exit Level Outcome 1:

1.1. Specialised health information needs are identified and addressed through structured and unstructured health education.

1.2. Formal and in-service education programmes for a specific category of clinical nurse specialists and other team members are designed and presented to ensure best practice in specialized nursing and health services.

1.3. Programmes for personal and professional growth are designed, implemented and evaluated in collaboration with colleagues and other members of the specialized health care team.

1.4. Community development programmes and/or projects are provided through advisory and facilitative processes.

1.5. Consultancy and referral are provided to colleagues through a client, consultee and service-centred process.

Associated Assessment Criteria for Exit Level Outcome 2:

- 2.1. The analysis of research approaches and methods is comprehensive and coherent and including theoretical and or philosophical orientations about knowledge, reality and truth as well as the implications of these theoretical orientations for selection of techniques and strategies based on particular research problem(s) and questions.
- 2.2. Analysis and interpretation of research reports (quantitative and qualitative) evidence comprehensive and systematic understanding of data collection techniques, data analysis procedures and principles and the current professional and clinical discourse in a specific area of nursing and midwifery specialization.

Associated Assessment Criteria for Exit Level Outcome 3:

- 3.1. Specialized health care units, programmes and services at district, provincial and national levels are evaluated and managed in an efficient and effective manner.
- 3.2. Mentorship to others in the specialized health team is provided by documented short and longer-term relationships and role modelling.
- 3.3. Team members are developed and supported to cope with the emotional demand of the specialty.
- 3.4. Professional excellence and competence is maintained through continuing education and life long learning.
- 3.5. Limitations in ethical, legal and policy guidelines are timeously identified with particular reference to a human rights approach on transforming legislation and civil structures through lobbying and advocacy.
- 3.6. Patients, families and communities are empowered to access existing appropriate resources.
- 3.7. The specialized disease profile at district, provincial and national levels and in different settings is correctly determined and interpreted in the formulation of specialized nursing needs of these communities and/or regions.
- 3.8. Quality assurance activities are conducted to enhance quality in specialized health services.
- 3.9. Information systems at an aggregate level are developed and maintained.

Associated Assessment Criteria for Exit Level Outcome 4:

- 4.1. Review of literature on any selected research problem in nursing and/or midwifery is carried out effectively as evidenced by the exhaustiveness of the type of data bases (textual and electronic) accessed as well as their relevance to the topic in question.
- 4.2. Written research proposals evidence advanced knowledge of the research process, i.e. appropriateness of research design, selection of subjects, and/or other data sources, design and/or selection of data collection instruments, data collection and analysis procedures, ethical considerations etc, with the identified research questions and/or objectives.
- 4.3. Written research report in the form of a dissertation meets the standards of the nursing education scientific community for research report writing with regard to coherence, analysis and interpretation of results quantitative and qualitative and ethical considerations.

Elective:

Note: The number of criteria per exit level outcome varies according to the requirements of the particular outcome. They are not indicators of the size of the outcome, but rather directives for assessors and providers on critical evidence of competence.

Elective 1: Orthopaedic Nursing:

Associated Assessment Criteria for Exit Level Outcome 5:

- 5.1. Factors, which promote or threaten mobility are identified, addressed and assessed by conducting appropriate screening methods.
- 5.2. Musculo-skeletal health promotion, functioning, rehabilitation and illness prevention strategies are developed, implemented and evaluated in collaboration with other members of the orthopaedic health team.

Associated Assessment Criteria for Exit Level Outcome 6:

- 6.1. Orthopaedic nursing practice evidences critical understanding of current discourse in the field.
- 6.2. A substantiated point of view regarding emerging issues and debates relevant to orthopaedic nursing.
- 6.3. Presentations on issues in the field reflect an understanding of the dynamic and tentative nature of most forms of knowledge.

Associated Assessment Criteria for Exit Level Outcome 7:

7.1. Assessments of orthopaedic patients are done using all the following specialist techniques as applicable to the client's orthopaedic health problem, e.g.:

- Ergonomic assessment.
- Bone scan.
- Bone marrow specimen collection.
- Haematological studies.
- Biochemical tests.

- Serological tests.
- Assist with specialized diagnostic procedures, e.g. electromyography.

7.2. Advanced procedures of orthopaedic nursing are effectively implemented as required by the client's condition, e.g.:

- Application and removal of plaster of Paris.
- Application of tractions.
- Application of splints/orthotics.
- Use of special beds, lifters mattresses.
- All relevant assistive devices.

7.3. Patients with specific orthopaedic conditions are competently managed using various competencies as applicable to the specific orthopaedic health problem, e.g.:

- Arthritic conditions.
- Amputations.
- Para/quadruplegia.
- Congenital and developmental.
- Deformities/abnormalities.
- Post-traumatic deformities.
- Exercise and sport related disorders.
- Neoplasms of the musculoskeletal system.
- Soft tissue injury.

7.4. Rehabilitation of people with new or established orthopaedic disability is promoted using evidence-based strategies.

7.5. Referrals from primary health care practitioners of patients with orthopaedic problems or illnesses are accepted and effectively managed.

7.6. Needs of orthopaedic patients and their families are championed through advocacy.

Elective 2: Operating Theatre Nursing:

Associated Assessment Criteria for Exit Level Outcome 8:

8.1. Peri-operative factors that threaten health are identified and evaluated through appropriate assessment methods.

8.2. Risk management strategies are developed, implemented and evaluated by assessing the overall health of peri-operative patients.

Associated Assessment Criteria for Exit Level Outcome 9:

9.1. Identify and integrate appropriate theoretical frameworks in clinical practice.

9.2. A substantiated point of view regarding emerging issues and debates relevant to operating theatre nursing is articulated.

9.3. The presentations of the learners on issues in the field reflect an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 10:

10.1. Assessment of peri-operative patients is done accurately, e.g. pre, intra, post operative assessment.

10.2. Procedures associated with the role of a scrub nurse are competently implemented e.g.:

- Preparing the theatre, instruments and equipment as well as medical and surgical sundries.
- Scrubbing, gowning and gloving.
- Preparing and setting up for the surgical intervention.
- Effective co-ordination of the surgical team.
- Timely provision of all requirements during surgery through anticipation of needs.
- Transporting, moving of patients.

10.3. Procedures associated with assisting the anaesthetist are competently implemented.

10.4. Cultural sensitivity is demonstrated the patient assessment preparation for surgery and disposal of any tissue:

- Preparing and assisting with all methods of anaesthesia.
- Anticipating special needs based on the condition of the patient.

10.5. Procedures associated with the care of the patient in the recovery room are competently implemented, e.g.:

- Identifying and managing complications.
- Managing pain.

10.6. The needs of clients are championed by advocacy.

10.7. Quality assurance activities are conducted to enhance the quality of peri-operative services.

Elective 3: Palliative and Oncology Nursing:

Associated Assessment Criteria for Exit Level Outcome 11:

11.1. Factors, which cause malignant conditions, and protective factors are identified and evaluated.

11.2. Cancer prevention strategies are developed, implemented and evaluated by looking at the overall health of the community, e.g. screening and genetic counselling.

11.3. Cultural sensitivity is demonstrated in the assessment, process and documentation of oncology care by utilizing and comparing various cultural customs pertaining to chronic illness and dying.

Associated Assessment Criteria for Exit Level Outcome 12:

12.1. Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.

12.2. A substantiated point of view regarding emerging issues and debates relevant to palliative care and oncology nursing is articulated.

12.3. The presentation on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 13:

13.1. Assessments of cancer patients whose care is complicated by bio-psycho-social or other factors are done accurately:

- Pain assessment.
- General and specific side effects of treatment.
- Pre-treatment assessment.
- Client's response to life threatening illness.

13.2. Management of cancer treatment is done effectively using the following competencies:

- Life-threatening complications related to treatment are anticipated and identified.
- Safe handling and administration of drugs.
- Safe practice with regard to radiation therapy is maintained.
- Specialised counselling of clients undergoing treatment, reconstructive surgery and rehabilitation.

13.3. Quality assurance activities are conducted to enhance quality oncology and palliative care services.

13.4. Needs of oncology and dying patients and their significant others are championed by advocacy.

Elective 4: Ophthalmic Nursing:

Associated Assessment Criteria for Exit Level Outcome 14:

14.1. Factors, which promote or threaten ophthalmologic health are identified, addressed and addressed and evaluated by conducting appropriate assessment and management methods, e.g. ocular screening.

14.2. Ophthalmologic health promotion and illness prevention strategies are developed, implemented and evaluated, e.g. eye care information.

Associated Assessment Criteria for Exit Level Outcome 15:

15.1. Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.

15.2. A substantiated point of view regarding emerging issues and debates relevant to ophthalmic nursing is articulated.

15.3. The presentation on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 16:

16.1. Advanced procedures of ophthalmic treatment are competently implemented, e.g.:

- Emergency eye care.
- Removing foreign objects.
- Prescription of corrective devices.
- Selected surgical procedures.

- Counselling.
- Pharmacology.

16.2. Rehabilitation of visually impaired clients are optimally implemented with in real life settings, e.g.:

- Activities of daily living.
- Coping with new environments.
- Assistive devises.
- Accessing resources, e.g. special training.

16.3. Quality assurance activities are conducted to enhance quality ophthalmic health services.

16.4. Needs of visually impaired clients are championed by advocacy.

Elective 5: Emergency Nursing:

Associated Assessment Criteria for Exit Level Outcome 17:

17.1. Patterns of emergencies prevalent in specific areas are identified and analysed.

17.2. Preventive strategies are planned, implemented and evaluated.

17.3. Cultural sensitivity is demonstrated in the assessment, process and documentation of emergency care.

Associated Assessment Criteria for Exit Level Outcome 18:

18.1. Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.

18.2. A substantiated point of view regarding emerging issues and debates relevant to emergency nursing is articulated.

18.3. The presentation on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 19:

19.1. Assessments of emergency situations and casualties/patients are done accurately, e.g.:

- Accident scene.
- Disaster scene.
- Primary and secondary survey.

19.2. Advanced procedures of emergency care are competently implemented, e.g.:

- Creating or ensuring a safe environment.
- Airway management.
- Breathing and circulation management.
- Injury management.
- Stabilization and transport.

19.3. Complicated emergency cases are effectively managed using various competencies:

- Assisting with and interpreting blood tests.
- Deep peritoneal lavage.
- Immobilization procedures.
- Preparation and management of aero medical events.
- Management of specific poisoning.
- Initiation of pharmacological and technological measures to promote homeostasis.

19.4. Quality assurance activities are conducted to enhance quality of emergency services.

19.5. Needs of emergency clients are championed by advocacy.

Elective 6: Occupational Health Nursing:

Associated Assessment Criteria for Exit Level Outcome 20:

20.1. Policies and procedures appropriate for the protection of the health of both employees and the community are analysed, developed and implemented.

20.2. Risk related and disaster management programmes appropriate for a specific industry and hazard are developed in collaboration with essential interdisciplinary team members e.g. Occupational Hygienists, Toxicologists, Environmentalists, Safety and Ergonomic specialists.

20.3. Management of occupational health issues demonstrates knowledge of legislation applicable to the occupational health environment.

20.4. Health promotion programmes are based on a needs assessment and are relevant to and accepted by both the organisation and employees.

20.5. A realistic health campaign e.g. on safety; AIDS prevention etc. is planned.

Associated Assessment Criteria for Exit Level Outcome 21:

21.1. Appropriate theoretical frameworks are identified and integrated in clinical practice.

21.2. A substantiated point of view regarding emerging issues and debates relevant to occupational health nursing is articulated.

21.3. The presentations of the learners on issues in the field reflect an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 22:

22.1. Advanced specialist assessments relevant to practice including possibly audiometry, lung function testing (as per attached unit standards) and additional electives such as vision testing, ECG, EAP etc.

22.2. Differentially susceptible groups, and individuals vulnerable to risk are identified and their special need in the occupational setting is recognized e.g. reproductive health risk or genetic vulnerability with identified hazards.

22.3. Relative risk of hazards is identified and priorities in a specific occupational context and appropriate management policies are recommended e.g. workplace risk assessment.

22.4. A rehabilitation programme is designed, relevant to the needs of specific clients or groups e.g. COID disability management.

Associated Assessment Criteria for Exit Level Outcome 23:

23.1. A business plan is developed to address occupational health service needs.

23.2. A private practice plan is developed in accordance with ethical and legal guidelines and business registration requirements. (SARS, Labour, Equity and Corporate Governance complaint).

Elective 7: Nephrology Nursing:

Associated Assessment Criteria for Exit Level Outcome 24:

24.1. Factors, which promote or threaten renal health are identified, addressed and evaluated by conducting appropriate assessment methods.

24.2. Renal health promotion and illness prevention strategies are developed, implemented and evaluated by looking at the overall renal health care of the community.

24.3. Cultural sensitivity is demonstrated in the assessment of clients, canvassing of donors and counselling of recipients.

Associated Assessment Criteria for Exit Level Outcome 25:

25.1. Appropriate theoretical frameworks are identified and integrated in clinical practice.

25.2. A substantiated point of view regarding emerging issues and debates relevant to nephrology nursing is articulated.

25.3. The presentation of the learners on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 26:

26.1. Detailed assessments of renal function and the effects of renal failure on body systems are done accurately, e.g.:

- Initiating specific laboratory tests.
- History of transplantation and dialysis.
- Disease progression.
- Nutritional assessment.

26.2. All types of dialysis for children and adults are initiated timeously and maintained effectively using the following competencies:

- Specialist counselling about renal replacement, therapy and rehabilitation.
- Choosing and preparing apparatus.
- Initiating, maintaining and terminating dialysis.
- Pharmacotherapy.
- Managing complications.
- Water treatment.
- Sterilizing and maintenance of apparatus and dialyzers.
- Long term client management.
- Home treatment.

26.3. Paediatric and adult patients preparing for and undergoing kidney transplantations are competently managed using the follow-

ing competencies:

- Donor selection.
- Pre-transplantation preparation.
- Organ procurement.
- Caring for immuno-suppressed patients.
- Identifying and dealing with post kidney transplant complications.
- Fluid and electrolyte management.
- Immediate and maintenance pharmacotherapy.
- Legal and ethical competence.

26.4. Quality assurance activities are conducted to enhance quality renal care, e.g. infection control.

26.5. Needs of renal patients are championed by advocacy.

Elective 8: Paediatric Nursing:

Associated Assessment Criteria for Exit Level Outcome 27:

27.1. Assessment of complex developmental and maturation status of children at both physical, socio-emotional, intellectual and spiritual levels are understood and mastered. (including fine and gross motor, hearing, sight and behavioural).

27.2. Primary assessment of a child to identify less common childhood conditions.

27.3. Nursing assessment of ill children to identify basic needs is carried out, including: assessment of hydration, nutritional assessment, developmental, pain and anxiety, attachment and safety needs.

Associated Assessment Criteria for Exit Level Outcome 28:

28.1. Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.

28.2. A substantial point of view regarding emerging issues and debates relevant to paediatric nursing is articulated.

28.3. Presentation of the learners on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 29:

29.1. Comprehensive knowledge of anatomy, physiology and pathophysiology related to children; genetics, embryology, congenital and inherited conditions is applied to the care of children.

29.2. Evidence-based nursing care and appropriate referral of the child with various conditions is planned and implemented, including complex pathological and/or differentially-abled conditions:

- Conditions of all human body systems.
- Children who require surgery including informed consent.
- Acute illness including dehydration, pyrexia, seizure disorders.
- Chronic illness.
- Palliative care.
- Child with special needs and disability.
- HIV/AIDS in neonates and children.
- Communicable diseases in children.

29.3. The quality of child care practice is ensured while providing family-centred care with competence in child-particular care issues including:

- Injury and disease prevention including immunisations.
- Nutrition in children-feeding, food supplementation, weaning.
- Hospitalisation.
- Preparation for and positioning for invasive procedures.
- Gaining cooperation from a child.
- Limit setting and discipline.
- Transporting infants and children.
- Parental support, counselling and participation in care.
- Understanding and applied knowledge of pharmacotherapy related to children, including specific dosages and drug interactions in children.
- Familiarity with advanced procedures related to life support including CPR, intra-osseous infusion.

29.4. Quality assurance activities are conducted to enhance quality child and adolescent health services.

29.5. Needs of sick children and their families are championed by advocacy.

Elective 9: Critical Care Nursing (Adult):

Associated Assessment Criteria for Exit Level Outcome 30:

30.1. Principles of ventilation are maintained in the application of various modes of ventilation.

30.2. Technologically assisted assessment and support of the various organ systems in critically ill patients (adults and children) is accurately demonstrated, including:

- Advanced monitoring techniques for all body systems.
- Evaluation of laboratory tests.
- Microbiological surveillance.
- Evaluation of diagnostic tests including ECG and CXR.
- Evaluation of pain.

30.3. Advanced skill and knowledge in Advanced Life Support and resuscitation techniques of both adult and child is demonstrated.

30.4. Principles of renal replacement therapies are applied in the provision of nursing care to individuals with severe and life threatening renal health problems.

30.5. An understanding of the causes and pathophysiology of shock is demonstrated.

Associated Assessment Criteria for Exit Level Outcome 31:

31.1. The risks of the technological environment are effectively managed and prevented to ensure a safe environment (e.g. correct use of equipment, noise management, sensory overload and/or deprivation etc.).

31.2. Implementation of infection control measures is promoted in order to enhance the safety of the critical care environment.

31.3. The psychosocial, cultural and emotional needs of the critically ill patient and their family (including patient rights and advocacy) are anticipated identified and managed.

31.4. Ability to contribute to a cohesive multi-disciplinary critical care team is demonstrated.

31.5. Knowledge and skills for effective management of death, dying, and complex ethical issues, (e.g. withdrawal of therapy), within a high stress environment are continuously developed.

31.6. Understanding of the importance of effective coaching, support and mentorship of the critical care team is demonstrated.

Associated Assessment Criteria for Exit Level Outcome 32:

32.1. Theoretical frameworks that underpin critical care nursing practice are integrated into clinical practice.

32.2. Articulated points of view regarding emerging national and global issues and policies demonstrate in-depth and critical understanding of relevant discourses in critical care nurses.

32.3. Contributions on complex and controversial debates on critical care nursing issues reflect an appreciation of the dynamic and tentative nature of most human knowledge.

Associated Assessment Criteria for Exit Level Outcome 33:

33.1. Understanding of advanced knowledge of anatomy and physiology of the adult, including metabolic and biochemical processes of all body systems is displayed.

33.2. Assessment of the critically ill and high risk patient is conducted in an integrated manner and includes measures of physical, psychosocial emotional and spiritual needs.

33.3. Specialist nurse competences are utilized effectively and correctly in the assessment of the functioning of specific body systems in critically ill patients:

- Cardiovascular System, including haemodynamic and cardiac monitoring.
- Respiratory System, including arterial blood gas analysis.
- Neurological System, including invasive intracranial pressure monitoring.
- Renal System, including acid-base balance.
- Metabolic/Endocrine System, including glycaemic control, sleep/rest cycles.
- Gastro-intestinal System, including nutritional assessment and elimination.
- Integumentary System, including the assessment of wounds.
- Haematological system, including coagulation studies.
- Evaluation of immune system.
- Assessment of pain and anxiety.

33.4. Laboratory results and special investigations and procedures are interpreted with the clinical interface.

Associated Assessment Criteria for Exit Level Outcome 34:

34.1. Advanced knowledge of the pathophysiological basis for compromise of the various organ systems is applied to the care of critically ill adult.

34.2. An advanced knowledge of the care of the critically ill adult using evidence-based interventions is demonstrated in respect of

the following:

- Airway management and respiratory support.
- Cardiac support, including pacemakers and IABP.
- Haemodynamic support.
- Fluid therapy.
- Electrolyte imbalance.
- Acid base imbalance.
- Nutritional support.
- Endocrine and metabolic derangements.
- Pain management and sedation.
- Thermoregulation.
- Sepsis surveillance.
- Basic hygiene and comfort needs.

34.3. Competence in nursing management of patients who require critical care, (including promotive, preventative and rehabilitative measures) of the following:

- Compromised CVS function e.g. acute coronary syndrome, valvular disease, cardio-thoracic surgery, and vascular surgery.
- Compromised respiratory function e.g. acute respiratory failure, ventilator dependency, obstructive and restrictive disorders, and adult respiratory distress syndrome.
- Compromised neurological function e.g. head and spinal cord injuries, cerebro vascular accidents, neuromuscular disorders.
- Compromised renal function e.g. acute renal failure.
- Compromised endocrine function e.g. diabetic keto-acidosis.
- Compromised gastro-intestinal and hepatic function e.g. abdominal trauma, acute pancreatitis, severe GIT haemorrhage, and liver failure.
- Compromised haematological function e.g. disseminated intra-vascular coagulopathy.
- Obstetric related illness e.g. HELLP syndrome.
- Compromised Immune system e.g. immunosuppressive therapy, infectious diseases, and HIV/AIDS related illnesses.
- Multisystem Disorders e.g.:
 - > Multiple organ dysfunction syndrome.
 - > Severe sepsis and related syndromes, including.
 - > Systemic Inflammatory Response Syndrome.
 - > Polytrauma.
 - > Physiological shock-all types.
 - > Acute Intoxications, including:
 - > Accidental poisoning.
 - > Recreational drug abuse.
 - > Intentional drug overdose.
- Burns.

34.4. A comprehensive knowledge of the pharmacotherapy (including pharmacodynamics and pharmacokinetics) of the various drugs used in the management of the critically ill adult is exhibited.

Elective 10: Critical Care Nursing (Child and Adolescent):

Associated Assessment Criteria for Exit Level Outcome 35:

35.1. Principles of ventilation are maintained in the application of various modes of ventilation.

35.2. Technologically assisted assessment and support of the various organ systems in critically ill patients (adults and children) is accurately demonstrated, including:

- Advanced monitoring techniques for all body systems.
- Evaluation of laboratory tests.
- Microbiological surveillance.
- Evaluation of diagnostic tests including ECG and CXR.
- Evaluation of pain.

35.3. Advanced skill and knowledge in Advanced Life Support and resuscitation techniques of both adult and child is demonstrated.

35.4. Principles of renal replacement therapies are applied in the provision of nursing care to individuals with severe and life threatening renal health problems.

35.5. An understanding of the causes and pathophysiology of shock is demonstrated.

Associated Assessment Criteria for Exit Level Outcome 36:

36.1. The risks of the technological environment are effectively managed and prevented to ensure a safe environment (e.g. correct

use of equipment, noise management, sensory overload and/or deprivation etc).

36.2. Implementation of infection control measures is promoted in order to enhance the safety of the critical care environment.

36.3. The psychosocial, cultural and emotional needs of the critically ill patient and their family (including patient rights and advocacy) are anticipated identified and managed.

36.4. Knowledge and skills for effective management of death, dying, and complex ethical issues, (e.g. withdrawal of therapy), within a high stress environment are continuously developed.

Associated Assessment Criteria for Exit Level Outcome 37:

37.1. Theoretical frameworks that underpin critical care nursing practice are integrated into clinical practice.

37.2. Articulated points of view regarding emerging national and global issues and policies demonstrate in-depth and critical understanding of relevant discourses in critical care nurses.

37.3. Contributions on complex and controversial debates on critical care nursing issues reflect an appreciation of the dynamic and tentative nature of most human knowledge.

Associated Assessment Criteria for Exit Level Outcome 38:

38.1. Competence in the assessment of the physiologic, emotional, psycho-social and spiritual needs of children with complex acute and chronic health conditions is demonstrated and includes:

- Vital indicators.
- Respiratory effort, including monitoring of pulse oximetry and arterial blood gases.
- Invasive and non invasive haemodynamic monitoring.
- Monitoring cardiac sufficiency and electrocardiography.
- Fluid and electrolyte monitoring.
- Age-appropriate neurological assessment, intracranial pressure monitoring and seizure activity.
- Hyper/hypoglycaemia.
- Assessment of pain and anxiety.
- Assessment of immune function.
- Thermodynamics.
- Comfort and sleep needs.
- Interpretation of laboratory results & clinical interface.

38.2. Comprehensive understanding of developmental challenges and responses of various age groups to life threatening or critical illness and ICU admission, including the responses of the parents and family is demonstrated.

Associated Assessment Criteria for Exit Level Outcome 39:

39.1. Knowledge of advanced anatomy and physiology of the newborn infant, including peri-natal challenges and the range of congenital and inherited (e.g. metabolic) conditions that result in medical emergency or high level care interventions is applied in the care of critically ill infants.

39.2. Understanding of the challenges of physiological and psychological maturation and development as these present in the current South African situation, including AIDS related illnesses, malnutrition and trauma is demonstrated.

39.3. Knowledge of advanced pathophysiology and insults of surgery, trauma and severe illness, especially as these present in children's immature systems e.g. differing cardiac conditions such as congenital, infective (myocarditis), toxins (organophosphate poisoning) and rheumatic heart conditions is applied in the care of critically ill children.

Associated Assessment Criteria for Exit Level Outcome 40:

40.1. Competence in the monitoring and management of the care of critically ill and/or high-risk children and adolescents is evidenced through performance of the following:

- Oxygenation, artificial airway and ventilation.
- Renal support in the regulation of fluid, acid-base and electrolyte balance.
- Pain and anxiety management.
- Metabolic and Nutritional support.
- Cardiac and circulatory support.
- Advanced life support.
- Thermoregulation.
- Comfort and prevention of injury.
- Sleep and rest needs.
- Parental and family stress responses and needs.

40.2. Competence in diagnostic reasoning, clinical decision-making and advanced therapeutic interventions for children and adolescents with:

- Complex and extended surgery including reconstructive surgery related to congenital conditions, cardiac surgery, neurosurgery, transplantation.
- Multi systems trauma e.g. burns, near drowning, child abuse and neglect.
- Acute respiratory distress and failure e.g. caused by infective, obstructive, congenital and inherited conditions.
- Cardiac insufficiency e.g. caused by congenital, infective, toxic and rheumatic conditions, pulmonary hypertension.
- Severe infections and care in immune compromised conditions e.g. AIDS.
- Gastrointestinal malabsorption and congenital anomalies e.g. acute gastroenteritis, severe dehydration and necrotising enterocolitis.
- Renal and hepatic insufficiency, e.g. congenital and infective causes, peri-operative and post transplant care.
- Neurological conditions e.g. head injuries, congenital, infective conditions and seizure disorders.
- Perinatal adaptation challenges for the Neonate who requires surgery or PICU admission.
- Psychiatric emergencies, including suicide attempts, delirium, and acute confusion states especially in adolescents is demonstrated.

40.3. The quality of child care practice while providing family-centred care is ensured with specific reference to child-particular care issues including:

- Injury prevention.
- Gaining compliance from the child.
- Preparation for and positioning for procedures.
- Limit setting and discipline.
- Transporting infants and children.
- Participative decision making and informed consent.
- Parental participation in care and decision making.
- Post Trauma responses.
- Managing emotional and attachment disturbance in children.

40.4. Understanding of an advanced knowledge of pharmacotherapy and safe administration of drugs in children, including side effects, problems of dilution of drugs (especially volume of fluid administration), the different pharmacodynamics of drugs in different age groups (drug dose per kg may be different depending on age group) is displayed.

Elective 11: Psychiatric Nursing:

Associated Assessment Criteria for Exit Level Outcome 41:

- 41.1. Factors, which promote or threaten mental health are identified, addressed and evaluated by conducting appropriate methods.
- 41.2. Mental health promotion and illness prevention strategies are developed, implemented and evaluated e.g. stigma prevention.
- 41.3. The psycho-social well being of the community is facilitated, promoted and maintained through community upliftment programmes.
- 41.4. Cultural sensitivity is demonstrated in the assessment, process and documentation of psychiatric nursing and mental health care by utilizing, understanding and comparing the various cultural customs pertaining to the practice of psychiatric nursing and mental health care.

Associated Assessment Criteria for Exit Level Outcome 42:

- 42.1. Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.
- 42.2. A substantiated point of view regarding emerging issues and debates relevant to psychiatric nursing is articulated.
- 42.3. The presentation of the learners on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 43:

- 43.1. Specialised mental health assessment instruments and techniques are utilized during assessment of patient with mental health or psychiatric illnesses.
- 43.2. Complicated cases are referred or competently managed using various competencies, e.g.:
 - Develop, test and implement evidence-based high risk protocols.
 - Personality disorders.
 - Dual diagnosis.
 - Uncommon conditions.
- 43.3. Specialist psychiatric nursing therapy is carried out by using a specific therapeutic method e.g. individual therapy, play therapy (if specializing in child psychiatric nursing), group therapy, family/marital therapy.
- 43.4. Referrals from primary health care practitioners of patients with mental health problems or illnesses are accepted and effec-

tively managed.

43.5. Quality assurance activities are conducted to enhance quality mental health practice and psychiatric nursing.

43.6. Needs of mental health clients and their significant others are championed by advocacy.

Associated Assessment Criteria for Exit Level Outcome 44:

44.1. Complex health education needs are identified and addressed structured and unstructured mental health education.

44.2. Formal and in-service education programmes for psychiatric nurses and other team members are designed and presented to ensure best practice in mental health services.

44.3. Programmes for personal and professional growth of psychiatric nurses are presented on a continuous basis.

44.4. Evaluation of learners is done in a valid and reliable manner to ensure competent mental health practitioners.

Elective 12: Midwifery and Neonatal Nursing:

Associated Assessment Criteria for Exit Level Outcome 45:

45.1. Factors, which promote or threaten maternal and neonatal health are identified and evaluated by conducting appropriate assessment methods.

45.2. Maternal and neonatal health promotion and illness prevention strategies are developed, implemented and evaluated by looking at the overall reproductive health of the community.

45.3. Cultural sensitivity is demonstrated in the assessment, process and documentation of maternal and neonatal health care by utilization and comparing the various cultural customs pertaining to the practice of midwifery nursing and maternal health care.

Associated Assessment Criteria for Exit Level Outcome 46:

46.1. Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.

46.2. A substantiated point of view regarding emerging issues and debates relevant to midwifery nursing is articulated.

46.3. The presentation of the learners on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 47:

47.1. Assessments of mothers and neonates complicated by psycho- social, physical, service related or other factors are done accurately.

47.2. Advanced procedures of reproductive health are competently implemented:

- STD Management.
- Family planning.
- Prescribe or administer specific medication.
- Internal foetal monitoring.

47.3. Complicated cases at ante-, intra and postnatal stage are referred or competently managed using the following competencies:

- Development, testing and implementation of evidence-based high risk protocols.
- Assisted delivery.
- Resuscitation of the neonate.
- Assist with operating theatre procedures.

47.4. Referrals from primary health care practitioners of patients with midwifery problems or illnesses are accepted and effectively managed.

47.5. Quality assurance activities are conducted to enhance reproductive services.

47.6. Needs of mothers and neonates with high risk pregnancy and/or deliveries are championed by advocacy.

Elective 13: Community Health Nursing:

Associated Assessment Criteria for Exit Level Outcome 48:

48.1. Factors, which promote or threaten public health are identified and evaluated by means of:

- Epidemiological surveys.
- Population based studies.
- Participatory research.

48.2. Public prevention strategies are developed, implemented and monitored against at specific indicators and factors.

48.3. Cultural sensitivity is demonstrated during interaction with team members and communities.

Associated Assessment Criteria for Exit Level Outcome 49:

- 49.1. Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.
- 49.2. A substantiated point of view regarding emerging issues and debates relevant to public health nursing is articulated.
- 49.3. The presentation by the learners on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 50:

50.1. Complex public health issues are referred or effectively managed, within the a team approach, the following competencies:

- The development, testing and implementation of evidence based protocol.
- Environmentally focused strategies.
- Health behaviour strategies.
- Project/programme planning, implementation and evaluation, according to specific population group needs.
- Human resource analyses and plans.
- Supportive environments are promoted through targeted strategies addressing specific needs.

50.2. Quality assurance activities are conducted to enhance quality public health service.

50.3. Public health needs are made visible by advocacy.

50.4. Epidemiological principles are applied in developing strategies to meet those needs.

Associated Assessment Criteria for Exit Level Outcome 51:

51.1. Principles and theories of causal analysis, conditional, individual and collective relationships, genetic and environmental factors, and their inter-relationships are identified and analysed in order to establish a population-based diagnosis of health status and disease burden.

51.2. Epidemiological principles and methods of the natural history (course and outcome) of identified problems are applied, in order to support preventative and clinical strategies and influence behaviour and lifestyle changes in population wellness promotion.

51.3. Appropriate and implementable control strategies for the management and prioritization of identified chronic, communicable and social pathologies are developed e.g. HIV/Aids, TB, Carcinoma, Heart Disease, Violence and others.

Elective 14: Nursing and Health Services Nursing Management:

Associated Assessment Criteria for Exit Level Outcome 52:

52.1. Management of a health care system reflects the application of the management process.

52.2. Evidence based practice will indicate that work related behaviour is grounded in the management processes.

Associated Assessment Criteria for Exit Level Outcome 53:

53.1. Management and leadership theories/models are critically analysed and compared.

53.2. The choice of appropriate management and leadership theories relevant to a particular context are identified, implemented and combined with an understanding of the clinical realities.

53.3. Analysis and interpretation of management research reports (quantitative and qualitative) evidences comprehensive and systematic understanding of data collection techniques, data analysis procedures and principles and the current scholarly discourse in management.

Associated Assessment Criteria for Exit Level Outcome 54:

54.1. The principles of organizing are applied to ensure the achievement of objectives in the defined health care service.

54.2. Essential resources to implement managerial plans or programmes are mobilised within and outside the health care system through effective networking and grantmanship.

54.3. Critical thinking, problem solving and decision-making skills are applied to optimize the organisation and functioning of the defined health care service.

Associated Assessment Criteria for Exit Level Outcome 55:

55.1. The quality control criteria for management and performance applicable to the service are selected and applied to improve the quality of the management and service delivery of the defined service.

55.2. Professional excellence and competence is maintained through continuing education and life long learning.

Associated Assessment Criteria for Exit Level Outcome 56:

56.1. Planning for, and the provision of human resources are executed within the relevant legislation and policy guidelines.

56.2. Maintenance of human resources is undertaken by taking cognizance of personal and professional needs.

56.3. Effective utilisation of human resources is ensured by means of correct placement and appropriate skill application.
56.4. Assessment and development of human resources is undertaken on continuous bases.

Associated Assessment Criteria for Exit Level Outcome 57:

57.1. On the basis of an assessment, the vision, mission, GAP analysis, objectives and action plans are developed.
57.2. Develop and implement a strategic plan to ensure organisational goal achievement.
57.3. An organisational structure for the defined service is designed and the implementation explained.
57.4. Applicable policies and procedures are formulated to address the implementation of the action plan.
57.5. The human resource plan includes task analysis, job descriptions, personal and professional development as well as a skills' development plan.
57.6. A customer care plan incorporates all the relevant stake holders.
57.7. Information and quality management programmes are developed and explained to stakeholders and implemented.
57.8. An industrial relations policy and plan is developed and implemented for the health care service.
57.9. A financial plan is developed which includes capital, operational and human resource budgets facilitating cost effective, quality patient care.

Associated Assessment Criteria for Exit Level Outcome 58:

58.1. A performance appraisal system is developed and implemented.
58.2. Productivity is determined through appropriate measures and handled effectively.
58.3. Customer and stakeholder satisfaction is determined through appropriate measures and rectified where necessary.
58.4. Trends identified by means of the information system truly reflects the performance within the defined service.
58.5. A meta-assessment of the evaluation process is performed.

Associated Assessment Criteria for Exit Level Outcome 59:

59.1. Knowledge and understanding of a health care organisation as a business and the implementation of general management principles are demonstrated.
59.2. The functional management of marketing and public relations within a health care service context is applied.
59.3. The financial function of a health care unit as a business, in terms of asset management, financial decisions, operations management, purchasing functions and activities, and the provision of human resources, are applied.
59.4. Contemporary health care management issues such as absenteeism and high turnover rates, extreme staff shortages, private practice, diverse health environments and commissioning of a health service are critically analysed.

OR

Associated Assessment Criteria for Exit Level Outcome 60:

60.1. An understanding of the nature, content, and scope of public administration is demonstrated.
60.2. The typical clients of public health, welfare and housing services in South Africa and the available resources are described.
60.3. The provision and organisation of public services are critically analysed.
60.4. The interrelationship between management of public service provision, power and public functions are argued.

Elective 15: Nursing Education:

Associated Assessment Criteria for Exit Level Outcome 61:

61.1. Critical analysis of adult development, learning (cognitive, behavioural, social, transformative and experiential) and motivation theories shows comprehensive understanding of a range of aspects including, conceptualisations of knowledge, teaching, learning, basic assumptions, and andragogical implications for nursing and midwifery education and is valid in accordance to current discourses about teaching/learning in professional education.
61.2. Teaching practice in nursing and midwifery is based on understanding of adult development, learning and motivation theories as evidenced by the creation and maintenance of an active learning environment and thus allowing learners space to question their meaning perspectives about health and illness.

Associated Assessment Criteria for Exit Level Outcome 62:

62.1. Critical analysis and synthesis of the philosophical basis of nursing is based on recognized contemporary nursing theories, models and relevant to current socio-political context of nursing practice.
62.2. Analysis of nursing and midwifery decisions is supported by a particular model or theory of nursing and takes into consideration the legal and ethical frameworks of nursing practice as well as the socio-political, economic and cultural context in which such decision have to be made.
62.3. Critical analysis of educational philosophy with regard to its implications for nursing and midwifery education is in accordance with rules of consensual validation.
62.4. Inferences on the implications of educational theory on teaching nursing and midwifery are based on comprehensive analysis

of the current discourses on the nature and purpose of professional education.

62.5. Critical analysis, synthesis and independent evaluation of global policies and issues impacting on nursing and midwifery education is supported by an extensive and integrated review of literature and current research on such issues (e.g. managing diversity in the learning environment, globalization and the nursing workforce, global health, RPL etc).

Associated Assessment Criteria for Exit Level Outcome 63:

63.1. A coherent and critical understanding of the importance of congruency between expected learning outcomes and the teaching/learning process supports evaluation of various teaching strategies with regard to their effectiveness in facilitating deep and self-directed learning in clinical and classroom setting.

63.2. Teaching plans and implementation thereof, place emphasis on collaborative learning, learner needs and differences, development of self-directed learning, inquiring minds, as well as the complexity and unpredictability of clinical learning environments.

63.3. Identification, selection and combinations of assessment approaches and strategies is based on a coherent and logical understanding of the requirements of applied competence and integrated assessment and meets the criteria for credible, trustworthy, feasible, and valid assessment.

63.4. Assessment of clinical learning in particular is largely undertaken in a real-world practice environment where appropriate, and/or simulated clinical learning environments.

63.5. Generic Assessment Criteria as per Unit Standard No. ASSMT 01 of NSB Education, Training and Development.

63.6. Teaching scholarship is evident in the identified areas of research as well as application of best-practice evidence in nursing and midwifery education.

Associated Assessment Criteria for Exit Level Outcome 64:

64.1. Critical analysis of curriculum development theory and models includes philosophical underpinnings, and implications thereof for the curriculum development process in nursing and midwifery education.

64.2. The designed curriculum is comprehensive and includes all the steps of curriculum development as verifiable with any standard curriculum development text in nursing and midwifery education and is a collaborative piece of work involving peers.

64.3. The designed curriculum is appropriate in terms of SANC guidelines and regulations for a particular programme of nursing and/or midwifery, SAQA requirements and current national health policies on human resource development for health.

Associated Assessment Criteria for Exit Level Outcome 65:

65.1. Approaches and theories of educational management are interrogated and critically analysed in terms of their applicability and relevance to managing nursing education institutions within the context of the current situation in nursing education in South Africa with regard to governance, programmes, financing and provision.

65.2. Analysis of the current situation in nursing and midwifery education evidences a comprehensive and reflective understanding of the implications of the dual systems of governance and provision of nursing education for coherent programming and financing of nursing education.

65.3. Evaluation of a nursing education institution's quality management systems shows a broad understanding of principles and aims of institutional quality management systems in HE in South Africa and globally with specific reference to the requirements of the relevant ETQAs (HEQC and SANC) for quality improvement and assurance.

Elective 16: Family Nurse Practice:

Associated Assessment Criteria for Exit Level Outcome 66:

66.1. Individual, family and community factors that influence and threaten the health of the patient are identified and evaluated through appropriate methodology.

66.2. Risk management strategies are developed, implemented and evaluated by assessing the overall health of individuals and families.

66.3. Facilitation and coordination of clinical care provide leadership.

Associated Assessment Criteria for Exit Level Outcome 67:

67.1. Appropriate theoretical frameworks are identified and integrated in clinical practice.

67.2. A substantial point of view regarding emerging issues and debates relevant to family nursing is articulated.

67.3. The presentations of the learners on issues in the field reflect an understanding of the dynamic and tentative nature of specialist knowledge.

- Range: Evaluate research findings; analyse useful new knowledge; integrate research findings into practice; interpret research, pharmacology, pathophysiology of illnesses affecting all systems of the body; evidence based practice.

Associated Assessment Criteria for Exit Level Outcome 68:

68.1. Advanced health assessment of patients is carried out accurately (history taking, assessment, differential diagnosis).

- Range:

> Individual assessment; physical; cardio-vascular; respiratory; ear, nose & throat; ophthalmic; gastro intestinal; renal; reproductive;

endocrine; muscular-skeletal; abdominal; dermatological; neurological and mental health assessment.

> Health assessment is conducted on a sound understanding of pathophysiology, determinants of health (social, cultural, political, economic, psycho-social, family and community dynamics), epidemiology and biostatistics.

68.2. Procedures associated with the role of a family practitioner are competently implemented. These include but are not limited to:

- Physical assessment/examination of all systems.
 - Conduct/order and interpret investigations relevant for primary health care settings.
- > Range: biochemical; haematological; microbiological; pharmacological.
- Order, read and interpret x-rays and sonars.
 - Perform and interpret ECG.
 - Carry out emergency procedures relevant for a primary care setting.

> Range: Life support; management of ingestion of poisons and exposure to hazardous chemicals and body fluids; prophylaxis.

68.3. Final clinical diagnosis, for health problems managed in a primary health care setting, is accurate and according to standards.

68.4. A range of specialised care, treatment and services are provided according to established nursing standards.

- Case management.
- Health & risk surveillance.
- Teaching, counselling & advocacy.
- Communication, networking, referral and follow-up.
- Treatment adherence.
- Prescription of non-pharmacological and pharmacological treatment based on advanced pharmaco-therapeutic knowledge in accordance with professional prescripts.

68.5. Continuity of care in a primary care setting is maintained by means of consultation, conferring, referring, acceptance of referrals and collaboration with relevant members of the health care team.

68.6. The special health needs of individuals, families and communities are championed through advocacy by the family practitioner.

68.7. Quality assurance activities are conducted regularly to ensure the quality of primary care services.

Elective 16: Nursing Research:

Associated Assessment Criteria for Exit Level Outcome 69:

69.1. Methodological research is planned and conducted based on the correct principles and procedures of instrument and protocol design in both qualitative and quantitative research approaches.

69.2. A validated measuring tool for research in nursing or nursing related field is developed and is suitable for research purposes.

Associated Assessment Criteria for Exit Level Outcome 70:

70.1. Understanding of the differences between parametric and non-parametric statistical procedures is correctly demonstrated.

70.2. Evidence of appropriate statistics for descriptive, differential and inferential analyses in given research problems is presented.

70.3. Calculations are conducted with computer-aided software for descriptive, differential and/or inferential analyses of data in nursing and health related studies.

70.4. Interpretations of results of comparative, correlational and multivariate analyses are accurate.

Associated Assessment Criteria for Exit Level Outcome 71:

71.1. Methodological design and implementation of health systems research meets the criteria for quality research.

71.2. Research reports engage national health policy or produces potential health related policy.

Integrated Assessment:

The South African Nursing Council (SANC) guidelines for assessment and the competency framework are used as a reference for assessing clinical competence.

Formative:

A variety of assessment strategies and approaches must be used. This could include tests, assignments, projects, demonstrations or clinical assessments and/or any applicable method. Formative assessments can include a mix of simulated and actual (real) clinical practice or care settings.

Summative:

Summative assessment can take the form of oral, written and practical examinations as agreed to by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA. All summative practical assessments must be conduct-

ed in actual clinical practice or care settings.

Assessment should take place within the context of:

- Given Quality Assurance policies, procedures and processes.
- A guided and supported learning environment.

There will be some areas of specialisation where people will need a license to practice. These will be specified in regulations issued by the relevant ETQA.

INTERNATIONAL COMPARABILITY

Internationally, a person qualified for advanced practice nursing is defined as a person who has a master's degree.

Attempts to benchmark South African nursing practice have seen a review of international best practice, as well as best practice on the African continent. Countries regarded as leaders, such as New Zealand and Canada, do not provide the comprehensive training that South Africa has done for the professional nurses. South Africa provides comprehensive training as basic whereas other countries provide it by way of additional courses. The reason is South Africa's emphasis on primary health care, nursing in the health care system, and our particular system and range of contexts. The scope of practice for nurses in South Africa is necessarily much broader.

South Africa is an active and longstanding member of the International Council for Nursing (ICN) as well as the International Labour Organisation (ILO), member of the African Union (AU), formerly the Organisation of African Unity (AOU), Southern African Development Community (SADC) and the Commonwealth. The proposed qualification would meet recognition requirements in most of the member countries of these organisations and throughout Sub-Saharan Africa.

Comparison of qualifications:

The UK, USA, Australia, Sweden, Netherlands, Czech Republic, and Belgium have master's programmes with approaches comparable to that in South Africa, a fact borne out by exchange programmes in operation between South Africa and these countries.

Amongst African countries, Botswana and Lesotho have master's programmes, while advanced specialist nurses in Tanzania and Kenya are being trained by Botswana and South African universities in a collaborative study. In addition, UNISA had a collaborative study with African countries in leadership training for nurses.

Where there are differences, it is that many of the international approaches tend to be more academic; a "theory of ..." approach. Typically these programmes are model based with a small component of research. The South African qualification provides for sound clinical grounding with a strong research component.

This appears to be consistent with The World Health Organisation's position (1987) that effective education of health professionals must produce health professionals who are "responsive to needs to the needs of the populations they serve, in order to achieve the goal of health for all" (WHO, 1987, p. 5), and that such an education should be "based largely in the community, or in any of a variety of health service settings" (p. 5).

The WHO work study group on community-based education classifies competencies of graduates of CBE programmes into:

General competencies for all Health Professionals:

All health professionals should be able to:

- Respond to health needs and expressed demands of the community by working with the community, in order to stimulate self-care and a healthy life-style.
- Educate both the community and their co-workers.
- Solve or stimulate action for the solution of both individual and community health problems.
- Direct their own and community efforts towards the promotion of health and the prevention of disease, unnecessary suffering, disability and avoidance of death.
- Work as members of health teams and with other health other health teams.
- Act as leaders of such teams when necessary.
- Continue to learn throughout their working experience, in order to maintain and improve personal competence.

Professional functions:

Include the following:

- Provision of preventive care.
- Provision of curative care.
- Health education of the population.

- Management of services.
- Participation in health team work.
- Training other members of the health team.
- Participation in research activities.
- Collaboration with other sectors involved in community development.
- Finding solutions to unfamiliar problems.
- Self-assessment and the continuous development of personal professional skills.

The proposed Master's Degree: Nursing NQF Level 8 provides for the specialisation required to provide leadership and direct quality improvement in all of these areas.

Review of the Scope of Practice in South Africa:

The Review of the Scope of Practice of Nursing and the profession of nursing began in 1999 when the South African Nursing Council prioritised the need to revise the scope of practice. The factors that influenced the review of the scope of practice was a changing health care system identified in the White Paper for the Transformation of Health and the changes in education system brought about by the National Qualifications Framework and the South African Qualifications Act.

The purpose of the review is to align the practice of nursing to the changes in the national health policy and the legislative framework. Purpose includes:

- Ensure that nursing practice is in keeping with and is responsive to a changing health care delivery system.
- Develop a scope for nursing practice that is informed by the core competencies required for nursing practice.
- Review the scope applicable to different categories of nurse to ensure that each category of nurse is enabled to practice independently within their scope.
- The new scope of practice and the competencies required for nursing practice will then inform the education and training of nurses required for such practice. This will assist in facilitating the development of a framework for a single unitary education pathway for nursing qualifications that is in line with the principles of the National Qualifications Framework.

Areas included in the scope for specialist nurses:

- Orthopaedic Nursing.
- Operating Room Nursing.
- Palliative and Oncology Nursing.
- Ophthalmic Nursing.
- Emergency Care Nursing.
- Occupational Health Nursing.
- Nephrology Nursing.
- Paediatric Nursing.
- Critical Care Nursing (Adult).
- Critical Care (Child and Adolescent).
- Psychiatric Nursing.
- Midwifery and Neo-natal Nursing.
- Community Health Nursing.
- Nursing and Health Services Management.
- Nursing Education.
- Nursing Research.

Challenges facing Nursing Education:

The changes in both the health care system and the education system has created numerous challenges for nursing education and training and some of these challenges are:

- Promoting and maintaining a caring ethos within the nursing profession.
- Ensuring National Health Priorities are addressed in all nursing education programmes.
- Creation of a cadre of nurses who are lifelong learners and critical thinkers.
- Promote the ability in every nurse to evaluate and assure quality in this/her practice.
- Access to Nursing Education by learners is limited due to the slow implementation of the National Qualifications Framework in the Health Sector.
- Selection and recruitment criteria in many instances remain restrictive limiting access to nursing qualifications.
- The distinct nursing qualifications for each category of nurse is not in keeping with the NQF principles and thereby limiting access to higher education training opportunities for existing enrolled & auxiliary nurses.
- Recognition of Prior Learning (RPL) as a selection criterion is not widely applied because RPL assessment is complex, costly and there is a general lack of knowledge on how to give recognition to prior learning.

Challenges facing the profession:

South Africa requires nurses that are comprehensively trained to provide nursing care in various contexts (Primary health care, institutional/hospitals, midwifery and mental health settings) and in both rural and urban setting. To ensure that these professionals are adequately supported, and that the quality of nursing care delivery is continuously monitored and improved, increasing numbers of specialist nurses are required in clinical practice.

Conclusion:

An examination of the Scope of Practice, as well as those in operation in ICN signatory countries, clearly indicates the alignment of this proposed qualification with international practice.

ARTICULATION OPTIONS

The Masters Degree: Nursing at Level 8 articulates vertically with the PhD in Nursing at NQF Level 8+ and/or any other PhD in the health and social sciences as determined by the provider. Horizontal articulation would include any other Masters Degree.

The following shows the location of this qualification in terms of other possible qualifications within the field:

Represented in categories:

- Level 1: GETC: Ancillary Health.
- Level 2: National Certificate: Fundamental Ancillary Health.
- Level 3: National Certificate: Auxiliary Nursing; National Certificate: Community Health Work; National Certificate: Health Sciences and Social Services.
- Level 4: Further Education and Training Certificate: Nursing; Further Education and Training Certificate: Community Health Work; National Certificate: Health Sciences and Social Services.
- Level 5: Diploma: Nursing: Mental Health; Diploma: Nursing: Community Health; National Certificate: Community Health Facilitator Training.
- Level 6: National Diploma: Nursing (leads to PD); Various: health/allied health sciences; Various: research/teaching/education/management.
- Level 7: PD: Nursing (PD prepares learners for Masters); Social sciences (social work; health/social services; C&YCW; Probation.
- Level 8: Masters: Nursing; other related social sciences and health qualifications.
- Level 8+: PhD: Nursing; any other PhD in the health and social sciences.

Learners might move horizontally into a number of related areas in health and allied health sciences as these qualifications are developed, as well as research, education and nursing management, by achieving the credits specified in each qualification, mainly related to specialisation areas particular to each sub-field.

Learners can move vertically by using this qualification as the basis for any of the qualifications indicated above NQF Level 8.

MODERATION OPTIONS

- This qualification can only be offered by a higher education and training provider as determined by the Higher Education Act.
- The provider must have the required clinical facilities to meet the clinical requirements of the qualification as approved by the SANC.
- The SANC guidelines are used as a reference for clinical competence and tertiary institutions offering this qualification must comply with these directives.
- Moderation of assessment will be overseen by the relevant ETQA according to moderation principles and the agreed ETQA procedures.

Internal and external moderation must be conducted by moderators appointed by the provider and accredited through the relevant ETQA. Both internal and external moderators must be in possession of an appropriate qualification at a NQF Level above this qualification (they must be registered as an educator or administrator or clinical specialist), as well as relevant clinical expertise and current experience. In addition external moderation will be conducted by the relevant ETQA for nursing and midwifery. Moderators must be trained and registered as Moderators. Competence in Design of Assessments is a further requirement.

CRITERIA FOR THE REGISTRATION OF ASSESSORS

- Assessors must be registered in terms of the requirements the relevant ETQA.
- Both internal and external assessors must have relevant clinical practice expertise and must be appointed by the provider.
- Both internal and external assessors must be in possession of a relevant postgraduate qualification at NQF Level 8 and/or above.

NOTES

N/A

UNIT STANDARDS:

This qualification is not based on Unit Standards.

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION:

NONE

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

REGISTERED QUALIFICATION:

Masters Certificate: Nursing

SAQA QUAL ID	QUALIFICATION TITLE		
59297	Masters Certificate: Nursing		
ORIGINATOR	REGISTERING PROVIDER		
SGB Nursing			
QUALITY ASSURING ETQA	-		
QUALIFICATION TYPE	FIELD	SUBFIELD	
Masters Degree	Field 09 - Health Sciences and Social Services	Curative Health	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	143	Level 8 and above	Regular-ELOAC
REGISTRATION STATUS	SAQA DECISION NUMBER	REGISTRATION START DATE	REGISTRATION END DATE
Registered	SAQA 0474/07	2007-11-28	2010-11-28
LAST DATE FOR ENROLMENT	LAST DATE FOR ACHIEVEMENT		
2011-11-28	2014-11-28		

This qualification does not replace any other qualification and is not replaced by any other qualification.

PURPOSE AND RATIONALE OF THE QUALIFICATION

Purpose:

This qualification provides a career path for Professional Nurses who want to stay in a clinical context, but who would like to specialise, focus on an area and add to their depth of knowledge and skill. Persons learning towards this qualification become expert in an area. The sector needs qualified specialists both to improve practice, and to train other nurses. Achievement of this qualification will provide the learner with direct access to a Master's degree.

The focus of the qualification will be to extend theory and its application in practice. Typical learning pathways will need to include case studies and practice based project work. Learning in a clinical context, under the supervision of an advanced health specialist, will guide practice towards higher skills levels with progress and performance measured against set criteria.

Task shifting in South Africa, because of a shortage of other professionals, means nurses must be better trained. In addition, there are increasing demands for technical competence, given the complex machinery which is now commonplace. The nature of health care means that nurses must be more broadly competent than was previously the case, with requirements covering a broad spectrum ranging from medical to surgical:

- There is huge demand for emergency care in a South African context.
- HIV and cancer are on the increase and caring for the dying is a trend in South Africa that specialists must cope with.
- There are shortages of skilled persons in Occupational Health and Safety and an increased need for nursing skills.
- The community health nurse is a further demand area, and with requirements for analysis, immunisation/preventive health, and the provision of primary health care, community nursing has become a specialist area.
- Midwifery is an essential area of specialisation: in rural areas, nurse midwives provide obstetric and neonatal care in the absence of medical doctors (maternal death rates have increased, and it is essential to have the right skills in the right place at the right time - this area is still a key measure of the health care levels in a country).
- Family practice nursing is another essential area for specialisation - with a particular emphasis on diagnosis, treatment and care in under-served and/or under-resourced areas.

Learners credited with this qualification will be able to function with advanced intellectual and practical competencies in specialized nursing settings as leaders, consultants, educators and specialist practitioners in providing evidence-based care with other team members. Qualifying persons will be able to work as clinical nurse specialists in the health sector, and hospitals already have specialization units/areas which need specialist nursing leadership.

These specialists are critical analytical thinkers. They are trendsetters, able to change the scope of an area: for example, changing the scope from pathological to therapeutic. They determine needs, and initiate policy and procedures.

Research shows that the higher the ratio of registered nurses in a team, the higher the level of health care. The lower number of doctors available means that there is need for a higher ratio of nurse specialists. The specialist sets the level of care and hands it to

professional nurses to execute. The specialist defines what should happen to patients. Nowadays, with the high cost of medicine, and earlier discharge of less critical patients, there is a higher ratio of seriously ill and unstable patients in care. There is a consequent need for higher levels of diagnosis; the needs encountered in care contexts are more critical and complex. Decisions around discharge are important, and include pre-discharge evaluation and post discharge planning of rehabilitation and recovery, education, and preparation for home care (demonstrating how to move/change dressings, etc). Nursing specialists are important in that they form a strong basis for referral from staff and professional nurses. Their role in consultancy is important and in this way they contribute to expanding the theory base. The skills expected of specialists are higher order- they will do higher level things (individual and family therapy, for example). They are required to work with highly unstable patients. They provide leadership of the health team, rather than just the nursing team. The South African context needs the right skills at the point of service. They contribute to policy changes; they would work at regional, provincial and even national level, and be drawn into planning. The specialist helps to maintain the excellence of practice.

More specifically, the qualification aims to:

- Produce high quality specialists who are able to be competent specialist nursing practitioners in a range of health service settings.
- Provide specialists with a range of skills, knowledge and attitudes that will enable them to set trends, and take leadership roles in a meaningful and sustained contribution to health services.
- Equip specialists with a developed sense of equity, justice and service ethics that will ensure that they work in an accountable manner irrespective of their chosen work place.
- Offer a wide range of transferable skills for application in other professions, disciplines and general life. These include:
 - > Capacity to assess and implement health and other policy.
 - > An ability to affect areas of policy change, development and implementation.
 - > Ability to plan and implement and manage projects of a varied nature.
 - > An ability to work independently and as part of a team.

This qualification will be useful for:

- Professional nurses who wish to progress within the field.
- Persons at a commensurate level in Health and Allied Health Sciences who wish to change direction and move into nursing.
- Those wishing to progress towards qualification such as a Master's Degree in Nursing and beyond.

This qualification articulates:

- All competency requirements and outcomes (academic, specialist theory and practical/workplace experience) that are necessary to achieve professional registration.
- The requirements and provisions of the Professional Body for professional registration.
- Designation/s that may be achieved.
- The ongoing requirements (including the Code of Ethics and the requirement for Continuing Professional Development) for retention of registration as stipulated by SANC, and the implications of non-compliance on use of the Professional Designation and right to practice and/or licence to practice.

Scope of practice:

- Learners will function within the current scope of practice of the specialist nurse as formulated by the South African Nursing Council, in conjunction with the policies of the institutions of employment.

Specialists carry out their duties:

- As a member, or leader, of a team or unit.
- In accordance with the Professional Code of Ethics for Nurses.
- In accordance with the provisions of the norms and standards for nursing.
- They will take responsibility for specialist areas in the health sector.

Rationale:

There is rarely any exposure of pre-registration nurses to the complex, and dynamic context of specialized nursing practice. The changing context of health care practice with a growth in debilitating health conditions demands a cadre of clinical nurse specialists who are able to provide nursing care to patients in need of specialized nursing care.

The ongoing complexity of technology and the increasing acuity levels of the patients being cared for demand a capacity to self-evaluate, to exercise personal responsibility and initiative and indicate a depth of knowledge and a high level of skill and competence in specialized health care units.

High levels of trauma and critical illness in the country lead to complex demands on nurses to utilize rapid meta-cognitive problem solving skills in the resolution of concrete and abstract critical issues.

A significant report by Pick, Nevhutalu, Cornwall, and Masuku (2001, July) on the current situation of human resources in health in South Africa outlines a background of extreme economic and health inequalities of the past, and describes the current landscape still characterised by complex distortions of supply, production, distribution, and development of health personnel.

Pick et al (2001) found that some of the professional categories (doctors, professional nurses, and therapists) were not available at all points of Primary Health Care delivery. Furthermore, 80% of midwifery and neonatal services in the country are delivered by midwives and in view of the high peri-natal and maternal mortality and morbidity rates, it is essential to have an advanced practitioner able to build the knowledge base and improve practice in midwifery and neonatal nursing. Specialist nurse practitioners will frequently function independently within their specialised scope of practice. Concerns around the inability to hold professionals accountable for their actions can be addressed by building a hierarchy of skills in which, as professionals advance up the hierarchy, they fulfil their roles at the highest level but are not excluded from assisting in roles at lower levels.

In practice, supply falls short of demand, and the gap is growing. According to the statistics published by the South African Nursing Council, in 1996, 2 259 learners graduated as professional nurses, with the qualification: Nursing Science (General, Community and Psychiatry) and Midwifery. In 2005, the number had dropped to 1533.

The decline of learners entering the nursing profession has been a matter of great concern to the South African Nursing Council and to the Ministry of Health. The problem is discussed in the Human Resources Plan for Health, which the Minister of Health launched in April 2006 and emphasis is given to recruitment of more learners into professional nursing. The registration of a Masters Certificate: Nursing is seen as important in providing an extended learning pathway, and promoting the uptake of graduate and postgraduate qualifications.

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

Competence must include competence equivalent to that of the professional nurse:

- Developing, implementing and evaluating population based health care.
- Planning, implementing and evaluating nursing care for individuals and groups based on thorough assessment.
- Delivering nursing care to sick or disabled individuals and groups.
- Promoting rehabilitation in individual and groups with disabilities.
- Diagnosing and treating minor ailments and common illnesses.
- Maintaining professional nursing in practice.
- Managing a health care unit.
- Delivering safe midwifery care.
- Demonstrating basic understanding of research.
- Integrating and applying knowledge of biomedical sciences, including body functioning, microbiology, pharmacology and socio-psychology in the provision of nursing care within a comprehensive health care system.
- For the specialisation of Occupational Health Nursing, competency in the following unit standards is required:
 - > Perform an audiometric screening test in the occupational setting.
 - > Perform a spirometric screening test in the occupational setting.

Recognition of Prior Learning:

Learners may provide evidence of prior learning for which they may receive credit towards the qualification by means of portfolios, other forms of appropriate evidence and/or challenge examinations, as agreed to between the relevant provider and relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

RPL is particularly important, as there are people in the profession with a variety of qualifications of differing quality and scope. It is important that an RPL process be available to assist in making sense of existing qualifications, and helping to standardise qualifications around a common standard. A related issue is that the nursing profession is facing a new scope of practice, based on international standards. It is essential that existing qualifications and all new provision are aligned to the new scope of practice, and the vision for health care in South Africa.

A further consideration is that there is a big change in the needs of the community that nurses have to serve; this partly explains the 'migration' amongst practitioners to other qualifications. Nurses are finding that their existing qualifications do not meet emerging needs or requirements, and they move to another to meet those needs.

Existing registered nurses, as well as professional nurses qualified under the new Professional Degree may wish to obtain this qualification.

In addition, there are gaps between old qualifications and the requirements of the new scope of practice, and a consequent need to upgrade qualifications. RPL is seen as vitally important in every case to give recognition to learning already in place, make sense of the plethora of different levels and standards in the field, and provide a means for all to gain access to, and progress within, a common learning pathway for the profession.

There is a strong need to bring about alignment to the profession, with nationally recognized qualifications providing for different areas of specialisation. Specialist Nurses are the managers of health care units in all settings for health care delivery. They are independent practitioners, exercising judgement and make decisions around nursing care, and there is a strong need for critical and analytical thinkers to build the scientific knowledge base of nursing.

Access to the Qualification:

- An equivalent of a diploma or degree in nursing at NQF Level 7.
- Current registration with the South African Nursing Council (SANC) as a professional nurse.
- Relevant clinical experience:
 - > Proven evidence of 1 year of clinical experience as a Professional Nurse (typically during the one year of community service).
 - > Placement in a clinical practice setting relevant to speciality of choice.

RECOGNISE PREVIOUS LEARNING?

Y

QUALIFICATION RULES

In order to be credited with this qualification, learners are required to achieve:

Fundamental:

- All 15 Fundamental component credits (compulsory).
- Fundamental in this qualification is the ability to conduct research, critical for any person engaged in a research qualification.

Core:

- All 48 Core component credits are compulsory, regardless of the area of specialisation selected.

Exit Level Outcomes 1, 2 and 3 apply.

Elective:

- A minimum of 80 Elective credits are required.
- Candidates can choose from 16 different elective options.
- Each elective is an area of specialisation, and carries a minimum of 80 credits.
- Candidates must select whole elective options, and complete all of the exit level outcomes for that elective.

Structure of the qualification:

The following provides an overview of the qualification with different possible elective components [at present these constitute 16 separate qualifications]. It outlines the Fundamental, Core and Elective components, and indicates the way in which Exit Level Outcomes are assigned. It further indicates the credit values for each category.

Fundamental Component: Conduct research (see Notes):

- Total Credits: 15.

Core Component:

- Exit Level Outcomes 1, 2, 3.
- NQF Level 8.
- Credits: 16 each.
- Total Credits: 48.

Elective Components:

Elective 1: Orthopaedic Nursing:

- Exit Level Outcomes 4, 5, 6.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 2: Operating Theatre:

- Exit Level Outcomes 7, 8, 9.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 3: Palliative and Oncology Nursing:

- Exit Level Outcomes 10, 11, 12.

- NQF Level 8.
- Total Credits 80 minimum.

Elective 4: Ophthalmic Nursing:

- Exit Level Outcomes 13, 14, 15.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 5: Emergency Nursing [Competent persons can be registered to practice-trauma nursing]:

- Exit Level Outcomes 16, 17, 18.
- NQF Level 8.
- Total Credits 80 minimum.

Elective 6: Occupational Health Nursing:

- Exit Level Outcomes 19, 20, 21, 22.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 7: Nephrology:

- Exit Level Outcomes 23, 24, 25.
- NQF Level 8.
- Total Credits 80 minimum.

Elective 8: Paediatric Nursing:

- Exit Level Outcomes 26, 27, 28.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 9: Critical Care Nursing (Adult):

- Exit Level Outcomes 29, 30, 31, 32, 33.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 10: Critical Care Nursing (Child and Adolescent):

- Exit Level Outcomes 34, 35, 36, 37, 38, 39.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 11: Psychiatric Nursing:

- Exit Level Outcomes 40, 41, 42, 43.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 12: Midwifery and Neonatal Nursing:

- Exit Level Outcomes 44, 45, 46.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 13: Community Health Nursing:

- Exit Level Outcomes 47, 48, 49, 50.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 14: Nursing and Health Services Management:

- Exit Level Outcomes 51, 52, 53, 54, 55, 56, 57, 58, 59.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 15: Nursing Education:

- Exit Level Outcomes 60, 61, 62, 63, 64.
- NQF Level 8.
- Total Credits: 80 minimum.

Elective 16: Family Nursing:

- Exit Level Outcomes 65, 66, 67.
- NQF Level 8.

- Total Credits: 80 minimum.

EXIT LEVEL OUTCOMES

Core:

1. Function effectively as a clinical nurse specialist with other members of the health team within the health care system.
2. Analyse a range of research methods and approaches with regard to their appropriateness for investigating particular research problems in specialized nursing and midwifery.
3. Manage and evaluate specialized nursing services in a variety of settings for individuals, families and communities at district, provincial and national level within the context of national health policy and international guidelines.

Electives:

- Note: The numbers of criteria per exit level outcome vary according to the requirements of the particular outcome. They are not indicators of the size of the outcome, but rather directives for assessors and providers on critical evidence of competence.

Elective 1: Orthopaedic Nursing:

4. Work as a specialist practitioner with other team members within the health care system for the promotion of healthy musculo-skeletal functioning, rehabilitation and the prevention of orthopaedic morbidity.
5. Demonstrate an informed and critical understanding of the principles, theories, issues and debates emerging in orthopaedic nursing.
6. Apply specialist knowledge and skills in orthopaedic nursing in the care of individuals, groups and communities with orthopaedic problems.

Elective 2: Operating Theatre Nursing:

7. Work as a specialist practitioner with other team members within the operating theatre and surgical environment.
8. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in operating theatre nursing.
9. Apply specialist knowledge and skills in peri-operative care of individuals.

Elective 3: Palliative and Oncology Nursing:

10. Work as a specialist practitioner with other team members within the health care system for the promotion of health, management of malignant conditions and care of the dying patient.
11. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in palliative and oncology nursing.
12. Apply specialist palliative care and oncology nursing knowledge and skills in the care of individuals, groups and communities.

Elective 4: Ophthalmic Nursing:

13. Work as a specialist practitioner with other team members within the health care system for the promotion of ophthalmological health and the prevention of visual impairment and blindness.
14. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in ophthalmic nursing.
13. Apply specialist knowledge and skills in the ophthalmological health care of individuals, groups and communities.

Elective 5: Emergency Nursing [Can be registered to practice in trauma nursing]:

16. Work as a specialist practitioner with other team members within the health care system for the prevention of morbidity and mortality, before, during and after emergencies.
17. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in emergency nursing.
18. Apply specialist knowledge and skills in the emergency nursing of individuals and groups.

Elective 6: Occupational Health Nursing:

19. Work as a specialist practitioner with other team members within the health care system for the promotion of occupational health and the prevention of occupational illness.
 20. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in occupational health nursing.
 21. Apply specialist knowledge and skills in the occupational health care of individuals and groups.
 22. Maintain excellence in practice as a specialist practitioner in a variety of settings.
- > Range: Private, public, self-employed, urban and rural.

Elective 7: Nephrology Nursing:

23. Work as a specialist practitioner with other team members within the health care system for the promotion of renal health and the prevention of renal dysfunction.
24. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in renal nursing.
25. Apply specialist knowledge and skills in the renal nursing care of individuals, groups and communities with renal health problems.

Elective 8: Paediatric Nursing:

26. Work as specialist practitioner with other team members within the health care system in the assessment of the health status of children, from healthy to very ill, with specific understanding of the maturation and development of children.
27. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in paediatric nursing.
28. Apply specialist knowledge and skills in the provision of nursing care to sick children and their families.

Elective 9: Critical Care Nursing (Adult):

29. Demonstrate a practice-based knowledge and understanding of bio-medical technologies and nursing skills utilized in support of care of the critically ill person.
30. Apply evidence-based knowledge and skills in understanding, interpreting and mediating in the physical and emotional environment of the critical care unit, for patients, their families and staff.
31. Demonstrate a coherent understanding of principles, theories and emerging national and global issues in critical care nursing.
32. Interpret and apply information and data correctly to assess the critically ill adult.
33. Apply specialist knowledge and skills in the care and physiological support of critically ill and high-risk adults and their families.

Elective 10: Critical Care Nursing (Child and Adolescent) [Competent persons can be registered to practice-new separation, though]:

34. Demonstrate a practice-based knowledge and application of bio-medical technologies and nursing skills utilized in support of care of the critically ill child and/or adolescent.
35. Apply evidence-based knowledge and skills in understanding, interpreting and mediating in the physical and emotional environments of the critical care unit for patients, their families and staff.
36. Demonstrate a coherent understanding of principles and theories of both national and global emerging issues in critical care nursing.
37. Interpret non-verbal information and other data presented by children of varying developmental phases and their families, to completely assess children who require critical care.
38. Demonstrate specialist knowledge of child specific physiology and congenital pathophysiology that requires critical care.
39. Demonstrate the ability to respond to rapidly changing clinical conditions, including the recognition and management of emerging health crises, organ dysfunction and failure, in critically ill children and adolescents.

Elective 11: Psychiatric Nursing:

40. Work as a specialist practitioner with other members of the health team within the health care system for the promotion of mental health and prevention of mental illness.
41. Demonstrate a coherent and critical understanding of the principles, theories, emerging issues and debates in psychiatric nursing.
42. Apply specialist knowledge and skills in the nursing of individuals, groups and communities with mental health problems.
43. Enhance the functioning of the individual, group and community through expert psycho-education.

Elective 12: Midwifery and Neonatal Nursing:

44. Work as a specialist practitioner with team members within the health care system for the promotion of maternal and neonatal health and the prevention of maternal and neonatal morbidity and mortality.
45. Demonstrate a coherent and critical understanding of the principles, theories and emerging issues and debates in specialized midwifery and neonatal nursing.
46. Apply specialist knowledge and skills in the provision of reproductive health care for individuals, groups and communities.

Elective 13: Community Health Nursing:

47. Work as a specialist practitioner with other members of the health team for the promotion of health for groups, communities and populations, in striving to resolve public health issues that impact negatively on the attainment of optimal health for the population as a whole.
48. Demonstrate a coherent and critical understanding of the principles, theories, emerging issues and debates in public health, both nationally and globally.

49. Apply specialist knowledge and skills in population-based care to meet the health needs of groups, communities and populations.
50. Use advanced epidemiological research methods and epistemological thinking to assess needs, determine strategies to meet identified needs and identify best practices in public health and community-based nursing.

Elective 14: Nursing and Health Services Management:

51. Demonstrate a comprehensive and systematic knowledge and understanding of the components of the management process in the management of a health service.
52. Demonstrate a coherent and critical understanding of the principles and theories of management and leadership.
53. Organize the management of a defined health care unit by identifying, analysing and dealing with complex issues, using evidence-based solutions and theory driven arguments.
54. Control the quality of management and performance of health care in the defined service by means of scientific-based solutions.
55. Conduct fair and cost effective human resource management by engaging with current research and scholarly literature pertaining to sound human resource management.
56. Formulate and implement an effective strategic plan for a defined health care service by taking cognisance of internal strengths and weaknesses and external threats and opportunities.
57. Evaluate the effectiveness of the implemented strategic plan for the defined health care service by critical analysis, synthesis and independent evaluation of quantitative and qualitative data.
58. Demonstrate coherent and in-depth understanding of principles of business management pertaining to the private health sector.

OR:

59. Demonstrate coherent and critical understanding of the structure and functions of the public health services.

Elective 15: Nursing Education:

60. Create active learning environments in the teaching of nursing and midwifery both in clinical and classroom settings based on comprehensive and systematic understanding of adult development, learning and motivation theories.
61. Lead curriculum change and/or transformation in the education of nurses and midwives based on critical analysis of educational philosophy, national and global policies and discourses such as managing diversity, RPL, and globalization with regard to their implications for nursing and midwifery education.
62. Design, implement and assess classroom and clinical learning outcomes based on expected learning outcomes and a comprehensive understanding of principles and strategies of assessment of learning outcomes with specific reference to professional education.
63. Develop, in collaboration with peers, a coherent curriculum for a particular nursing and/or midwifery programme whilst taking into account the principles of the NQF and the stipulations of the South African Nursing Council (SANC).
64. Demonstrate a comprehensive and critical understanding of theories and approaches of educational management, including quality management systems, with specific reference to managing any nursing education institution.

Elective 16: Family Nurse Practice:

65. Work as a specialist practitioner with other team members within the primary care setting providing comprehensive clinical care.
66. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in family nursing.
67. Apply specialist knowledge and skills in providing advanced clinical care to individuals of all ages, and families, in a primary care setting.

Critical Cross-Field Outcomes:

This qualification addresses the following critical cross-field outcomes, as detailed in the associated unit standards:

- Identifying and solving problems in which responses indicate that responsible decisions using critical and creative thinking have been made.
- Working effectively with others as a member of a team, group, organisation or community.
- Organising and managing oneself and one's activities responsibly and effectively.
- Collecting, analysing, organising and critically evaluating information.
- Communicating effectively using visual, mathematical and/or language skills in the modes of oral/written persuasion.
- Using science and technology effectively and critically, showing responsibility towards the environment and health of others.
- Demonstrating and understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.

Learning programmes directed towards this qualification will also contribute to the full personal development of each learner and the social and economic development of the society at large, by making individuals aware of the importance of:

- Reflecting on and exploring a variety of strategies to learn more effectively.
- Participating as responsible citizens in the life of local, national and global communities.
- Being culturally and aesthetically sensitive across a range of social contexts.
- Exploring education and career opportunities; and developing entrepreneurial opportunities.

ASSOCIATED ASSESSMENT CRITERIA

Core:

Associated Assessment Criteria for Exit Level Outcome 1:

- 1.1 Specialised health information needs are identified and addressed through structured and unstructured health education.
- 1.2 Formal and in-service education programmes for a specific category of clinical nurse specialists and other team members are designed and presented to ensure best practice in specialized nursing and health services.
- 1.3 Programmes for personal and professional growth are designed, implemented and evaluated in collaboration with colleagues and other members of the specialized health care team.
- 1.4 Developmental programmes and/or projects in area of speciality are provided through advisory and facilitative processes.
- 1.5 Consultancy and referral are provided to colleagues through a client, consultee and service-centred process.

Associated Assessment Criteria for Exit Level Outcome 2:

- 2.1 The analysis of research approaches and methods is comprehensive and coherent and includes theoretical and or philosophical orientations about knowledge, reality and truth, as well as the implications of these theoretical orientations for selection of techniques and strategies based on particular research problem(s) and questions.
- 2.2 Analysis and interpretations of research reports (quantitative and qualitative) indicate comprehensive and systematic understanding of data collection techniques, data analysis procedures and principles and the current professional and clinical discourse in a specific area of nursing and midwifery specialization.

Associated Assessment Criteria for Exit Level Outcome 3:

- 3.1 Specialized health care units, programmes and services at district, provincial and national levels are evaluated and managed in an efficient and effective manner according to accredited assessment tools.
- 3.2 Documented short and longer-term relationships and role modelling provide mentorship to others in the specialized health team.
- 3.3 Development of team members and support to cope with the emotional demand of the specialty are indicated through actions and reports.
- 3.4 Professional excellence and competence is maintained through application of continuing education and encouragement of life long learning.
- 3.5 Limitations in ethical, legal and policy guidelines are timeously identified with particular reference to a human rights approach on transforming legislation and civil structures through lobbying and advocacy.
- 3.6 Patients, families and communities are empowered to access existing appropriate resources through application of continuing health education.
- 3.7 The specialized disease profile at district, provincial and national levels and in different settings is correctly determined and interpreted in the formulation of specialized nursing needs of these communities and/or regions.
- 3.8 Quality assurance activities are conducted regularly to enhance quality in specialized health services.
- 3.9 Information systems at an aggregate level are developed and maintained.

Electives:

- Note: The numbers of criteria per exit level outcome vary according to the requirements of the particular outcome. They are not indicators of the size of the outcome, but rather directives for assessors and providers on critical evidence of competence.

Elective 1: Orthopaedic Nursing:

Associated Assessment Criteria for Exit Level Outcome 4:

- 4.1 Factors, which promote or threaten mobility are identified, assessed and addressed by conducting appropriate screening methods.
- 4.2 Musculo-skeletal health promotion, functioning, rehabilitation and illness prevention strategies are developed, implemented and evaluated in collaboration with other members of the orthopaedic health team.

Associated Assessment Criteria for Exit Level Outcome 5:

- 5.1 Critical understanding of current discourse in the field of orthopaedic nursing practice is demonstrated in the nursing care recommended and given.
- 5.2 A substantiated point of view regarding emerging issues and debates relevant to orthopaedic nursing is demonstrated through the applied nursing care.
- 5.3 Presentations on issues in the field reflect an understanding of the dynamic and tentative nature of most forms of knowledge.

Associated Assessment Criteria for Exit Level Outcome 6:

6.1 Assessments of orthopaedic patients are carried out through use of specialist techniques relevant to the client's orthopaedic health problem.

- Range:
 - > Ergonomic assessment.
 - > Bone scan.
 - > Bone marrow specimen collection.
 - > Haematological studies.
 - > Biochemical tests.
 - > Serological tests.
 - > Electromyography.

6.2 Advanced procedures of orthopaedic nursing as required by the client's condition are effectively implemented.

- Range:
 - > Application and removal of plaster of Paris.
 - > Application of tractions.
 - > Application of splints/orthotics.
 - > Use of special beds, lifters mattresses.
 - > All relevant assistive devices.

6.3 Patients with specific orthopaedic conditions are competently managed using various competencies as applicable to the specific orthopaedic health problem.

- Range:
 - > Arthritic conditions.
 - > Amputations.
 - > Para/quadruplegic conditions.
 - > Congenital and developmental deformities/abnormalities.
 - > Post-traumatic deformities.
 - > Exercise and sport related disorders.
 - > Neoplasms of the musculoskeletal system.
 - > Soft tissue injury.

6.4 Rehabilitation of people with new or established orthopaedic disability is promoted using evidence-based strategies.

6.5 Patients with orthopaedic problems or illnesses, referred from primary health care practitioners, are accepted and effectively managed.

6.6 Needs of orthopaedic patients and their families are championed through advocacy of the orthopaedic nurse.

Elective 2: Operating Theatre:

Associated Assessment Criteria for Exit Level Outcome 7:

7.1 Peri-operative factors that threaten the health of the patient are identified and evaluated through appropriate assessment methods.

7.2 Risk management strategies are developed, implemented and evaluated by assessing the overall health of peri-operative patients.

Associated Assessment Criteria for Exit Level Outcome 8:

8.1 Appropriate theoretical frameworks in clinical practice are identified and integrated.

8.2 A substantiated point of view regarding emerging issues and debates relevant to operating theatre nursing is articulated.

8.3 The presentations of the learners on issues in the field reflect an understanding of the dynamic and tentative nature of specialist knowledge.

Associated Assessment Criteria for Exit Level Outcome 9:

9.1 Assessment of peri-operative patients is carried out accurately according to the prescribed institutional protocols.

- Range: Pre-, intra- and post-operative.

9.2 Procedures associated with the role of a scrub nurse are competently implemented. These include but are not limited to:

- Preparing the theatre, instruments and equipment as well as medical and surgical sundries.
- Scrubbing, gowning and gloving.
- Preparing and setting up for the surgical intervention.
- Effective co-ordination of the surgical team.
- Timeous provision of all requirements during surgery through anticipation of needs.
- Transporting and/or moving patients.

9.3 Required procedures associated with assisting the anaesthetist are competently implemented.

9.4 Cultural sensitivity is demonstrated at all times, including, but not limited to:

- Patient assessment.
- Preparation for surgery.
- Disposal of surgically removed human issue.

- Preparing and assisting with all methods of anaesthesia.
 - Anticipating special needs based on the condition of the patient.
- 9.5 Procedures associated with the care of the patient in the recovery room are competently implemented.
- Range:
 - > Identifying and managing complications.
 - > Managing pain.
- 9.6 The needs of clients are championed through advocacy by the operating theatre nurse.
- 9.7 Quality assurance activities are conducted regularly to ensure the quality of peri-operative services.
- Elective 3: Palliative and Oncology Nursing:

Associated Assessment Criteria for Exit Level Outcome 10:

- 10.1 Factors, which cause malignant conditions, and those which encourage protection are identified and evaluated.
- 10.2 Cancer prevention strategies are developed, implemented and evaluated by assessing the overall health of the community, using, inter alia, screening and genetic counselling.
- 10.3 Cultural sensitivity is demonstrated in the assessment, process and documentation of oncology care by utilizing and comparing various cultural customs pertaining to chronic illness and dying.

Associated Assessment Criteria for Exit Level Outcome 11:

- 11.1 Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.
- 11.2 A substantiated point of view regarding emerging issues and debates relevant to palliative care and oncology nursing is articulated.
- 11.3 The presentation on issues in the field reflects an understanding of the dynamic and tentative nature of specialised knowledge.

Associated Assessment Criteria for Exit Level Outcome 12:

- 12.1 Assessments of cancer patients whose care is complicated by bio-psycho-social or other factors are carried out accurately, through means such as:
- Pain assessment.
 - General and specific side effects of treatment.
 - Pre-treatment assessment.
 - Client's response to life threatening illness.
- 12.2 Management of cancer treatment is carried out effectively using the following competencies:
- Life-threatening complications related to treatment are anticipated and identified.
 - Safe handling and accurate administration of drugs.
 - Maintenance of safe practice with regard to radiation therapy.
 - Specialised counselling of clients undergoing treatment, reconstructive surgery and rehabilitation.
- 12.3 Quality assurance activities are regularly conducted to enhance quality oncology and palliative care services.
- 12.4 Needs of oncology and dying patients and their significant others are championed through advocacy by the oncology nurse.

Elective 4: Ophthalmic Nursing:

Associated Assessment Criteria for Exit Level Outcome 13:

- 13.1 Factors, which promote or threaten ophthalmological health are identified, addressed and evaluated by conducting appropriate assessment and management methods, e.g. ocular screening.
- 13.2 Ophthalmological health promotion and illness prevention strategies are developed, implemented and evaluated, e.g. eye care information.

Associated Assessment Criteria for Exit Level Outcome 14:

- 14.1 Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.
- 14.2 Point of view regarding emerging issues and debates relevant to ophthalmic nursing is articulated and accurately substantiated.
- 14.3 The presentation on issues in the field reflects an understanding of the dynamic and tentative nature of specialist knowledge.

Associated Assessment Criteria for Exit Level Outcome 15:

- 15.1 Specialist procedures of ophthalmic treatment are competently implemented.
- Range:
 - > Emergency eye care.
 - > Removing foreign objects.
 - > Prescribing of corrective devices.
 - > Selected surgical procedures.
 - > Providing pharmacological information regarding the use of prescribed medication.

15.2 Rehabilitation of visually impaired clients is optimally implemented within real life settings, e.g:

- Activities of daily living.
- Coping with new environments.
- Using assistive devices.
- Accessing resources, e.g. special training for use of Braille.

15.3 Quality assurance activities are conducted regularly to enhance quality ophthalmic health services.

15.4 Needs of visually impaired clients are championed through advocacy by the ophthalmic nurse.

Elective 5: Emergency Nursing [Competent persons can be registered to practice - trauma nursing]:

Associated Assessment Criteria for Exit Level Outcome 16:

16.1 Patterns of emergencies prevalent in specific areas are identified and analysed.

16.2 Preventive strategies are planned, implemented and evaluated.

16.3 Cultural sensitivity of individuals and their families is demonstrated in the assessment, process and documentation of emergency care.

Associated Assessment Criteria for Exit Level Outcome 17:

17.1 Appropriate theoretical frameworks regarding the prevention and management of emergencies are identified and integrated in theoretical and practical work.

17.2 A substantiated point of view regarding emerging issues and debates relevant to emergency nursing is articulated.

17.3 The presentation on issues in the field reflects an understanding of the dynamic and tentative nature of specialised knowledge.

Associated Assessment Criteria for Exit Level Outcome 18:

18.1 Emergency situations and casualties/patients are accurately assessed.

- Range:
 - > Accident scene.
 - > Disaster scene.
 - > Primary and secondary survey.

18.2 Advanced procedures of emergency care are competently implemented.

- Range:
 - > Creating or ensuring a safe environment.
 - > Airway management.
 - > Breathing and circulation management.
 - > Injury management.
 - > Stabilization and transport of patients.

18.3 Complicated emergency cases are effectively managed using various competencies:

- Range:
 - > Assisting with and interpreting blood tests.
 - > Deep peritoneal lavage.
 - > Immobilization procedures.
 - > Preparation and management of aero-medical events.
 - > Management of specific poisoning.
 - > Initiating pharmacological and technological measures to promote homeostasis.

18.4 Quality assurance activities are conducted to enhance quality of emergency services.

18.5 Needs of emergency clients are championed by advocacy.

Elective 6: Occupational Health Nursing:

Associated Assessment Criteria for Exit Level Outcome 19:

19.1 Policies and procedures appropriate for the protection of the health of both employees and community are analysed, developed and implemented.

19.2 Risk related and disaster management programmes appropriate for specific industry and hazards are developed in collaboration with essential interdisciplinary team members, including Occupational Hygienists, Toxicologists, Environmentalists, Safety and Ergonomic specialists.

19.3 Management of occupational health issues demonstrates a knowledge of legislation applicable to the occupational environment.

19.4 Health promotion programmes are based on a needs assessment and are relevant to and accepted by both the organisation and employees.

19.5 A realistic health campaign, such as, community safety; HIV/AIDS prevention, is planned and the plan presented for scrutiny.

Associated Assessment Criteria for Exit Level Outcome 20:

20.1 Theoretical frameworks, appropriate to the specific location, are identified and integrated in clinical practice.
20.2 A substantiated point of view regarding emerging issues and debates relevant to occupational health nursing is articulated.
20.3 The presentations of the learner on issues in the field reflect an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 21:

21.1 Specialist assessments relevant to practice are carried out and referred for further treatment where necessary.
• Range (Inter alia): Audiometry, lung function testing, vision testing, Electro-cardiography.
21.2 Differentially susceptible groups, and individuals vulnerable to risk are identified and their special needs in the occupational setting defined.
> Range: Reproductive health risk; genetic vulnerability with identified hazards.
21.3 Relative risk of hazards are identified and priorities in specific occupational contexts and appropriate management policies, recommended through tools such as workplace risk assessments.
21.4 A rehabilitation programme, relevant to the needs of specific clients or groups, is designed in terms of international standards for occupational injury or disease, and with the cooperation of the employer, and is applied with the assistance of the multidisciplinary health care team.

Associated Assessment Criteria for Exit Level Outcome 22:

22.1 A business plan to address specific occupational health service needs is developed and presented.
22.2 A private practice plan, in accordance with ethical and legal guidelines and business registration requirements, is developed and presented.
• Range: Tax laws and requirements; Labour requirements; equity issues and requirements; corporate governance.

Elective 7: Nephrology:

Associated Assessment Criteria for Exit Level Outcome 23:

23.1 Factors, which promote or threaten renal health are identified, addressed and evaluated by conducting appropriate assessment methods.
23.2 Renal health promotion and illness prevention strategies are developed, implemented and evaluated by assessing the overall renal health care of the community.
23.3 Cultural sensitivity is demonstrated in the assessment of clients, canvassing of organ donors and counselling of transplant donors and recipients.

Associated Assessment Criteria for Exit Level Outcome 24:

24.1 Appropriate theoretical frameworks are identified and integrated in clinical practice.
24.2 A substantiated point of view regarding emerging issues and debates relevant to nephrology nursing is articulated.
24.3 The presentation of the learners on issues in the field reflects an understanding of the dynamic and tentative nature of specialised knowledge.

Associated Assessment Criteria for Exit Level Outcome 25:

25.1 Detailed assessments of renal function and the effects of renal failure on body systems are accurately carried out.
• Range:
> Initiating specific laboratory tests.
> History of transplantation and dialysis.
> Disease progression.
> Nutritional assessment.
25.2 All types of dialysis for children and adults are initiated timeously and maintained effectively using the following competencies:
• Specialist counselling about renal replacement, therapy and rehabilitation.
• Choosing and preparing apparatus.
• Initiating, maintaining and terminating dialysis.
• Providing pharmacotherapy.
• Managing complications.
• Providing water treatment.
• Sterilizing and maintaining apparatus and dialysers.
• Long term client management.
• Home-based treatment.
25.3 Paediatric and adult patients preparing for and undergoing kidney transplantations are competently managed using the following competencies:
• Donor selection.
• Pre-transplantation preparation.
• Organ procurement.

- Caring for immuno-suppressed patients.
 - Identifying and dealing with post kidney transplant complications.
 - Fluid and electrolyte management.
 - Immediate and maintenance pharmacotherapy.
 - Legal and ethical competence.
- 25.4 Quality assurance activities are conducted to enhance quality renal care, e.g. infection control.
- 25.5 Needs of renal patients are championed through advocacy by the specialist nephrology nurse.

Elective 8: Paediatric Nursing:

Associated Assessment Criteria for Exit Level Outcome 26:

- 26.1 Assessments of the complex developmental and maturation statuses of children at physical, socio-emotional, intellectual and spiritual levels are carried out competently and confidently without unduly upsetting either the patient or parent.
- > Range: Fine and gross motor coordination, hearing and sight capabilities and general behaviour.
- 26.2 Primary assessment of a child is carried out to identify less common childhood conditions.
- 26.3 Nursing assessment of ill children to identify basic needs is carried out and documented.
- > Range: Hydration status; nutritional status; developmental status; presence and location of pain; presence and possible cause of anxiety; recognition of and meeting of attachment and safety needs.

Associated Assessment Criteria for Exit Level Outcome 27:

- 27.1 Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.
- 27.2 Point of view regarding emerging issues and debates relevant to paediatric nursing is articulated and accurately substantiated.
- 27.3 The presentation of the learner on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 28:

- 28.1 Planned evidence-based nursing care provided to children with various conditions is based on a comprehensive knowledge of anatomy, physiology and pathophysiology related to children; as well as genetics, embryology; congenital and inherited conditions, including complex pathological and/or differentially-abled conditions.
- Range:
 - > Conditions of the various body systems including, cardiac, respiratory, fluid and electrolyte, neurological etc.
 - > Children who require surgery including informed consent.
 - > Acute illness including dehydration, pyrexia, seizure disorders.
 - > Chronic illness.
 - > Palliative care.
 - > Child with special needs and disability.
 - > HIV/AIDS in neonates and children.
 - > Communicable diseases in children.
- 28.2 The quality of childcare practice is ensured in providing competent, family-centred care in child-particular care issues.
- Range:
 - > Injury and disease prevention including immunisation.
 - > Nutrition in children -feeding, food supplementation, weaning.
 - > Hospitalisation.
 - > Preparation for and positioning for invasive procedures.
 - > Gaining cooperation from a child.
 - > Limit setting and discipline.
 - > Transporting infants and children.
 - > Parental support, counselling and participation in care.
- 28.3 Knowledge of pharmacotherapy related to children, including specific dosages and drug interactions in children is demonstrated during the planned nursing of the child.
- 28.4 Familiarity with specialized procedures related to life support including cardio-pulmonary resuscitation and intra-osseous infusion is demonstrated in accordance with set procedures.
- 28.5 Quality assurance activities are conducted to enhance quality child and adolescent health services.
- 28.6 Needs of sick children and their families are championed through advocacy by the specialist paediatric nurse.

Elective 9: Critical Care Nursing (Adult):

Associated Assessment Criteria for Exit Level Outcome 29:

- 29.1 Principles of ventilation are maintained in the application of various modes of ventilation.
- 29.2 Technologically assisted assessment and support of the various organ systems in critically ill patients (adults and children) is accurately demonstrated.
- Range:

- > Advanced monitoring techniques for all body systems.
- > Evaluation of laboratory tests.
- > Microbiological surveillance.
- > Evaluation of diagnostic tests including electro-cardiogram and chest x-Ray.
- > Evaluation of pain.

29.3 Specialized skills and knowledge in advanced life support and resuscitation techniques of both adult and child are correctly demonstrated.

29.4 Principles of renal replacement therapies are applied in the provision of nursing care to individuals with severe and life threatening renal health problems.

29.5 Understanding of the causes and pathophysiology of shock are demonstrated during the interventions of life support and resuscitation procedures.

Associated Assessment Criteria for Exit Level Outcome 30:

30.1 The risks of the technological environment are effectively managed and incidents prevented, to ensure a safe and therapeutic environment.

- Range:

- > Correct use of equipment.
- > Noise management.
- > Sensory overload.
- > Sensory deprivation.

30.2 Implementation of infection control measures is promoted in order to enhance the safety of the critical care environment.

30.3 The psychosocial, cultural and emotional needs of the critically ill patients and their families, (including patient rights and advocacy) are anticipated, identified and managed.

30.4 Informed contributions within a cohesive multi- disciplinary critical care team are clearly demonstrated.

30.5 Knowledge and skills for effective management of death, dying, and complex ethical issues, (e.g. withdrawal of therapy), within a high stress environment, are correctly developed and demonstrated.

30.6 Skills for the effective coaching, support and mentorship of members of the critical care team are demonstrated, and the importance thereof accurately explained.

Associated Assessment Criteria for Exit Level Outcome 31:

31.1 Theoretical frameworks that underpin critical care nursing practice are described and integrated into clinical practice.

31.2 Articulated points of view regarding emerging national and global issues and policies demonstrate in-depth and critical understanding of relevant discourses in critical care nurses.

31.3 Contributions on complex and controversial debates on critical care nursing issues reflect an appreciation of the dynamic and tentative nature of most human knowledge.

Associated Assessment Criteria for Exit Level Outcome 32:

32.1 In-depth knowledge of anatomy and physiology of the adult, including metabolic and biochemical processes of all body systems, is demonstrated during all interventions for - and interactions with - the patients.

32.2 Assessment of the critically ill and high-risk patient is conducted in an integrated manner and includes measures of physical, psychosocial emotional and spiritual needs.

32.3 Specialist nurse competences are utilized effectively and correctly in the assessment of the functioning of specific body systems in critically ill patients.

- Range:

- > Cardiovascular System, including haemodynamic and cardiac monitoring.
- > Respiratory System, including arterial blood gas analysis.
- > Neurological System, including invasive intracranial pressure monitoring.
- > Renal System, including acid-base balance.
- > Metabolic/Endocrine System, including glycaemic control, sleep/rest cycles.
- > Gastro-intestinal System, including nutritional assessment and elimination.
- > Integumentary System, including the assessment of wounds.
- > Haematological system, including coagulation studies.
- > Evaluation of immune system.
- > Assessment of pain and anxiety.

32.4 Laboratory results and special investigations and procedures are interpreted with the clinical interface, accurately recorded and correctly acted upon.

Associated Assessment Criteria for Exit Level Outcome 33:

33.1 An in-depth knowledge of the pathophysiological basis for compromised organ systems in critical illness is applied during the care of the critically ill adult.

33.2 An in-depth knowledge of the specialised care required by critically ill adult is demonstrated during evidence-based interventions in respect of the following.

- Airway management and respiratory support.
- Cardiac support, including pacemakers and intra-aortic balloon pumps (IABP).
- Haemodynamic support.
- Fluid therapy.
- Electrolyte imbalance.
- Acid base imbalance.
- Nutritional support.
- Endocrine and metabolic derangements.
- Pain management and sedation.
- Thermoregulation.
- Sepsis surveillance.
- Fundamental hygiene and comfort needs.

33.3 Competence in nursing management of patients who require critical care, (including promotive, preventive and rehabilitative measures) is demonstrated in terms of the following:

- Compromised cardio-vascular system (CVS) function:
 - > Range: Acute coronary syndrome, valvular disease, cardio-thoracic surgery, vascular surgery. Compromised respiratory function e.g. acute respiratory failure, ventilator dependency, obstructive and restrictive disorders, and adult respiratory distress syndrome.
- Compromised neurological function e.g. head and spinal cord injuries, cerebro vascular accidents, neuromuscular disorders.
- Compromised renal function e.g. acute renal failure.
- Compromised endocrine function e.g. diabetic keto-acidosis.
- Compromised gastro-intestinal and hepatic function e.g. abdominal trauma, acute pancreatitis, severe GIT haemorrhage, liver failure.
- Compromised haematological function e.g. disseminated intra-vascular coagulopathy.
- Obstetric related illness e.g. haemolysis- elevated liver enzymes- low platelets (HELLP) syndrome.
- Compromised Immune system e.g. immunosuppressive therapy, infectious diseases, Human Immuno virus/Autoimmune deficiency syndrome (HIV/AIDS) related illnesses.
- Multisystem Disorders:
 - > Range:
 - > Multiple organ dysfunction syndrome.
 - > Severe sepsis and related syndromes, including.
 - > Systemic Inflammatory Response Syndrome.
 - > Polytrauma.
 - > Physiological shock - all types.
 - > Acute Intoxications, including.
 - > Accidental poisoning.
 - > Recreational drug abuse.
 - > Intentional drug overdose.
 - > Burns.

33.4 A comprehensive knowledge of the pharmacotherapy (including pharmacodynamics and pharmacokinetics) of the various drugs used in the management of the critically ill adult is demonstrated in the actions taken by the learner.

Elective 10: Critical Care Nursing (Child and Adolescent):

Associated Assessment Criteria for Exit Level Outcome 34:

34.1 Principles of ventilation are maintained in the application of various modes of ventilation.

34.2 Technologically assisted assessment and support of the various organ systems in critically ill adolescents and children is accurately demonstrated:

- Range:
 - > Advanced monitoring techniques for all body systems.
 - > Evaluation of laboratory tests.
 - > Microbiological surveillance.
 - > Evaluation of diagnostic tests including electro-cardiograph and chest x-Rays.
 - > Evaluation of pain.

34.3 Knowledge and application of specialized life support and resuscitation techniques of both adolescent and child is demonstrated.

34.4 Principles of renal replacement therapies are applied in the provision of nursing care to individuals with severe and life threatening renal health problems.

34.5 The causes and pathophysiology of shock are explained and demonstrated during the relevant interventions.

Associated Assessment Criteria for Exit Level Outcome 35:

35.1 The risks of the technological environment are effectively managed and prevented to ensure a safe environment (e.g. correct use of equipment, noise management, sensory overload and/or deprivation etc.).

35.2 Implementation of infection control measures is promoted in order to enhance the safety of the critical care environment.

35.3 The psychosocial, cultural and emotional needs of the critically ill patients and their families (including patient rights and advo-

cacy) are anticipated identified and managed.

35.4 Knowledge and skills for effective management of death, dying, and complex ethical issues, (e.g. withdrawal of therapy), within a high stress environment are continuously developed and demonstrated.

Associated Assessment Criteria for Exit Level Outcome 36:

36.1 Theoretical frameworks that underpin critical care nursing practice are integrated into clinical practice.

36.2 Articulated points of view regarding emerging national and global issues and policies demonstrate in-depth and critical understanding of relevant discourses in critical care nurses.

36.3 Contributions on complex and controversial debates on critical care nursing issues reflect an appreciation of the dynamic and tentative nature of most human knowledge.

Associated Assessment Criteria for Exit Level Outcome 37:

37.1 Competence in the assessment of the physiological, emotional, psycho-social and spiritual needs of children with complex acute and chronic health conditions is demonstrated.

- Range:

- > Vital indicators.

- > Respiratory effort, including monitoring of pulse oximetry and arterial blood gases.

- > Invasive and non invasive haemodynamic monitoring.

- > Monitoring cardiac sufficiency and electrocardiography.

- > Fluid and electrolyte monitoring.

- > Age-appropriate neurological assessment, intracranial pressure monitoring and seizure activity.

- > Hyper/hypoglycaemia.

- > Assessment of pain and anxiety.

- > Assessment of immune function.

- > Thermodynamics.

- > Comfort and sleep needs.

- > Interpretation of laboratory results & clinical interface.

37.2 Comprehensive understanding of developmental challenges and responses of various age groups to life threatening or critical illness and ICU admission, including the responses of the parents and family is demonstrated.

Associated Assessment Criteria for Exit Level Outcome 38:

38.1 Specialist knowledge of anatomy and physiology of the newborn infant, including peri-natal challenges and the range of congenital and inherited (e.g. metabolic) conditions that result in medical emergency or high level care interventions is demonstrated and applied in the care of critically ill infants.

38.2 Specialist knowledge of the challenges of physiological and psychological maturation and development as these present in the current South African situation, including AIDS related illnesses, malnutrition and trauma, is demonstrated and applied.

38.3 Knowledge of advanced pathophysiology and insults of surgery, trauma and severe illness, especially as these present in children's immature systems is demonstrated and applied in the care of critically ill children.

- Range: Differing cardiac conditions such as congenital, infective (myocarditis), toxins (organophosphate poisoning) and rheumatic heart conditions.

Associated Assessment Criteria for Exit Level Outcome 39:

39.1 Competence in the monitoring and management of the care of critically ill and/or high-risk children and adolescents is demonstrated through performance of the following:

- Oxygenation, artificial airway and ventilation.

- Renal support in the regulation of fluid, acid-base and electrolyte balance.

- Pain and anxiety management.

- Metabolic and Nutritional support.

- Cardiac and circulatory support.

- Advanced life support.

- Thermoregulation.

- Comfort and prevention of injury.

- Sleep and rest needs.

- Parental and family stress responses and needs.

39.2 Competence is demonstrated in diagnostic reasoning, clinical decision-making and advanced therapeutic interventions for children and adolescents with.

- Range:

- > Complex and extended surgery including reconstructive surgery related to congenital conditions, cardiac surgery, neurosurgery, transplantation.

- > Multi-systems trauma e.g. burns, near drowning, child abuse and neglect.

- > Acute respiratory distress and failure e.g. caused by infective, obstructive congenital and inherited conditions.

- > Cardiac insufficiency e.g. caused by congenital, infective, toxic and rheumatic conditions, pulmonary hypertension.

- > Severe infections and care in immune compromised conditions, e.g. AIDS.
 - > Gastrointestinal malabsorption and congenital anomalies, e.g. acute gastroenteritis, severe dehydration and necrotising enterocolitis.
 - > Renal and hepatic insufficiency, e.g. congenital and infective causes, peri-operative and post transplant care.
 - > Neurological conditions, e.g. head injuries, congenital, infective conditions and seizure disorders.
 - > Perinatal adaptation challenges for the Neonate who requires surgery or perinatal intensive care unit (PICU) admission.
 - > Psychiatric emergencies, including suicide attempts, delirium, acute confusion states, especially in adolescents.
- 39.3 The quality of child care practice while providing family-centred care is ensured with specific reference to child-particular care issues.
- Range:
 - > Injury prevention.
 - > Gaining compliance from the child.
 - > Preparation for and positioning for procedures.
 - > Limit setting and discipline.
 - > Transporting infants and children.
 - > Participative decision making and informed consent.
 - > Parental participation in care and decision making.
 - > Post Trauma responses.
 - > Managing emotional and attachment disturbance in children.
- 39.4 An in-depth knowledge of pharmacotherapy and safe administration of drugs in children, including side effects, problems of dilution of drugs (especially volume of fluid administration), the different pharmacodynamics of drugs in different age groups (drug dose per kg may be different depending on age group) is demonstrated and applied.

Elective 11: Psychiatric Nursing:

Associated Assessment Criteria for Exit Level Outcome 40:

- 40.1 Factors, which promote or threaten mental health are identified, addressed and evaluated by conducting appropriate assessment methods.
- 40.2 Mental health promotion and illness prevention strategies are developed, implemented and evaluated, e.g. stigma prevention.
- 40.3 The psychosocial well being of the community is facilitated, promoted and maintained through community upliftment programmes.
- 40.4 Cultural sensitivity is demonstrated in the assessment, process and documentation of psychiatric nursing and mental health care by utilizing, understanding and comparing the various cultural customs pertaining to the practice of psychiatric nursing and mental health care.

Associated Assessment Criteria for Exit Level Outcome 41:

- 41.1 Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.
- 41.2 A substantiated point of view regarding emerging issues and debates relevant to psychiatric nursing is articulated.
- 41.3 The presentation of the learners on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 42:

- 42.1 Specialised mental health assessment instruments and techniques are utilized during assessment of patients with mental health or psychiatric illnesses.
- 42.2 Complicated cases are referred or competently managed using various competencies.
- Range:
 - > Develop, test and implement evidence-based high risk protocols.
 - > Personality disorders.
 - > Dual diagnosis.
 - > Uncommon conditions.
- 42.3 Specialist psychiatric nursing therapy is carried out by using a specific therapeutic method:
- Individual therapy.
 - Play therapy (if specializing in child psychiatric nursing).
 - Group therapy.
 - Family/marital therapy.
- 42.4 Referrals from primary health care practitioners of patients with mental health problems or illnesses are accepted and effectively managed.
- 42.5 Quality assurance activities are conducted to enhance quality mental health practice and psychiatric nursing.
- 42.6 Needs of mental health clients and their significant others are championed through advocacy by the specialist psychiatric nurse.

Associated Assessment Criteria for Exit Level Outcome 43:

- 43.1 Complex health education needs are identified and addressed in the form of structured and unstructured mental health education.
- 43.2 Formal and in-service education programmes for psychiatric nurses and other team members to ensure best practice in mental health services are designed and presented.
- 43.3 Programmes for personal and professional growth of psychiatric nurses are presented on a continuous basis.
- 43.4 Evaluation of learners is carried out in a valid and reliable manner to ensure competent mental health practitioners.

Elective 12: Midwifery and Neonatal Nursing:
Associated Assessment Criteria for Exit Level Outcome 44:

- 44.1 Factors, which promote or threaten maternal and neonatal health are identified and evaluated by conducting appropriate assessment methods.
- 44.2 Through interrogating the overall reproductive health of the community, maternal and neonatal health promotion and illness prevention strategies are developed, implemented and evaluated.
- 44.3 Cultural sensitivity is demonstrated in the assessment, process and documentation of maternal and neonatal health care by utilization and comparing the various cultural customs pertaining to the practice of midwifery nursing and maternal health care.

Associated Assessment Criteria for Exit Level Outcome 45:

- 45.1 Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.
- 45.2 A substantiated point of view regarding emerging issues and debates relevant to midwifery nursing is articulated.
- 45.3 The presentation of the learners on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 46:

- 46.1 Assessments of mothers and neonates complicated by psychosocial, physical, service related or other factors are accurately carried out.
- 46.2 Specialized procedures of reproductive health are competently implemented.
- Range:
 - > STD Management.
 - > Family planning.
 - > Prescribe or administer specific medication.
 - > Internal foetal monitoring.
- 46.3 Complicated cases at ante-, intra- and postnatal stages are referred or competently managed using the following competencies.
- Range:
 - > Development, testing and implementation of evidence-based high risk protocols.
 - > Assisted delivery.
 - > Resuscitation of the neonate.
 - > Assisting with operating theatre procedures.
- 46.4 Referrals from primary health care practitioners of patients with midwifery problems or illnesses are accepted and effectively managed.
- 46.5 Quality assurance activities are conducted to enhance reproductive services.
- 46.6 Needs of mothers and neonates with high risk pregnancy and/or deliveries are championed by advocacy.

Elective 13: Community Health Nursing:

Associated Assessment Criteria for Exit Level Outcome 47:

- 47.1 Factors, which promote or threaten public health are identified and evaluated by means of:
- Epidemiological surveys.
 - Population based studies.
 - Participatory research.
- 47.2 Public prevention strategies are developed, implemented and monitored against specific indicators and factors.
- 47.3 Cultural sensitivity is demonstrated during interaction with team members and communities.

Associated Assessment Criteria for Exit Level Outcome 48:

- 48.1 Appropriate theoretical frameworks are identified and integrated in theoretical and practical work.
- 48.2 A substantiated point of view regarding emerging issues and debates relevant to public health nursing is articulated.
- 48.3 The presentation by the learners on issues in the field reflects an understanding of the dynamic and tentative nature of knowledge.

Associated Assessment Criteria for Exit Level Outcome 49:

49.1 Complex public health issues are applicably referred or effectively managed, within a multi-disciplinary team approach. The following competencies are demonstrated:

- The development, testing and implementation of evidence based protocol.
- Environmentally focused strategies.
- Health behaviour strategies.
- Project/programme planning, implementation and evaluation, according to specific population group needs.
- Human resource analyses and plans.

49.2 Supportive environments are promoted through targeted strategies addressing specific needs.

49.3 Quality assurance activities are conducted to enhance quality public health service.

49.4 Public health needs are made visible through advocacy by the community health nurse.

49.5 Epidemiological principles are applied in developing strategies to meet those needs.

Associated Assessment Criteria for Exit Level Outcome 50:

50.1 Principles and theories of causal analysis, conditional, individual and collective relationships, genetic and environmental factors, and their inter-relationships are identified and analysed in order to establish a population-based diagnosis of health status and disease burden.

50.2 Epidemiological principles and methods of the natural history (course and outcome) of identified problems are applied, in order to support preventative and clinical strategies and influence behaviour and lifestyle changes in population wellness promotion.

50.3 Appropriate and implementable control strategies for the management and prioritization of identified chronic, communicable and social pathologies are developed:

- Range includes but not limited to:
 - > HIV/AIDS.
 - > Tuberculosis.
 - > Carcinoma.
 - > Heart Disease.
 - > Violence in all situations.

Elective 14: Nursing and Health Services Management:

Associated Assessment Criteria for Exit Level Outcome 51:

51.1 Management of a health care system reflects the application of the management process.

51.2 Evidence based practice indicates that work related behaviour is grounded in the management processes.

Associated Assessment Criteria for Exit Level Outcome 52:

52.1 Management and leadership theories/models are critically analysed and compared.

52.2 The choice of appropriate management and leadership theories relevant to a particular context are identified, implemented and combined with insight into the clinical realities.

52.3 Analysis and interpretation of management research reports (quantitative and qualitative) provides evidence of comprehensive and systematic understanding of data collection techniques, data analysis procedures and principles and the current scholarly discourse in management.

Associated Assessment Criteria for Exit Level Outcome 53:

53.1 The principles of organizing are applied to ensure the achievement of objectives in the defined health care service.

53.2 Essential resources to implement managerial plans or programmes are mobilised within and outside the health care system through effective networking and access to grants.

53.3 Critical thinking, problem solving and decision-making skills are applied to optimize the organisation and functioning of the defined health care service.

Associated Assessment Criteria for Exit Level Outcome 54:

54.1 The quality control criteria for management and performance applicable to the service are selected and applied to improve the quality of the management and service delivery of the defined service.

54.2 Professional excellence and competence is maintained through continuing education and life long learning.

Associated Assessment Criteria for Exit Level Outcome 55:

55.1 Planning and provision of human resources is executed within the relevant legislation and policy guidelines.

55.2 Maintenance of human resources is undertaken by taking cognizance of personal and professional needs.

55.3 Effective utilisation of human resources is ensured by means of correct placement and appropriate skill application.

55.4 Assessment and development of human resources is undertaken on a continuous basis, in line with needs.

Associated Assessment Criteria for Exit Level Outcome 56:

- 56.1 The vision, mission, generally accepted practices (GAP) analysis, objectives and action plans are developed on the basis of an assessment.
- 56.2 The strategic plan developed and implemented promotes the likely achievement of organisational goals.
- 56.3 The organisational structure designed for the defined service is appropriate to needs and plans. Plans for implementation are realistic and coherent.
- 56.4 Applicable policies and procedures are formulated to address the implementation of the action plan.
- 56.5 The human resource plan includes task analyses, job descriptions, personal and professional development plans, as well as a skills development plan.
- 56.6 A customer care plan incorporates all the relevant stake holders.
- 56.7 Information and quality management programmes developed are consistent with needs, explained to stakeholders, and implemented in accordance with planning.
- 56.8 An industrial relations policy and plan is developed and implemented for the health care service.
- 56.9 The financial plan developed includes capital, operational and human resource budgets facilitating cost effective, quality patient care.

Associated Assessment Criteria for Exit Level Outcome 57:

- 57.1 The performance appraisal system developed and implemented contains appropriate measures to determine productivity. The system is handled effectively.
- 57.2 Customer and stakeholder satisfaction is determined through appropriate measures and rectified where necessary.
- 57.3 Trends identified by means of the information system accurately reflect the performance within the defined service.
- 57.4 A meta-assessment of the evaluation process is performed.

Associated Assessment Criteria for Exit Level Outcome 58:

- 58.1 Knowledge and understanding of a health care organisation as a business and the implementation of general management principles are demonstrated in line with accepted business principles.
- 58.2 The functional management of marketing and public relations within a health care service context is applied in line with accepted marketing and public relations principles.
- 58.3 The financial function of a health care unit as a business, in terms of asset management, financial decisions, operations management, purchasing functions and activities, and the provision of human resources, are applied in line with accepted business principles.
- 58.4 Contemporary health care management issues such as absenteeism and high turnover rates, extreme staff shortages, private practice, diverse health environments and commissioning of a health service are critically analysed.

OR:

Associated Assessment Criteria for Exit Level Outcome 59:

- 59.1 An understanding of the nature, content, and scope of public health is accurately demonstrated.
- 59.2 The typical clients and the available resources of public health, welfare and housing services in South Africa are accurately described.
- 59.3 The provision and organisation of public services are critically analysed.
- 59.4 The interrelationship between management of public service provision, power and public functions are discussed.

Elective 15: Nursing Education:

Associated Assessment Criteria for Exit Level Outcome 60:

- 60.1 Critical analysis of adult development, learning (cognitive, behavioural, social, transformative and experiential) and motivation theories shows comprehensive understanding of a range of aspects including, conceptualisations of knowledge, teaching, learning, basic assumptions, and andragogical implications for nursing and midwifery education and is valid in accordance to current discourses about teaching/learning in professional education.
- 60.2 Teaching practice in nursing and midwifery is based on understanding of adult development, learning and motivation theories as evidenced by the creation and maintenance of an active learning environment and thus allowing learners space to question their meaning perspectives about health and illness.

Associated Assessment Criteria for Exit Level Outcome 61:

- 61.1 Critical analysis and synthesis of the philosophical basis of nursing is based on recognized contemporary nursing theories and models and is relevant to the current socio-political context of nursing practice.
- 61.2 Analysis of nursing and midwifery decisions is supported by a particular model or theory of nursing and takes into consideration the legal and ethical frameworks of nursing practice as well as the socio-political, economic and cultural context in which such decisions have to be made.
- 61.3 Critical analysis of educational philosophy with regard to its implications for nursing and midwifery education is in accordance

with rules of consensual validation.

61.4 Inferences on the implications of educational theory on teaching nursing and midwifery are based on comprehensive analysis of the current discourses on the nature and purpose of professional education.

61.5 Critical analysis, synthesis and independent evaluation of global policies and issues impacting on nursing and midwifery education is supported by an extensive and integrated review of literature and current research on such issues, e.g., managing diversity in the learning environment, globalization and the nursing workforce, global health, RPL.

Associated Assessment Criteria for Exit Level Outcome 62:

62.1 A coherent and critical understanding of the importance of congruency between expected learning outcomes and the teaching/learning process supports evaluation of various teaching strategies with regard to their effectiveness in facilitating deep and self-directed learning in clinical and classroom setting.

62.2 Teaching plans and implementation thereof, place emphasis on collaborative learning, learner needs and differences, development of self-directed learning, inquiring minds, as well as the complexity and unpredictability of clinical learning environments.

62.3 Identification, selection and combinations of assessment approaches and strategies is based on a coherent and logical understanding of the requirements of applied competence and integrated assessment and meets the criteria for credible, trustworthy, feasible, and valid assessment.

62.4 Assessment of clinical learning in particular is largely undertaken in a real-world practice environment where appropriate, and/or simulated clinical learning environments are utilized.

62.5 Competence according to the current required assessment criteria for assessor accreditation is proven in terms of requirements.

62.6 Teaching expertise is evident in the identified areas of research as well as application of best-practice evidence in nursing and midwifery education.

Associated Assessment Criteria for Exit Level Outcome 63:

63.1 Critical analysis of curriculum development theory and models includes philosophical underpinnings, and implications thereof for the curriculum development process in nursing and midwifery education.

63.2 The curriculum, designed in collaboration with peers, is comprehensive and includes all the steps of curriculum development as verifiable with any standard curriculum development text in nursing and midwifery education.

63.3 The designed curriculum is appropriate in terms of SANC guidelines and regulations for a particular programme of nursing and/or midwifery, SAQA requirements and current national health policies on human resource development for health.

Associated Assessment Criteria for Exit Level Outcome 64:

64.1 Approaches and theories of educational management are interrogated and critically analysed in terms of their applicability and relevance to managing nursing education institutions within the context of the current situation in nursing education in South Africa with regard to governance, programmes, financing and provision.

64.2 Analysis of the current situation in nursing and midwifery education evidences a comprehensive and reflective understanding of the implications of the dual systems of governance and provision of nursing education for coherent programming and financing of nursing education.

64.3 Evaluation of a nursing education institution's quality management system shows a broad understanding of principles and aims of institutional quality management systems in higher education in South Africa and globally, with specific reference to the requirements of the relevant ETQA for quality improvement and assurance.

Elective 16: Family Nursing:

Associated Assessment Criteria for Exit Level Outcome 65:

65.1 Individual, family and community factors that influence and threaten the health of the patient are identified and evaluated through appropriate methodology.

65.2 Risk management strategies are developed, implemented and evaluated by assessing the overall health of individuals and families.

65.3 Facilitation and coordination of clinical care provides leadership.

Associated Assessment Criteria for Exit Level Outcome 66:

66.1 Appropriate theoretical frameworks are identified and integrated in clinical practice.

66.2 A substantial point of view regarding emerging issues and debates relevant to family nursing is articulated.

66.3 The presentations of the learners on issues in the field reflect an understanding of the dynamic and tentative nature of specialist knowledge.

- Range: Evaluate research findings; analyse useful new knowledge; integrate research findings into practice; interpret research, pharmacology, pathophysiology of illnesses affecting all systems of the body; evidence based practice.

Associated Assessment Criteria for Exit Level Outcome 67:

67.1 Advanced health assessment of patients is carried out accurately (history taking, assessment, differential diagnosis).

- Range:
 - > Individual assessment; physical; cardio-vascular; respiratory; ear, nose & throat; ophthalmic; gastro intestinal; renal; reproductive; endocrine; muscular-skeletal; abdominal; dermatology; neurological and mental health assessment.
 - > Health assessment is conducted on a sound understanding of pathophysiology, determinants of health (social, cultural, political, economic, psycho-social, family and community dynamics), epidemiology and biostatistics.
- 67.2 Procedures associated with the role of a family practitioner are competently implemented. These include but are not limited to:
 - Physical assessment/examination of all systems.
 - Conduct/order and interpret investigations relevant for primary health care settings.
- > Range: Biochemical; haematological; microbiological; pharmacological.
- > Order, read and interpret x-rays and sonars.
- > Perform and interpret ECG.
 - Carry out emergency procedures relevant for a primary care setting.
- > Range: Life support; management of ingestion of poisons and exposure to hazardous chemicals and body fluids; prophylaxis.
- 67.3 Final clinical diagnosis, for health problems managed in a primary health care setting, is accurate and according to standards.
- 67.4 A range of specialised care, treatment and services are provided according to established nursing standards:
 - Case management.
 - Health & risk surveillance.
 - Teaching, counselling & advocacy.
 - Communication, networking, referral and follow-up.
 - Treatment adherence.
 - Prescription of non-pharmacological and pharmacological treatment based on advanced pharmaco-therapeutic knowledge in accordance with professional prescripts.
- 67.5 Continuity of care in a primary care setting is maintained by means of consultation, conferring, referring, acceptance of referrals and collaboration with relevant members of the health care team.
- 67.6 The special health needs of individuals; families and communities are championed through advocacy by the family practitioner.
- 67.7 Quality assurance activities are conducted regularly to ensure the quality of primary care services.

Assessment Criteria:

For award of the whole qualification, candidates must achieve the required number of credits as specified in the rules of combination in point 11 as well as the criteria specified for the elective specialisations and accompanying exit level outcomes in point 12 above.

Integrated Assessment:

The South African Nursing Council (SANC) guidelines for assessment, and the competency framework are used as a reference for assessing clinical competence.

Formative:

A variety of assessment strategies and approaches must be used. This could include tests, assignments, projects, demonstrations or clinical assessments and/or any applicable method. Formative assessments can include a mix of simulated and actual (real) clinical practice or care settings.

Work Based learning hours under the supervision of a unit manager and registered nurse, are not credit earning hours but are important to become truly skilled as learners during clinical placement in health services. Work placement allows for the practicing of work/professional roles and competencies to a safe level under the supervision of unit managers or registered nurses. The required number hours and nature work-based learning are clearly stipulated by the SANC for each nursing specialization.

There are an additional 300 work based learning (non-credit bearing), indirectly supervised, essential to licensing to practice as a specialist nurse.

Summative:

Summative assessment can take the form of oral, written and practical examinations as agreed to by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA. All summative practical assessments must be conducted in actual clinical practice or care settings.

Assessment should take place within the context of:

- Given Quality Assurance policies, procedures and processes.
- A guided and supported learning environment.

There will be some areas of specialisation where people will need a license to practice. These will be specified in regulations issued by the SANC.

Assessment principles:

Assessment should be in accordance with the following general and specific principles:

- The initial assessment activities should focus on gathering evidence in terms of the main outcomes expressed in the exit level outcomes within each specialisation area to ensure assessment is integrated rather than fragmented. Where assessment at outcome level is unmanageable, then the assessment can focus on each specific outcome, or groups of specific outcomes. Take special note of the need for integrated assessment.
- Evidence must be gathered across the entire range specified in each unit standard, as applicable. Assessment activities should be as close to the real performance as possible, and where simulations or role-plays are used, there should be supporting evidence to prove that the candidate is able to perform in the real situation.
- All assessments should be conducted in accordance with the following universally accepted principles of assessment:
 - > Use appropriate, fair and manageable methods that are integrated into real work-related or learning situations.
 - > Judge evidence on the basis of its validity, currency, authenticity and sufficiency.
 - > Ensure assessment processes are systematic, open and consistent.

INTERNATIONAL COMPARABILITY

Attempts to benchmark South African nursing practice have seen a review of international best practice, as well as best practice on the African continent. The quality and scope of South African qualifications is endorsed by the fact that most 1st world countries readily accept South African nursing qualifications, and the UK, USA, New Zealand, Australia, Canada, Holland, and the UAE are keen to employ South African nurses. South African nursing standards exceed those in comparable economies such as Brazil, Indonesia, and India. In Africa, South Africa accepts nursing qualifications from Botswana, Swaziland, Tanzania, Namibia (which has only a diploma at present, although they are moving towards a degree in nursing), Zimbabwe and Zambia. These nations, in turn, accept South African qualifications.

South Africa is a longstanding and active member of the International Council for Nursing (ICN) as well as the International Labour Organisation (ILO), member of the African Union (AU), formerly the Organisation of African Unity (AOU), Southern African Development Community (SADC) and the Commonwealth. The proposed qualification would meet recognition requirements in most of the member countries of these organisations and throughout Sub-Saharan Africa.

In all these countries, nursing qualifications are similar in terms of content and duration. This qualification compares favourably with others at this level across all member countries of the ICN and AU where this qualification is offered.

These areas are all used in SA hospitals and work.

This qualification is recognised for specialised clinical practice in the UK, Canada, Australia, and NZ and the UAE; and 3rd world countries including Botswana, Swaziland, Tanzania, Namibia, Zimbabwe and Zambia.

Review of the Scope of Practice in South Africa:

The Review of the Scope of Practice of Nursing and the profession of nursing began in 1999 when the South African Nursing Council prioritised the need to revise the scope of practice. The factors that influenced the review of the scope of practice was a changing health care system identified in the White Paper for the Transformation of Health and the changes in education system brought about by the National Qualifications Framework and the South African Qualifications Act.

The purpose of the review is to align the practice of nursing to the changes in the national health policy and the legislative framework. Purpose includes:

- Ensure that nursing practice is in keeping with and is responsive to a changing health care delivery system.
- Develop a scope for nursing practice that is informed by the core competencies required for nursing practice.
- Review the scope applicable to different categories of nurse to ensure that each category of nurse is enabled to practice independently within their scope.
- The new scope of practice and the competencies required for nursing practice will then inform the education and training of nurses required for such practice. This will assist in facilitating the development of a framework for a single unitary education pathway for nursing qualifications that is in line with the principles of the National Qualifications Framework.

Areas included in the scope for specialist nurses:

- Orthopaedic Nursing.
- Operating Theatre Nursing.
- Palliative and Oncology Nursing.
- Ophthalmic Nursing.
- Emergency Nursing.
- Occupational Health Nursing.

- Nephrology Nursing.
- Paediatric Nursing.
- Critical Care Nursing (Adult).
- Critical Care Nursing (Child and Adolescent).
- Psychiatric Nursing.
- Midwifery and Neonatal Nursing.
- Community Health Nursing.
- Nursing and Health Services Management.
- Nursing Education.
- Family nurse practitioner.

Challenges facing Nursing Education:

The changes in both the health care system and the education system has created numerous challenges for nursing education and training and some of these challenges are:

- Promoting and maintaining a caring ethos within the nursing profession.
- Ensuring National Health Priorities are addressed in all nursing education programmes.
- Creation of a cadre of nurses who are lifelong learners and critical thinkers.
- Promote the ability in every nurse to evaluate and assure quality in this/her practice.
- Access to Nursing Education by learners is limited due to the slow implementation of the National Qualifications Framework in the Health Sector.
- Selection and recruitment criteria in many instances remain restrictive limiting access to nursing qualifications.
- The distinct nursing qualifications for each category of nurse is not in keeping with the NQF principles and thereby limiting access to higher education training opportunities for existing enrolled & auxiliary nurses.
- Recognition of Prior Learning (RPL) as a selection criterion is not widely applied because RPL assessment is complex, costly and there is a general lack of knowledge on how to give recognition to prior learning.

Challenges facing the profession:

South Africa requires nurses that are comprehensively trained to provide nursing care in various contexts (Primary health care, institutional/hospitals, midwifery and mental health settings) and in both rural and urban setting. To ensure that these professionals are adequately supported, and that the quality of nursing care delivery is continuously monitored and improved, increasing numbers of specialist nurses are required in clinical practice.

Conclusion:

An examination of the Scope of Practice, as well as those in operation in ICN signatory countries, clearly indicates the alignment of this proposed qualification with international practice.

ARTICULATION OPTIONS

This qualification-the Masters Certificate: Nursing-articulates vertically with the Master's Degree: Nursing at NQF Level 8 and the PhD in nursing at NQF Level 8+, or Masters Degrees in the health and social sciences, as determined by the provider. (Must have the research component before moving to the doctorate). Horizontal articulation would include any other Level 8 Post Graduate Certificate.

The following shows the location of this qualification in terms of other possible qualifications within the field:

- Level 1: GETC: Ancillary Health.
- Level 2: NC: Fundamental Ancillary Health.
- Level 3: NC: Auxiliary Nursing; NC: Community Health Work; NC: Health Sciences and Social Services.
- Level 4: FETC: Nursing; FETC: Community Health Work; NC: Health Sciences and Social Services.
- Level 5: Diploma: Nursing: Mental Health; Diploma: Nursing: Community Health; NC: Community Health Facilitator Training.
- Level 5: National Diploma: Nursing (leads to PD); Various: health/allied health sciences; Various: research/teaching/education/management.
- Level 7: PD: Nursing; Social sciences (social work; health/social services; C&YCW; Probation.
- Level 8: Masters Certificate: Nursing.
- Level 8: Masters Degree: Nursing.
- Level 8+: PhD: Nursing.

Learners might move horizontally into a number of other health specialist areas (such as: clinical technology; social sciences; epidemiology; public health); and other similar qualifications within nursing itself.

Learners can move vertically by using this qualification as the basis for any of the qualifications indicated at NQF Level 8 and above.

MODERATION OPTIONS

• This qualification can only be offered by a higher education and training provider as determined by the Higher Education Act. Providers must be accredited (to provide this qualification) by the relevant ETQA and meet requirements of the Nursing Act and the SANC.

• The provider must have the required clinical facilities to meet the clinical requirements of the qualification as approved by the SANC.

• Moderation of assessment will be overseen by the relevant ETQA according to moderation principles and the agreed ETQA procedures.

• Moderation is to be conducted by both internal and external moderators. Internal moderators are to be appointed by the provider. External moderation will be conducted by the ETQA for nursing and midwifery and external moderators appointed by the provider. Both internal and external moderators must be in possession of an appropriate qualification at NQF Level 8 or equivalent. Moderation must meet the requirements of the SANC.

• In order to be registered to practice as a Specialist Nurse, the learner will have to comply with the requirements set by the SANC and the legislative framework.

CRITERIA FOR THE REGISTRATION OF ASSESSORS

Criteria for Assessors:

- Assessors must be registered by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.
- Assessors must have relevant clinical practice expertise and must be appointed by the provider.
- They must be in possession of a relevant postgraduate qualification at NQF Level 8 and/or above.
- The Assessor must be a person currently registered with SANC as a nurse (general, community, psychiatric) and midwife, as determined by the particular exit level outcome.

NOTES

N/A

UNIT STANDARDS:

This qualification is not based on Unit Standards.

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION:

NONE

**SOUTH AFRICAN QUALIFICATIONS AUTHORITY
REGISTERED QUALIFICATION:**

PhD: Nursing

SAQA QUAL ID	QUALIFICATION TITLE		
59296	PhD: Nursing		
ORIGINATOR	REGISTERING PROVIDER		
SGB Nursing			
QUALITY ASSURING ETQA	-		
QUALIFICATION TYPE	FIELD	SUBFIELD	
Doctoral Degree	Field 09 - Health Sciences and Social Services	Curative Health	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	360	Level 8 and above	Regular-ELOAC
REGISTRATION STATUS	SAQA DECISION NUMBER	REGISTRATION START DATE	REGISTRATION END DATE
Registered	SAQA 0474/07	2007-11-28	2010-11-28
LAST DATE FOR ENROLMENT	LAST DATE FOR ACHIEVEMENT		
2011-11-28	2014-11-28		

This qualification does not replace any other qualification and is not replaced by any other qualification.

PURPOSE AND RATIONALE OF THE QUALIFICATION

Purpose:

Learners credited with this qualification will be able to:

- Conduct independent research.
- Develop research capacity in others.
- Increase the knowledge base of the nursing profession.

Rationale:

This qualification is necessary in order to provide South Africa with a cadre of leaders in nursing who are able to provide strategic guidance and anticipate new developments as well as ensuring that existing research is implemented.

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

- Be in possession of an existing Master's degree in a health profession or recognized equivalent.
- Understanding of the process, philosophical and scientific foundations of nursing research.
- Expert knowledge and skills in a specialized field of nursing practice, education and/or management.

Recognition of Prior Learning:

- Learners provide evidence of meeting the outcomes of the degree by producing published research material around a specific theme.

Access to Qualification:

- Possession of any Master's degree or equivalent recognized for the purpose of access to this degree.

RECOGNISE PREVIOUS LEARNING?

Y

QUALIFICATION RULES

The qualification will be awarded on full completion of the qualification. The Exit Level Outcomes are weighted for credit allocation as follows:

Exit Level Outcome; Credits:

- Demonstrate a comprehensive and systematic grasp of the body of knowledge of a selected field/sub-field of nursing; 60.
- Demonstrate a critical understanding of the most advanced research methodologies, techniques and technologies in the selected

field/sub-field of nursing; 60.

- Identify, conceptualize, design and implement original research projects that address complex issues in nursing; 90.
- Demonstrate the ability to participate in and contribute to scholarly debates in the chosen field/sub-field; 150.

Total Credits; 360.

EXIT LEVEL OUTCOMES

1. Demonstrate a comprehensive and systematic grasp of the body of knowledge of a selected field/sub-field of nursing.
2. Demonstrate a critical understanding of the most advanced research methodologies, techniques and technologies in the selected field/sub-field of nursing.
3. Identify, conceptualize, design and implement original research projects that address complex issues in nursing.
4. Demonstrate the ability to participate in and contribute to scholarly debates in the chosen field/sub-field.

ASSOCIATED ASSESSMENT CRITERIA

Associated Assessment Criteria for Exit Level Outcome 1:

- 1.1 An appropriate area at the forefront of the discipline or field of professional practice is selected for future study.
- 1.2 The capacity to operate autonomously in specialized, complex, ill-defined and unpredictable contexts is demonstrated.

Associated Assessment Criteria for Exit Level Outcome 2:

- 2.1 A meaningful contribution is made to scholarly debates at the cutting edge of the area of specialization.
- 2.2 Knowledge, theory and research methods are applied creatively to complex practical, theoretical and epistemological problems by undertaking advanced research, which expands the knowledge of the field and is judged publishable by research publication panels/boards.
- 2.3 Research leadership is provided by guiding and supervising Masters level students.
- 2.4 An adequate body of advanced information relating to the selected field/sub-field is independently retrieved and processed.

Associated Assessment Criteria for Exit Level Outcome 3:

- 3.1 Significant problems of a complex and ill-defined nature are analysed and clarified by means of original research.
- 3.2 The work of other researchers is coordinated and integrated into major original research projects.

Associated Assessment Criteria for Exit Level Outcome 4:

- 4.1 A doctoral thesis conforming to international standards is submitted for assessment.
- 4.2 Research findings are presented to specialist and non-specialist audiences using all the resources of academic and professional discourse.
- 4.3 At least two articles based on doctoral research in the selected field/sub-fields are selected for publication.

Integrated Assessment:

Assessment for this qualification will be in accordance with the policy of the educational institution for awarding the degree of Doctor in Research. Assessment is based on a completed, original dissertation/ thesis.

INTERNATIONAL COMPARABILITY

South Africa is an active member of the International Council for Nursing (ICN) as well as the International Labour Organisation (ILO), member of the African Union (AU), (formerly the Organisation of African Unity), Southern African Development Community (SADC) and the Commonwealth of Nations. The proposed qualification would meet recognition requirements in most of the member countries of these organisations and throughout sub-Saharan Africa.

The ongoing complexity of technology and the increasing acuity levels of the patients being cared for demand a capacity to self-evaluate, to exercise personal responsibility and initiative and indicate a depth of knowledge and a high level of skill and competence in specialized health care units.

High levels of trauma and critical illness in the country lead to complex demands on nurses to utilize rapid meta-cognitive problem solving skills in the resolution of concrete and abstract critical issues.

The decline of learners entering the nursing profession has been a matter of great concern to the South African Nursing Council and to the Ministry of Health. The problem is discussed in the Human Resources Plan for Health, which the Minister of Health launched in April 2006 and emphasis is given to recruitment of more learners into professional nursing. The registration of a Masters Certificate:

- Nursing and a PhD in Nursing is seen as important in providing an extended learning pathway, and promoting the uptake of graduate and postgraduate qualifications.

An examination of the qualifications in operation in ICN signatory countries, clearly indicates the alignment of this qualification with international practice.

ARTICULATION OPTIONS

The PhD in Nursing articulates with postdoctoral degrees in the health sciences as determined by the provider higher education institution.

MODERATION OPTIONS

- Moderation to be conducted by both internal and external moderators accredited the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.
- Both internal and external moderators must be in possession of an appropriate, recognised doctoral qualification.
- Internal moderators appointed by the provider in agreement with the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.
- External moderators, one of whom must be outside South Africa, are appointed by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

CRITERIA FOR THE REGISTRATION OF ASSESSORS

Internal and external assessors must be:

- In possession of a relevant doctoral qualification.
- Accredited as doctoral assessors by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

NOTES

N/A

UNIT STANDARDS:

This qualification is not based on Unit Standards.

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION:

NONE

**DEPARTMENT OF HEALTH
NURSING ACT, 2005 (ACT No. 33 of 2005)**

Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse leading to Registration as an Auxiliary Nurse

The Minister of Health has in terms of section 58(1) of the Nursing Act, 2005 (Act No.33 of 2005), after consultation with the South African Nursing Council made the regulations in the Schedule.

SCHEDULE

Definitions

1. In this schedule “the Act” means the Nursing Act, 2005 (Act No.33 of 2005), and any expression to which a meaning has been assigned in the Act shall bear such meaning, and, unless the context otherwise indicates-

“academic year” means a period of at least 44 weeks of learning in any calendar year;

“assessment” means a structured process for the gathering of evidence and making judgements about a learner’s performance in relation to the prescribed requirements for the auxiliary nurse education and training programme;

“assessment method” means the act that the assessor engages in utilising a variety of assessment strategies;

“integrated assessment” means forms of assessment which permits the learner to demonstrate applied competence and which uses a range of formative and summative assessment methods;

“assessor” means a practitioner registered as such with the Council who will be responsible for the assessment of the learner achievement of learning outcomes for the auxiliary nurse education and training programme;

“clinical facility” means a health facility whose primary purpose is the provision of care to patients and is also used to teach clinical skills to learners;

“clinical learning opportunities” means the range of learning experiences available in a health care setting or other experiential learning sites for a learner to gain clinical skills;

“clinical placement” means the period spent by a learner in clinical and other experiential learning sites to ensure that the purpose of the auxiliary nurse education and training programme is achieved;

“competence” The ability of a practitioner to integrate the professional attributes including, but are not limited to, knowledge, skill, judgment, values and beliefs, required to perform as an auxiliary nurse in all situations and practice settings;

“core learning” means compulsory learning required for the auxiliary nurse education and training programme;

“day” means a working day;

“elective learning” means a selection of additional learning requirements from which a choice may be made to ensure that the purpose of the auxiliary nurse education and training programme is achieved;

“fee” means a fee or fees determined by the Council from time to time and published by notice in the Gazette;

“fundamental learning” means learning which forms the grounding or basis needed to undertake the education and training programme to meet requirements for registration as an auxiliary nurse;

“learning outcomes” means the prescribed competencies and educational outcomes for the auxiliary nurse education and training programme;

“moderation” means the process conducted by an independent moderator, which ensures that assessment of the outcomes prescribed for the auxiliary nurse education and training programme is fair, valid and reliable;

“moderator” means a practitioner registered as such with the Council who will be responsible for the moderation of assessment conducted by nursing education institutions for the auxiliary nurse education and training programme;

“external moderation” means a process of assessing whether the assessment across two or more nursing education institutions delivering the auxiliary nurse education and training programme is consistent, accurate, well-designed, fair, valid and reliable, which is conducted by an independent moderator registered as such by the Council and appointed for this purpose by the Council;

“internal moderation” means a process that assesses whether the assessment in a single nursing education institution delivering the auxiliary nurse education and training programme is consistent, accurate, well-designed, fair, valid and reliable, conducted by an independent moderator who is registered as such by the Council and appointed for this purpose by the nursing education institution;

“programme” means a purposeful and structured set of learning experiences that leads to registration as a professional nurse;

“programme outcomes” means the equivalent of the exit level outcomes of the qualification;

“qualification” means a planned combination of learning outcomes with a defined purpose that is intended to provide qualifying learners with applied competence for meeting the auxiliary nurse qualification that is registered on the National Qualifications Framework (NQF) which meets the prescribed requirements for registration as an auxiliary nurse;

“recognition of prior learning” means the comparison of the previous learning and experience of a learner against the learning outcomes required for the auxiliary nurse education and training programme and the acceptance of such previous learning and experience for purposes of granting credits towards the auxiliary nurse qualification;

“section” means a section of the Act;

Conditions for registration as an auxiliary nurse

2. (1) A person shall be registered as an auxiliary nurse in terms of section 31(1) (d) if-
 - (a) she or he received education and training at a nursing education institution that is accredited to provide the staff nurse education and training programme;
 - (b) she or he was registered as a learner in terms of section 32 for the duration of the programme;
 - (c) she or he has successfully completed an accredited auxiliary nurse education and training programme, has been assessed to meet the programme and learning outcomes referred to in regulation 7 and 8, and has met all requirements for the award of the prescribed qualification.
 - (d) she or he has passed the assessments referred to in regulations 9, 10, 11 and 12 or has been exempted therefrom in terms of regulation 14;
 - (e) the nursing education institution where the learner was enrolled for the programme has submitted to the Council -
 - (i) a record of theoretical and clinical learning achieved and any other information as may be determined by the Council;
 - (ii) a record of completed clinical placement;
 - (iii) a record of assessments conducted, including recognition of prior learning where applicable; and
 - (iv) a declaration certifying that the learner has met the prescribed educational requirements and is competent for registration as an auxiliary nurse signed by the person responsible for the auxiliary nurse education and training programme appointed in terms of sub-regulation 3 (1) (d) and the head of the nursing education institution as set out in annexure 1 or in a format determined by the Council from time to time.
 - (f) Registration of a person in terms of section 31 (d) is subject to compliance with section 40.
- (2) The application for registration as an auxiliary nurse must be in accordance with the Regulations relating to the particulars to be furnished to the Council for keeping of the register for nursing practitioners, the manner of effecting alterations to the register, and certificates that may be issued by the Council published in the Government Notice No. R. 195 of 19 February 2008.
- (3) In the case of learner that was not registered in terms of sub-regulation (1) (b) for the full duration of the course, the duration of the course for such a learner will be extended for a period that is equal to the period where such registration was not maintained.

Conditions for the accreditation of a nursing education institution to offer the auxiliary nurse education and training programme

- 3.(1) An institution may be accredited to offer the programme leading to registration as an auxiliary nurse if the institution -
 - (a) in the case of a private institution such institution must be registered as a further education and training institution with the Department of Education; or
 - (b) in the case of a public entity the institution must be recognised in terms of **section 3 of the Further Education and Training Act, 1998 (Act No. 98 of 1998)** as a public further education and training institution; and
 - (c) is accredited with the Council as a nursing education institution in terms of section 42; and
 - (d) has access to sufficient clinical facilities that are appropriate and relevant to achieve the outcomes of the auxiliary nurse education and training programme; and
 - (e) has a designated person responsible for the programme, who -
 - (i) is registered as a professional nurse with the Council;
 - (ii) holds a recognised education qualification that is recorded at a level higher on the National Qualifications Framework than the said qualification or an equivalent qualification; and
 - (iii) has an additional qualification in nursing education recorded on the Council's register;
 - (f) has demonstrated that there is a need for such education and training programme.; and
 - (g) the programme is accredited by the Council for Higher Education.

(2) The institution must be accredited by the Council to offer the auxiliary nurse education and training programme in terms of section 42 of the Act prior to commencing education and training for such programme.

(3) The staff nurse education and training programme must meet all the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.

Purpose of the auxiliary nurse education and training programme

4. (1) The purpose of the auxiliary nurse education and training programme is to enable the learner to:

(a) render elementary nursing care in collaboration with other members of the health team and with the involvement of individuals and communities in the provision of preventive, promotive, curative and rehabilitative health care.

(b) practice in accordance with the scope of practice of the auxiliary nurse .

(2) The auxiliary nurse education and training programme must aim to:

(a) Provide learners with the fundamental level of knowledge and competence to provide elementary nursing

(b) enable the learner to apply the knowledge gained in all health care settings where basic nursing care is required.

Admission requirements to the auxiliary nurse education and training programme

5. (1) A candidate shall apply to a nursing education institution that is accredited to provide the auxiliary nurse education and training programme referred to in these regulations.

(2) In order to be admitted to a auxiliary nurse education and training programme, a person must -

(a) have successfully completed ten years of formal schooling; or

(b) have successfully completed a NQF Level 2 qualification or equivalent qualification; and

(b) demonstrate the ability to communicate coherently in English (oral and written).

(3) The true copy of the certificate of qualifications referred to in (2) shall accompany the candidate's application.

(4) Successful applicants who enrol for the programme at the nursing education institution must register with the Council as a learner in terms of section 32.

Minimum requirements auxiliary nurse education and training programme

6. (1) Learners are required to achieve a minimum of 160 credits consisting of -

(a) 57 Fundamental component credits;

(b) 95 Core component credits; and

(c) 8 Elective component credits.

(2) The duration of the auxiliary nurse education and training programme is one academic year of full time study.

(3) A learner shall undergo a minimum of 1 000 hours of supervised experience in a clinical facility, which shall be spread over the full academic year of the programme.

(4) The maximum period that a learner may spend in a clinical laboratory must not exceed 140 hours during the full duration of study.

Programme outcomes

7. (1) The auxiliary nurse education and training programme must achieve the following outcomes for the provision of elementary nursing care -

- (a) Apply foundational knowledge of anatomy, physiology, biophysics and microbiology in the provision of nursing care;
- (b) Communicate in a variety of ways in a nursing context;
- (c) Use basic mathematics in a nursing situation;
- (d) Participate in addressing the needs of individuals and groups in a community;
- (e) Participate in the implementation of basic nursing care;
- (f) Demonstrate an understanding of appropriate methods of interacting sensitively and professionally with people with diverse backgrounds; and
- (g) Maintain professionalism in nursing practice.

Learning outcomes

- 8. (1) A learner on completion of the auxiliary nurse education and training programme must achieve learning outcomes in specified core, fundamental and elective components of the programme as set out in annexure 2.
- (2) On completion of the programme, the learner must be competent to provide elementary nursing which entails the following outcomes as set out in annexure 3 -
 - (a) practice nursing in a professional and ethical manner;
 - (b) render clinical care and manage the treatment and rehabilitation for all health problems of individuals, groups and communities as an independent practitioner;
 - (c) maintain the quality of nursing practice.

Assessment

- 9. (1) To be registered as an auxiliary nurse, the learner must achieve the required number of credits as specified in the rules of combination in sub-regulation 6 (1) as well as the criteria specified for integrated assessment in regulation 12.
- (2) The nursing education institution's assessment for the auxiliary nurse education and training programme must take place in accordance with -
 - (a) the nursing education institution's quality assurance and assessment policies, procedures and processes;
 - (b) the Council 's assessment policies, procedures and processes;
 - (c) general assessment policies, procedures and processes pertaining to further education and training institutions; and
 - (d) the assessment requirements of the qualification.
- (3) The learner must be assessed to achieve the programme and learning outcomes prescribed in regulations 7 and 8, and the assessment criteria as set out in annexure 4.
- (4) The institution must utilise integrated assessment methods to evaluate theory and practice.

Formative assessment

10. Assessment of learners must take place on a continuous basis using a variety of assessment strategies.

Summative assessment

11. (1) In addition to the qualification requirements for summative assessments the institution must conduct a summative assessment at the end of the one year of the programme which includes at least a written and practical assessment.
- (a) The written assessment will be in the form of an examination at the end of the programme which assesses the learners overall competence and achievement of the overall programme outcome; and
 - (b) The practical assessment will assess the overall competence and achievement of the overall programme outcomes to the actual performance and skills of the learner in clinical settings conducted using the competence instrument of the Council.
- (2) The learner must achieve all the prescribed learning outcomes and competence for the auxiliary nurse education and training programme.
- (3) Any other assessment requirements as determined by the Council.

Assessment requirements:

12. (1) All assessments must meet the following requirements -
- (a) Assessment must be conducted by a person who is registered with the Council as an assessor;
 - (b) The initial assessment activities must focus on gathering evidence in terms of the learning outcomes to ensure assessment is integrated;
 - (c) The assessment must focus on each specific outcome, or groups of specific outcomes; and
 - (d) Assessment activities must include performance in real life situations and where simulations or role-plays are used; there should be supporting evidence to prove that the learner is competent to function in the real situation.
- (2) All assessments must be conducted in accordance with the following universally accepted principles of assessment-
- (a) use appropriate, fair and manageable methods that are integrated into real work-related or learning situations;
 - (b) judge evidence on the basis of its validity, currency, authenticity and sufficiency; and
 - (c) ensure assessment processes are systematic, transparent and consistent.
- (3) The specific assessment criteria that must be achieved for the auxiliary nurse education and training programme as set out in annexure 4.

Moderation of assessment

13. (1) Internal moderation must be conducted by moderators appointed by the nursing education institution and registered with the Council.
- (2) A moderator referred to in sub-regulation (1) must be in possession of an appropriate qualification at a National Qualification Framework level that is above this qualification, as well as relevant clinical expertise and current experience in the field of nursing.
- (3) The nursing education institution must conduct internal moderation of assessments.
 - (a) The nursing education institution must have in place a moderation policy.
 - (b) The internal moderation must comply with the moderation requirements of higher education institutions.
 - (c) The nursing education institution must appoint independent external moderators to conduct moderation of assessment for the auxiliary nurse education and training programme.
- (4) The Council will conduct external moderation that will moderate assessment amongst nursing education institutions that are accredited for the auxiliary nurse education and training programme.
 - (a) The Council will conduct moderation in accordance with prescribed moderation requirements and policies.

Recognition of prior learning

- 14.(1) A learner may be assessed on prior learning for no more than a 50% of the prescribed credits towards the auxiliary nurse education and training programme by-
 - (a) applying to a nursing education institution accredited to offer the professional nurse programme;
 - (b) providing evidence of prior learning by means of portfolios, other forms of appropriate evidence or challenge examinations, and
 - (c) complying with the nursing education institution's recognition of prior learning policies and procedures.
- (2) The process referred to in sub-regulation 14(1) must meet the Council's and the general prescripts for recognition of prior learning.
- (3) The assessment of prior learning referred to in sub-regulation (1) must be conducted by an assessor registered in terms of regulation 15.
- (4) The nursing education institution must submit the credits obtained from the assessment of prior learning as part of the completion of training records referred to in sub-regulation 2 (1) (e).
- (5) The nursing education institution where recognition of prior learning has taken place must keep a full record of the assessment conducted and all documentation pertaining to such assessment and on request supply such records to the Council.
- (6) Where a nursing education institution fails to produce the recognition of prior learning records on request of the Council, the Council may refuse such an application for credits or where the credit was already granted, such credits may be withdrawn.

Criteria for registration of assessors and moderators

- 15.(1) The criteria for registration as a constituent assessor for the auxiliary nurse programme includes –
 - (a) registration as a professional nurse

- (b) a diploma or a qualification that is at a level higher than the said qualification;
 - (c) an additional qualification in nursing education;
 - (d) a certificate from an accredited provider of assessor training;
 - (e) payment of the prescribed assessor registration fee; and
 - (f) any other requirements as may be determined by the Council.
- (2) The criteria for registration as a moderator for the auxiliary nurse programme includes –
- (a) registration as a professional nurse;
 - (b) a diploma or a qualification that is at a level higher than the said qualification;
 - (c) additional qualification in nursing education;
 - (d) a certificate from an accredited provider of moderator training;
 - (e) payment of the prescribed moderator registration fee; and
 - (f) any other requirements as may be determined by the Council.

Clinical training

- 16.(1) Clinical training must only be provided in clinical facilities that are accredited by the Council.
- (2) Clinical learning must take place in a range of clinical settings that will facilitate the achievement of the programme outcomes.
 - (3) The nursing education institution must set learning outcomes for each clinical facility and clinical placement.
 - (4) The nursing education institution must indicate how the learning outcomes referred to in sub-regulation (3) will be achieved.
 - (5) The learner must be taught and found competent to perform the required competencies.
 - (6) The learner must be assessed on the achievement of the learning outcomes referred to in sub-regulation (3).
 - (7) A learner who is not yet competent or has not achieved the learning outcomes must be placed in the clinical setting for an additional period until such time that the learner has achieved the learning outcomes.
 - (8) The learning outcomes for clinical placement must include the integration of theory and practice.
 - (9) The clinical training referred to in sub-regulation 6 (2) shall include clinical learning experience in a clinical facility at night not exceeding one month per academic year.
 - (10) Notwithstanding the provisions of sub-regulation (9), a learner shall not be allocated for clinical practica at night during the first six months of the first year of study.
 - (11) Clinical learning in simulation laboratories shall not exceed the hours prescribed in sub-regulation 6 (4) during the four year period of training.
 - (12) A learner may only be eligible for the summative assessment once she or he has complied with at least 95% of the clinical requirements for the programme.

Completion and termination of training

- 17.(1) At the conclusion of the prescribed training period for the auxiliary nurse education and training programme the nursing education institution must –
- (a) notify the Council within thirty days of a learner terminating training; and
 - (b) submit the requirements for registration of the learner in terms of regulation 2.
- (2) For a learner who terminates training without having completed or complied with the requirements for registration in terms of regulation 2 the nursing education institution must submit to the Council –

- (a) a record of all credits that the learner has achieved;
 - (b) a request to terminate the learner's registration as a learner in a form determined by the Council; and
 - (c) a declaration that the learner has complied with the record referred to in sub-regulation (a).
- (3) For a learner who requests a transfer to another nursing education institution the nursing education institution where the learner commenced the auxiliary nurse education and training programme must submit on request to the receiving nursing education institution -
- (a) a record of all credits that the learner has achieved; and
 - (b) A declaration that the learner has complied with the record referred to in sub-regulation (a).
- (4) The nursing education institution receiving the transferred learner referred to in sub-regulation (3) must submit to the Council an application for registration of the learner in terms of section 32 and in accordance with prescribed requirements.

Application of these regulations

18. These regulations shall apply to all programmes in the Republic of South Africa leading to registration as a auxiliary nurse.

Transitional arrangements

19. Learners registered in terms of Regulations published in the Government Notice No. R. 2176 of 19 November 1993 will continue to be regulated until the date of termination of the programme.
20. Regulations published in the Government Notices No.R.2176 of 19 November 1993 **will remain in force until a date published by the Council in a government notice.**
21. The Council will cease to accredit any new nursing education institution to offer the education and training programme leading to enrolment as a nursing auxiliary in terms of Regulations published in the Government Notices No.R.2176 of 19 November 1993.
22. Nursing education institutions accredited for education and training programmes in accordance with the Regulations published in the Government Notices No. R. 2176 of 19 November 1993 will cease to offer the education and training for such a programme on a date to be determined by the Council and published in the Gazette.
23. The nursing education institutions referred to in regulation 22 must ensure that all education and training programmes that commenced prior to the date referred to in regulation 22 are completed within the prescribed periods.
24. The nursing education institutions referred to in regulation 22 must make provision for the education and training of learners that do not meet the prescribed training period for an additional period not exceeding two years.
25. No person may, after the published date referred to in Regulation 22, be registered as a student for the first time for education and training programmes in terms of Regulations published in the Government Notices No.R2176 of 19 November 1993.
26. A nurse educator that does not meet the requirements of sub-regulations 3 (1)(e) and 15 (1) and (2) may continue to provide education and training in nursing education institutions referred to regulation 22 for a period not exceeding two years.

Minister of Health:

Date:

ANNEXURE 1: DECLARATION THAT A LEARNER HAS MET THE EDUCATIONAL REQUIREMENTS TO BE REGISTERED AS AN AUXILIARY NURSE

SOUTH AFRICAN NURSING COUNCIL			
COMPLETION OF TRAINING FOR A AUXILIARY NURSE DECLARATION			
LEARNER DETAILS			
Surname _____			
Given names in full _____			
SANC reference number _____			
South African identity document number _____			
OR Passport number _____			
Country of issue _____			
TRAINING DETAILS (*)			
Name of Institution: _____			
Date of Commencement	Year:	Month:	Day:
Date of Completion	Year:	Month:	Day:
DECLARATION BY HEAD OF NURSING EDUCATION PROGRAMME			
<p>I hereby declare that the aforementioned learner :</p> <ul style="list-style-type: none"> • has complied with all the prescribed minimum education and training programme requirements for registration as an auxiliary nurse in terms of Government Notice (No. of this Notice); and • has been assessed and found to have the required competence as per the prescribed competency framework to practise in accordance the prescribed scope of practice of the auxiliary nurse. <p>I further declare that:</p> <ul style="list-style-type: none"> • the information provided is accurate and based on the authentic education and training records of the said learner; • all the education and training of the learner were accurately recorded for the duration of the programme; • the nursing education institution has in its possession all the original education and training records, including but not limited to assessment and clinical placement records ; • there is no evidence that such training records were tampered with or are in any way fraudulent; and • in the event that any tampering of the record or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing. <p>I fully understand the meaning and implications of this declaration(*)</p>			
Full names (Print) _____			
Designation _____			
SANC reference number _____			
Signature _____			
Date _____			
DECLARATION BY HEAD OF NURSING EDUCATION INSTITUTION			
<p>I declare that the information provided is accurate and based on the authentic education and training records of the said learner.</p> <p>I fully understand the meaning and implications of this declaration(*)</p>			
Full names (Print) _____			
Designation _____			

SANC reference number _____

Signature _____

Date _____

Affix Stamp of the nursing education institution here

⁽¹⁾ Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

⁽²⁾ Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

Learning outcomes for the auxiliary nurse education and training programme

- (1) The learning outcomes for the core requirements of the programme are:
- (a) Carry out a needs assessment of an individual of any age
 - (b) Function as a health worker with all relevant groups within a community
 - (c) Maintain current records according to the scientific nursing process
 - (d) Practice in accordance with ethical and legal codes of nursing and relevant legislation
 - (e) Provide relevant nursing care in order to meet needs identified according to the scientific approach to nursing
 - (f) Participate in a community health assessment
 - (g) Participate in the provision of effective child- and adolescent-friendly services
 - (h) Provide nursing care to individuals with long term illness
 - (i) Provide palliative care to terminally ill patients and support to their families
 - (j) Provide the patient and/or carer with sufficient information on which to base decisions about nursing care
- (2) The learning outcomes for fundamental requirements of the programme are:
- (a) Accommodate audience and context needs in oral communication
 - (b) Apply foundational knowledge of the structure and biology of pathogenic micro-organisms and parasites in clinical practice
 - (c) Demonstrate an understanding of the use of different number bases and measurement units and an awareness of error in the context of relevant calculations
 - (d) Demonstrate knowledge of the macro structure, basic functions and applied basic biophysics of all human body systems
 - (e) Describe, apply, analyse and calculate shape and motion in 2-and 3-dimensional space in different contexts
 - (f) Interact sensitively, effectively and professionally with people of diverse cultural, religious, socio-economic, educational and professional backgrounds
 - (g) Interpret and use information from texts
 - (h) Investigate life and work related problems using data and probabilities
 - (i) Participate in a helping conversation
 - (j) Use language and communication in occupational learning programmes
 - (k) Use mathematics to investigate and monitor the financial aspects of personal, business and national issues
 - (l) Write texts for a range of communicative contexts
- (3) At least 10 credits from the following learning outcomes for elective requirements must be met:
- (a) Identify key ethical values for human conduct
 - (b) Demonstrate understanding of tolerance in human relations
 - (c) Facilitate a group counseling process
 - (d) Promote health and wellness in a selected context

SCOPE OF PRACTICE FOR THE AUXILIARY NURSE

1. On conclusion of the programme, the learner must be competent to provide elementary nursing care and carry out the primary responsibilities of -
 - (1) Providing elementary nursing care as prescribed and delegated by a professional nurse or staff nurse;
 - (2) Providing elementary nursing care in accordance with a standardised plan of care;
 - (3) Providing assistance and support to a person for the activities of daily living and self care; and
 - (4) Rendering basic first aid

2. The auxiliary nurse must be competent to practice in a professional and ethical manner by -
 - (1) Demonstrating knowledge of laws and regulations relevant to the practice of the nursing auxiliary;
 - (2) Practising in accordance with the laws and regulations relevant to nursing and health care in South Africa;
 - (3) Protecting the rights of individuals and groups in relation to health care;
 - (4) Practising nursing in accordance with the standards and ethical code set by the profession; and
 - (5) Understanding and accepting accountability and responsibility for his/her own nursing actions and omissions within the relevant legal and ethical parameters.

3. The auxiliary nurse must be clinical competent provide elementary care to individuals and groups. Such practice requires a practitioner to-
 - (1) Provide assistance and support to the health care user for the activities of daily living and self-care;
 - (2) Execute all delegated nursing care activities;
 - (3) Provide care in accordance with the prescribed plan of nursing care;
 - (4) Provide care according to standards of nursing practice;
 - (5) Promote health through the provision of relevant information;
 - (6) Support and assist with the maintenance of continuity in care;
 - (7) Accurately observe, report and record the status of the health care user;
 - (8) Establish and promote a supportive and helping relationship with health care users;
 - (9) Maintain an environment that promotes safety, security and respect of the health care user;
 - (10) Maintain a safe environment for nursing care;
 - (11) Protect the rights of health care users;
 - (12) Demonstrate and maintain clinical competence to ensure safe practice as an auxiliary nurses; and
 - (13) Render basic first aid in emergency situations.

4. With regard to the quality of nursing practice of an auxiliary nurse the practitioner must be competent to-
 - (1) Participate in the maintenance of set standards to improve the quality of nursing care;
 - (2) Utilize learning opportunities to improve own nursing practice;
 - (3) Continuously review own performance against nursing standards.

Specific assessment criteria for the auxiliary nurse education and training programme

The specific assessment criteria that must be achieved for the auxiliary nurse education and training programme are:

1. Fundamental understanding of macro body structure and functioning is demonstrated by the nursing care provided, in accordance with the relevant scope of practice.
2. An understanding of the structure and functioning of micro-organisms is demonstrated in the provision of nursing care.
3. Oral and written communication is maintained to promote effective fundamental nursing care.
4. Written communication is clear, relevant and unambiguous.
5. Mathematical functions are used correctly to address needs of the patient such as correct fluid balance and nutrition.
6. Mathematical signs and symbols are correctly used.
7. Health promotion programmes are implemented under supervision of other members of the health team.
8. Individual and/or group health care plans across the health-illness continuum are implemented and evaluated in collaboration with other members of the health care team.
9. Information obtained from continuous monitoring of responses to nursing interventions is correctly applied to the individual or group.
10. Appropriate emergency care and first aid principles in respect of:
 - Treatment of injuries and accidents.
 - Emergency deliveries.
 - Basic life support is applied.
11. Fundamental nursing interventions are implemented with sensitivity to people of diverse cultural, religious and socio-economic backgrounds.
12. Recording of data is done in compliance with institutional standards and legal criteria.
13. Patient records are maintained accurately, concisely and systematically, to reflect the fundamental nursing care rendered.
14. Confidentiality and integrity of patient information are maintained in interaction with patients and others.

DEPARTMENT OF HEALTH
NURSING ACT, 2005 (ACT No. 33 of 2005)

Regulations Relating to the Accreditation of Institutions as Nursing Education Institutions

The Minister of Health has in terms of section 58(1) of the Nursing Act, 2005 (Act No.33 of 2005), after consultation with the South African Nursing Council made the regulations in the Schedule.

SCHEDULE

Definitions

1. In this schedule “the Act” means the Nursing Act, 2005 (Act No. 33 of 2005), and any word or expression to which a meaning has been assigned in the Act has such meaning and, unless the context otherwise indicates –
“accreditation” means certification of an institution, for a specified period, recognizing it as a nursing education institution with the capacity to offer a prescribed nursing programme, upon compliance with the Council’s prescribed accreditation requirements, criteria and standards for nursing education and training;

“conditional accreditation” means approval to operate as a nursing education institution under certain circumstances for a period not exceeding two years until all Council’s prescribed accreditation requirements, criteria and standards for nursing education and training are met;

“full accreditation” means approval to operate as an nursing education institution and indicates that the institution complies with all the Council’s prescribed accreditation requirements, criteria and standards for nursing education and training and may operate for a period not exceeding five years;

“probationary accreditation” means temporary approval to operate as a nursing education institution for a period not exceeding five years which enables a newly accredited nursing education institution applying for accreditation for the first time to demonstrate continued compliance, adherence and performance against the Council’s prescribed accreditation requirements, criteria and standards for nursing education and training;

“audit” means the process of systematic scrutiny of a quality management system carried out by an audit team in order to determine whether the institution meets the Council’s prescribed accreditation requirements, criteria and standards for nursing education and training;

“audit visit” means an on-site assessment or appraisal undertaken to confirm, validate and determine if an applying institution or a nursing education institution’s statements and claims made in the institutional portfolio and self assessment meet the Council’s prescribed accreditation requirements, criteria and standards for nursing education and training;

“auditor” means an independent professional who understands the standards and principles of auditing and is appointed by the Council to participate in audits;

“clinical facility” means a health facility whose primary purpose is the provision of care to patients and is also used to teach learners;

“clinical learning opportunities” means the range of learning experiences available in a health care setting it may also include other experiential learning sites where a learner has the opportunity to gain clinical skills;

“criteria” means characteristics, or dimensions that are used to judge compliance to a standard;

“day” refers to a working day;

“de-accreditation” means withdrawal of accreditation of a nursing education institution or nursing education programme by the Council;

“fee” means a fee or fees determined by the Council from time to time and published by notice in a Gazette;

“focus visit” means a site visit which focuses only on certain identified aspects of the portfolio of evidence and compliance with Council’s prescribed accreditation requirements, criteria and standards for nursing education and training as determined by the Council prior to the visit and for a specific purpose;

“governance” means the system by which a nursing education institution is directed and controlled. It is concerned with systems, controls, accountabilities and decision-making at the highest level of the nursing education institution;

“institution” means a founded establishment or organization consisting of a building or complex of buildings and its associated resources for the specific purpose of offering nursing education and training programmes;

“institutional accreditation” means the act of granting credit or recognition with respect to a nursing education institution that complies with the Council’s prescribed accreditation requirements, criteria and standards for nursing education and training;

“institutional portfolio” means a compilation of several measures of an institution’s evidence that the mission and learning outcomes identified by the institution are being realized. Institutional portfolios demonstrate accountability to stakeholders and may be used as a vehicle for institution-wide reflection, learning, and improvement;

“institutional self-assessment” means a comprehensive and systematic review of an institution applying for accreditation as a nursing education institution or regular review of an organization’s activities and results referenced against the required Council’s prescribed accreditation requirements, criteria and standards for nursing education and training. The self-assessment process allows the nursing education institution or a new institution to discern clearly its strengths and areas in which improvements can be made and culminates in planned improvement actions which are then monitored for progress;

“learning site” means the accredited physical location where education and training facilities and resources are available for the delivery of education and training of learners;

“programme accreditation” means recognition of a learning programme as complying with the Council’s prescribed accreditation requirements, criteria and standards for a specified nursing education and training programme;

“standards” means a reference point against which aspects of nursing education can be evaluated to assess quality, and a judgment or decision made;

“process standards” means those standards that relate to the use of resources (human, financial, material or physical) of the nursing education institution to facilitate directly or indirectly, the outcomes required;

“outcome standards” means those standards that relate to the educational achievements of a nursing educational institution;

“structure standards” means those standards that relate to the resources (human, financial and material or physical) that exist and are available to the nursing educational institution to facilitate directly or indirectly, the processes and outcomes required.

Requirements for accreditation as a nursing education institution

2. An institution intending to conduct a prescribed nursing education and training programme that would lead to registration in terms of section 31 or registration to practice in a specified area of nursing must apply for accreditation as a nursing education institution.
 - (1) Prior to making such an application the applicant must appoint a person that is the head of the institution or the head of nursing education and training, who -
 - (a) is registered with the Council as a professional nurse; and
 - (b) has an additional qualification in nursing education; and
 - (c) is in possession of a relevant management qualification; and
 - (d) holds at least a Bachelor’s degree qualification or
 - (e) in the case of a higher education institution holds at least a masters or doctoral degree or a qualification that is a level higher than the highest qualification offered by the institution.

- (2) In the case of a private institution such institution must be registered as a -
 - (a) further education and training institution or a higher education institution with the Department of Education; and
 - (b) company in accordance with the Companies Act, 1973 (Act No. 61 of 1973); or
 - (c) a non-profit organization in accordance with the Non-profit Organizations Act, 1997 (Act No. 71 of 1997).
- (3) In the case of a public entity the institution must be recognized in terms of -
 - (a) section 20 of the Higher Education Act, 1997 (Act No.101 of 1997) as a public higher education institution; or
 - (b) section 3 of the Further Education and Training Act, 1998 (Act No. 98 of 1998) as a public further education and training institution.
- (4) The accreditation of a nursing education institution is subject to:
 - (a) the accreditation of the institution and education and training programmes by the Council for Higher Education; or
 - (b) the accreditation of the institution and education and training programmes by the Council for Further Education and training.
- (5) Such an institution must have formal agreement(s) with one or more health services which address the clinical learning opportunities and clinical supervision of learners placed in these facilities.
- (6) Such an institution must have a fixed abode or domicilium citande.

Accreditation process

3. (1) The accreditation process will include -
 - (a) The submission of an application for accreditation;
 - (b) The review of application for accreditation;
 - (c) An audit visit to validate the evidence referred to in submitted documentation;
 - (d) A decision regarding accreditation; and
 - (e) The issue of an accreditation certificate if the applicant is accredited.
- (2) The process of accreditation of a new applicant may take up to twelve months.
- (3) The timeframe referred to in sub-regulation 3. (2) may be extended if the information and documentation required at any stage during the accreditation process submitted is incomplete or if there is a delay in the submission of such information.

Submission of application for accreditation as a nursing education institution

4. (1) The head of the institution referred to in sub-regulation 2 (1) must –
 - (a) Apply for accreditation to the Council in writing, at least twelve months prior to the intended date of commencement of the course, in a format or form as determined by Council;
 - (b) Submit to the Council the prescribed completed institutional self- assessment and institutional portfolio as specified in regulation 5;
 - (c) Pay to the Council the prescribed application fee;
 - (d) Provide evidence of meeting the requirements of regulation 2;
 - (e) Provide evidence of meeting the Council's prescribed accreditation requirements, criteria and standards for nursing education and training; and
 - (f) Demonstrate that there is a need for such education and training.
 - (2) The application for accreditation will only be considered by the Council once all of the conditions in sub-regulation 2 (1) and the requirements mentioned in sub-regulation 4(1) are met.
 - (3) An incomplete application will not be considered and such an application will be returned to the applicant.
 - (4) The Council will take the date on which the complete submission was made to the Council as the date of the application.
 - (5) Only applications for accreditation of prescribed nursing qualifications that are registered on the National Qualifications Framework will be considered.
5. (1) The applicant must submit a completed institutional self-assessment and institutional portfolio as determined by the Council.

- (2) The institutional self-assessment and institutional portfolio must be submitted at least twelve months prior to the anticipated date of commencement of education and training.
- 6. In order to be accredited as a nursing education institution, the applicant must meet the Council's standards which include –
 - (1) Structure standards;
 - (2) Process standards;
 - (3) Outcome standards; and
 - (4) Any additional standards for accreditation as a nursing education institution that may be determined by the Council.

Extension of accreditation scope

- 7. (1) A nursing education institution must apply to the Council for extension of accreditation scope for -
 - (a) an additional nursing education programme;
 - (b) new or additional learning sites;
 - (c) relocation of an accredited facility;
 - (d) additional clinical facilities;
 - (e) increase in learner numbers; or
 - (f) additional learner intakes.
- (2) A private nursing education institution must apply for approval to the Council prior to any changes made to the ownership, name or governance structure of the institution.
- (3) The nursing education institution should provide evidence that the institution is in compliance with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (4) A decision on extension of the scope of accreditation will be based on a review of the application and it may include an audit or a focus visit to validate the information provided.
- (5) A nursing education institution may only extend its accreditation scope if the Council grants such an extension.
- (6) It is an offence when a nursing education institution extends its scope without complying with sub-regulations (1), (2), (3), (4) for which the head of the nursing education institution and the governing body shall be held liable.

Review of application for accreditation of a nursing education institution

- 8. (1) The Council on evaluation of the documentation submitted by the applicant will determine whether the applicant meets the requirements for accreditation.
- (2) The Council will notify the applicant of the outcome of the evaluation of documents in writing.
- (3) If the applicant's documentation meets the Council's prescribed accreditation requirements, criteria and standards for nursing education and training, the Council will schedule an audit visit to the institution and its facilities.
- (4) Where an applicant's documentation does not meet the Council's prescribed accreditation requirements, criteria and standards for nursing education and training, the applicant must re-submit the amended application within a period of ninety days from date of receipt of the written evaluation of the documents.
- (5) The Council will notify the applicant of outcome of the evaluation of re-submitted documents in writing.
- (6) Where the applicant's documentation on re-submission fails to meet the Council's prescribed accreditation requirements, criteria and standards for nursing education and training -
 - (a) the application will lapse; and
 - (b) if the institution wishes to pursue the application further, the applicant is required to re-commence the application process and pay the prescribed application fee.
- (7) Sub-regulation (6) will also apply to an applicant who has not re-submitted the application within the prescribed time in terms of sub-regulation (4).

Audit visit

- 9. (1) An audit visit will be conducted for all applications for accreditation of a nursing education institution and nursing education programmes for the purpose of -
 - (a) validating the statements and claims made in the institution's portfolio and institutional self assessment;
 - (b) assessing the institutions facilities and resources; and

- (c) determining whether the institution meets the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (2) The audit visit referred to in sub-regulation (1) will be conducted after the evaluation of the documentation referred to in sub-regulation 8(1).

Decision

10. (1) The outcome of the accreditation process will be communicated to the applicant in writing and may include one of the following decisions -
- (a) Probationary accreditation for a period not exceeding five years
 - (b) Conditional accreditation for a period not exceeding two years
 - (c) Full accreditation for a period not exceeding five years
 - (d) No accreditation
- (2) (a) A decision to grant probationary accreditation referred to sub-regulation (1) (a) may be taken for an institution applying for accreditation for the first time and when an institution meets the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (b) The duration of the probationary accreditation granted to an institution will be determined in accordance with the length of the accredited programme.
- (3) A decision to grant conditional accreditation referred to in sub-regulation (1) (b) may be taken when an institution does not meet all of the Council's prescribed accreditation requirements, criteria and standards for nursing education and training and such an institution is required to fulfill conditions as determined by the Council.
- (4) A decision to grant full accreditation referred to sub-regulation (1) (c) may be taken when an institution complies with all of the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (5) An application for accreditation may be declined as referred to in sub-regulation (1) (d) when an institution does not comply with Council's prescribed accreditation requirements, criteria and standards for nursing education and training.

Accreditation certificate

11. (1) On successful application the Council shall issue the institution with a certificate of accreditation indicating the decision made in terms of sub-regulation 10 (1), the dates and duration of accreditation and any other information as determined by the Council.
- (2) An accreditation certificate is only valid for the type of accreditation, date, duration, name of institution, programme and physical address of the institution stipulated on the certificate.
- (3) Accreditation certificates shall at all times be displayed by the institution at a prominent place accessible to learners and the public.

Re-accreditation of a nursing education institution granted full accreditation

12. (1) An institution which is granted full accreditation must apply for re-accreditation twelve months prior to the expiry of the accreditation period.
- (a) The application must be accompanied by the prescribed accreditation fee.
 - (b) The institution is required to submit a completed institutional self-assessment and an institutional portfolio of evidence demonstrating institutional performance over the accreditation period and any further information that may be determined by Council.
- (2) The Council will take into consideration the annual self-assessment reports received from the institution for the duration of the accreditation period.
- (3) The Council may conduct an audit as contemplated in sub-regulation 18 (5) or a focus visit to institutions seeking re-accreditation.
- (4) The Council will take into consideration the institution's performance and compliance with the Council's nursing education and training requirements and standards.
- (5) The outcome of the re-accreditation process will be communicated to the applicant in writing and may include one of the following decisions -
- (a) Conditional accreditation may be granted to a nursing education institution that does not meet all of the Council's prescribed accreditation requirements, criteria and standards for nursing education and training and the institution is required to fulfill certain conditions that may be determined by the Council,

- for a period not exceeding two years; or
 - (b) Full accreditation may be granted to an institution that complies with all of the Council's prescribed accreditation requirements, criteria and standards for nursing education and training, for a period not exceeding five years; or
 - (c) An application for re-accreditation may be declined if the institution that does not comply with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (6) A nursing education institution's accreditation will lapse if the institution fails to apply for re-accreditation within the prescribed time and manner.
- (7) If a nursing education institution is not re-accredited it may not continue to provide nursing education and training and must comply with the requirements of sub-regulation 15(2).

Re-accreditation of a nursing education institution granted probationary accreditation

13. (1) An institution that has received probationary accreditation is required to apply for full accreditation twelve months prior to the expiry of the probationary period of accreditation.
- (a) The application for re-accreditation must reach the Council by the end of the first month of the last year of the accreditation period.
 - (b) The application must be accompanied by the prescribed accreditation fee.
 - (c) The institution is required to submit a self-assessment and a completed portfolio of evidence demonstrating institutional performance over the accreditation period and any further information that may be determined by Council.
- (2) The Council will take into consideration the annual self-assessment reports received from the institution for the duration of the probationary accreditation period.
- (3) The Council may conduct an audit as contemplated in sub-regulation 18(5) or a focus visit to institutions seeking re-accreditation.
- (4) The Council will make a decision to re-accredit the nursing education institution based on the institution's performance and compliance with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (5) Failure on the part of the institution to re-apply for accreditation in the prescribed manner will result in the lapse of the institutions accreditation.
- (6) If an institution is not re-accredited it may not continue to provide nursing education and training and must comply with the requirements of sub-regulation 15(2).

Re-accreditation of a nursing education institution granted conditional accreditation

14. (1) An institution that has received conditional accreditation is required to demonstrate evidence of their performance in meeting the shortcomings specified by the Council within the specified period.
- (a) The application for full accreditation must reach the Council by the end of the first month of the last year of the conditional accreditation period.
 - (b) The application must be accompanied by the prescribed accreditation fee.
 - (c) The institution is required to submit a self-assessment and a completed portfolio of evidence demonstrating institutional performance over the accreditation period and any further information that may be determined by Council.
- (2) The Council will take into consideration the annual self-assessment reports received from the institution for the duration of the conditional accreditation period.
- (3) The Council may conduct an audit visit or a focus visit to a nursing education institution seeking re-accreditation.
- (4) The Council will make a decision to re-accredit the nursing education institution based on the institution's performance and compliance with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (5) Failure on the part of the nursing education institution to re-apply for accreditation in the prescribed manner will result in the lapse of the institutions accreditation.
- (6) If an institution is not re-accredited it may not continue to provide nursing education and training and must comply with the requirements of sub-regulation 15(2).

De-accreditation of a nursing education institution

15. (1) The Council may de-accredit a nursing education institution under the following conditions -
- (a) If there is evidence that the nursing education institution fails to maintain the requirements of the Act, the regulations, the Council's prescribed accreditation requirements, criteria and standards for nursing education and training or any other legal or statutory requirements;
 - (b) On receipt of evidence that submission for accreditation was fraudulent, or contained false or misleading information or documentation;
 - (c) On receipt of evidence that the nursing education institution makes use of fraudulent, false and misleading advertising or marketing material;
 - (d) On request for voluntary de-accreditation from the head of the nursing education institution; or
 - (e) Failure on the part of the nursing education institution to apply for re-accreditation.
- (2) In the event of accreditation being withdrawn by the Council, whether voluntary or not, the nursing education institution must -
- (a) Cease to operate on the date as determined by the Council;
 - (b) Inform all existing and potential learners at the institution in writing of such de-accreditation within ten days of becoming aware of the de-accreditation;
 - (c) Secure alternative arrangements for learners in order to complete the learning programme for which they are registered with the Council within thirty days of notification;
 - (d) Refund the proportion of learner fees paid for outstanding education and training;
 - (e) Submit to Council the education and training record of each learner in the format prescribed by the Council;
 - (f) Issue a copy of the education and training record to each learner and the receiving institution where the learners will continue their learning programme; and
 - (g) Remove any displays or any material or documents making reference to accreditation by the Council.
- (3) Failure to comply with sub-regulation (2) constitutes an offence for which the head of the nursing education institution and the governing body shall be held liable.

Fees

16. (1) An applicant and nursing education institutions will be required to pay fees for:
- (a) an application;
 - (b) accreditation of an institution;
 - (c) programme accreditation;
 - (d) annual nursing education institution fee;
 - (e) a focus visit; and
 - (f) an audit visit.

The appeals process

17. (1) An applicant may lodge an appeal to the Council against the findings or outcome of the accreditation process within thirty days of receipt of notification of such findings.
- (2) The application for an appeal must provide reasons and grounds for the appeal.
- (3) The appeal will be considered in accordance with the Council's appeal system and procedure.

Monitoring and evaluation

18. (1) The nursing education institution must conduct an annual self-assessment of its effectiveness in achieving its stated goals and outcomes in a format determined by the Council.
- (2) The nursing education institution must submit an annual assessment report by 31 March of each year in a manner determined by the Council.
- (3) The Council will assess the institutions performance to achieve its stated goals and outcomes.
- (4) The Council may conduct a focus visit to further investigate any areas of poor performance or concerns identified from the annual institutional self-assessment reports.
- (5) The Council will periodically conduct an audit of a nursing education institution.
- (a) The audit will be conducted by independent auditors appointed by the Council -

- (i) The Council will appoint a panel of independent auditors, based on their knowledge, experience and skills in terms of nursing education and quality assessment;
 - (ii) The auditors will be trained by the Council on its auditing and education and training standards and requirements;
 - (iii) Auditors will be remunerated in accordance with the Council's remuneration policy and scales; and
 - (iv) Each audit team shall be accompanied by a person from the administration of the Council.
- (b) The audit report will be compiled and submitted to the Council by the audit team within thirty days of the audit visit.

Investigation of complaints lodged against a nursing education institution

19. (1) The Council will upon receipt of a complaint investigate a nursing education institution if there are sufficient grounds for such an investigation in accordance with the Council's policy.

Transitional provisions

20. (1) Unless the Council decides otherwise, provisional accreditation may be granted to a nursing education institution that was approved to provide nursing education and training in terms of regulations made under the Nursing Act, 1978 (Act No. 50 of 1978).
- (a) Provisional accreditation is granted for a period not exceeding 5 years.
 - (b) The dates for provisional accreditation contemplated in sub-regulation (1)(a) will be determined and published in a government notice by the Council.
 - (c) During the period of provisional accreditation the institution must demonstrate that it can meet with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (2) The nursing education institution will be assessed by the Council for re-accreditation at the end of the provisional accreditation period.
- (a) The application for re-accreditation must reach the Council by the end of the first month of the last year of the accreditation period.
 - (b) The application must be accompanied by the prescribed accreditation fee.
 - (c) The institution is required to submit an institutional self-assessment and a completed institutional portfolio of evidence that demonstrates the institutions performance over the provisional accreditation period and any further information that may be determined or requested by Council.
- (3) The Council assessment of the nursing education institution will include the annual self-assessment reports received from the institution for the duration of the provisional accreditation period.
- (4) The Council may conduct an audit visit or a focus visit to a nursing education institution that applies for re-accreditation.
- (5) The Council will make a decision to re-accredit the nursing education institution based on the institution's performance and compliance with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (6) Failure on the part of a nursing education institution to apply for re-accreditation in the prescribed manner will cause the institutions accreditation to be withdrawn in terms of regulation 15.
- (7) If a nursing education institution is not re-accredited it may not continue to provide nursing education and training and must comply with the requirements of sub-regulation 15(2).

Application of these regulations

21. These regulations shall apply to all nursing education institutions and nursing education and training programmes offered in the Republic of South Africa.

Repeal

22. The following regulations published in the Gazette are hereby repealed:

Government Notice No.	Date of publication	Extent
R.3901	12 December 1969	Complete

Minister of Health:

Date:

**DEPARTMENT OF HEALTH
NURSING ACT, 2005 (ACT No. 33 of 2005)**

Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse leading to Registration as a Staff Nurse

The Minister of Health has in terms of section 58(1) of the Nursing Act, 2005 (Act No.33 of 2005), after consultation with the South African Nursing Council made the regulations in the Schedule.

SCHEDULE

Definitions

1. In this schedule “the Act” means the Nursing Act, 2005 (Act No.33 of 2005), and any expression to which a meaning has been assigned in the Act shall bear such meaning, and, unless the context otherwise indicates-

“academic year” means a period of at least 44 weeks of learning in any calendar year;

“assessment” means a structured process for the gathering of evidence and making judgements about a learner’s performance in relation to the prescribed requirements for the staff nurse education and training programme;

“assessment method” means the act that the assessor engages in utilising a variety of assessment strategies;

“integrated assessment” means forms of assessment which permits the learner to demonstrate applied competence and which uses a range of formative and summative assessment methods;

“assessor” means a practitioner registered as such with the Council who will be responsible for the assessment of the learner achievement of learning outcomes for the staff nurse education and training programme;

“basic nursing” means fundamental nursing interventions that promote and maintain the healthcare user’s health status;

“clinical facility” means a health facility whose primary purpose is the provision of care to patients and is also used to teach clinical skills to learners;

“clinical learning opportunities” means the range of learning experiences available in a health care setting or other experiential learning sites for a learner to gain clinical skills;

“clinical placement” means the period spent by a learner in clinical and other experiential learning sites to ensure that the purpose of the staff nurse education and training programme is achieved;

“competence” means the ability of a practitioner to integrate the professional attributes including, but are not limited to, knowledge, skill, judgment, values and beliefs, required to perform as a staff nurse in all situations and practice settings;

“core learning” means compulsory learning required for the staff nurse education and training programme;

“day” means a working day;

“elective learning” means a selection of additional learning requirements from which a choice may be made to ensure that the purpose of the staff nurse education and training programme is achieved;

“fee” means a fee or fees determined by the Council from time to time and published by notice in the Gazette;

“fundamental learning” means learning which forms the grounding or basis needed to undertake the education and training programme to meet the requirements for registration as a nurse;

“learning outcomes” means the prescribed competencies and educational outcomes for the staff nurse education and training programme;

“moderation” means the process conducted by an independent moderator, which ensures that assessment of the outcomes prescribed for the staff nurse education and training programme is fair, valid and reliable;

“moderator” means a practitioner registered as such with the Council who will be responsible for the moderation of assessment conducted by nursing education institutions for the staff nurse education and training programme;

“external moderation” means a process of assessing whether the assessment across two or more nursing education institutions delivering the staff nurse education and training programme is consistent, accurate, well-designed, fair, valid and reliable, which is conducted by an independent moderator registered as such by the Council and appointed for this purpose by the Council;

“internal moderation” means a process that assesses whether the assessment in a single nursing education institution

delivering the staff nurse education and training programme is consistent, accurate, well-designed, fair, valid and reliable, conducted by an independent moderator who is registered as such by the Council and appointed for this purpose by the nursing education institution;

“programme” means a purposeful and structured set of learning experiences that leads to registration as a staff nurse;

“programme outcomes” means the equivalent of the exit level outcomes of the qualification;

“qualification” means a planned combination of learning outcomes with a defined purpose that is intended to provide qualifying learners with applied competence for meeting the staff nurse qualification that is registered on the National Qualifications Framework (NQF) which meets the prescribed requirements for registration as a staff nurse;

“recognition of prior learning” means the comparison of the previous learning and experience of a learner against the learning outcomes required for the staff nurse education and training programme and the acceptance of such previous learning and experience for purposes of granting credits towards the staff nurse qualification;

“section” means a section of the Act;

“stable” means situations in which the client’s health status can be predicted or anticipated; and where interventions have predictable outcomes and/or a known level and range of negative outcomes.

Conditions for registration as a staff nurse

2. (1) A person shall be registered as a staff nurse in terms of section 31(c) if-
 - (a) she or he received education and training at a nursing education institution that is accredited to provide the staff nurse education and training programme;
 - (b) she or he was registered as a learner in terms of section 32 for the duration of the programme;
 - (c) she or he has successfully completed an accredited staff nurse education and training programme, has been assessed to meet the programme and learning outcomes referred to in regulation 7 and 8 and has met all requirements for the award of the prescribed qualification;
 - (d) she or he has passed the assessments referred to in regulations 9, 10, 11 and 12 or has been exempted therefrom in terms of regulation 14;
 - (e) the nursing education institution where the learner was registered for the programme has submitted to the Council -
 - (i) a record of theoretical and clinical learning achieved and any other information as may be determined by the Council;
 - (ii) a record of completed clinical placement;
 - (iii) a record of assessments conducted, including recognition of prior learning where applicable; and
 - (iv) a declaration certifying that the learner has met the prescribed educational requirements and is competent for registration as a staff nurse signed by the person responsible for the programme appointed in terms of sub-regulation 3.1(1) (d) and the head of the nursing education institution in a format as determined by the Council;
 - (f) Registration of a person in terms of section 31 (c) is subject to compliance with section 40 of the Act.
- (2) The application for registration as a staff nurse must be in accordance with the Regulations relating to the particulars to be furnished to the Council for keeping of the register for nursing practitioners, the manner of effecting alterations to the register, and certificates that may be issued by the Council published in the Government Notice No. R. 195 of 19 February 2008.
- (3) In the case of learner that was not registered in terms of sub-regulation (1) (b) for the full duration of the course, the duration of the course for such a learner will be extended for a period that is equal to the period where such registration was not maintained.

Conditions for the accreditation of a nursing education institution to offer the staff nurse education and training programme

3. (1) An institution may be accredited to offer the programme leading to registration as a staff nurse if the institution –
 - (a) In the case of a private institution such institution must be registered as a Higher Education Institution with the Department of Education; or
 - (b) In the case of a public entity the institution must be recognised in terms of section 20 of the Higher Education Act, 1997 (Act No.101 of 1997) as a public higher education institution; and
 - (c) is accredited with the Council as a nursing education institution in terms of section 42; and
 - (d) has access to sufficient clinical facilities that are appropriate and relevant to achieve the objective of staff nurse education and training programme.;
 - (e) has a designated person responsible for the programme, who -

- (i) is registered as a professional nurse with the Council;
 - (ii) holds a recognised education qualification that is recorded at a level higher on the National Qualifications Framework than the Advanced Certificate or equivalent qualification; and
 - (iii) has an additional qualification in nursing education recorded on the Council's register;
- (f) has demonstrated that there is a need for such education and training programme.; and
- (g) the programme is accredited by the Council for Higher Education.
- (2) The institution must be accredited by the Council to offer the staff nurse education and training programme in terms of section 42 of the Act prior to commencing education and training for such programme.
- (3) The staff nurse education and training programme must meet all the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.

Purpose of the staff nurse education and training programme

4. (1) The purpose of the staff nurse education and training programme is to enable a learner to -
- (a) function as a clinically competent , service orientated, independent registered staff nurse;
 - (b) render basic care to persons with stable and uncomplicated general health problems, as determined by the appropriate legislative framework;
 - (c) develop the competencies set out in annexure 2; and
 - (d) practice evidence-based nursing.
- (2) The staff nurse education and training programme must aim to-
- (a) produce high quality staff nurses who are competent nursing practitioners in a range of health service settings;
 - (b) provide a staff nurse with a range of skills, knowledge and attitudes that will enable them to make a meaningful and sustained contribution to health services;
 - (c) equip the staff nurse with a developed sense of equity, justice and service ethics that will ensure that they work in an accountable manner irrespective of their chosen work place; and
 - (d) offer a wide range of transferable skills for application in nursing which include:
 - (i) a methodical, solution based approach to problem solving;
 - (ii) an empowerment strengths based approach to personal development;
 - (iii) competence in written and oral communication;
 - (iv) capacity to assess and implement health and other policy;
 - (v) ability to plan and implement and manage projects of a varied nature; and
 - (vi) an ability to work independently and as part of a team.

Admission requirements to the staff nurse education and training programme

5. (1) A candidate shall apply to a nursing education institution that is accredited to provide the staff nurse education and training programme referred to in these regulations.

- (2) In order to be admitted to a programme, a person must be the holder of at least a National Senior Certificate or equivalent qualification and meet the minimum requirements for admission to a Diploma or Higher Certificate as gazetted for admission to higher education.
- (3) The true copy of the certificate referred to in sub-regulation (2) shall accompany the candidate's application.
- (4) A person who is admitted into an accredited staff nurse education and training programme at a nursing education institution must register with the Council as a learner in terms of section 32.

Minimum requirements staff nurse education and training programme

- 6. (1) Learners are required to achieve a minimum of 286 credits consisting of -
 - (a) 6 Fundamental component credits;
 - (b) 270 Core component credits; and
 - (c) 10 Elective component credits.
- (2) The duration of the staff nurse education and training programme is two academic years of full time study.
- (3) A learner shall undergo a minimum of 1800 hours of supervised experience in a clinical facility, which shall be spread over the two academic years of the programme.
- (4) The maximum period that a learner may spend in a clinical laboratory must not exceed 260 hours during the full duration of study.

Programme outcomes

- 7. (1) The staff nurse education and training programme must achieve the following outcomes for the provision of basic nursing care -
 - (a) Maintain professionalism in own practice of nursing;
 - (b) Apply knowledge of biomedical, biotechnological and psychosocial sciences to the practice of nursing;
 - (c) Develop, implement and evaluate population based health care;
 - (d) Assess, plan, implement and evaluate nursing care for individuals and groups with stable uncomplicated health problems based on thorough assessment;
 - (e) Deliver nursing care to sick or disabled individuals and groups with stable uncomplicated health problems;
 - (f) Promote health and rehabilitation of individuals and groups and communities;
 - (g) Diagnose and treat minor ailments;
 - (h) Deliver safe maternal care;
 - (i) Manage a health care unit; and
 - (j) Utilise principles of science and methodology in investigating nursing and health related problems.

Learning outcomes

8. (1) A learner on completion of the staff nurse education and training programme must achieve learning outcomes in the specified core, fundamental and elective components of the programme as set out in annexure 3.
- (2) On completion of the programme, the learner must be competent to practice as an independent practitioner to provide basic nursing which entails the following outcomes as set out in annexure 4 -
 - (a) practice nursing in a professional and ethical manner;
 - (b) render clinical care and manage the treatment and rehabilitation for health problems of individuals, groups and communities whose condition is stable; and
 - (c) maintain the quality of nursing practice.

Assessment

9. (1) To be registered as a staff nurse, the learner must achieve the required number of credits as specified in the rules of combination in sub-regulation 6 (1) as well as the criteria specified for integrated assessment in regulation 12.
- (2) The nursing education institution's assessment for the staff nurse education and training programme must take place in accordance with -
 - (a) the nursing education institution's quality assurance and assessment policies, procedures and processes;
 - (b) the Council 's assessment policies, procedures and processes;
 - (c) general assessment policies, procedures and processes pertaining to higher education institutions; and
 - (d) the assessment requirements of the qualification.
- (3) The learner must be assessed to achieve the programme and learning outcomes prescribed in regulations 7 and 8, competencies set out in annexure 2 and the assessment criteria as set out in annexure 5.
- (4) The institution must utilise integrated assessment methods to evaluate theory and practice.

Formative assessment

10. Assessment of learners must take place on a continuous basis using a variety of assessment strategies.

Summative assessment

11. (1) In addition to the qualification requirements for summative assessments the institution must conduct a summative assessment at the end of the two years of the programme which includes at least a written and practical assessment.
 - (a) The written assessment will be in the form of an examination at the end of the programme which assesses the learners overall competence and achievement of the overall programme outcomes; and
 - (b) The practical assessment will assess the overall competence and achievement of the overall programme outcome to the actual performance and skills of the learner in clinical settings conducted using the competence instrument

of the Council.

- (2) The learner must achieve all the prescribed learning outcomes and competence for the staff nurse education and training programme.
- (3) Any other assessment requirements as determined by the Council.

Assessment requirements

12. (1) All assessments must meet the following requirements -

- (a) Assessment must be conducted by a person who is registered with the Council as an assessor;
 - (b) The initial assessment activities must focus on gathering evidence in terms of the learning outcomes to ensure assessment is integrated;
 - (c) The assessment must focus on each specific outcome, or groups of specific outcomes; and
 - (d) Assessment activities must include performance in real life situations and where simulations or role-plays are used; there should be supporting evidence to prove that the learner is competent to function in the real situation.
- (2) All assessments must be conducted in accordance with the following universally accepted principles of assessment-
- (a) use appropriate, fair and manageable methods that are integrated into real work-related or learning situations;
 - (b) judge evidence on the basis of its validity, currency, authenticity and sufficiency; and
 - (c) ensure assessment processes are systematic, transparent and consistent.
- (3) The specific assessment criteria that must be achieved for the staff nurse education and training programme as set out in annexure 5.

Moderation of assessment

13. (1) Internal moderation must be conducted by moderators appointed by the nursing education institution and registered with the Council.
- (2) A moderator referred to in sub-regulation (1) must be in possession of an appropriate qualification at a National Qualification Framework level that is above this qualification, as well as relevant clinical expertise and current experience in the field of nursing.
- (3) The nursing education institution must conduct internal moderation of assessments.
- (a) The nursing education institution must have in place a moderation policy.
 - (b) The internal moderation must comply with the moderation requirements of higher education institutions.

- (c) The nursing education institution must appoint independent external moderators to conduct moderation of assessment for the staff nurse education and training programme.
- (4) The Council will conduct external moderation that will moderate assessment amongst nursing education institutions that are accredited for the staff nurse education and training programme.
 - (a) The Council will conduct moderation in accordance with prescribed moderation requirements and policies.

Recognition of prior learning

- 14.(1) A learner may be assessed on prior learning for no more than a 50% of the prescribed credits towards the staff nurse education and training programme by-
 - (a) applying to a nursing education institution accredited to offer the staff nurse programme;
 - (b) providing evidence of prior learning by means of portfolios, other forms of appropriate evidence or challenge examinations, and
 - (c) complying with the nursing education institution's recognition of prior learning policies and procedures.
- (2) The process referred to in sub-regulation 14(1) must meet the Council's and the general prescripts for recognition of prior learning.
- (3) The assessment of prior learning referred to in sub-regulation (1) must be conducted by an assessor registered in terms of regulation 15.
- (4) The nursing education institution must submit the credits obtained from the assessment of prior learning as part of the completion of training records referred to in sub-regulation 2 (1) (e).
- (5) The nursing education institution where recognition of prior learning has taken place must keep a full record of the assessment conducted and all documentation pertaining to such assessment and on request supply such records to the Council.
- (6) Where a nursing education institution fails to produce the recognition of prior learning records on request of the Council, the Council may refuse such an application for credits or where the credit was already granted, such credits may be withdrawn.

Criteria for registration of constituent assessors and moderators

- 15.(1) The criteria for registration as a constituent assessor for the staff nurse programme includes –
 - (a) registration as a professional nurse;
 - (b) a bachelors degree or a qualification that is a level higher than the said qualification;
 - (c) an additional qualification in nursing education;
 - (d) a certificate from an accredited provider of assessor training;
 - (e) payment of the prescribed assessor registration fee; and
 - (f) any other requirements as may be determined by the Council.
- (2) The criteria for registration as a moderator for the staff nurse programme includes –
 - (a) registration as a professional nurse;
 - (b) a bachelors degree or a qualification that is a level higher than the said qualification;
 - (c) additional qualification in nursing education;

- (d) a certificate from an accredited provider of moderator training;
- (e) payment of the prescribed moderator registration fee; and
- (f) any other requirements as may be determined by the Council.

Clinical training

- 16.(1) Clinical training must only be provided in clinical facilities that are accredited by the Council.
- (2) Clinical learning must take place in a range of clinical settings that will facilitate the achievement of the programme outcomes.
 - (3) The nursing education institution must set learning outcomes for each clinical facility and clinical placement.
 - (4) The nursing education institution must indicate how the learning outcomes referred to in sub-regulation (3) will be achieved.
 - (5) The learner must be taught and found competent to perform the required competencies.
 - (6) The learner must be assessed on the achievement of the learning outcomes referred to in sub-regulation (3).
 - (7) A learner who is not yet competent or has not achieved the learning outcomes must be placed in the clinical setting for an additional period until such time that the learner has achieved the learning outcomes.
 - (8) The learning outcomes for clinical placement must include the integration of theory and practice.
 - (9) The clinical training referred to in sub-regulation 6 (2) shall include clinical learning experience in a clinical facility at night not exceeding one month per academic year.
 - (10) Notwithstanding the provisions of sub-regulation (9), a learner shall not be allocated for clinical practica at night during the first six months of the first year of study.
 - (11) Clinical learning in simulation laboratories shall not exceed the hours prescribed in sub-regulation 6 (4) during the two year period of training.
 - (12) A learner may only be eligible for the summative assessment once she or he has complied with at least 95% of the clinical requirements for the programme.

Completion and termination of training

- 17.(1) At the conclusion of the prescribed training period for the professional nurse education and training programme the nursing education institution must -
- (a) notify the Council within thirty days of a learner terminating training; and
 - (b) submit the requirements for registration of the learner in terms of regulation 2.
- (2) For a learner who terminates training without having completed or complied with the requirements for registration in terms of regulation 2 the nursing education institution must submit to the Council -
- (a) a record of all credits that the learner has achieved;
 - (b) a request to terminate the learner's registration as a learner in a form determined by the Council; and
 - (c) a declaration that the learner has complied with the record referred to in sub-regulation (a).
- (3) For a learner who requests a transfer to another nursing education institution the nursing education institution where the learner commenced the staff nurse education and training programme must submit on request to the receiving nursing education institution -
- (a) a record of all credits that the learner has achieved; and
 - (b) a declaration that the learner has complied with the record referred to in sub-regulation (a).
- (4) The nursing education institution receiving the transferred learner referred to in sub-regulation (3) must submit to the Council an application for registration of the learner in terms of section 32 and in accordance with prescribed requirements.

Application of these regulations

18. These regulations shall apply to all programmes in the Republic of South Africa leading to registration as a staff nurse.

Transitional arrangements

19. Learners enrolled as pupils for a Course Leading to Enrolment as a Nurse in terms of Regulations published in the Government Notices No. R.2175 of 19 November 1993 will continue to be regulated until the date of termination of the programme.
20. Regulations published in the Government Notices No.R.2175 of 19 November 1993 **will remain in force until a date to be determined by the Council and published in the Gazette.**
21. The Council will cease to accredit any nursing education institution to offer the education and training programme leading to enrolment as a nurse in accordance with regulations published in Government Notice No. R.2175 of 19 November 1993.
22. Nursing education institutions accredited to offer a Course Leading to Enrolment as a Nurse in terms of Regulations published in the Government Notice No. R.2175 of 19 November 1993 will cease to offer the education and training for such a programme on a date to be determined by the Council and published in the Gazette.
23. The nursing education institutions referred to in regulation 22 must ensure that all education and training programmes that commenced prior to the date referred to in regulation 22 are completed within the prescribed periods.
24. The nursing education institutions referred to in regulation 22 must make provision for the education and training of learners that do not meet the prescribed training period for an additional period not exceeding two years.
25. No person may, after the published date referred to in regulation 22, be enrolled as a pupil for the first time for a Course Leading to Enrolment as a Nurse in terms of Regulations published in the Government Notices No.R.2175 of 19 November 1993.
26. A nurse educator that does not meet the requirements of sub-regulations 3 (1) (e) and 15 (1) and (2) may continue to provide education and training in nursing education institutions referred to regulation 22 for a period not exceeding two years.

ANNEXURE 1: DECLARATION THAT A LEARNER HAS MET THE EDUCATIONAL REQUIREMENTS TO BE REGISTERED AS A STAFF NURSE

SOUTH AFRICAN NURSING COUNCIL			
COMPLETION OF TRAINING FOR A STAFF NURSE DECLARATION			
LEARNER DETAILS			
Surname _____			
Given names in full _____			
SANC reference number _____			
South African identity document number _____			
OR Passport number _____			
Country of issue _____			
TRAINING DETAILS (*)			
Name of Institution: _____			
Date of Commencement	Year:	Month:	Day:
Date of Completion	Year:	Month:	Day:
DECLARATION BY HEAD OF NURSING EDUCATION PROGRAMME			
I hereby declare that the aforementioned learner : <ul style="list-style-type: none"> has complied with all the prescribed minimum education and training programme requirements for registration as a staff nurse in terms of Government Notice (No. of this Notice); and has been assessed and found to have the required competence as per the prescribed competency framework to practise in accordance the prescribed scope of practice of the staff nurse. I further declare that: <ul style="list-style-type: none"> the information provided is accurate and based on the authentic education and training records of the said learner; all the education and training of the learner were accurately recorded for the duration of the programme; the nursing education institution has in its possession all the original education and training records, including but not limited to assessment and clinical placement records ; there is no evidence that such training records were tampered with or are in any way fraudulent; and in the event that any tampering of the record or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing. I fully understand the meaning and implications of this declaration(*)			
Full names (Print) _____			
Designation _____			
SANC reference number _____			
Signature _____			
Date _____			
DECLARATION BY HEAD OF NURSING EDUCATION INSITUION			
I declare that the information provided is accurate and based on the authentic education and training records of the said learner. I fully understand the meaning and implications of this declaration(*)			
Full names (Print) _____			
Designation _____			

SANC reference number _____	Affix Stamp of the nursing education institution here
Signature _____	
Date _____	

⁽¹⁾ Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

⁽²⁾ Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

COMPETENCY FRAMEWORK FOR NURSING PRACTICE

A staff nurse must be competent to function as a as a clinically focused, service orientated, independent registered staff nurse, who is able to render basic nursing care to persons with stable and uncomplicated general health problems, as determined by the appropriate legislative framework. Basic nursing means fundamental nursing interventions that promote and maintain the healthcare user's health status.

A Competencies for Professional Ethical Practice

A.1 Legal Framework

- A.1.1 Practises in accordance with relevant Nursing and Healthcare legislation
- A.1.2 Practises in accordance with national and local procedural guidelines
- A.1.3 Recognises and acts upon breaches of law relating to nursing practice and professional code of conduct and practice standards.

A.2 Ethical Practice

- A.2.1 Practises in a manner that conforms to the South African Nursing Council code of ethics.
- A.2.2 Demonstrates ethical behaviour in own practice.
- A.2.3 Engages effectively in ethical decision making
- A.2.4 Acts in an advocacy role to protect human rights as prescribed in legislation and policy frameworks.
- A.2.5 Respects the health care user's right of access to information.
- A.2.6 Ensures confidentiality and security of written and verbal information acquired in a professional capacity.
- A.2.7 Respects the health care users right to informed choice and self determination in nursing and health care.
- A.2.8 Appropriately intervenes in health care that could compromise the safety, dignity and privacy of health care users.
- A.2.9 Identifies unsafe practice and takes appropriate action.
- A.2.10 Recognises one's own beliefs and values and how these may influence care giving.
- A.2.11 Respects the values, spiritual beliefs and practices of health care users.
- A.2.12 Provides culturally sensitive care.
- A.2.13 Demonstrates understanding of the challenges to ethical decision-making and care prioritisation in war, violence, conflict and natural disaster situations.
- A.2.14 Illustrates a balance between professional responsibilities and personal and employment rights.

A.3 Accountability

- A.3.1 Accepts and demonstrates accountability and responsibility for own professional judgment and actions.
- A.3.2 Understands parameters of own role and competence.
- A.3.3 Consults with other nurse practitioners who have the required expertise, when nursing care requires expertise beyond own current competence or scope of practice.
- A.3.4 Consults with other health care professionals and relevant organisations when the needs of health care users fall outside the scope of nursing practice.
- A.3.5 Accepts responsibility and accountability for own competence in accordance with scope of nursing practice.
- A.3.6 Limits practice to scope of competence.

B Competencies for Clinical Practice

B.1 Competencies for Care Provision

B.1.1 Assessment

- B.1.1.1 Utilise communication, interpersonal and client-provider interaction skills in conducting nursing assessment.
- B.1.1.2 Collect and analyse active and objective data by taking a history, and conducting necessary physical and mental examinations and diagnostic investigations.
- B.1.1.3 Collect and analyse data through a community assessment
- B.1.1.4 Order necessary investigations within her/his scope of practice.
- B.1.1.5 Identify health indicators and risk factors.
- B.1.1.6 Interpret data and statistics against a body of scientific knowledge.
- B.1.1.7 Formulate accurate nursing and health care diagnosis to clarify client's needs including learning, information/ and counselling.
- B.1.1.8 Prioritise client's health needs.
- B.1.1.9 Involve clients in assessing their health care needs.
- B.1.1.10 Screen for and diagnose minor ailments and common health problems & diseases in accordance with the

countries norms and standard guidelines.

B.1.2 Planning

- B.1.2.1 Determine client's nursing and health care goals in collaboration with them and other members of the health care team.
- B.1.2.2 Identify and outline objectives for the plan of care (taking into consideration the capacities of clients).
- B.1.2.3 Select and outline priorities and other nursing interventions to achieve expected outcomes.
- B.1.2.4 Collaborate with individuals/families and other stakeholders in developing a discharge plan.
- B.1.2.5 Develops a plan for (including prescribing treatment) common or minor primary health conditions presented at primary care facilities in accordance with the country's norms and standards and standard treatment guidelines.
- B.1.2.6 Set priority areas for teaching and learning taking into consideration cultural factors.
- B.1.2.7 Outline the plan including short and long-term goals and time frames.
- B.1.2.8 Identify, mobilise and organise resources to carry out the planned activities.
- B.1.2.9 Document the plan of care to facilitate communication with other health care team members for continuity of care.

B.1.3 Implementation

- B.1.3.1 Initiate, direct and actively participate in providing nursing care to clients in varying situations.
 - B.1.3.2 Create an enabling environment that is therapeutic and meets the clients need for privacy, confidentiality, well-being and dignity.
- B.1.3.3 Perform or carry out interventions ranging from personal care to use of technology with active involvement of clients and others members of the health team.
- B.1.3.4 Communicate the needs for continuity of care of clients to the caregivers and health care providers at the various levels of institutional and community care.
- B.1.3.5 Treat (including prescribing treatment) common or minor primary health conditions presented at primary care facilities in accordance with the country's norms and standards and standard treatment guidelines.
- B.1.3.6 Document interventions and progress of client status to facilitate continuity of care.
- B.1.3.7 Coordinate services and specific care activities within multidisciplinary teams, organizations and special interest groups involved in client care.

B.1.4 Evaluation

- B.1.4.1 Monitor progress and outcome of interventions on the physical, psychological and psychosocial well being of individuals, families and communities within health institutions and in other settings.
- B.1.4.2 Formulate and revise nursing interventions through comprehensive and ongoing assessment.
- B.1.4.3 Review the priorities, objectives and nursing interventions for their relevance, appropriateness and currency, based on the assessment and evaluation of the health status, capacity and potential of individuals, families and communities.
- B.1.4.4 Reviews the nursing care-plan and makes the necessary changes.

B.1.5 Promotion of Health

- B.1.5.1 Demonstrates an understanding of national and social policies.
- B.1.5.2 Views the health care user from a holistic perspective and takes into account the multiple determinants of health.
- B.1.5.3 Takes part in health promotion and illness prevention initiatives and contributes to their evaluation.
- B.1.5.4 Applies knowledge resources available for health promotion and education.
- B.1.5.5 Acts to empower the individual, groups and communities to adopt health lifestyles and self-care.
- B.1.5.6 Provides relevant health information to health care users to assist in achieving optimal health care and rehabilitation.
- B.1.5.7 Demonstrates an understanding of traditional healing practices within the health care user's belief system.
- B.1.5.8 Provides education and support for the development and support for the maintenance of independent living skills.
- B.1.5.9 Recognises the potential of health teaching as an integral part of nursing interventions.
- B.1.5.10 Applies knowledge and skills of a variety of teaching learning strategies with health care users.
- B.1.5.11 Evaluates learning and understanding about health practices.
- B.1.5.12 Review the effectiveness of the application the scientific approach of nursing and Primary Health Care principles for quality care.
- B.1.5.13 Apply the scientific process of nursing and primary healthcare principles to the nursing care of individuals, families and communities.

B.1.6 Communication

- B.1.6.1 Consistently communicates relevant, accurate and comprehensive information about the health status of health care users, in verbal, written and electronic forms.
- B.1.6.2 Ensures that information given to health care users is presented in an appropriate and clear manner.
- B.1.6.3 Utilises communication and interpersonal skills to initiate, develop and maintain a supportive, caring and therapeutic relationship with health care users.

- B.1.6.4 Responds appropriately to health care users questions, requests and problems.
- B.1.6.5 Communicates in a manner that facilitates the empowerment of health care users.
- B.1.6.6 Uses available information technology effectively and appropriately to communicate the health status of health care users.
- B.1.6.7 Demonstrates awareness of developments and local applications in the field of health technology.

B.1.7 Therapeutic Environment

- B.1.7.1 Ensures that health care user and his/her carers are equal partners in health care provision.
- B.1.7.2 Create an environment of open communication between health care users, carers, and providers.
- B.1.7.3 Demonstrate an attitude that promotes a positive emotional environment that is conducive for health care
- B.1.7.4 Create an environment that facilitates the health care user to re-integrate meaningfully back to a normal living situation.
- B.1.7.5 Facilitate the empowerment of health care users to gain self-reliance.
- B.1.7.6 Identify, link and co-ordinate appropriate support mechanisms for health users and carers.
- B.1.7.7 Creates an environment and provides support that facilitates the process of a person maintaining integrity and dying with dignity.

B.1.8 Advocacy

- B.1.8.1 Advocate for the rights of clients in the health care system.
- B.1.8.2 Use principles enshrined in the Constitution of South Africa to advocate for improvement of health care.
- B.1.8.3 Understand the advocacy process and the rights of health care users.
- B.1.8.4 Participate in policy development for nursing/midwifery and health care of health care users.
- B.1.8.5 Negotiate for stakeholder group involvement in policy formulation to ensure that health care user's needs receive attention.

B.2 Competencies for Care Management

B.2.1 Safe Environment

- B.2.1.1 Utilises quality assurance and risk management strategies to create and maintain a safe environment for health delivery.
- B.2.1.2 Uses appropriate assessment tools to identify potential and actual risks for a safe environment for health care delivery.
- B.2.1.3 Ensures the safe administration of therapeutic substances.
- B.2.1.4 Implements procedures that maintain effective infection control.
- B.2.1.5 Communicates and records safety concerns to relevant authorities.
- B.2.1.6 Implements and monitors occupational health and safety measures in accordance with the Occupational Health and Safety legislation.

B.2.2 Inter-Professional and Multidisciplinary Teamwork

- B.2.2.1 Applies knowledge of effective inter-professional working practices.
- B.2.2.2 Establishes and maintains constructive working relationships with nursing and other colleagues.
- B.2.2.3 Values the roles and skills of all members of the health and social care teams.
- B.2.2.4 Consult and collaborate within the multi-disciplinary health teams, organisations and special interest groups.
- B.2.2.5 Demonstrates an understanding of the role of other stakeholders in health care.
- B.2.2.6 Participates with members of the health and social care teams in decision making pertaining to health care delivery.
- B.2.2.7 Disseminate information on epidemics, nutritional disease, maternal and infant morbidity and mortality, and other common diseases.
- B.2.2.8 Develop and establish inter-professional and inter-sectoral relationships that promote health care.
- B.2.2.9 Demonstrate team leadership skills and function as an effective team member.
- B.2.2.10 Form alliances after networking with key players when dealing with community health issues and needs.

B.2.3 Delegation, Supervision & Coordination

- B.2.3.1 Delegates activities commensurate with the abilities and scope of practice of other nurse practitioners.
- B.2.3.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- B.2.3.3 Maintains accountability and responsibility for nursing care activities delegated.
- B.2.3.4 Coordinates the provision of health care ensuring that continuity of care provided to health care users.
- B.2.3.5 Ensures that the treatment of health care users is properly coordinated so that it serves the best interest of health care users.
- B.2.3.6 Application of management principles to nursing care in a variety of settings.

B.2.4 Information Management

- B.2.4.1 Maintain the quality of nursing data and information in a documentation system
- B.2.4.2 Evaluate the content of minimum data sets for nursing
- B.2.4.3 Utilise minimum data sets to compare nursing intervention and outcomes
- B.2.4.4 Utilise minimum data set analyses to influence decision-making
- B.2.4.5 Analyse nursing information to evaluate the quality and cost effectiveness of nursing care
- B.2.4.6 Utilise health and population epidemiological data and indicators to inform nursing practice

B.2.5 Recording

- B.2.5.1 Analyse document, report and accurately utilise all relevant information on the situation, and nursing care of individuals, families and communities, to facilitate continuity of care
- B.2.5.2 Record data on assessment and intervention outcomes.
- B.2.5.3 Analyse the outcome data accordingly.
- B.2.5.4 Report on the consolidated information based on the analysis of outcome data verbally and/or in writing.
- B.2.5.5 Document information in a manner meaningful for improving quality care.

C Competencies for Quality of Practice

C.1 Quality Improvement

- C.1.1 Participate in conducting inventories to gain accurate information on the following:
 - (i) The human resources available to individuals, families and communities (numbers, numbers by skills mix, specialisation).
 - (ii) Distribution, and accessibility of health services.
 - (iii) Acceptability and access of health services to health care users.
- C.1.2 Assess the competencies of non-professional community workers, traditional health care providers, family members and volunteers to provide specific, simple and agreed upon care.
- C.1.3 Familiarise self with cost of material resources.
- C.1.4 Promote/identify ways of containing health care costs without compromising standards.
- C.1.5 Participate in multi-disciplinary quality assurance task groups at various levels.
- C.1.6 Participate in peer review based on the agreed upon quality assurance monitoring indicators and tools.

C.2 Continuing Education

- C.2.1 Utilise the Nursing Act and the Regulations, the Code of Ethics and Professional Practice of the South African Nursing Council, and the body of scientific knowledge and apply the principles of PHC in service rendering, for maintaining professional excellence.
- C.2.2 Carries out regular and reviews and explores and utilises opportunities for professional development.
- C.2.3 Identify own learning needs for improving practice, and enhancing professional knowledge.
- C.2.4 Participate in self-directed learning activities aimed at broadening knowledge base for professional practice.
- C.2.5 Assume responsibility for lifelong learning and maintenance of competence.
- C.2.6 Contributes to the education and professional development of learners and colleagues.
- C.2.7 Acts as an effective mentor.
- C.2.8 Takes opportunity to learn together with others contributing to health care.

C.3 Professional Enhancement

- C.3.1 Contribute constructively to professional, work and community settings.
- C.3.2 Pursue excellence and originality in own work and support these qualities in the work of others.
- C.3.3 Respond creatively to the health care needs of societies.
- C.3.4 Identify and explore new roles for nurses in a changing health environment.
- C.3.5 Implement nursing care management activities according to the Standards of Practice and Scope of Practice.

C.4 Research

- C.4.1 Collaborate with other members of the health care team to identify actual and potential areas for nursing and health research in order to improve or maintain quality care.
- C.4.2 Utilise the process of scientific enquiry in nursing and health-related matters/problems.
- C.4.3 Utilise findings to improve the quality of care.
- C.4.4 Demonstrates an understanding of the scientific approach to nursing.
- C.4.5 Interpret and apply research findings to nursing practice.

LEARNING OUTCOMES FOR THE STAFF NURSE EDUCATION AND TRAINING PROGRAMME

The learner on completion of the staff nurse education and training programme must achieve the learning outcomes in the specified core, fundamental and elective components of the programme.

(1) The learning outcomes for the core requirements of the staff nurse education and training programme are:


- (1) Carry out a health assessment of an individual of any age group
- (2) Demonstrate knowledge of the anatomy and bio-physical functioning of the human body
- (3) Demonstrate knowledge of the structure and biology of micro organisms as it applies to clinical practice
- (4) Develop and apply strategies to cope with the emotional demands of nursing situations
- (5) Ensure child and adolescent-friendly health and nursing care
- (6) Facilitate community stakeholder involvement in promoting and maintaining health
- (7) Implement and evaluate planned nursing care to achieve identified patient outcomes
- (8) Lead and participate in team approaches to health care
- (9) Manage a community health intervention
- (10) Monitor and stimulate the growth and development of a child and/or adolescent
- (11) Practice in accordance with ethical and legal codes of nursing and the laws of the country
- (12) Provide nursing care to a terminally ill patient and support to the family
- (13) Share information to promote effective decision making in health care
- (14) Create and maintain a safe physical and emotionally supportive environment in a health care unit
- (15) Demonstrate knowledge of applied psychology in the care of health care users
- (16) Demonstrate knowledge of applied sociology in the care of patients
- (17) Demonstrate knowledge of the physiology and biochemical functioning of all body systems
- (18) Develop a care plan in collaboration with patients and/or carers
- (19) Maintain optimum health of the pregnant woman and the family
- (20) Manage childhood illnesses in an integrated manner
- (21) Manage individuals and groups with communicable diseases
- (22) Manage pharmacological preparations and treatment
- (23) Manage rehabilitation
- (24) Provide nursing care to individuals with long term illness
- (25) Provide postpartum care to the mother and neonate
- (26) Respond to physical and psychological emergency situations
- (27) Utilise relevant legislation, regulations and policy in planning in a health care unit
- (28) Organise, co-ordinate and review the activities of a health care unit

(2) The learning outcomes for the fundamental requirements of the staff nurse education and training programme are:

- (a) Use communication skills to establish and maintain supportive relationships

(3) The learning outcomes for the elective requirements of staff nurse education and training programme are:

- (a) Develop, maintain and manage an effective information management system for nursing practice
- (b) Maintain physical and psychological comfort in acute and/or chronically ill patients, and significant others
- (c) Manage the provision of quality nursing care in a cost effective manner
- (d) Prepare the patient who has recovered from an acute illness for discharge
- (e) Provide counselling and intervention for people affected by abuse, neglect, or violence

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-
- (f) Perform a spirometry screening test in an occupational setting
 - (g) Perform an audiometric screening test in an occupational setting

SCOPE OF PRACTICE FOR THE STAFF NURSE

The staff nurse is competent to assume full responsibility and accountability for:

- (1) The provision of basic nursing care and treatment of persons with stable and uncomplicated health conditions in all settings;
 - (2) Providing basic emergency care
 - (3) Assessing and developing a plan of nursing care for persons with stable and uncomplicated health conditions.
 - (4) The nursing care of persons whose health condition is stable and uncomplicated in a unit of an overall health facility or service.
 - (5) Nursing care delegated by a professional nurse
- (a) The professional and ethical practice of a staff nurse requires a practitioner to -
- (1) Demonstrate knowledge of laws and regulations relevant to the practice of the staff nurse;
 - (2) Practise as a staff nurse in accordance with the laws and regulations relevant to nursing and health care in South Africa;
 - (3) Protect and advocate for the rights of individuals and groups in relation to health care.
 - (4) Practise nursing in accordance with the standards and ethical code set by the profession.
 - (5) Understand and accept accountability and responsibility for his/her own nursing actions and omissions within the relevant legal and ethical parameters.
- (b) The clinical practice of a staff nurse is to provide basic nursing care for the treatment and rehabilitation of common health problems for individuals and groups. Such practice requires a practitioner to-
- (1) Assess and screen the health status through basic observation, interaction and measurement;
 - (2) Interpret data and diagnose basic nursing needs;
 - (3) Develop nursing care plans to meet basic health care and nursing needs;
 - (3) Take responsibility for the implementation of the care plan he/she developed;
 - (4) Manage all aspects of delegated nursing care;
 - (5) Ensure timeous referral and appropriate consultation with a professional nurse or midwife or other health professionals;
 - (6) Promote health through the provision of relevant information;
 - (7) Maintain continuity of care through reporting and communication to care givers and members of the health care team;
 - (8) Evaluate a health care user's progress towards expected outcomes and revise the nursing plan of care in accordance with such evaluations;
 - (9) Create and maintain an accurate record of nursing interventions;
 - (10) Establish and promote a supportive and helping relationship with a health care user;
 - (11) Maintain an environment that promotes safety, security and respect of the health care user;
 - (12) Maintain a safe environment for nursing care;
 - (13) Advocate for the rights of health care users;
 - (14) Promote participation of health care users in their health care and empower them towards self reliance;
 - (15) Demonstrate and maintain clinical competence to ensure safe practice as a staff nurse.
 - (16) Render basic life saving interventions in an emergency situation
- (c) The quality of nursing practice of a staff nurse requires the practitioner to-
- (1) Participate in the maintenance of set standards to improve the quality of nursing care;
 - (2) Utilize learning opportunities to improve own nursing practice;
 - (3) Continuously review own performance against standards of practice;

SPECIFIC ASSESSMENT CRITERIA FOR THE STAFF NURSE EDUCATION AND TRAINING PROGRAMME

- (4) The specific assessment criteria requirements that must be achieved for the staff nurse education and training programme are:
- (a) Practice is applied consistently in a manner that reflects a clear understanding and interpretation of the requirements of South African Nursing and Health Care legislation.
 - (b) Ethical codes, professional accountability and responsibility, and standards for the practice of nursing are interpreted and applied consistently in line with their spirit and intent.
 - (c) Own personal development and management maintains emotional balance, and promotes effective and professional service delivery.
 - (d) Knowledge of applied psychology and sociology is applied in ways, which benefit the level and quality of health care delivery to patients.
 - (e) Knowledge of anatomy, micro-organisms and physiology meets requirements for professional health care, and promotes effective health care delivery.
 - (f) Health care provided is appropriate to the particular context, and based on proper health assessment.
 - (g) Community involvement in health care is promoted through information sharing, and contact, which promotes ongoing collaboration with the community or group.
 - (h) Community health assessments assist in prioritising community needs and reporting findings for effective health care delivery.
 - (i) Counseling, where required, is supportive of a range of different needs, including needs of those affected by abuse, neglect, or violence.
 - (j) Planning and provision for health care is based on sound assessment, and informed decision making. Planning is inclusive of the patient and other key stakeholders.
 - (k) Nursing care is implemented in an integrated manner, according to plans.
 - (l) Health care status of individuals, groups and/or communities identifies changes in general status in time to implement preventive or corrective measures in the interests of general well being.
 - (m) Nursing care delivered provides the necessary physical and psychological care and support for long term and or terminally ill patients, in line with the accepted scope of practice for nursing.
 - (n) Support provided to patients recovering from acute illness prepares them for discharge in ways that enable the patient, family and significant others to cope with the management of the patient at home.
 - (o) Goals set are realistic in terms of functional ability and possible barriers to rehabilitation.
 - (p) Assistance provided to the client identifies indicators of relapse or complications and ways of preventing these.
 - (q) Care delivered is integrated and provides for the long-term wellbeing of mother and child, in line with the accepted scope of practice for nursing.
 - (r) Management activities are directed towards the establishment of a team approach to health care, and the effective delivery of services within a physically safe and emotionally supportive environment.
 - (s) Pharmacological preparations and treatment are managed in ways that ensure the correct storage of drugs, and the correct preparation and administration of pharmacological treatment.
 - (t) Assessment, planning, implementation and evaluation is documented accurately and timeously, and promotes effective service delivery as well as security and confidentiality of information.
 - (u) Standards set for unit health care delivery are monitored regularly, and information gathered identified areas for improvement on an ongoing basis.
 - (v) Technology is used in ways that facilitate the effective diagnosis and treatment of hearing and breathing related conditions.

**DEPARTMENT OF HEALTH
NURSING ACT, 2005 (ACT No. 33 of 2005)**

Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse leading to Registration as a Professional Nurse

The Minister of Health has in terms of section 58(1) of the Nursing Act, 2005 (Act No. 33 of 2005), after consultation with the South African Nursing Council made regulations in the Schedule.

SCHEDULE

Definitions

1. In this schedule “the Act” means the Nursing Act, 2005 (Act No.33 of 2005), and any expression to which a meaning has been assigned in the Act shall bear such meaning, and, unless the context otherwise indicates -
 - “academic year” means a period of at least 44 weeks of learning in any calendar year;
 - “assessment” means a structured process for the gathering of evidence and making judgements about a learner’s performance in relation to the prescribed requirements for the professional nurse education and training programme.
 - “assessment method” means the act that the assessor engages in utilising a variety of assessment strategies;
 - “integrated assessment” means forms of assessment which permits the learner to demonstrate applied competence and which uses a range of formative and summative assessment methods;
 - “assessor” means a practitioner registered as such with the Council who will be responsible for the assessment of the learner achievement of learning outcomes for the professional nurse education and training programme;
 - “clinical facility” means a health facility whose primary purpose is the provision of care to patients and is also used to teach clinical skills to learners;
 - “clinical learning opportunities” means the range of learning experiences available in a health care setting or other experiential learning sites for a learner to gain clinical skills;
 - “clinical placement” means the period spent by a learner in clinical and other experiential learning sites to ensure that the purpose of the professional nurse education and training programme is achieved;
 - “competence” means the ability of a practitioner to integrate the professional attributes including, but are not limited to, knowledge, skill, judgment, values and beliefs, required to perform as a professional nurse in all situations and practice settings;
 - “comprehensive nursing” means nursing interventions that integrate and apply the scientific process of the full range of nursing that is general, community, obstetric and mental health that promotes and maintains the health status of health care users in all contexts of health care delivery;
 - “core learning” means compulsory learning required for the professional nurse education and training programme;
 - “day” means a working day;
 - “elective learning” means a selection of additional learning requirements from which a choice may be made to ensure that the purpose of the professional nurse education and training programme is achieved;
 - “fee” means a fee or fees determined by the Council from time to time and published by notice in the Gazette;
 - “fundamental learning” means learning which forms the grounding or basis needed to undertake the education and training programme to meet requirements for registration as a nurse;
 - “learning outcomes” means the prescribed competencies and educational outcomes for the professional nurse education and training programme;
 - “moderation” means the process conducted by an independent moderator, which ensures that assessment of the outcomes prescribed for the professional nurse education and training programme is fair, valid and reliable;
 - “moderator” means a practitioner registered as such with the Council who will be responsible for the moderation of assessment conducted by nursing education institutions for the professional nurse education and training programme;
 - “external moderation” means a process of assessing whether the assessment across two or more nursing education

institutions delivering the professional nurse education and training programme is consistent, accurate, well-designed, fair, valid and reliable, which is conducted by an independent moderator registered as such by the Council and appointed for this purpose by the Council;

“internal moderation” means a process that assesses whether the assessment in a single nursing education institution delivering the professional nurse education and training programme is consistent, accurate, well-designed, fair, valid and reliable, conducted by an independent moderator who is registered as such by the Council and appointed for this purpose by the nursing education institution;

“programme” means a purposeful and structured set of learning experiences that leads to registration as a professional nurse;

“programme outcomes” means the equivalent of the exit level outcomes of the qualification;

“qualification” means a planned combination of learning outcomes with a defined purpose that is intended to provide qualifying learners with applied competence for meeting the professional nurse qualification that is registered on the National Qualifications Framework (NQF) which meets the prescribed requirements for registration as a professional nurse;

“recognition of prior learning” means the comparison of the previous learning and experience of a learner against the learning outcomes required for the professional nurse education and training programme and the acceptance of such previous learning and experience for purposes of granting credits towards the professional nurse qualification;

“section” means a section of the Act.

Conditions for registration as a professional nurse

2. (1) A person shall be registered as a professional nurse in terms of section 31(a) if-
 - (a) she or he received education and training at a nursing education institution that is accredited to provide the professional nurse education and training programme;
 - (b) she or he was registered as a learner in terms of section 32 for the duration of the programme;
 - (c) she or he has successfully completed an accredited professional nurse education and training programme, has been assessed to meet the programme and learning outcomes referred to in regulation 7 and 8 and has met all requirements for the award of the prescribed qualification;
 - (d) she or he has passed the assessments referred to in regulations 9, 10, 11 and 12 or has been exempted therefrom in terms of regulation 14;
 - (e) the nursing education institution where the learner was registered for the programme has submitted to the Council -
 - (i) a record of theoretical and clinical learning achieved and any other information as may be determined by the Council;
 - (ii) a record of completed clinical placement;
 - (iii) a record of assessments conducted, including recognition of prior learning where applicable; and
 - (iv) a declaration certifying that the learner has met the prescribed educational requirements and is competent for registration as a professional nurse signed by the person responsible for the programme appointed in terms of sub-regulation 3(1) (d) and the head of the nursing education institution in a format as determined by the Council; and
 - (f) Registration of a person in terms of section 31 (a) is subject to compliance with section 40.
- (2) The application for registration as a professional nurse must be in accordance with the Regulations relating to the particulars to be furnished to the Council for keeping of the register for nursing practitioners, the manner of effecting alterations to the register, and certificates that may be issued by the Council published in the Government Notice No. R.195 of 19 February 2008.
- (3) In the case of learner that was not registered in terms of sub-regulation (1) (b) for the full duration of the course, the duration of the course for such a learner will be extended for a period that is equal to the period where such registration was not maintained.

Conditions for the accreditation of a nursing education institution to offer the professional nurse education and training programme

- 3.(1) An institution may be accredited to offer the programme leading to registration as a professional nurse if the institution -
 - (a) In the case of a private institution such institution must be registered as a Higher Education Institution with the Department of Education; or
 - (b) In the case of a public entity the institution must be recognised in terms of section 20 of the Higher Education Act, 1997 (Act No.101 of 1997) as a public higher education institution; and
 - (c) is accredited with the Council as a nursing education institution in terms of section 42; and
 - (d) has access to sufficient clinical facilities that are appropriate and relevant to achieve the outcomes of the professional nurse education and training programme; and
 - (e) has a designated person responsible for the programme, who:

- (i) is registered as a professional nurse with the Council;
- (ii) holds a recognised education qualification that is recorded at a level higher on the National Qualifications Framework than the Degree in Nursing or an equivalent qualification; and
- (iii) has an additional qualification in nursing education recorded on the Council's register;
- (f) has demonstrated that there is a need for such education and training programme; and
- (g) the programme is accredited by the Council for Higher Education.
- (2) The institution must be accredited by the Council to offer the professional nurse education and training programme in terms of section 42 of the Act prior to commencing education and training for such programme.
- (3) The professional nurse education and training programme must meet all the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.

Purpose of the professional nurse education and training programme

4. (1) The purpose of the professional nurse education and training programme is to enable a learner to -
- (a) function as a clinically competent , service orientated, independent registered professional nurse;
 - (b) render comprehensive care across all spheres of health, as determined by the appropriate legislative framework;
 - (c) develop the competencies contained in annexure 2; and
 - (d) practice evidence-based nursing.
- (2) The professional nurse education and training programme must aim to -
- (a) produce high quality professionals who are competent nursing practitioners in a range of health service settings;
 - (b) provide professionals with a range of skills, knowledge and attitudes that will enable them to make a meaningful and sustained contribution to health services;
 - (c) equip professionals with a developed sense of equity, justice and service ethics that will ensure that they work in an accountable manner irrespective of their chosen work place; and
 - (d) offer a wide range of transferable skills for application in nursing which include -
 - (i) a logical, solution based approach to problem solving;
 - (ii) critical thinking;
 - (iii) an empowerment and strengths based approach to personal development;
 - (iv) competence in written and oral communication;
 - (v) capacity to assess and implement health and other policy;
 - (vi) ability to plan and implement and manage projects of a varied nature;
 - (vii) an ability to work independently and as part of a team; and
 - (viii) an ability to provide leadership.

Admission requirements to the professional nurse education and training programme

5. (1) A candidate shall apply to a nursing education institution that is accredited to provide the professional nurse education and training programme referred to in these regulations.
- (2) In order to be admitted to a programme, a person must be the holder of at least a National Senior Certificate or equivalent qualification and meet the minimum requirements for admission to a Bachelors Degree as gazetted for admission to higher education.
- (3) The true copy of the certificate referred to in sub-regulation (2) shall accompany the candidate's application.

- (4) A person who is admitted into the accredited professional nurse education and training programme at the nursing education institution must register with the council as a learner in terms of section 32.

Minimum requirements for the professional nurse education and training programme

6. (1) Learners are required to achieve a minimum of 508 credits consisting of -
- (a) 121 Fundamental component credits;
 - (b) 377 Core component credits; and
 - (c) 10 Elective component credits.
- (2) The duration of the professional nurse education and training programme is four academic years of full time study.
- (3) A learner shall undergo a minimum of 3000 hours of supervised experience in a clinical facility, which shall be spread over the four academic years of the programme.
- (4) The maximum period that a learner may spend in a clinical laboratory must not exceed 460 hours during the full duration of study.

Programme outcomes

7. (1) The professional nurse education and training programme must achieve the following outcomes for the provision of comprehensive nursing care -
- (a) Apply knowledge of biomedical, biotechnological and psychosocial sciences to the practice of nursing;
 - (b) Develop, implement and evaluate population based health care;
 - (c) Assess, plan, implement and evaluate nursing care for individuals and groups based on thorough assessment;
 - (d) Deliver nursing care to sick or disabled individuals and groups;
 - (e) Promote health and rehabilitation of individuals and groups;
 - (f) Diagnose and treat minor and common ailments;
 - (g) Maintain professionalism in nursing practice;
 - (h) Manage a health care unit and facility;
 - (i) Deliver safe obstetric care;
 - (j) Manage the care of persons with severe and minor mental health problems; and
 - (k) Utilise principles of science and methodology in investigating nursing and health related problems.

Learning outcomes

- 8.(1) A learner on completion of the professional nurse education and training programme must achieve learning outcomes in the specified core, fundamental and elective components of the programme as set out in annexure 3.
- (2) On completion of the programme, the learner must be competent to practice as an independent practitioner to provide comprehensive nursing which entails the following outcomes as set out in annexure 4 -
- (a) practice nursing in a professional and ethical manner;
 - (b) render clinical care and manage the treatment and rehabilitation for all health problems of individuals, groups and communities; and
 - (c) maintain the quality of nursing practice.

Assessment

9. (1) To be registered as a professional nurse, the learner must achieve the required number of credits as specified in the rules of combination in sub-regulation 6 (1) as well as the criteria specified for integrated assessment in regulation 12.

- (2) The nursing education institution's assessment for the professional nurse education and training programme must take place in accordance with -
 - (a) the nursing education institution's quality assurance and assessment policies, procedures and processes;
 - (b) the Council 's assessment policies, procedures and processes;
 - (c) general assessment policies, procedures and processes pertaining to higher education institutions; and
 - (d) the assessment requirements of the qualification.
- (3) The learner must be assessed to achieve the programme and learning outcomes prescribed in regulations 7 and 8, competencies set out in annexure 2, and the assessment criteria as set out in annexure 5.
- (4) The institution must utilise integrated assessment methods to evaluate theory and practice.

Formative assessment

10. Assessment of learners must take place on a continuous basis using a variety of assessment strategies.

Summative assessment

11. (1) In addition to the qualification requirements for summative assessments the institution must conduct a summative assessment at the end of the four years of the programme which includes at least a written and practical assessment.
 - (a) The written assessment will be in the form of an examination at the end of the programme which assesses the learners overall competence and achievement of the overall programme outcome; and
 - (b) The practical assessment will assess the overall competence and achievement of the overall programme outcomes to the actual performance and skills of the learner in clinical settings conducted using the competence instrument of the Council.
- (2) The learner must achieve all the prescribed learning outcomes and competence for the professional nurse education and training programme.
- (3) Any other assessment requirements as determined by the Council.

Assessment requirements

12. (1) All assessments must meet the following requirements -
 - (a) Assessment must be conducted by a person who is registered with the Council as an assessor;
 - (b) The initial assessment activities must focus on gathering evidence in terms of the learning outcomes to ensure assessment is integrated;
 - (c) The assessment must focus on each specific outcome, or groups of specific outcomes; and

- (d) Assessment activities must include performance in real life situations and where simulations or role-plays are used; there should be supporting evidence to prove that the learner is competent to function in the real situation.
- (2) All assessments must be conducted in accordance with the following universally accepted principles of assessment-
 - (a) use appropriate, fair and manageable methods that are integrated into real work-related or learning situations;
 - (b) judge evidence on the basis of its validity, currency, authenticity and sufficiency; and
 - (c) ensure assessment processes are systematic, transparent and consistent.
- (3) The specific assessment criteria that must be achieved for the professional nurse education and training programme as set out in annexure 5.

Moderation of assessment

- 13. (1) Internal moderation must be conducted by moderators appointed by the nursing education institution and registered with the Council.
- (2) A moderator referred to in sub-regulation (1) must be in possession of an appropriate qualification at a National Qualification Framework level that is above this qualification, as well as relevant clinical expertise and current experience in the field of nursing.
- (3) The nursing education institution must conduct internal moderation of assessments.
 - (a) The nursing education institution must have in place a moderation policy.
 - (b) The internal moderation must comply with the moderation requirements of higher education institutions.
 - (c) The nursing education institution must appoint independent external moderators to conduct moderation of assessment for the professional nurse education and training programme.
- (4) The Council will conduct external moderation that will moderate assessment amongst nursing education institutions that are accredited for the professional nurse education and training programme.
 - (a) The Council will conduct moderation in accordance with prescribed moderation requirements and policies.

Recognition of prior learning

- 14.(1) A learner may be assessed on prior learning for no more than a 50% of the prescribed credits towards the professional nurse education and training programme by-
 - (a) applying to a nursing education institution accredited to offer the professional nurse programme;
 - (b) providing evidence of prior learning by means of portfolios, other forms of appropriate evidence or challenge examinations, and
 - (c) complying with the nursing education institution's recognition of prior learning policies and procedures.
- (2) The process referred to in sub-regulation 14(1) must meet the Council's and the general prescripts for recognition of prior learning.

- (3) The assessment of prior learning referred to in sub-regulation (1) must be conducted by an assessor registered in terms of regulation 15.
- (4) The nursing education institution must submit the credits obtained from the assessment of prior learning as part of the completion of training records referred to in sub-regulation 2 (1) (e).
- (5) The nursing education institution where recognition of prior learning has taken place must keep a full record of the assessment conducted and all documentation pertaining to such assessment and on request supply such records to the Council.
- (6) Where a nursing education institution fails to produce the recognition of prior learning records on request of the Council, the Council may refuse such an application for credits or where the credit was already granted, such credits may be withdrawn.

Criteria for registration of constituent assessors and moderators

- 15.(1) The criteria for registration as a constituent assessor for the professional nurse programme includes –
 - (a) registration as a professional nurse
 - (b) a bachelors degree or a qualification that is at a level higher than the said qualification;
 - (c) an additional qualification in nursing education;
 - (d) a certificate from an accredited provider of assessor training;
 - (e) payment of the prescribed assessor registration fee; and
 - (f) any other requirements as may be determined by the Council.
- (2) The criteria for registration as a moderator for the professional nurse programme includes –
 - (a) registration as a professional nurse;
 - (b) a bachelors degree or a qualification that is at a level higher than the said qualification;
 - (c) additional qualification in nursing education;
 - (d) a certificate from an accredited provider of moderator training;
 - (e) payment of the prescribed moderator registration fee; and
 - (f) any other requirements as may be determined by the Council.

Clinical training

- 16.(1) Clinical training must only be provided in clinical facilities that are accredited by the Council.
- (2) Clinical learning must take place in a range of clinical settings that will facilitate the achievement of the programme outcomes.
- (3) The nursing education institution must set learning outcomes for each clinical facility and clinical placement.
- (4) The nursing education institution must indicate how the learning outcomes referred to in sub-regulation (3) will be achieved.
- (5) The learner must be taught and found competent to perform the required competencies.
- (6) The learner must be assessed on the achievement of the learning outcomes referred to in sub-regulation (3).
- (7) A learner who is not yet competent or has not achieved the learning outcomes must be placed in the clinical setting for an additional period until such time that the learner has achieved the learning outcomes.
- (8) The learning outcomes for clinical placement must include the integration of theory and practice.

- (9) The clinical training referred to in sub-regulation 6 (2) shall include clinical learning experience in a clinical facility at night not exceeding one month per academic year.
- (10) Notwithstanding the provisions of sub-regulation (9), a learner shall not be allocated for clinical practica at night during the first six months of the first year of study.
- (11) Clinical learning in simulation laboratories shall not exceed the hours prescribed in sub-regulation 6 (4) during the four year period of training.
- (12) A learner may only be eligible for the summative assessment once she or he has complied with at least 95% of the clinical requirements for the programme.

Completion and termination of training


- 17.(1) At the conclusion of the prescribed training period for the professional nurse education and training programme the nursing education institution must -
 - (a) notify the Council within thirty days of a learner terminating training; and
 - (b) submit the requirements for registration of the learner in terms of regulation 2.
- (2) For a learner who terminates training without having completed or complied with the requirements for registration in terms of regulation 2 the nursing education institution must submit to the Council -
 - (a) a record of all credits that the learner has achieved;
 - (b) a request to terminate the learner's registration as a learner in a form determined by the Council; and
 - (c) a declaration that the learner has complied with the record referred to in sub-regulation (a).
- (3) For a learner who requests a transfer to another nursing education institution the nursing education institution where the learner commenced the professional nurse education and training programme must submit on request to the receiving nursing education institution -
 - (a) a record of all credits that the learner has achieved; and
 - (b) A declaration that the learner has complied with the record referred to in sub-regulation (a).
- (4) The nursing education institution receiving the transferred learner referred to in sub-regulation (3) must submit to the Council an application for registration of the learner in terms of section 32 and in accordance with prescribed requirements.

Application of these regulations

18. These regulations shall apply to all programmes in the Republic of South Africa leading to registration as a professional nurse.

Transitional arrangements

19. Learners registered in terms of the Regulations published in Government Notice Nos.R.425 of 22 February 1985 and R.683 of 14 April 1989 will continue to be regulated until the date of termination of the programme.
20. The regulations published in Government Notice Nos.R.425 of 22 February 1985 and R.683 of 14 April 1989 will remain in force until a date published by the Council in the Gazette.
21. The Council will cease to accredit any nursing education institution to offer the education and training programme leading to registration as a nurse (general, psychiatric and community) and midwife in accordance with Government Notice Nos. R.425 of 22 February 1985 and R.683 of 14 April 1989.
22. Nursing education institutions accredited for education and training programmes in accordance with the requirements of the regulations published in Government Notice Nos.R.425 of 22 February 1985 and R.683 of 14 April 1989 will cease to offer the education and training for such a programme on a date to be determined by the Council and published in the Gazette.
23. The nursing education institutions referred to in regulation 22 must ensure that all education and training programmes that commenced prior to the date referred to in regulation 22 are completed within the prescribed periods.
24. The nursing education institutions referred to in regulation 22 must make provision for the education and training of learners that do not meet the prescribed training period for an additional period not exceeding two years.
25. No person may, after the published date referred to in regulation 22, be registered as a learner for the first time for education and training programmes in terms of the regulations published in Government Notices Nos.R.425 of 22 February 1985

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- and R.683 of 14 April 1989.
26. A nurse educator that does not meet the requirements of sub-regulations 3 (1)(e) and 15 (1) and (2) may continue to provide education and training in nursing education institutions referred to regulation 22 for a period not exceeding two years.

Minister of Health:
Date:

ANNEXURE 1: DECLARATION THAT A LEARNER HAS MET THE EDUCATIONAL REQUIREMENTS TO BE REGISTERED AS A PROFESSIONAL NURSE

SOUTH AFRICAN NURSING COUNCIL			
COMPLETION OF TRAINING FOR A PROFESSIONAL NURSE DECLARATION			
LEARNER DETAILS			
Surname _____			
Given names in full _____			
SANC reference number _____			
South African identity document number _____			
OR Passport number _____			
Country of issue _____			
TRAINING DETAILS (*)			
Name of Institution: _____			
Date of Commencement	Year:	Month:	Day:
Date of Completion	Year:	Month:	Day:
DECLARATION BY HEAD OF NURSING EDUCATION PROGRAMME			
I hereby declare that the aforementioned learner : <ul style="list-style-type: none"> • has complied with all the prescribed minimum education and training programme requirements for registration as a professional nurse in terms of Government Notice (No. of this Notice); and • has been assessed and found to have the required competence as per the prescribed competency framework to practise in accordance the prescribed scope of practice of the professional nurse. I further declare that: <ul style="list-style-type: none"> • the information provided is accurate and based on the authentic education and training records of the said learner; • all the education and training of the learner were accurately recorded for the duration of the programme; • the nursing education institution has in its possession all the original education and training records, including but not limited to assessment and clinical placement records ; • there is no evidence that such training records were tampered with or are in any way fraudulent; and • in the event that any tampering of the record or fraudulent records are detected after this declaration is made, I undertake to immediately notify the Council thereof in writing. I fully understand the meaning and implications of this declaration(**)			
Full names (Print) _____			
Designation _____			
SANC reference number _____			
Signature _____			
Date _____			
DECLARATION BY HEAD OF NURSING EDUCATION INSTITUTION			
I declare that the information provided is accurate and based on the authentic education and training records of the said learner. I fully understand the meaning and implications of this declaration(**)			
Full names (Print) _____			
Designation _____			

SANC reference number _____	Affix Stamp of the nursing education institution here
Signature _____	
Date _____	

⁽¹⁾ Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

⁽²⁾ Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of section 46 and 54 of the Nursing Act, 2005 (Act No. 33 of 2005).

COMPETENCY FRAMEWORK FOR NURSING PRACTICE

A professional nurse must be competent to function as a clinically focused, service orientated, independent registered professional nurse, who is able to render comprehensive care across all spheres of health, to persons who have stable, unstable, uncomplicated and complicated health condition, as determined by the appropriate legislative framework. Comprehensive nursing in this context is defined in legislation as: "Nursing interventions that integrate and apply the scientific process of the full range of nursing that is general, community, obstetric, mental health that promotes and maintains the health status of health care users in all contexts of health care delivery"

A Competencies for Professional Ethical Practice

A.1 Legal Framework

- A.1.1 Practises in accordance with relevant Nursing and Healthcare legislation
- A.1.2 Practises in accordance with national and local procedural guidelines
- A.1.3 Recognises and acts upon breaches of law relating to nursing practice and professional code of conduct and practice standards.

A.2 Ethical Practice

- A.2.1 Practises in a manner that conforms to the South African Nursing Council code of ethics.
- A.2.2 Demonstrates ethical behaviour in own practice.
- A.2.3 Engages effectively in ethical decision making
- A.2.4 Acts in an advocacy role to protect human rights as prescribed in legislation and policy frameworks.
- A.2.5 Respects the health care user's right of access to information.
- A.2.6 Ensures confidentiality and security of written and verbal information acquired in a professional capacity.
- A.2.7 Respects the health care users right to informed choice and self determination in nursing and health care.
- A.2.8 Appropriately intervenes in health care that could compromise the safety, dignity and privacy of health care users.
- A.2.9 Identifies unsafe practice and takes appropriate action.
- A.2.10 Recognises one's own beliefs and values and how these may influence care giving.
- A.2.11 Respects the values, spiritual beliefs and practices of health care users.
- A.2.12 Provides culturally sensitive care.
- A.2.13 Demonstrates understanding of the challenges to ethical decision-making and care prioritisation in war, violence, conflict and natural disaster situations.
- A.2.14 Illustrates a balance between professional responsibilities and personal and employment rights.

A.3 Accountability

- A.3.1 Accepts and demonstrates accountability and responsibility for own professional judgment and actions.
- A.3.2 Understands parameters of own role and competence.
- A.3.3 Consults with other nurse practitioners who have the required expertise, when nursing care requires expertise beyond own current competence or scope of practice.
- A.3.4 Consults with other health care professionals and relevant organisations when the needs of health care users fall outside the scope of nursing practice.
- A.3.5 Accepts responsibility and accountability for own competence in accordance with scope of nursing practice.
- A.3.6 Limits practice to scope of competence.

B Competencies for Clinical Practice

B.1 Competencies for Care Provision

B.1.1 Assessment

- B.1.1.1 Utilise communication, interpersonal and client-provider interaction skills in conducting nursing assessment.
- B.1.1.2 Collect and analyse active and objective data by taking a history, and conducting necessary physical and mental examinations and diagnostic investigations.
- B.1.1.3 Collect and analyse data through a community assessment
- B.1.1.4 Order necessary investigations within her/his scope of practice.
- B.1.1.5 Identify health indicators and risk factors.
- B.1.1.6 Interpret data and statistics against a body of scientific knowledge.
- B.1.1.7 Formulate accurate nursing and health care diagnosis to clarify client's needs including learning, information/ and counselling.
- B.1.1.8 Prioritise client's health needs.
- B.1.1.9 Involve clients in assessing their health care needs.

- B.1.1.10 Screen for and diagnose minor ailments and common health problems & diseases in accordance with the countries norms and standard guidelines.

B.1.2 Planning

- B.1.2.1 Determine client's nursing and health care goals in collaboration with them and other members of the health care team.
- B.1.2.2 Identify and outline objectives for the plan of care (taking into consideration the capacities of clients).
- B.1.2.3 Select and outline priorities and other nursing interventions to achieve expected outcomes.
- B.1.2.4 Collaborate with individuals/families and other stakeholders in developing a discharge plan.
- B.1.2.5 Develops a plan for (including prescribing treatment) common or minor primary health conditions presented at primary care facilities in accordance with the country's norms and standards and standard treatment guidelines.
- B.1.2.6 Set priority areas for teaching and learning taking into consideration cultural factors.
- B.1.2.7 Outline the plan including short and long-term goals and time frames.
- B.1.2.8 Identify, mobilise and organise resources to carry out the planned activities.
- B.1.2.9 Document the plan of care to facilitate communication with other health care team members for continuity of care.

B.1.3 Implementation

- B.1.3.1 Initiate, direct and actively participate in providing nursing care to clients in varying situations.
 - B.1.3.2 Create an enabling environment that is therapeutic and meets the clients need for privacy, confidentiality, well-being and dignity.
- B.1.3.3 Perform or carry out interventions ranging from personal care to use of technology with active involvement of clients and others members of the health team.
- B.1.3.4 Communicate the needs for continuity of care of clients to the caregivers and health care providers at the various levels of institutional and community care.
- B.1.3.5 Treat (including prescribing treatment) common or minor primary health conditions presented at primary care facilities in accordance with the country's norms and standards and standard treatment guidelines.
- B.1.3.6 Document interventions and progress of client status to facilitate continuity of care.
- B.1.3.7 Coordinate services and specific care activities within multidisciplinary teams, organizations and special interest groups involved in client care.

B.1.4 Evaluation

- B.1.4.1 Monitor progress and outcome of interventions on the physical, psychological and psychosocial well being of individuals, families and communities within health institutions and in other settings.
- B.1.4.2 Formulate and revise nursing interventions through comprehensive and ongoing assessment.
- B.1.4.3 Review the priorities, objectives and nursing interventions for their relevance, appropriateness and currency, based on the assessment and evaluation of the health status, capacity and potential of individuals, families and communities.
- B.1.4.4 Reviews the nursing care-plan and makes the necessary changes.

B.1.5 Promotion of Health

- B.1.5.1 Demonstrates an understanding of national and social policies.
- B.1.5.2 Views the health care user from a holistic perspective and takes into account the multiple determinants of health.
- B.1.5.3 Takes part in health promotion and illness prevention initiatives and contributes to their evaluation.
- B.1.5.4 Applies knowledge resources available for health promotion and education.
- B.1.5.5 Acts to empower the individual, groups and communities to adopt health lifestyles and self-care.
- B.1.5.6 Provides relevant health information to health care users to assist in achieving optimal health care and rehabilitation.
- B.1.5.7 Demonstrates an understanding of traditional healing practices within the health care user's belief system.
- B.1.5.8 Provides education and support for the development and support for the maintenance of independent living skills.
- B.1.5.9 Recognises the potential of health teaching as an integral part of nursing interventions.
- B.1.5.10 Applies knowledge and skills of a variety of teaching learning strategies with health care users.
- B.1.5.11 Evaluates learning and understanding about health practices.
- B.1.5.12 Review the effectiveness of the application the scientific approach of nursing and Primary Health Care principles for quality care.
- B.1.5.13 Apply the scientific process of nursing and primary healthcare principles to the nursing care of individuals, families and communities.

B.1.6 Communication

- B.1.6.1 Consistently communicates relevant, accurate and comprehensive information about the health status of

- health care users, in verbal, written and electronic forms.
- B.1.6.2 Ensures that information given to health care users is presented in an appropriate and clear manner.
- B.1.6.3 Utilises communication and interpersonal skills to initiate, develop and maintain a supportive, caring and therapeutic relationship with health care users.
- B.1.6.4 Responds appropriately to health care users questions, requests and problems.
- B.1.6.5 Communicates in a manner that facilitates the empowerment of health care users.
- B.1.6.6 Uses available information technology effectively and appropriately to communicate the health status of health care users.
- B.1.6.7 Demonstrates awareness of developments and local applications in the field of health technology.

B.1.7 Therapeutic Environment

- B.1.7.1 Ensures that health care user and his/her carers are equal partners in health care provision.
- B.1.7.2 Create an environment of open communication between health care users, carers, and providers.
- B.1.7.3 Demonstrate an attitude that promotes a positive emotional environment that is conducive for health care
- B.1.7.4 Create an environment that facilitates the health care user to re-integrate meaningfully back to a normal living situation.
- B.1.7.5 Facilitate the empowerment of health care users to gain self-reliance.
- B.1.7.6 Identify, link and co-ordinate appropriate support mechanisms for health users and carers.
- B.1.7.7 Creates an environment and provides support that facilitates the process of a person maintaining integrity and dying with dignity.

B.1.8 Advocacy

- B.1.8.1 Advocate for the rights of clients in the health care system.
- B.1.8.2 Use principles enshrined in the Constitution of South Africa to advocate for improvement of health care.
- B.1.8.3 Understand the advocacy process and the rights of health care users.
- B.1.8.4 Participate in policy development for nursing/midwifery and health care of health care users.
- B.1.8.5 Negotiate for stakeholder group involvement in policy formulation to ensure that health care user's needs receive attention.

B.2 Competencies for Care Management

B.2.1 Safe Environment

- B.2.1.1 Utilises quality assurance and risk management strategies to create and maintain a safe environment for health delivery.
- B.2.1.2 Uses appropriate assessment tools to identify potential and actual risks for a safe environment for health care delivery.
- B.2.1.3 Ensures the safe administration of therapeutic substances.
- B.2.1.4 Implements procedures that maintain effective infection control.
- B.2.1.5 Communicates and records safety concerns to relevant authorities.
- B.2.1.6 Implements and monitors occupational health and safety measures in accordance with the Occupational Health and Safety legislation.

B.2.2 Inter-Professional and Multidisciplinary Teamwork

- B.2.2.1 Applies knowledge of effective inter-professional working practices.
- B.2.2.2 Establishes and maintains constructive working relationships with nursing and other colleagues.
- B.2.2.3 Values the roles and skills of all members of the health and social care teams.
- B.2.2.4 Consult and collaborate within the multi-disciplinary health teams, organisations and special interest groups.
- B.2.2.5 Demonstrates an understanding of the role of other stakeholders in health care.
- B.2.2.6 Participates with members of the health and social care teams in decision making pertaining to health care delivery.
- B.2.2.7 Disseminate information on epidemics, nutritional disease, maternal and infant morbidity and mortality, and other common diseases.
- B.2.2.8 Develop and establish inter-professional and inter-sectoral relationships that promote health care.
- B.2.2.9 Demonstrate team leadership skills and function as an effective team member.
- B.2.2.10 Form alliances after networking with key players when dealing with community health issues and needs.

B.2.3 Delegation, Supervision & Coordination

- B.2.3.1 Delegates activities commensurate with the abilities and scope of practice of other nurse practitioners.
- B.2.3.2 Uses a range of supportive strategies when supervising aspects of care delegated to others.
- B.2.3.3 Maintains accountability and responsibility for nursing care activities delegated.
- B.2.3.4 Coordinates the provision of health care ensuring that continuity of care provided to health care users.
- B.2.3.5 Ensures that the treatment of health care users is properly coordinated so that it serves the best interest of health care users.
- B.2.3.6 Application of management principles to nursing care in a variety of settings.

B.2.4 Information Management

- B.2.4.1 Maintain the quality of nursing data and information in a documentation system
- B.2.4.2 Evaluate the content of minimum data sets for nursing
- B.2.4.3 Utilise minimum data sets to compare nursing intervention and outcomes

- B.2.4.4 Utilise minimum data set analyses to influence decision-making
- B.2.4.5 Analyse nursing information to evaluate the quality and cost effectiveness of nursing care
- B.2.4.6 Utilise health and population epidemiological data and indicators to inform nursing practice

B.2.5 Recording

- B.2.5.1 Analyse document, report and accurately utilise all relevant information on the situation, and nursing care of individuals, families and communities, to facilitate continuity of care
- B.2.5.2 Record data on assessment and intervention outcomes.
- B.2.5.3 Analyse the outcome data accordingly.
- B.2.5.4 Report on the consolidated information based on the analysis of outcome data verbally and/or in writing.
- B.2.5.5 Document information in a manner meaningful for improving quality care.

C Competencies for Quality of Practice

C.1 Quality Improvement

- C.1.1 Participate in conducting inventories to gain accurate information on the following:
 - (i) The human resources available to individuals, families and communities (numbers, numbers by skills mix, specialisation).
 - (ii) Distribution, and accessibility of health services.
 - (iii) Acceptability and access of health services to health care users.
- C.1.2 Assess the competencies of non-professional community workers, traditional health care providers, family members and volunteers to provide specific, simple and agreed upon care.
- C.1.3 Familiarise self with cost of material resources.
- C.1.4 Promote/identify ways of containing health care costs without compromising standards.
- C.1.5 Participate in multi-disciplinary quality assurance task groups at various levels.
- C.1.6 Participate in peer review based on the agreed upon quality assurance monitoring indicators and tools.

C.2 Continuing Education

- C.2.1 Utilise the Nursing Act and the Regulations, the Code of Ethics and Professional Practice of the South African Nursing Council, and the body of scientific knowledge and apply the principles of PHC in service rendering, for maintaining professional excellence.
- C.2.2 Carries out regular and reviews and explores and utilises opportunities for professional development.
- C.2.3 Identify own learning needs for improving practice, and enhancing professional knowledge.
- C.2.4 Participate in self-directed learning activities aimed at broadening knowledge base for professional practice.
- C.2.5 Assume responsibility for lifelong learning and maintenance of competence.
- C.2.6 Contributes to the education and professional development of learners and colleagues.
- C.2.7 Acts as an effective mentor.
- C.2.8 Takes opportunity to learn together with others contributing to health care.

C.3 Professional Enhancement

- C.3.1 Contribute constructively to professional, work and community settings.
- C.3.2 Pursue excellence and originality in own work and support these qualities in the work of others.
- C.3.3 Respond creatively to the health care needs of societies.
- C.3.4 Identify and explore new roles for nurses in a changing health environment.
- C.3.5 Implement nursing care management activities according to the Standards of Practice and Scope of Practice.


C.4 Research

- C.4.1 Collaborate with other members of the health care team to identify actual and potential areas for nursing and health research in order to improve or maintain quality care.
- C.4.2 Utilise the process of scientific enquiry in nursing and health-related matters/problems.
- C.4.3 Utilise findings to improve the quality of care.
- C.4.4 Demonstrates an understanding of the scientific approach to nursing
- C.4.5 Interpret and apply research findings to nursing practice.

LEARNING OUTCOMES FOR THE PROFESSIONAL NURSE EDUCATION AND TRAINING PROGRAMME

The learner on completion of the professional nurse education and training programme must achieve the learning outcomes in the specified core, fundamental and elective components of the programme.

- (1) The learning outcomes for the core requirements of the professional nurse programme are:
- (a) Create and maintain a safe physical and emotionally supportive environment in a health care unit
 - (b) Demonstrate knowledge of applied psychology in the care of health care users
 - (c) Demonstrate knowledge of applied sociology in the care of patients
 - (d) Demonstrate knowledge of the physiology and biochemical functioning of all body systems
 - (e) Develop a care plan in collaboration with patients and/or carers
 - (f) Maintain optimum health of the pregnant woman and the family
 - (g) Manage childhood illnesses in an integrated manner
 - (h) Manage individuals and groups with communicable diseases
 - (i) Manage minor ailments and common illnesses
 - (j) Manage pharmacological preparations and treatment
 - (k) Manage rehabilitation
 - (l) Provide nursing care to individuals with long term illness
 - (m) Provide postpartum care to the mother and neonate
 - (n) Utilise relevant legislation, regulations and policy in planning in a health care unit
 - (o) Advocate for the rights of individuals, families, groups or communities and health care providers
 - (p) Apply epidemiological principles to health planning and monitoring
 - (q) Conduct research
 - (r) Deliver safe intra-partum care to mother and baby
 - (s) Demonstrate professionalism in own practice and promote and maintain professionalism in a health care unit and facility
 - (t) Develop and implement unit philosophy, vision, mission, goals, policy and procedures for nursing care provision and personnel management within a health care unit
 - (u) Develop, maintain and manage an effective information management system for nursing practice
 - (v) Diagnose and manage common ailments
 - (w) Formulate appropriate population based health promotion strategies and/or programmes
 - (x) Identify and manage acute physical and mental illnesses
 - (y) Improve or restore mental health of individuals or groups through psychosocial techniques
 - (z) Lead and guide personnel allocated to a health care unit
 - (aa) Maintain physical and psychological comfort in acute and/or chronically ill patients, and significant others
 - (bb) Maintain physiological homeostasis in the acutely ill patient
 - (cc) Manage extreme emotions and behaviour of mentally ill patient therapeutically
 - (dd) Manage the provision of quality nursing care in a cost effective manner
 - (ee) Organise, co-ordinate and review the activities of a health care unit
 - (ff) Prepare the patient who has recovered from an acute illness for discharge
 - (gg) Provide a therapeutic environment for patients with mental illnesses
 - (hh) Take responsibility for own personal and professional development and contribute to the growth of the nursing profession
- (2) The learning outcomes for fundamental requirements of the professional nurse programme are:
- (a) Carry out a health assessment of an individual of any age group
 - (b) Demonstrate knowledge of the anatomy and bio-physical functioning of the human body
 - (c) Demonstrate knowledge of the structure and biology of micro organisms as it applies to clinical practice
 - (d) Develop and apply strategies to cope with the emotional demands of nursing situations
 - (e) Ensure child and adolescent-friendly health and nursing care
 - (f) Facilitate community stakeholder involvement in promoting and maintaining health
 - (g) Implement and evaluate planned nursing care to achieve identified patient outcomes
 - (h) Lead and participate in team approaches to health care
 - (i) Manage a community health intervention
 - (j) Monitor and stimulate the growth and development of a child and/or adolescent
 - (k) Practice in accordance with ethical and legal codes of nursing and the laws of the country
 - (l) Provide nursing care to a terminally ill patient and support to the family
 - (m) Share information to promote effective decision making in health care
 - (n) Use communication skills to establish and maintain supportive relationships
- (3) The learning outcomes for elective requirements of the professional nurse programme are:
- (i) Advocate for the rights of children and youth at risk


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- (ii) Organise, manage and implement advanced behaviour management strategies and techniques
 - (iii) Provide coherent responses to patients manifesting with seriously troubled/troublesome behaviour
 - (iv) Provide counselling and intervention for people affected by abuse, neglect, or violence
 - (v) Provide expert testimony in court
 - (vi) Provide workspace and consultative supervision and support for child and youth care workers
 - (vii) Perform a spirometry screening test in an occupational setting
 - (viii) Perform an audiometric screening test in an occupational setting

SCOPE OF PRACTICE FOR THE PROFESSIONAL NURSE

On conclusion of the programme, the learner must be competent to:

Provide comprehensive nursing which entails:


- (a) The provision of comprehensive treatment and care of persons in all health care settings.
 - (b) Emergency care.
 - (c) Taking responsibility and accountability for the management of nursing care of individuals, groups and communities.
 - (d) Ensuring safe implementation of nursing care.
 - (e) Taking responsibility and accountability for the care of persons who have unstable and complicated health conditions.
 - (f) Ensuring that nursing care is only delegated to competent practitioners.
- (1) Practice nursing in a professional and ethical manner and such practice:
- (a) Demonstrates an in depth understanding of laws and regulations relevant to nursing, midwifery and health care in South Africa.
 - (b) Is in accordance with the laws and regulations relevant to nursing and health care in South Africa.
 - (c) Ethically justifiable.
 - (d) Creates and maintains an enabling environment for ethical nursing and midwifery practice.
 - (e) Promotes and protects the rights of individuals and groups in relation to health care.
 - (f) Is in accordance with the standards set for the profession.
 - (g) He or she accepts and assumes accountability and responsibility for nursing and midwifery actions and omissions within the legal and ethical parameters of a dynamic health care environment.
 - (h) Ensures safe implementation of all nursing care.
- (2) Render clinical care and manage the treatment and rehabilitation for all health problems of individuals, groups and communities as an independent practitioner by:
- (a) Screening the health status and assessing nursing needs through comprehensive observation, interaction and measurement.
 - (b) Assessing the health care information needs of clients and plan for and respond accordingly.
 - (c) Analysing, interpreting data and diagnosing nursing needs.
 - (d) Formulating and prescribing a comprehensive nursing and care plan.
 - (e) Assuming full responsibility for the total management and implementation of the overall nursing plan of care to achieve identified outcomes.
 - (f) Managing nursing care and co-ordinating health care to ensure continuity of care within the health care team.
 - (g) Delegating nursing care and tasks to competent persons and provide supervision for all nursing care.
 - (h) Appropriately and timeously referring a health care user.
 - (i) Facilitating continuity of care through reporting and communication to care givers and members of the health care team.
 - (j) Evaluating health care user's progress towards expected outcomes and revising nursing care plans in accordance with evaluation data.
 - (k) Creating and maintaining a complete and accurate nursing record.
 - (l) Initiating and maintains a therapeutic relationship.
 - (m) Establishing and maintaining an environment in which health care can be provided safely and optimally.
 - (n) Creating and maintaining an environment in which health care users feel safe, secure and respected.
 - (o) Advocating for the rights of health care users.
 - (p) Promoting health care user participation in health care and empowers them towards self reliance.
 - (q) Demonstrating and maintaining clinical competence in all required areas of nursing to practice as a safe practitioner.
 - (r) Continuously reviewing nursing practice against professional standards.
- (3) Maintain the quality of nursing practice by:
- (a) Actively engaging in the development of standards, criteria and indicators for quality nursing, obstetric and health care.
 - (b) Participating in the development and maintenance of a plan to improve the quality of nursing, midwifery and health care.
 - (c) Implementing and managing a quality improvement plan for his/her own area of practice.
 - (d) Participating in the auditing of quality of nursing, midwifery and health care.
 - (e) Assisting with the development of nursing and midwifery and improvement of standards of care through research.
 - (f) Incorporating appropriate research findings into practice.

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- (g) Creating an environment and learning opportunities that foster professional growth and improvement in nursing and midwifery practise.
 - (h) Committing to the development, maintenance and facilitation of lifelong learning for self and others.
 - (i) Actively engaging in the education and training of learners in the health care system.
 - (j) Identifying own learning needs and maintaining knowledge and skills required for competent and independent nursing and midwifery practice.

Specific assessment criteria for the professional nurse education and training programme

The specific assessment criteria that must be achieved for the professional nurse education and training programme are:

1. Advocacy activities promote individual, group and community rights with respect to law and health care provision.
2. Organisation, presentation and communication of professional information in court settings meets requirements of expert testimony, is consistent with professional expectations, and enhances perceptions of the professions.
3. Practice is applied consistently in a manner that reflects a clear understanding and interpretation of the requirements of SA Nursing and Health Care legislation.
4. Ethical codes, professional accountability and responsibility, and standards for the practice of nursing are interpreted and applied consistently in line with their spirit and intent.
5. Own personal development and management maintains emotional balance, and promotes effective and professional service delivery of self and the health care unit as a whole.
6. Engagement in professional development activities contributes significantly to the professional growth of nurses in sphere of influence, and to the standing of the nursing profession.
7. Knowledge of applied psychology and sociology is applied in ways, which benefit the level and quality of health care delivery to patients.
8. Knowledge of anatomy, micro-organisms and physiology meets requirements for professional health care, and promotes effective health care delivery.
9. Health care provided is appropriate to the particular context, and based on proper health assessment.
10. Community involvement in health care is promoted through information sharing, and contact, which promotes ongoing collaboration with the community or group.
11. Community health assessments assist in prioritising community needs and reporting findings for effective health care delivery.
12. Strategies and/or programmes developed are appropriate to the findings of comprehensive health assessments, and based on sound epidemiological principles.
13. Counselling, where required, is supportive of a range of different needs, including needs of those affected by abuse, neglect, or violence.
14. Planning and provision for health care is based on sound assessment, and informed decision making.
15. Planning is inclusive of the patient and other key stakeholders.
16. Nursing care is implemented in an integrated manner, according to plans.
17. Health care status of individuals, groups and/or communities identifies changes in general status in time to implement preventative or corrective measures in the interests of general well being.
18. Childhood illnesses, minor and common ailments are accurately diagnosed and managed according to generally accepted treatment guidelines.
19. Interventions with mentally ill persons are consistent with generally accepted psychosocial techniques, and contribute to the therapeutic management of these patients.
20. Nursing care delivered provides the necessary physical and psychological care and support for long term and or terminally ill patients, in line with the accepted scope of practice for nursing.
21. Interventions with acutely ill patients contribute to identification and management of physical and mental illnesses, maintenance of physiological homeostasis, the physical and psychological comfort of patient and significant others, and the prevention and/or management of complications.
22. Support provided to patients recovering from acute illness prepares them for discharge in ways that enable the patient, family and significant others to cope with the management of the patient at home.
23. Goals set are realistic in terms of functional ability and possible barriers to rehabilitation.
24. Assistance provided to the client identifies indicators of relapse or complications and ways of preventing these.
25. Care delivered is integrated and provides for the long-term wellbeing of mother and child, in line with the accepted scope of practice for nursing.
26. Intra-labour care delivered to the mother and baby complies with generally accepted treatment guidelines, manages potential and actual emergencies, and promotes the safety of both.
27. Unit philosophy, vision, mission, goals, policy and procedures developed for nursing care provision and personnel management within a health care unit comply with current legislation, SANC requirements, and international best practice for the profession.
28. Systems established promote cost effective and efficient service delivery within a health care unit.
29. Management and leadership activities are directed towards the establishment of a team approach to health care, and the effective delivery of services within a physically safe and emotionally supportive environment.
30. Pharmacological preparations and treatment are managed in ways that ensure the correct storage of drugs, and the correct preparation and administration of pharmacological treatment.
31. Assessment, planning, implementation and evaluation is documented accurately and timeously, and promotes effective service delivery as well as security and confidentiality of information.
32. Standards set for unit health care delivery are monitored regularly, and information gathered identified areas for improvement on an ongoing basis.
33. Technology is used in ways that facilitate the effective diagnosis and treatment of hearing and breathing related conditions.



34. Research activities develop own professional knowledge and expertise, and contribute to the development of nursing practice and the profession as a whole.