



## South African Nursing Council

---

# **SUBMISSION BY THE SOUTH AFRICAN NURSING COUNCIL AT THE PUBLIC HEARINGS ON INQUIRY INTO THE PRIVATE HEALTHCARE MARKET BY THE COMPETITION COMMISSION**



## PRESENTATION OUTLINE

---

- Introduction
- Governance
- Regulate Nursing Education and Training
- Regulate Nursing Practice
- SANC Service Delivery Improvement Plan
- Conclusion



## INTRODUCTION

---

- SANC is a statutory regulatory body for the Nursing Profession
  - Constituted in terms of section 2 of the Nursing Act, 20015 (Act No. 33 of 2005)
- The Vision Statement of SANC
  - “Excellence in professionalism and advocacy for health care users”
- The Mission Statement of SANC
  - “We serve and protect health care users by regulating nursing and midwifery profession”



## GUIDING PRINCIPLES

---

The guiding principles of SANC

- Advocacy
- Caring
- Quality
- Professionalism
- Innovation
- Relevance



## GOVERNANCE – ENABLING LEGISLATION

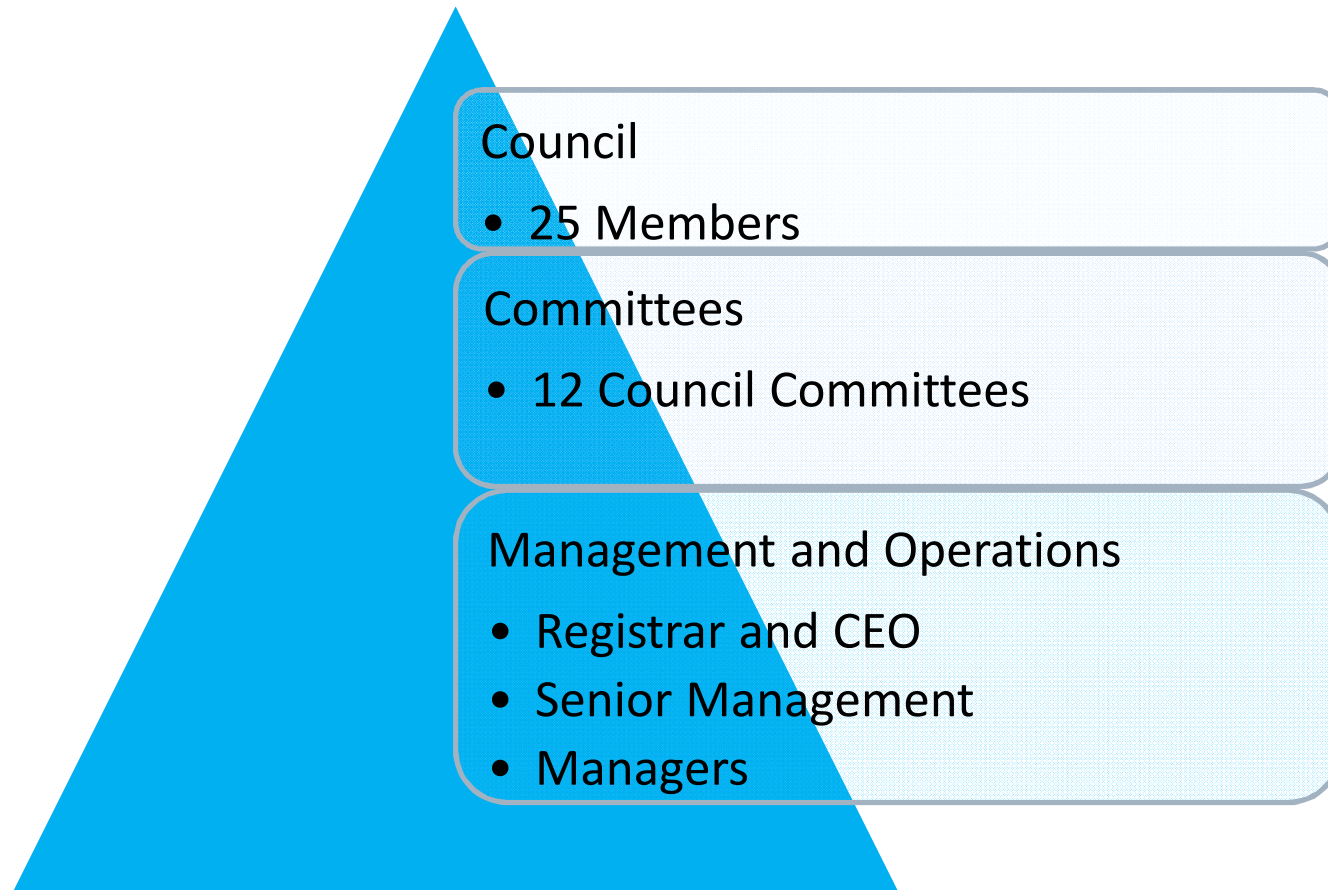
---

### Enabling Legislation

- South African Medical Council (Pre - 1944)
- South African Nursing Council established in 1944 in terms of Nursing Act, 1944 (Act No 45 of 1944)
- Several amendments were implemented between 1944 and 1995 when the Interim Council was established in terms of the Nursing Amendment Act, 1995 (Act No 5 of 1995) to replace homeland Council and the “ South African Nursing Council)
- The first democratic Council was established in June 1998
- The current Council(15<sup>th</sup> Council) was inaugurated in November 2013 for a period of five years



## SANC STRUCTURE OVERVIEW





# COUNCIL COMPOSITION

---

## Composition of Council

- 25 Members appointed by Minister of Health
  - 16 Members are Nurses (expertise in nursing education, community health, primary health care, mental health )
  - 9 Members are representative from other sectors
    - Department of Health representative
    - Knowledge of Law
    - Knowledge of Finance
    - Knowledge of Consumer Affairs
    - Knowledge of Pharmacy
    - Knowledge of Education
    - 3 Community representatives



# COUNCIL COMMITTEES

---

## Composition of Council Committees

- Executive Committee
  - Established in terms of section 14 (1) for a period of 20 months
- The other Committees established in terms of section 15 (1)
  - Education Committee
  - Laws, Practice and Standards Committee
  - Preliminary Investigation Committee
  - Professional Conduct Committee
  - Impairment Committee





## COUNCIL COMPOSITION (2)

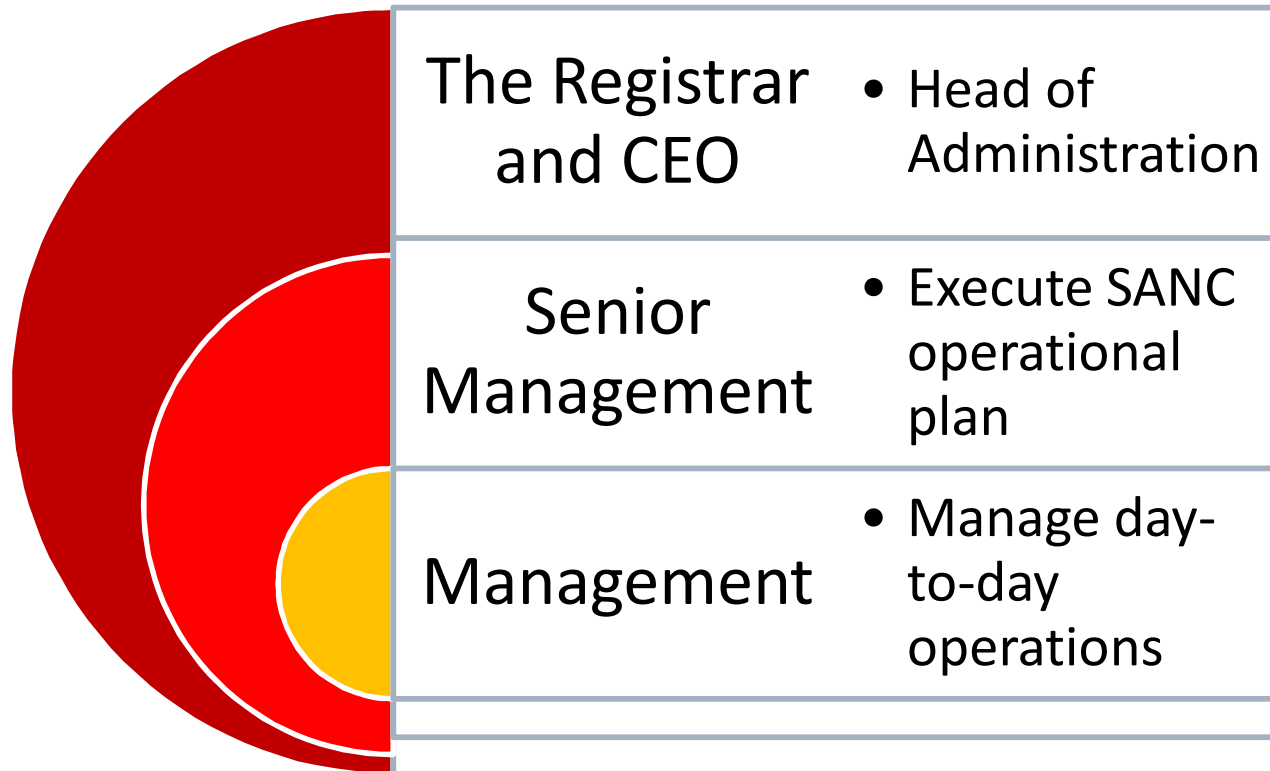
---

### Composition of Council Committees(Cont.)

- Communication and Marketing Committee
- Information, Communication and Technology (ICT) Governance Committee
- Human Resources Committee
- Remuneration Committee (REMCO)
- Finance Committee (FINCO)
- Audit and Risk Committee



## MANAGEMENT AND OPERATIONS





## OBJECTS OF COUNCIL (SUMMARISED)

---

- Serve and protect the public
- Perform functions in best interest of public
- Promote provisioning of nursing services
- Set and control standards and quality of nursing education
- Maintain professional conduct and practise standards
- Promote and maintain liaison with all stakeholders
- Advise the Minister
- Be transparent and accountable
- Uphold and maintain professional ethical standards
- Promote Council strategic objectives



## FUNCTIONS OF COUNCIL (SUMMARISED)

---

- Be cognisant of national health policies in respect of nursing
- Keep nursing register updates
- Conduct examination, appoint examiners and moderators and grant diplomas and certificates
- Manage quality and performance of Nursing education programmes and Health institutions to ensure compliance with the Act and Council standards and report non-compliance
- Ensure that disciplinary action is taken against registered members when and where required
- Investigate complains against registered persons and take disciplinary steps when and where required
- Publish in Gazette details of unprofessional conduct where disciplinary action was taken



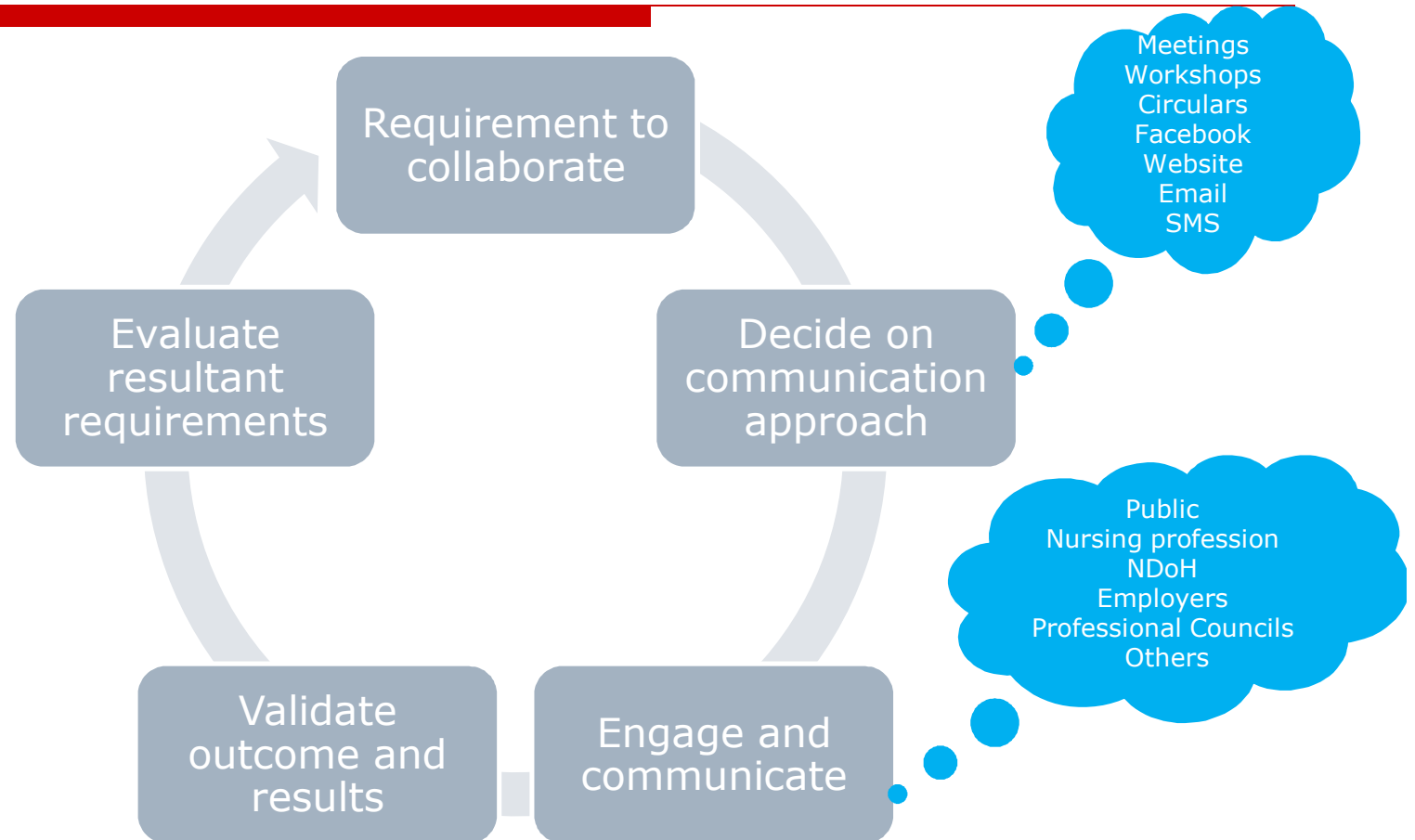
## FUNCTIONS OF COUNCIL (SUMMARISED)

---

- Publish register of registered persons and Investigate and take action against non-accredited education institutions
  - Manage accreditation of nursing education institutes
  - Determine scope of practise of nurses
  - Determine prescribed licence or registration fees
  - Monitor the assessment by education and training providers
  - Register constituent assessors and moderators
  - Grant diplomas and certificates
  - Act as an education and training quality assurer for all nursing qualifications
  - Submit to the Minister information about the Council operations and nursing matters
  - Perform such other functions as may be prescribed
-



# STAKEHOLDER COLLABORATION APPROACH





## CONTRIBUTION TO GOVERNMENT POLICIES AND INITIATIVES

---

The National Strategic Plan for Nurse Education and Training and Practise

- 7 Categories of activities to be implemented
- Highlights the need to revive and restore ethics and respect in nursing
- SANC one of implementation partners
  - Implemented by ensuring that Ethics is included in both basic and post basic programmes
  - CPD thematic areas includes Ethics
  - Competency Framework for basic and post basic include Ethics
  - Improving the database for nurses and midwives
  - Established e-Register against which registration status can be verified by individuals or employers



## CONTRIBUTION TO GOVERNMENT POLICIES AND INITIATIVES

---

### Re-engineering of Primary Health Care and Access

- Supports Government initiative by:
  - Ensuring that nurses registered with Council have the necessary competencies and skills to provide leadership in the Primary Health Care settings
  - More Health Care Users will have access to health care services

### The role of Nursing Agencies

- The provision for establishment and regulation of Nursing Agencies is contained in section 36 of the National Health Act, 2003 (Act No 61 of 2003) as amended
  - The Nursing Act, 2005 does not have provision for the SANC to continue with regulating Nursing Agencies





## FUNDING

---

SANC is self-funded and has no reliance on funding from third parties or from Government. The SANC fee structure associated with the delivery of services and support is generally deemed to be fair and affordable



## REGULATE NURSING EDUCATION AND TRAINING

---

### Accreditation

- The SANC under Nursing Act 33 of 2005 section 42 and its subsection provides a platform for accredited Nursing Education Institution (NEIs) to offer education and training of nurses to ensure that the SA community is provided quality health care. Four different categories of NEIs exists namely :
  - Universities and Universities of Technology;
  - Public Colleges
  - NEIs of Private Hospital Groups
  - Private NEIs



## REGULATE NURSING EDUCATION AND TRAINING

---

### Accreditation

- All providers/applicant provider organizations that fall within the scope of the SANC and which offer education and training programmes which culminate in specified qualifications or who manage the assessment thereof, or both, must be accredited by the SANC, as stipulated in the Act, in order to offer such education and training and assessment
- Guidelines and Policies are in place to ensure that NEIs meet minimum requirement before they can be permitted to offer Nursing Education and Training
- A database of Accredited NEIs are available on the SANC website
- Accreditation is conducted in collaboration with Council on Higher Education (CHE)



## REGULATE NURSING EDUCATION AND TRAINING

---

### Registration

- Students/learners
  - Learner Registration (Nursing Act, section 32 (1; 2; 3 & 4) - A person undergoing education and training must apply to the Registrar to be registered as a student for the specific programme to be followed
- Nurse Practitioners
  - On completion of an educational programme the head of the NEI must submit a declaration that a learner has met both theory and clinical requirements of a particular programme. SANC will register a learner/student who has met the requirements into a particular category be it basic or post basic category.
  - A policy is in place to register nurses with foreign qualifications



## REGULATE NURSING EDUCATION AND TRAINING

---

### Examinations/Assessments

- SANC acts as an Assessment Authority and rigorous and secure procedures are implemented to ensure credible outcomes.
- NEIs may conduct own assessments after SANC has ensured that the necessary policies and processes are in place
- The assessment language policy is currently under review



## REGULATE NURSING EDUCATION AND TRAINING

---

### Quality Assurance

Policies and guidelines are available to guide how quality assurance is to be conducted. The following aspects are taken into consideration:

- ❑ The structures and mechanisms for ensuring that the legal, academic and professional credibility of the qualifications are in place
- ❑ The resources and mechanisms for implantation of the curriculum are in place and functioning
- ❑ The curriculum complies with acceptable educational principles and the minimum requirements as set up by SANC
- ❑ The resources and mechanisms for maintaining and retaining students records are in place and functioning, monitoring and evaluation mechanisms are in place



## REGULATE NURSING AND MIDWIFERY PRACTICE

---

### Charter for Nursing Practise

- Council approved the establishment of a Charter for Nursing Practice
- The Code of Ethics for Nursing Practitioners was implemented in May 2013
- The existing Scope of Practice for different categories are not comprehensive enough, it comprise of lists of tasks that can be performed and is not competency based
  - It is not aligned to current health policies and the needs of the health care system
  - The revised Scope of Practise will be finalised soon (Competency Based framework)



## REGULATE NURSING AND MIDWIFERY PRACTICE

---

### Categories of Nurses

- SANC is in transition from the existing categories to the proposed categories as follows:
  - The existing categories are Registered Nurses, Midwives, Enrolled Nurses and Enrolled Nursing Auxiliaries
  - Proposed categories in terms of Nursing Act, 2005 (Section 31) are Professional Nurses, Midwives, Staff Nurses, Nursing Auxiliaries

### Advanced Practice Nurse

- Regulations to establish a Nurse Specialist and Midwife Specialist categories were promulgated paving way for recognition of Advanced Nursing based on agreed upon Competency framework





## REGULATE NURSING AND MIDWIFERY PRACTICE

---

### Improving access to Health Care Services

- Community Service for nurses was introduced in 2008
- Nurses who complete a diploma or degree in Nursing and Midwifery are eligible to do a one year community service
  - The allocation is done by the National Department of Health
  - The Nurse Practitioner is registered as such in the Register
  - At the end of successful Community Service the nurse is entered into the Registered Nurse Register



## REGULATE NURSING AND MIDWIFERY PRACTICE

---

### Improving access to Health Care Services

- Continuing Professional Development (CPD) for Nurses and Midwife is in the process of being established in terms of the Nursing Act, 2005 (Act 33 of 2005,) sections 39 and 59 and other legislative & policy directives
- SANC has the responsibility within the Nursing Act 2005 (Act 33 of 2005), to serve and protect the Public in matters involving nursing and midwifery services & to uphold and maintain professional conduct, ethics & practice standards
- SANC has conducted the CPD Pilot in two Provinces, one predominantly urban and the other predominantly rural in nature. The outcome of the Pilot study will determine how the implementation of the CPD System will unfold. The CPD activities are divided into four (4) thematic areas



## REGULATE NURSING AND MIDWIFERY PRACTICE

---

### Private Practice

- A new provision, to regulate private practice in terms of section 58 (1) (j) exist within the Nursing Act. Registered Nurses and Midwives, because of the nature of their training and the scope of practice, may practice nursing independently and hence there are several Registered Nurses who are providing private practice
- The challenge currently is that SANC has no jurisdiction to regulate such practice, however the Nurse Practitioner must operate within its scope of practice
- Regulations relating to conditions under which a Private Practice may be licensed have been drafted and discussions between the National Department of Health and SANC are in progress



## REGULATE NURSING AND MIDWIFERY PRACTICE

---

### Professional Conduct and Misconduct

- Unprofessional conduct is conduct that is unbecoming in carrying out one's duties in a specific profession
- Misconduct is normally cases that are close to criminal negligence cases like abandoning of patients while on duty, being under the influence of alcohol or other substances while on duty, failure to obtain the assistance of a medical officer when the condition of the patient warranted such, or plain fraud, theft, assault, etc
- Conduct that can be classified under the Nursing Act as unprofessional conduct or misconduct and should be reported to the SANC by the public, even if the employer handled a disciplinary hearing for the practitioner within the institution where the incident happened



## REGULATE NURSING AND MIDWIFERY PRACTICE

---

### Preliminary Investigation

- All complaints are first thoroughly investigated by the Preliminary Investigation Committee
- In terms of section 46 the Council can request further information from any party relating to the matter under investigation.
- If there is no *prima facie* case, the Complainant is informed and the case is closed.
- If there is a *prima facie* case the PRELIM can decide to issue a fine based on the guidance from the Regulations or to refer the matter to the IC or to the PCC for further handling



## REGULATE NURSING AND MIDWIFERY PRACTICE

---

### Dealing with Impairment

- Section 51 of the Nursing Act provides for the establishment of the IC to deal with cases of learner nurses or learner midwives or nursing practitioners who can no longer practice with reasonable skill and safety. This can be due to temporary incapacity or permanent impairment and can be because of physical or mental illness
- The aim of the Council is not to be punitive in nature, but to assist learners and practitioners to practice safely and the assistance of Employers are sought through their Employee Assistance Programme (EAP) programmes (or where necessary medical boarding) to assist the impaired persons
- The IC does not hold inquiries with a Pro Forma Complainant like with the PCC, but have meetings where assistance is offered to and different options available discussed with the learner/practitioner.



## SANC SERVICE DELIVERY IMPROVEMENT PLAN

---

### SANC Service Delivery Environment

- SANC currently provides direct services and support to approximately: 278 000 registered nursing practitioners of different categories, 20 000 student nurses, consumers of nursing services specific to professional conduct and incapacity incidents/occurrences, and more than 200 Nursing Education Institutions (NEIs) and the General Public
- SANC further provides indirect support to and engage with Stakeholders identified which is relevant to matters concerning nursing services and on matters pertaining to information sharing/service delivery and formal professional conduct and incapacity related matters
- The above services and support are delivered from the central premises in Pretoria



## SANC SERVICE DELIVERY IMPROVEMENT PLAN

---

The Council and Management, after a detailed reviews of the operational and service delivery effectiveness and efficiencies which were conducted during 2014 and 2015, embarked on a transformation initiative to further enable SANC to execute effectively, efficiently and accurately against its regulatory mandate. At the core of the transformation initiative is the objectives associated with the requirement to:

- Effectively serve and protect health care users by ensuring quality Nursing and Midwifery Care i.e. **“We do what we are supposed to do”**
- Be efficient in providing services to their main stakeholders i.e. **“We do it quickly”**
- Ensure that accurate and complete records are maintained i.e. **“We do it right”**





## SANC SERVICE DELIVERY IMPROVEMENT PLAN

---

The initiative has made significant progress in terms of the identification and planning of:

- Improving service delivery standards
- Improving process efficiencies and effectiveness
- Improving and simplifying access to services and support irrespective of the geographical proximity of the SANC stakeholders
- Leveraging of information technology
- Strengthen governance



## SANC SERVICE DELIVERY IMPROVEMENT PLAN

---

### SANC Transformation overview

- SANC will, as part of the business transformation initiative, achieve the following benefits to the nursing services stakeholders and specifically to the nursing practitioners, nursing services employers, nursing education organisations, the consumers of nursing services (public) and the Department of health:
  - Improve service delivery
  - Enhance the service and support offering/products
  - Improve regulations and quality of nursing education
  - Improve quality of engagement with key stakeholders
  - Contribute effectively to the shaping of related nursing services strategies
  - Improve the capabilities of the nursing practitioners



## SANC SERVICE DELIVERY IMPROVEMENT PLAN

---

- Influence capacity provisioning of nursing practitioners in accordance with national nursing services requirements
- Position SANC to pro-actively identify, manage and execute against related nursing services requirements
- Manage the quality of nursing practitioners and nursing students registered to participate in the delivery of nursing services
- Improve the public perception of the nursing services industry



## CONCLUSION

---

SANC is tasked with the responsibility and accountability to give effect to the requirements as set out in the Nursing Act. To this extent, SANC is continuously evaluating its role and the contribution that it makes to the nursing services industry. The organisation has shown itself to be aware of the ever-changing and more challenging requirements associated with its role as a Regulator and has consciously adopted an organisation strategy and approach to ensure that SANC remains relevant and adds the required value to its stakeholders.



---

Thank you