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## GOVERNMENT NOTICES

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### DEPARTMENT OF HEALTH

No. R. 1045

14 December 2011

### NURSING ACT, 2005 (ACT No. 33 of 2005)

#### Regulations Relating to the Accreditation of Institutions as Nursing Education Institutions

The Minister of Health intends, in terms of section 58(1) (g) of the Nursing Act, 2005 (Act No.33 of 2005), after consultation with the South African Nursing Council, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities and Management), within three months of the date of publication of this notice.

#### 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;

**“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 nurse who understands the standards and principles of auditing and is appointed by the Council to participate in audits;

**“clinical accompaniment”** means a structured process by a Nursing Education Institution to facilitate directed assistance and support to the learner students by a nurse educator at the clinical facility to ensure the achievement of learning outcomes;

**“clinical facility”** means a health facility whose primary purpose is the provision of care to patients and is also used to teach learners/students

**“clinical learning opportunities”** means the range of learning experiences, including work integrated and service learning, available in a health care setting. It may also include other experiential learning sites where a learner/student has the opportunity to gain required clinical skills;

**“clinical supervision”** means assistance and support extended to the student by the professional nurse or midwife in a clinical facility with the aim of developing a competent and independent practitioner;

**“conditional accreditation”** means approval to operate as a nursing education institution under certain circumstances for a specified period until all Council's prescribed accreditation requirements, criteria and standards for nursing education and training are met;

**“criteria”** means characteristics, or dimensions that are used to judge compliance to a standard;

**“de-accreditation”** means withdrawal of accreditation of a nursing education institution or nursing education programme by the Council;

**“fee”** means an amount of money payable to Council as determined from time to time and published by notice in the *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;

**“full accreditation”** means approval to operate as a 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;

**“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 and 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;

**“learner or student”** means a person registered with the Council in terms of Section 32 of the Act;

**“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; and

**“standards”** means a reference point against which aspects of nursing education can be evaluated to assess quality, and to make a judgment or decision.

## **Conditions and Requirements for accreditation of an institution as a nursing education institution**

2. (1) An institution may be accredited as a nursing education institution if—
  - (a) It has a designated person that is the head of the nursing education institution who
    - (i) is registered with the Council as a professional nurse;

- (ii) has an additional qualification in nursing education;
  - (iii) is in possession of a relevant management qualification; and
  - (iv) holds at least a Bachelor's degree qualification in nursing and a qualification that is a level higher than the qualification offered by the nursing education institution.
- (b) It is registered with the Department of Higher Education and Training in terms of relevant legislation, if it is a private institution;
- (c) It is established or deemed or recognized by the Department of Higher Education and Training in terms of relevant legislation, if it is a public entity; and
- (d) The programme meets the accreditation requirements, criteria and any standards as determined by the Council.
- (2) Such an institution must have—
- (a) formal agreement(s) with one or more relevant juristic person(s) responsible for health services, which address the clinical learning opportunities, clinical accompaniment and supervision needs of learners placed in such health services;
  - (b) a fixed physical address;
  - (c) access to clinical facilities that are appropriate and relevant for the achievement of the outcomes of the programme; and
  - (d) evidence of quality control mechanisms over clinical education and training.
- (3) Such institution must apply for accreditation to offer the programme in line with determined health human resources needs.
- (4) Such institution must have infrastructure and resources that are adequate and relevant for the achievement of the outcomes of the programme.

### **Accreditation process**

3. (1) The accreditation process includes—
- (a) the submission of an application for accreditation;
  - (b) the review of application for accreditation;

- (c) an audit, which may include an audit visit, to validate the evidence referred to in submitted documentation;
  - (d) a decision regarding accreditation; and
  - (e) the issuing of an accreditation certificate if the application is successful.
- (2) The process of accreditation of a new applicant may take up to twelve months.
- (3) The timeframe referred to in subregulation (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 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 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 prescribed accreditation requirements, criteria and any standards for nursing education and training as determined by the Council's; and
  - (f) demonstrate that there is a need for such education and training.
- (2) The application for accreditation must only be considered by the Council once all of the conditions and the requirements referred to in subregulations 2(1) and 4(1) are met.
- (3) An incomplete application must not be considered and such an application must be returned to the applicant.



- (4) The Council must take the date on which the complete submission was made to the Council as the date of the application.
  - (5) Applications for accreditation of prescribed nursing qualifications, must only be considered if such qualifications are registered on the National Qualifications Framework.
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 requirements and any standards as may be determined from time to time.

#### **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 nursing education institution must inform the Council thirty (30) days prior to any changes made to the ownership, name, head of the nursing education or governance structure of the institution.

- (3) A decision on extension of the scope of accreditation must be based on a review of the application and it may include an audit or a focus visit to validate the information provided.
- (4) A nursing education institution may only extend its accreditation scope if the Council grants such an extension.
- (5) Extension of scope by the nursing education institution without complying with subregulations (1), (2), (3), (4) is an offence 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 must determine whether the applicant meets the requirements for accreditation.
- (2) The Council must 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 must 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 (90) days from date of receipt of the written evaluation of the documents.
- (5) The Council must 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 shall 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) Subregulation (6) shall also apply to an applicant who has not re-submitted the application within the prescribed time in terms of subregulation (4).

### **Audit visit**

9. (1) An audit visit must be conducted for all applications for accreditation of a nursing education institution and nursing education programmes for the purposes 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 subregulation (1) must be conducted after the evaluation of the documentation referred to in subregulation 8(1).

### **Decision**

10. (1) The outcome of the accreditation process must be communicated to the applicant in writing and may include one of the following decisions—
- (a) conditional accreditation for a period not exceeding two years;
  - (b) full accreditation for a period not exceeding five years and
  - (c) no accreditation.
- (2) A decision to grant conditional accreditation referred to in subregulation (1)(a) 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.

- (3) A decision to grant full accreditation referred to subregulation (1) (b) may be taken when an institution complies with all of the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (4) An application for accreditation may be declined as referred to in subregulation (1)(c) when an institution does not comply with Council's prescribed accreditation requirements, criteria and standards for nursing education and training.

#### **Issuing of an 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 regulation 10, 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 as 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.
- (2) The application must be accompanied by the prescribed accreditation fee.
- (3) 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.
- (4) The Council must take into consideration the annual self-assessment reports received from the institution for the duration of the accreditation period.
- (5) The Council may conduct an audit as contemplated in subregulation 18(5) or a focus visit to institutions seeking re-accreditation.
- (6) The Council must take into consideration the institution's performance and compliance with the Council's nursing education and training requirements and standards.
- (7) The outcome of the re-accreditation process must be communicated to the applicant in writing and may include one of the following decisions—
- (a) a conditional accreditation 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) a full accreditation 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) application for re-accreditation declined due to the institution not complying with the Council's prescribed accreditation requirements, criteria and standards for nursing education and training.
- (8) A nursing education institution's accreditation shall lapse if the institution fails to apply for re-accreditation within the prescribed time and manner.
- (9) 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 subregulation 14(2).

**Re-accreditation of a nursing education institution granted conditional accreditation**

13. (1) An institution that has received conditional accreditation is required to demonstrate evidence of their performance in addressing the shortcomings specified by the Council within the specified period.
- (2) 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 and must be accompanied by the prescribed accreditation fee.
- (3) 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.
- (4) The Council must take into consideration the annual self-assessment reports received from the institution for the duration of the conditional accreditation period.
- (5) The Council may conduct an audit visit or a focus visit to a nursing education institution seeking re-accreditation.
- (6) The Council must 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.
- (7) Failure on the part of the nursing education institution to re-apply for accreditation in the prescribed manner shall result in the lapse of the institutions accreditation.
- (8) If an institution is not re-accredited it may not continue to provide nursing education and training and must comply with the requirements of subregulation 14(2)

**De-accreditation of a nursing education institution**

14. (1) The Council may de-accredit a nursing education institution under the following circumstances—
- (a) Where 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) Where there is evidence that submission for accreditation, was fraudulent, or contained false or misleading information or documentation;
  - (c) Where there is 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) on failure by 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 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 determined by the Council;
  - (f) issue a copy of the education and training record to each learner the receiving institution where the learners shall 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 subregulation (2) constitutes an offence for which the head of the nursing education institution and the governing body shall be held liable.

### **Fees payable to the Council**

15. The nursing education institutions is required to pay fees according to the Fees and Fines regulations—
- (a) an application for accreditation;
  - (b) accreditation of an institution;
  - (c) programme accreditation;
  - (d) annual nursing education institution fee;
  - (e) a focus visit; and
  - (f) an audit visit.

### **The appeal process**

16. (1) An applicant may lodge an appeal to the Appeals Committee appointed by the Minister in terms of section 57 of the Act, 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 must be considered in accordance with the applicable regulations on appeal

### **Monitoring and evaluation**

17. (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 returns in a manner determined by the Council.



- (3) 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.
- (4) The Council must periodically conduct an audit of a nursing education institution and such audit must be conducted by independent auditors appointed by the Council.
- (5) The Council must appoint a panel of independent auditors, based on their knowledge, experience and skills in terms of nursing education and quality assessment.
- (6) The auditors must be trained by the Council on its auditing and education and training standards and requirements.
- (7) Auditors must be remunerated in accordance with the Council's remuneration policy and scales.
- (8) Each audit team must be accompanied by a person from the administration of the Council.
- (9) The audit report must 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**

18. The Council must 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**

19. (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), provided that—

- (a) provisional accreditation is granted for a period not exceeding 5 years;
  - (b) the dates for provisional accreditation contemplated in subregulation (1)(a) must be determined and published in a government notice by the Council and
  - (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 must be assessed by the Council for re-accreditation at the end of the provisional accreditation period.
- (3) The application for re-accreditation must reach the Council by the end of the first month of the last year of the accreditation period.
- (4) The application must be accompanied by the prescribed accreditation fee.
- (5) 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.
- (6) The Council assessment of the nursing education institution must include the annual self-assessment reports received from the institution for the duration of the provisional accreditation period.
- (7) The Council may conduct an audit visit or a focus visit to a nursing education institution that applies for re-accreditation.
- (8) The Council must 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.

- (9) Failure on the part of a nursing education institution to apply for re-accreditation in the prescribed manner must cause the institutions accreditation to be withdrawn in terms of regulation 15.
- (10) 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 subregulation 14(2).

### **Application of these regulations**

20. These regulations shall apply to all nursing education institutions and nursing education and training programmes offered in South Africa.

### **Repeal**

21. **The following regulations** published in the **Gazette** are hereby repealed:

<b><i>Government Notice No.</i></b>	<b><i>Date of publication</i></b>	<b><i>Extent</i></b>
R.3901	12 December 1969 as amended	Complete

**DR A MOTSOLEDI, MP  
MINISTER OF HEALTH:**

No. R. 1046

14 December 2011

**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 intends in terms of section 58(1)(f) of the Nursing Act, 2005 (Act No. 33 of 2005), after consultation with the South African Nursing Council to made regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities and Management), within three months of the date of publication of this notice.

**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;

**“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;

**“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;

**“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;

**“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;

**“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;

**“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;

**“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 there from 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 subregulation 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 of the Act.
- (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 subregulation (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.



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**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 of the Act;
  - (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 subregulation (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 of the Act.

#### **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 subregulation 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 subregulation (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; and
  - (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.

#### **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 subregulation 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 subregulation (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 subregulation 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 subregulation (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 subregulation (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 subregulation 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 subregulation (9), a learner shall not be allocated for clinical practical 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 subregulation 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 subregulation (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 subregulation (a).
- (4) The nursing education institution receiving the transferred learner referred to in subregulation (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*.

**DR A MOTSOLEDI, MP**  
**MINISTER OF HEALTH:**

**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 <sup>(\*)</sup>**

**Name of Institution:**

<b>Date of Commencement</b>	<b>Year:</b>	<b>Month:</b>	<b>Day:</b>
<b>Date of Completion</b>	<b>Year:</b>	<b>Month:</b>	<b>Day:</b>

**DECLARATION BY HEAD OF NURSING EDUCATION PROGRAMME**

I hereby declare that the aforementioned learner :

- 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:

- 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<sup>(\*\*)</sup>

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<sup>(\*\*)</sup>

Full names (Print) \_\_\_\_\_

Designation \_\_\_\_\_

SANC reference number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Affix Stamp of the nursing education institution here

<sup>(\*)</sup> Any entry into the register made in error or through misrepresentation will be deleted/removed from the register.

<sup>(\*\*)</sup> 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).

## **ANNEXURE 2: 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 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.



**ANNEXURE 3:****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
- (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 pyrometer screening test in an occupational setting
- (viii) Perform an audiometric screening test in an occupational setting

**ANNEXURE 4****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.
- (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.

**ANNEXURE 5****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.

No. R. 1047

14 December 2011

**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 intends in terms of section 58(1)(f) of the Nursing Act, 2005 (Act No. 33 of 2005), after consultation with the South African Nursing Council, to make regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities and Management), within two months of the date of publication of this notice.

**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;

**“clinical accompaniment”** means a structured process by the Nursing Education Institution to facilitate assistance and support to the student by the nurse educator at the clinical facility to ensure the achievement of the programme outcomes;

**“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 and students;

**“clinical learning opportunities’** means the range of learning experience available in a health care settings for a learner to gain required 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;

**“clinical supervision”** means assistance and support extended to the students by the professional nurse or midwife at the clinical facility with an aim of developing a competent , independent practitioner;

**“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 a staff nurse in all situations and practice settings;

**“external moderation”** means a process of verifying whether the assessment by the Nursing Education Institution delivering the staff nurse education and training programme complies with the principles of assessment and is conducted by the moderator appointed by the Council;

**“fees”** means an amount of money as determined by the Council from time to time and published by notice in a gazette;

**“integrated assessment”** means forms of assessment which permit the learner to demonstrate applied competence and which uses a range of formative and summative assessment methods;

**“internal moderation”** means processes that assess whether the assessment in a single nursing education institution delivering the staff nurse education and training programme comply with the principles of assessment and is conducted by a moderator appointed by the Nursing Education Institutional;

**“learner/student”** means a person registered with the Council in terms of section 32 of the Act;

**“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;

**“programme”** means a purposeful and structured set of learning experiences and outcomes that leads to registration as a staff nurse;

**“programme outcomes”** means the equivalent of the exit level outcomes of the qualification;

**“qualification”** 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.

### **Conditions and requirements 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 programme;
  - (b) she or he was registered as a learner in terms of section 32 and regulations relating to registration of learners, for the duration of the programme;
  - (c) she or he has successfully completed the accredited programme and has met all requirements for the award of the prescribed qualification;
  - (d) she or he has been assessed and found competent in all exit level outcomes of the programme;
  - (e) she or he has complied with any other conditions or requirements as determined by the Council.
- (2) the head of the nursing education institution where the learner was registered for the programme has submitted the following requirements to Council—
- (a) a record of theoretical education and training ;
  - (b) a record of all clinical education and training;
  - (c ) a record of summative level assessments conducted by the Nursing Education Institution, including recognition of prior learning where applicable;
  - (d) a declaration certifying that the learner has met the prescribed educational requirements and is competent for registration as a staff nurse, signed by the responsible for the programme appointed) and the head of the nursing education institution, in a format as determined by the Council; and
  - (e) any other information as may be required by Council.
- (3) 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. R195 of 19 February 2008.
- (4) In case of a learner that was never registered in terms of subregulation 2 (1) (b), education and training undergone during this period shall not be recognised by Council.

**Conditions for the accreditation of a nursing education institution to offer the programme**

3. (1) An institution may be accredited to offer the programme leading to registration as a staff nurse if the institution—
- (a) is accredited as a nursing education;
  - (b) is registered in terms of applicable legislation with the Department of Education and is a juristic person, if it is a private institution;
  - (c) is established or deemed or recognized as a higher education or further education and training institution by the relevant Department of Education, in terms of applicable legislation, if it is a juristic person or a public entity;
  - (d) has access to clinical facilities that are appropriate and relevant for achievement of the outcomes of the programme;
  - (e) has a designated person as head of the Nursing Education Institution, who—
    - (i) is registered with the Council as a professional nurse ;
    - (ii) holds at least a Bachelors degree in nursing and an equivalent qualification that is recorded at a level higher on the National Qualifications Framework than the highest qualification offered by the nursing education institution;
    - (iii) has an additional qualification in nursing education;.and
    - (iv) is in possession of a relevant management qualification;
  - (f) has demonstrated that there is a need for such education and training programme; and
  - (g) provides evidence of availability of infrastructure and resources that are adequate and appropriate for the achievement of the programme outcomes.
- (2) The institution must be accredited by the Council to offer the programme prior to commencement of such programme.
- (3) The programme must meet all the Council's prescribed accreditation conditions; requirements, criteria and any standards for nursing education and training as may be determined by the Council from time to time.

**Admission requirements to the staff nurse education and training programme**

4 (1) In order to be admitted to the programme, a person must—

- (a) be in possession of at least a National Senior Certificate or recognized equivalent qualification; or
- (b) registered as an auxiliary nurse or enrolled nursing auxiliary.

**Minimum requirements staff nurse education and training programme**

5 (1) The requirements of the programme must be read and applied in conjunction with the directives of such a programme, as determined by the Council. Such directives may be published by notice in the *Gazette*.

(2) Learners are required to achieve all exit level outcomes of the programme.

(3) The duration of the programme is three academic years of full time study.

(4) A learner shall throughout the programme receive integrated education and training to achieve both theoretical and clinical outcomes.

(5) A learner shall comply with all clinical placement requirements of the programme as determined by the Council.

(6) The maximum period that a learner may spend in a simulated learning environment must comply with the conditions determined by Council, which may be gazette at the discretion of the Council.

**Exit level outcomes for the Programme**

6. (1) The programme must achieve the following outcomes for the provision of nursing care—

- (a) Provide nursing care throughout the lifespan in various healthcare settings;
- (b) Render nursing care within a legal and ethical framework;
- (c) Apply knowledge of natural and biological sciences in the practice of nursing;
- (d) Apply knowledge of psycho-social science in the practice of nursing;
- (e) Apply knowledge of pharmacology in nursing practice;
- (f) Use and maintain healthcare information systems for nursing practice;
- (g) Manage a healthcare unit by implementing the management process; and

- (h) Provide reproductive health care to promote and maintain optimum health of individuals and families.

### **Clinical education and training**

7. (1) Clinical educational training must only be provided in clinical facilities that are appropriate and relevant for the achievement of the programme outcomes.
- (2) Clinical learning must take place in a range of clinical settings and other learning site that will facilitate the achievement of the programme outcomes.
- (3) The nursing education institution must set clinical learning outcomes for each of the learning areas of the programme.
- (4) Processes, procedures and responsibilities must be negotiated and formalized by both the nursing education institution and the health establishment.
- (5) The nursing education institution must take responsibility and provide evidence for clinical accompaniment.
- (6) The clinical facility must take responsibility for and take responsibility for clinical supervision.
- (7) The nursing education institution is accountable for clinical accompaniment and clinical supervision.
- (8) Clinical education and training shall include learning experience at night, not within the first six months of the programme and shall not exceed two months of an academic year.

### **Assessment of learning Outcomes**

8. (1) Assessment of learning by a nursing education institution must comply with the following—
- (a) The learner must be assessed and found competent in all learning outcomes of the programme, in line with the assessment criteria outlined in the qualification registered on the National Qualifications Framework;
- (b) a minimum of 60% of formative clinical assessment activities must be done in real life situations;
- (c) They must be evidence of continues assessment throughout the period of study;
- (d) Records of assessment must be kept by the nursing education institution for a period as prescribed by relevant legislation and be produced on request by Council;
- (e) Summative assessment must be conducted at the end of learning period as determined by institutional policies including the end of the programme; and
- (f) Any other requirements as may be determined by the Council;



(2) Notwithstanding the provisions in subregulation (1) the Council may conduct assessment activities in respect of this programme or delegate the assessment functions to any person or organization

**Moderation of assessment**

9. (1) Moderation of assessment must comply with the following requirements—

(a) There must be evidence of internal moderation system; and

(b) Records of moderation of assessment must be kept by the nursing education institution, for a period prescribed by relevant legislation and must be produced on request by the Council.

(2) Notwithstanding provisions of subregulation (1) the Council may conduct external moderation to verify assessment practices of the nursing education institution or delegate this function to a person or organization.

**Completion and Termination of and re-admission into the programme**

10. (1) Upon successful completion of the prescribed education and training period for the programme by the learner, the head of the nursing education institution must submit to Council—

(a) a declaration of such completion within thirty days of such completion of the programme in a format determined by Council;

(b) a record of all education and training that the learner has undergone, in a format determined by the Council;

(c) the requirements for registration as a staff nurse in terms of regulation 2; and

(d) any other additional document of information as may be required by Council.

(2) For a learner who terminates training for any reason without having completed the programme or complied with the requirements for registration in terms of regulation 2, the head of nursing education institution must submit to the Council—

(a) a notice of termination of education and training in a format determined by the Council;

(b) a record of all education and training undergone in a format determined by the Council; and

(c) any other additional document or information as may be required by the Council.

(3) In case of a learner who transfers to another nursing education institution the head of the nursing education institution transferring the learner must—

(a) submit to the receiving Nursing Education Institution ,on request, a record of all education and training that the learner has undergone; and

(b) submit to the Council—

(i) a record of education and training undergone by the learner, in a format determined by the Council; and

(ii) a notice of termination of education and training in a format determined by the Council.

(4) The nursing education institution receiving the transferred learner referred to in subregulation

(3) must submit to the Council an application for re-admission of the learner into the programme in terms of section 32 and in accordance with prescribed requirements.

**DR A MOTSOLEDI, MP**

**MINISTER OF HEALTH:**

No. R. 1048

14 December 2011

**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 intends, in terms of section 58(1)(f) of the Nursing Act, 2005 (Act No.33 of 2005), after consultation with the South African Nursing Council to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities and Management), within three months of the date of publication of this notice.

**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;

**“assessor”** means a practitioner registered as such with the Council who will be responsible for the assessment of nursing and midwifery learning outcomes for the auxiliary nurse education and training programme;

**“Clinical accompaniment”** means a structured process by a Nursing Education Institution to facilitate assistance and support to the student nurse education a clinical facility to ensure the achievement of the programme outcome;

**“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 and students;

**“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 required 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;

**“clinical supervision”** means assistance and support extended to the student by the professional nurse or midwife in a clinical facility with an aim of developing a competent ,independent practitioner;

**“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 an auxiliary nurse in all situations and practice settings;

**“core learning”** means compulsory learning required for the auxiliary nurse education and training programme;

**“external moderation”** means a process of verifying whether the assessment by the Nursing Education Institution delivering the auxiliary nurse education and training complies with principles of assessment and is conducted by the Council;

**“fee”** means an amount of money as determined by the Council from time to time and published by notice in the *Gazette*;

**“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;

**“internal moderation”** means processes that assess whether the assessment in a single nursing education institution delivering the auxiliary nurse education and training programme complies with the principles of assessment and is conducted by the moderator who is appointed by the Nursing Education Institution;

**“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;

**“programme”** means a purposeful and structured set of learning experiences that leads to registration as a professional nurse;

**“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 a 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 and requirements 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 has been accredited to the programme;
  - (b) she or he was registered with the Council as a learner nurse in terms of section 32 of the Act and prescribed requirements for the duration of the programme;
  - (c) she or he has successfully completed the accredited programme, has met all requirements of the programme for the award of the prescribed qualification; and
  - (d) she or he has been assessed and found competent in all exit level outcomes of the programme.
- (2) The head of nursing education institution where the learner was for the programme has submitted to the Council—
- (i) a record of theoretical education and training;
  - (ii) a record of clinical education and training;
  - (iii) a record of summative level assessments, conducted by the Nursing Education Institution, including recognition of prior learning where applicable;
  - (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 programme and the head of the nursing education institution in a format determined by the Council; and
  - (v) any other documents and information as may be determined by the Council.
- (3) 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.

- (4) In the case of a learner that was never registered with the Council as a learner, education and training undergone during the period shall not be recognized by Council.

**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) is accredited as a nursing education institution;
  - (b) is registered in terms of applicable legislation with the Department of Education, if it is a private institution;
  - (c) is established or deemed or recognized as a higher education or further education and training institution by the Department of Education in terms of applicable legislation, if it is a juristic person or public entity;
  - (d) has access to clinical facilities that are appropriate and relevant for the achievement of the outcomes of the programme;
  - (e) has a designated person as head of the nursing education institution who—
    - (i) is registered as a professional nurse with the Council;
    - (ii) holds at least a Bachelor degree in nursing or a qualification that is recorded at a level higher on the National Qualifications Framework than the highest qualification offered by the institution;
    - (iii) has an additional qualification in nursing education; and
    - (iv) is in possession of a relevant management qualification;
  - (f) has demonstrated that there is a need for such education and training programme; and
  - (g) provides evidence of availability of infrastructure and resources that are adequate and appropriate for the achievement of the programme outcomes.

- (2) The institution must be accredited by the Council to offer the programme prior to commencement of such a programme.
- (3) The programme must meet all the Council's prescribed accreditation conditions, requirements, criteria and any standards. as may be determined by the Council from time to time.

#### **Admission requirements to the auxiliary nurse education and training programme**

4. (1) In order to be admitted to programme, a person must—
  - (a) have successfully completed twelve years of formal schooling; or
  - (b) have successfully completed a relevant health related qualification at NQF level 4.

#### **Minimum requirements auxiliary nurse education and training programme**

**(The requirements of the programme must be read in conjunction with directives or guidelines of such a programme, as determined by the Council. Such directives may be gazetted at the discretion of the Council)**

5. (1) Learners are required to achieve all exit level outcomes of the programme.
  - (2) The duration of the programme is one academic year of full time study.
  - (3) A learner shall through the programme receive integrated education and training to achieve both theoretical and clinical outcomes.
  - (4) A learner shall comply with all clinical placement of the programme as determined by the Council.
  - (5) The maximum period that a learner may spend in a simulated environment must comply with the requirements as determined by , which may be gazetted at the discretion of the Council.

#### **Exit Level outcomes**

6. (1) The auxiliary nurse education and training programme must achieve the following outcomes for the provision of elementary nursing care—



- (a) Apply basic knowledge of anatomy, physiology, biophysics, introductory pharmacology and microbiology in the provision of nursing care;
- (b) Communicate effectively in a variety of ways in a nursing context;
- (c) Use a scientific approach to address the basic needs of individuals and groups in a variety of health care settings ;
- (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 within the ethical and legal framework.

### **Clinical training**

7. (1) Clinical education and training must only be provided in clinical facilities that are appropriate and relevant for the achievement of the programme outcomes.
- (2) Clinical learning must take place in a range of clinical settings and other learning sites that will facilitate the achievement of the programme outcomes.
- (3) The nursing education institution must set clinical learning outcomes for each learning area of the programme.
- (4) Processes, procedures and responsibilities must be negotiated and formalized by both the Nursing Education Institution and the clinical facilities.
- (5) The Nursing Education Institution must take responsibility for and provide evidence of clinical accompaniment.
- (6) The clinical facility must take responsibility for and provide evidence of clinical supervision.

- (7) The Nursing Education Institution is accountable for clinical accompaniment and clinical supervision.
- (8) Clinical education and training shall include learning experience at night, not within the first six months of the programme, and not exceeding two months of the academic year of study.

### **Assessment of learning Outcomes**

8. (1) Assessment of learning conducted by a nursing education institution must comply with the following—
- (a) It must be conducted by an assessor registered with the Council;
  - (b) The learner must be assessed and found competent in all learning outcomes of the programme, in line with the assessment criteria outlined in the qualification registered on the National Qualifications Framework;
  - (c) A minimum of 60% of Formative Clinical assessment activities must be done in real life situations.
  - (d) There must be evidence of continuous assessment throughout the period of study.
  - (e) Records of assessment must be kept by the nursing education institution for a period as prescribed by relevant legislation and be produced on request by the Council.
  - (f) Summative assessment must be conducted at the end of learning period as determined by institutional policies, including the end of the programme.
  - (g) Any other requirements as may be determined by the Council.
- (2) Notwithstanding the provisions in subregulation (1) the Council may conduct assessment activities in respect of this programme or delegate the assessment functions to any person or organization.

### **Moderation of assessment**

9. (1) Moderation of assessment must comply with the following requirements—
- (a) There must be evidence of internal moderation system; and
  - (b) Records of moderation of assessment must be kept by the nursing education institution, for a period prescribed by relevant legislation and must be produced on request by the Council.

- (2) Notwithstanding provisions of subregulation (1), the Council may conduct external moderation to verify assessment practices of nursing education institutions or delegate this function to a person or organisation.

### **Completion and termination of training**

10. (1) Upon successful completion of the prescribed education and training period for the programme by the learner, the head of nursing education institution must submit to Council—

- (a) a declaration of such completion within thirty days of such completion of the programme in a format determined by Council ;
- (b) a record of all education and training that the learner has undergone; in a format determined by the Council;
- (c) the requirements for registration as a professional nurse in terms of regulation 2; and
- (d) any other additional document or information as may be required by Council.

(2) For a learner who terminates training without having completed the programme or complied with the requirements for registration in terms of regulation 2, the head of nursing education institution must submit to the Council—

- (a) a notice of termination of education and training in a form determined by the Council;
- (b) a record of all education and training undergone in a format determined by the Council; and
- (c) any other additional document or information as may be required by Council.

(3) In case of a learner who transfers to another nursing education institution, the head of nursing education institution transferring the learner must—

- (a) submit to the receiving nursing education institution on request, a record of all education and training that the learner has achieved, and
- (b) submit to Council;

- (i) a record of all education and training undergone in a format as determined by the Council;
- (ii) a notice of termination of education and training in a form determined by the Council; and
- (iii) any other additional document or information s may be required by the Council.

(4) The nursing education institution receiving the transferred learner referred to in subregulation (3) must submit to the Council an application for re-admission of the learner into the programme in terms of section 32 and in accordance with prescribed requirements.

### **Transitional arrangements**

11. 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.
12. Regulations published in the Government Notices No. R2176 of 19 November 1993 will remain in force until a date published by the Council in a government notice.
13. 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. R2176 of 19 November 1993.
14. Nursing education institutions accredited for education and training programmes in accordance with the Regulations published in the Government Notices No. R2176 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.
15. 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.
16. 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.

17. No person may, after the published date referred to in Regulation 22, be registered as a student for the first time education and training programmes in terms of Regulations published in the Government Notices No. R 2176 of 19 November 1993.
18. 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.

**DR A MOTSOLEDI, MP**

**MINISTER OF HEALTH:**

No. R. 1049

14 December 2011

**NURSING ACT, 2005 (ACT No. 33 of 2005)****Regulations Regarding Fees and Fines Payable to the South African Nursing Council**

The Minister of Health intends, in terms of section 58(1)(f) of the Nursing Act, 2005 (Act No. 33 of 2005), and after consultation with the South African Nursing Council, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities Management), within three months of the date of publication of this notice.

**SCHEDULE****Definitions**

1. In these regulations **"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 will bear such meaning and, unless the context indicates otherwise: –

**"annual fee year"** means the calendar year in respect of which an annual fee must be paid (i.e. the period 1 January to 31 December inclusive).; and

**"Council"** means the South African Nursing Council contemplated in section 2 of the Act;

**Fees payable to the Council**

2. (1) The following fees are payable to the Council in terms of the Act—

- (a) Accreditation fee (nursing education institution), payable on accreditation as a nursing education institution;
- (b) accreditation fee (nursing education programme), payable on accreditation of a nursing education programme;
- (c) annual fee, payable annually in advance on application for an annual practising certificate;
- (d) annual nursing education institution fee, payable annually in advance by accredited nursing education institutions in order to maintain accreditation status;
- (e) application fee (clinical facility), payable on application for evaluation of a clinical facility to be used for nursing education and training;
- (f) application fee (foreign additional qualification), payable on application for evaluation of an additional qualification obtained outside the Republic;
- (g) application fee (foreign basic qualification), payable on application for evaluation of a basic qualification obtained outside South Africa;
- (h) application fee (nursing education institution), payable on application for evaluation to become a nursing education institution;
- (i) application fee (nursing education programme), payable on application for evaluation of a nursing education programme or a revised nursing education programme;
- (j) audit visit fee, payable prior to an on-site audit visit by an audit visit team to a nursing education institution in terms of the Council's accreditation regulations;
- (k) certificate of status fee, payable on application for a certificate of status;

- (l) duplicate certificate fee, payable on application for a duplicate certificate of registration;
- (m) examination fee, payable per paper on application to be admitted to a Council examination;
- (n) extract fee, payable on application for an extract from the register;
- (o) focus visit fee (clinical facility), payable prior to a focus visit of the clinical facilities of a nursing education institution in terms of the Council's accreditation regulations;
- (p) focus visit fee (nursing education institution), payable prior to a focus visit of the nursing education institution in terms of the Council's accreditation regulations;
- (q) late entry fee, payable together with the examination fees on application to be admitted to a Council examination where the application is submitted after the closing date for applications;
- (r) licence fee (private practice), payable on application for a licence to conduct a private practice;
- (s) registration fee (additional qualification), payable on application for registration of an additional qualification;
- (t) registration fee (assessors, moderators and verifiers), payable per field on application to be registered as an assessor, a moderator or a verifier;
- (u) registration fee (learner), payable annually in advance on application for registration as a learner;
- (v) registration fee (practitioner), payable per category on application for registration as a practitioner;
- (w) registration fee , payable on application for registration in terms of section 56(1) of the Act;
- (x) remarking fee, payable on application for re-marking of an examination paper;



- (y) restoration fee (reduced), payable on application for restoration to the register for practitioners following the voluntary removal of the person's name from the register;
  - (z) restoration fee (regular), payable on application for restoration to the register for practitioners in all cases not covered in section (y) of this subregulation;
  - (aa) transcript of training fee, payable on application for a transcript of training records;
  - (bb) verification fee, payable on application for a verification to be sent to a registering body in another country; and
  - (cc) any other fees in terms of the Act or any other legislation.
- (2) The Council will recover any of the fees due to it in terms of subregulation (1) in cases where an institution or person fails to make such payment on the determined dates.
- (3) The application fees referred to in sections (e), (f), (g), (h) and (i) of subregulation (1) are not refundable.
- (4) The examination and late entry fees referred to in sections (m) and (q) of subregulation (1) respectively are not refundable.
- (5) The focus visit fees referred to in sections (o) and (p) of subregulation (1) are not refundable.
- (6) The remarking fee referred to in section (x) of subregulation (1) is not refundable.

**Determination of fee amounts and the date on which the fee amounts become effective**

3. The Council will from time to time determine the amounts of the various fees and the date on which the amounts become effective and will publish the fee amounts and the date on which the fee amounts becomes effective by way of notice in the *Gazette*.

**Annual nursing education institution fee**

4. (1) The due date for payment of the annual nursing education institution fee is 31 December in the year preceding the year for which it is due and payment must reach the Council by this due date.
- (2) The annual nursing education institution fee may be paid from 1 October of the year preceding the year for which it is due and payment will not be accepted before this date.

**Annual fee**

5. (1) In terms of section 36(2) of the Act, in order to remain on the register following the first year of registration, a practitioner must pay an annual fee in respect of each annual fee year; on receipt of which the Registrar will issue the practitioner an annual practising certificate.
- (2) The due date for payment of the annual fee is 31 December in the year preceding the annual fee year and payment must reach the Council by this due date.
- (3) The annual fee may be paid from 1 July of the year proceeding the annual fee year and payment will not be accepted before this date.
- (4) The Registrar will remove from the register the name of a practitioner:
  - (a) whose annual fee has not been received by the Council by the due date mentioned in subregulation (2); and
  - (b) who has not been granted voluntary removal of his/her name by the due date mentioned in subregulation (2).
- (5) The removal date of a practitioner removed in terms of subregulation (4) will be set to 1 January of the annual fee year and the reason for removal will be set to "non-payment of annual fee".
- (6) Notwithstanding the provisions of subregulations (1), (2), (4) and (5), the annual fee is not payable during the 12 months following the date on which a practitioner is registered for the first time under the Act and in such a case:

- (a) the due date for payment of the annual fee will be the last day of the 12 month period and payment must reach the Council by this due date; and
  - (b) The Registrar will remove from the register the name of a practitioner:
    - (i) whose annual fee has not been received by the Council by the due date mentioned in subregulation (6)(a); and
    - (ii) who has not been granted voluntary removal of his/her name by the due date mentioned in subregulation (6)(a).
  - (c) The removal date of a practitioner removed in terms of subregulation (6)(b) will be set to the day following the due date mentioned in subregulation (6)(a) and the reason for removal will be set to "non-payment of annual fee".
- (7) A practitioner must pay the annual fee applicable to the category in which he/she is registered. A practitioner registered in more than one category, pays only the highest applicable annual fee.
- (8) If during the course of a year a practitioner is restored to the register or is required to pay the annual fee for the first time, the full amount of the annual fee must be paid.

#### **Organisations required to collect annual fees on behalf of Council**

6. (1) An organization who employs ten or more practitioners registered with Council in order to perform the duties for which they were employed must collect annual fees from the remuneration of such practitioners on behalf of Council. An employer who employs less than ten practitioners may do so voluntarily.
- (2) An organization referred to in subregulation (1) must first register its details (including VAT reference number) with Council on a form available from Council for this purpose and must thereafter notify Council of any change to its details within 30 days of such change.
- (3) An organization referred to in subregulation (1) must:

- (a) submit to the Council a list of all employees in respect of whom annual fees must be deducted – in a format to be advised by Council from time to time;
  - (b) investigate and resolve any exceptions reported by the Council's information processing system when it processed the list referred to in section (a) of this subregulation;
  - (c) deduct the required annual fee from the remuneration of all its employees who are liable to pay annual fees to Council;
  - (d) remit all such annual fees to reach the Council by the seventh day of the month following the month in which the fees were deducted or by the due date referred to in subregulation 5 (2) – whichever date is the earlier; and
  - (e) distribute the annual practising certificate issued by Council to each employee from whose remuneration the annual fee was successfully deducted and processed – including mailing the same to the correct forwarding address of an employee who has in the interim left the employ of the organization.
- (4) Council will process the list referred to in section (a) of subregulation (3) until the amount remitted by the organization has been exhausted or the entire list has been processed – whichever occurs first. Any surplus employee entries will be indicated as “payment amount exhausted” on the exception report.
- (5) Council will provide the organization with a list of the annual practising certificates issued for the organization's own records.

**Restoration fee**

7. (1) In order to qualify for the reduced restoration fee referred to in section (y) of subregulation 2 (1), a practitioner must have been removed from the register at his/her own request.
- (2) An application to be removed at own request which is submitted after the person has already been removed for any other reason will not be taken into

consideration when checking if the person qualifies to pay the reduced restoration fee.

- (3) A practitioner must pay the restoration fee referred to in section (z) of subregulation 2 (1) applicable to the category in which he/she is registered.
- (4) A practitioner registered in more than one category, pays only the highest applicable restoration fee.

#### **Fines payable to the Council**

8. (1) The following fines are payable to the Council in terms of the Act:

- (a) admission of guilt fine – which may be paid before or on the date appearing in the summons; and
- (b) imposed fine – payable before or on the date indicated in the notification of the fine.

(2) The amount of a fine is not negotiable.

(3) The Council will from time to time determine the limits of fines for various offences under the Act and the dates on which the limits become effective and will publish the limits and the dates on which the limits become effective by way of notice in the Gazette.

#### **Method of payment of fees and fines**

9. (1) Fees and fines may be paid to the Council in the following ways:

- (a) by bank guaranteed cheque or credit/debit card in person at the offices of the Council;
- (b) by cash or bank guaranteed cheque, deposited into the Council's bank account;
- (c) by Internet transfer or other electronic banking means provided that the payment must be made into the Council's bank account; or
- (d) by any other method made available by the Council from time to time.

- (2) In respect of any payment mentioned in subregulation (1), the correct Council reference number of the person for whom or organisation for which the payment is made must be supplied. In the case of a bank deposit this must be written in the place marked "Reference" on the deposit slip. In the case of Internet or other electronic systems, the reference number must be provided in the information which will appear on the Council's bank statement.
- (3) Payments that cannot be correctly allocated because of failure to comply with subregulation (2) will be regarded as not received in time if there is a deadline by which the payment is due.
- (4) Notwithstanding anything to the contrary contained in these regulations, organisations wishing to make bulk payments other than those in respect of annual fees in respect of two or more persons must first contact the Council regarding the necessary arrangements to ensure that the payment is correctly allocated to the organisation and that the Council can correctly sub-allocate the various amounts to the persons for whom the payments are made.
- (5) Payments made in terms of subregulations (1) (b) and (c) will be considered to have been paid on time only if the item appears on the Council bank statement with a transaction date before or on the due date for payment. No exceptions will be considered where transactions are dated after the due date. A persons paying by Internet or other electronic banking must take into account the banking rules pertaining to the transaction date that will apply to such payment.

### **Implementation**

- 10.(1) Notwithstanding anything to the contrary which may have previously been communicated elsewhere, the due date for 2012 annual fees is 31 December 2011 in terms of these regulations. The final date for processing of payments of annual fees for 2012 (following which a practitioner will be removed from the register) will be 31 December 2011 and any practitioner whose annual practising certificate has not been issued by that date will be removed from the register on 1 January 2012.
- (2) The requirements in terms of regulation 5 that employers must deduct annual fees from the salaries of employees who are liable to pay annual fees to

Council will not be enforced in respect of the 2012 annual fees in order to give employers the opportunity to make the necessary changes to their remuneration systems and to capture any additional data which may be required in order to implement these requirements. However, organizations who are in a position to do so may implement the system if they desire to do so.

- (3) The following regulations are hereby repealed:

<b>Government Notice No.</b>	<b>Date of publication</b>
R. 921	15 September 2000

- (4) All Council fees referred to in the regulations listed in the following table are hereby substituted by the corresponding fees prescribed in these regulations:

<b>Government Notice No.</b>	<b>Date of publication</b>	<b>Notes</b>
R. 7	08 January 1993	Subregulation 16 (a), (b), (c) and (e)  Reassessment fee in 16 (e) is called remarking fee in these regulations
R. 203	06 February 1987	Subregulation 13 (2) (b) and (c)
R. 880	02 May 1975	Subregulations 8 (5) (a), 12 (3) and 12 (4)  Reassessment fee in 8 (5) (a) is called remarking fee in these regulations
R. 1501	08 July 1983	Subregulations 11 (3) and 11 (4)
R. 1833	20 October 1972	Subregulations 2 (1) and 4 (1)  Enrolment fee and restoration fee are both called registration fee (learner) in these regulations
R. 3735	14 November 1969	Subregulations 2 (1) (c), 2 (1) (d)

<b>Government Notice No.</b>	<b>Date of publication</b>	<b>Notes</b>
		and 4 (1)  Registration fee and restoration fee are both called registration fee (learner) in these regulations
R. 3736	14 November 1996	Subregulations 2 (1) and 4 (1)  Enrolment fee and restoration fee are both called registration fee (learner) in these regulations

**DR A MOTSOALEDI, MP**

**MINISTER OF HEALTH**



No. R. 1050

14 December 2011

**THE NURSING ACT, 2005 (ACT No. 33 OF 2005)****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: AMENDMENT**

The Minister of Health intends, in terms of section 58(1) of the Nursing Act, 2005 (Act No. 33 of 2005), and after consultation with the South African Nursing Council, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities and Management), within three months of the date of publication of this notice.

**SCHEDULE****Definitions**

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 195 of 19 February 2008.

**Amendment of 14 of the Regulations**

2. Regulation 14 of the Regulations is hereby amended by—

- (a) the substitution for paragraph (e) of suregulation (1) of the following paragraph:

“(e) A person who prior to the commencement of the Act was enrolled or eligible to be enrolled as nurse must be transferred to the category staff nurse (enrolled nursing) in the register for nursing practitioners.”;

- (b) the substitution for paragraph (i) of suregulation (1) of the following paragraph:

“(i) A person who prior to the commencement of the Act was registered or eligible to be registered as psychiatric nurse and who has not been transferred to the category professional nurse in terms of paragraphs (a), (b) or (c) of this subregulation, must be transferred to the category professional nurse (psychiatric nursing) in the register for nursing practitioners.”; and

- (c) the substitution for paragraph (c) of suregulation (2) of the following paragraph:

“(c) completes the course prescribed by the regulations published under Government Notice R2175 of 19 November 1993 must be registered in the category staff nurse (enrolled nursing).”.

**DR A MOTSOLEDI, MP  
MINISTER OF HEALTH**

No. R. 1051

14 December 2011

**NURSING ACT, 2005 (ACT No. 33 OF 2005)****REGULATIONS RELATING TO THE INSTITUTION AND CONDUCT OF INQUIRIES INTO  
ALLEGED UNPROFESSIONAL CONDUCT OF PERSONS REGISTERED WITH THE SOUTH  
AFRICAN NURSING COUNCIL**

The Minister of Health intends, in terms of section 58(1)(i) of the Nursing Act, 2005 (Act No. 33 of 2005), and after consultation with the South African Nursing Council, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations in writing on the proposed regulations to the Director-General: Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities and Management), within three months from the date of publication of this notice.

**SCHEDULE****Definitions**

1. In these regulations "**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 shall bear such meaning and, unless the context indicates otherwise—

**“appeal committee”** means an *ad hoc* committee established by Council in terms of section 15(4) of the Act to deal with appeal matters from a professional conduct committee or preliminary investigating committee or the impairment committee established in terms of section 51 of the Act;

**“appellant”** means a registered person or the *pro forma* complainant who is aggrieved by a decision and or penalty of a professional conduct committee or the committee of preliminary investigation or the impairment committee who then appeals to the appeal committee;

**“assessor”** means a practising attorney or advocate appointed by the professional conduct committee to advise the committee on matters of law, procedure and evidence;

**“complainant”** means any person that lodges a complaint or allegations about unprofessional conduct against a person registered in terms of the Act;

**“complaint”** means any claim made in writing to the Registrar or the Council of unprofessional conduct against a person registered in terms of the Act;

**“defendant”** means a person registered in terms of the Act and a director, manager or owner of an agency registered in terms of the Act whose conduct is the subject of an inquiry under chapter 3 of the Act and these regulations;

**“minor offence”** acts or omissions which do not involve direct patient or client care and include, but not limited to, education related contraventions;

**“preliminary investigating committee”** means a committee appointed by the Council in terms of section 15 of the Act to conduct an investigation in terms of section 47 (3) of the Act and these regulations;

**“preliminary investigation”** means an investigation conducted in terms of section 47(3) of the Act and these regulations;

**“professional conduct committee”** means a committee established in terms of section 15 of the Act to conduct an inquiry of professional misconduct in terms of section 47 of the Act;

**“professional conduct inquiry”** means a formal hearing held by the professional conduct committee to inquire into a complaint, allegation or charge against a person registered in terms of the Act and held in accordance with these regulations;

**“pro forma complainant”** means a person appointed by the Council in terms of section 47 (2) of the Act to represent the complainant and to present the complaint to a professional conduct committee;

**“respondent”** means a person registered in terms of the Act whose conduct is the subject of a complaint or an inquiry under chapter 3 of the Act and these regulations or a person opposing an appeal in terms of the Appeal Regulations

### **Lodging of complaints**

2. (1) Any complaint against a practitioner registered in terms of the Act must be investigated in terms of these regulations.
- (2) A complaint must be lodged in writing and be addressed to the Registrar or to the Council.
- (3) Where a complaint is addressed to the Council and received by a council member, the member must submit such a complaint to the Registrar within 2 working days of receiving or being aware of such complaint.

### **Receipt of complaint and notice of referral**

3. (1) The Registrar, after the receipt of the complaint and before referring the matter to a preliminary investigating committee may—
  - (a) request an affidavit regarding the complaint from the complainant;
  - (b) call for further information regarding the complaint from any source or person, including the Defendant or where necessary, conduct an inspection *in loco*.
  - (c) summon any person whom the Registrar on reasonable grounds believes to be in possession of a document, photograph, computer record, contract, book,

- item, article, administrative or financial record or computer data relevant to the complaint, in order to make same available to the Registrar before the date determined by the Registrar in summons which must substantially correspond with Annexure "A" of these regulations, for the purpose of investigating the complaint in terms of these regulations; or
- (d) seek legal or other advice regarding the complaint.
- (2) The Registrar must notify the defendant of any complaint lodged with the Registrar by serving a notice of referral on the defendant which must substantially correspond with Annexure "B" of these regulations.
- (3) The notice of referral referred to in subregulation (2) must –
- (a) provide details of the complaint;
- (b) invite the defendant to submit written representation to the Registrar and further state that representations must be submitted by the defendant to the Registrar not later than 28 calendar days after the notice has been served;
- (c) inform the defendant that any representations, or extracts of any representations received from him or her may be shown to the complainant for comment;
- (d) inform the defendant that should he or she elect to make any representation, his or her written response and reasons may be used as evidence at any subsequent preliminary investigation or inquiry; and
- (e) inform the defendant that the Registrar may seek such further information as he or she considers necessary for the purposes of carrying out his or her functions in investigating the complaint – from the defendant's employer (if any), or from any other source (other than the defendant).
- (4) If on receipt of further information and written response referred to in subregulations (1) and (3), the Registrar is of the opinion that there is *prima facie* evidence against the

defendant, the Registrar must submit the complaint, such further information and the written response to the preliminary investigating committee.

- (5) The Registrar must, after having investigated the complaint in terms of subregulation (1), if he or she is of the opinion that a further inquiry in terms of these regulations would not be appropriate, inform the complainant and the defendant accordingly.

#### **Service of documents**

4. (1) Any notice of referral or a hearing required to be served upon the defendant, shall be delivered by sending it by registered post or other delivery service in which delivery or receipt is recorded to—
  - (a) Defendant's address as it is recorded in the register of the Council; or
  - (b) At his or her place of employment.
- (2) Any notice served under these regulations shall be deemed to have been served—
  - (a) on the day such notice is hand delivered to the registered address of the defendant; or
  - (b) On the seventh day following the date on which the notice was posted where the notice has been sent by registered mail.

#### **Preliminary Investigation Committee**

5. (1) A preliminary investigating committee may, after due consideration of the matter referred to it in terms of regulation 3(4)—
  - (a) investigate all matters of alleged unprofessional conduct;
  - (b) consult with or seek further information regarding the complaint from any person, including the defendant and may where necessary conduct inspections *in loco*;

- (c) summon any person whom it on reasonable grounds believes to be in possession of a document, photograph, computer record, contract, book, item, article, administrative or financial record or computer data relevant to the complaint, in order to make same available to the preliminary investigating committee before the date determined by the committee in the summons, which must substantially correspond with Annexure A of these regulations, for the purpose of investigating the complaint;
  - (d) based on evidence, determine whether the case should be referred for a professional conduct inquiry; and
  - (e) in case of a minor offence, allow the defendant the option to pay a prescribed admission of guilt fine in terms of section 47(3) (c) of the Act instead of appearing before a full professional conduct committee inquiry.
- (2) In the case of a minor offence the Registrar may then issue summons on the prescribed form against the defendant carrying an endorsement by the committee of preliminary investigation that the defendant may admit that he or she is guilty of unprofessional conduct and that he or she may pay the fine specified in the summons, without having to appear at an inquiry in terms of section 46.
- (3) If the preliminary investigating committee decides, after due consideration of the matter, that there are no grounds for any inquiry, it shall direct the Registrar to communicate in writing its decision to the complainant and the defendant stating reason(s) for such decision.
- (4) If the preliminary investigating committee decides, after due consideration of the matter, that an inquiry must be held into the conduct of the defendant in terms of section 46 of the Act it must inform the Registrar who must communicate the decision to the complainant and the defendant and then arrange for the holding of an inquiry.
- (5) if the preliminary investigating committee, after due consideration of the matter, is of the view that the defendant may be incapacitated or impaired, it must refer the matter to a committee established in terms of section 51 of the Act.



- (6) Upon receipt of a directive referred to in subregulation (4), the Registrar must issue a notice, which must substantially correspond with Annexure "C" to these regulations addressed to the defendant, stating the date and time when and where the inquiry will be held and enclosing a charge sheet as formulated by the *pro forma* complainant.
- (7) The notice and charge sheet referred to in subregulation (6) must be served on the defendant by hand or by registered mail at his or her address in the register or place of employment at least 30 calendar days prior to the date of the inquiry.

#### **Request for further particulars**

6. (1) A request by the defendant for further particulars to the charge sheet shall be served on the *pro forma* complainant at least fourteen (14) calendar days before the date of the inquiry.
- (2) The *pro forma* complainant must furnish his or her written reply to a request referred to in subregulation (1) to the defendant within seven (7) calendar days after receipt thereof.

#### **Pre inquiry conference**

7. In order to determine the issues in dispute at an inquiry, the *pro forma* complainant may, at least seven (7) calendar days prior to the inquiry, arrange a pre-hearing conference at a mutually convenient time and venue, at which conference—
  - (a) the defendant or his or her legal representative shall indicate what exceptions, objections (including the objection to jurisdiction of a professional conduct committee to inquire into the matter) or points *in limine* he or she intends raising;
  - (b) the defendant and/or his or her legal representative may indicate how he or she intends pleading to the charge;
  - (c) copies of all documents, reports, X-rays and any other exhibits which a party intends using at the inquiry are furnished to the other party;

- (d) perusal of the originals or certified copies of documents, reports, notes, X-rays and other exhibits referred to in (3) is allowed;
- (e) allegations and/or exhibits may be admitted by both parties;
- (f) a summary of the opinion of an expert witness that a party intends using at the inquiry is furnished to the other party; and
- (g) any other aspects concerning the inquiry are resolved.

### **Professional conduct committee**

- 8.**
- (1) A newly constituted council at its first meeting must appoint a professional conduct committee to serve for the term of office of the Council.
  - (2) The professional conduct committee shall consist of the chairperson and six (6) other members. At least four (4) members shall be registered under the Act.
  - (3) The Council shall appoint a vice chairperson who shall preside in the absence of the chairperson.
  - (4) The quorum of the committee will be constituted by four members.
  - (5) The committee may co-opt other council members should they deem it necessary in executing the functions of the committee.
  - (6) Should a vacancy occur in the committee, the Council shall, at the first meeting after such vacancy arose, appoint another member to the committee for the unexpired portion of the term of office of the Council.
  - (7) The committee will reach decisions or findings by consensus and should there be dissenting views, the majority decision will constitute the finding of the committee.

**Procedure at inquiry**

9. (1) The *pro forma* complainant must read out the notice addressed to the defendant.
- (2) If the defendant is present or represented, the chairperson must ask the defendant or his or her representative to plead to the charge or charges contained in the notice, which plea must be recorded.
- (3) If the defendant, or his or her legal representative, refuses or fails to plead directly to the charge, the chairperson of the professional conduct committee must record this and enter a plea of not guilty.
- (4) If the defendant or his or her legal representative is not present at the inquiry after having been duly informed, the inquiry shall proceed in the absence of the defendant and a plea of not guilty shall be entered.
- (5) If the absence of the defendant is however due to *bona fide* circumstances, the professional conduct committee will consider the postponement of the inquiry.

**Procedure after plea of guilty**

10. If a plea of guilty is entered and the professional conduct committee is of the opinion that further information is required for purposes of making a finding as to whether the complaint constitutes unprofessional conduct on the part of the defendant, it may call any witness summoned on behalf of the *pro forma* complainant or the defendant to give oral evidence under oath or instruct the *pro forma* complainant to address the committee on the merits of the case and may accept such documentary evidence relevant to the complaint as it deems necessary, before making a finding.

**Procedure after plea of not guilty**

11. (1) If a defendant pleads not guilty, the *pro forma* complainant may address the professional conduct committee and he or she may call witnesses and lead evidence in support of his or her case.

- (2) The chairperson of the professional conduct committee may seek clarity from any witness called on behalf of or by the *pro forma* complainant or the defendant and allow other members of the professional conduct committee to seek clarity from such a witness.
- (3) The *pro forma* complainant may thereafter re-examine the witness, but shall confine his or her re-examination to matters on which the witness was cross-examined or on which the chairperson or other members examined the witness.
- (4) After leading evidence the *pro forma* complainant may close his or her case.
- (5) The defendant may apply to be discharged and the *pro forma* complainant may reply to this application.
- (6) The professional conduct committee must then consider the application and either grant or refuse such application.
- (7) If the application to be discharged is not successful, the defendant or his or her legal representative may then address the professional conduct committee and he or she may lead evidence in support of his or her case.
- (8) The professional conduct committee may allow the *pro forma* complainant or the defendant or his or her legal representative to lead further evidence or to recall a witness after their case is closed.
- (9) After evidence of a witness has been given, the opposing party may cross-examine the witness.
- (10) After the parties have closed their cases, the professional conduct committee may call and examine further witnesses or recall and re-examine a witness whereafter the *pro forma* complainant and the defendant or his or her legal representative shall also be entitled to examine the witness if there is any issue that the committee needs to clarify.

- (11) After all evidence has been adduced; the *pro forma* complainant and the defendant or his or her legal representative may address the professional conduct committee on the evidence and the legal position.
- (12) The *pro forma* complainant may reply on any other matter of law raised by the defendant in his or her address and may, with the leave of the professional conduct committee, reply on any matter or fact raised by the defendant in his or her address.

### **Evidence and affidavits**

12. (1) All oral evidence must be taken under oath or affirmation by the chairperson of the professional conduct committee.
- (2) Evidence by way of affidavit must be admissible in accordance with the applicable laws relating to civil litigation or common law principles.
- (3) The record, or any part thereof, of a lawfully constituted court, inquest or statutory body will be *prima facie* evidence if it has been certified to be a true copy by that court or statutory body; provided that if it is practicable and appears just, the professional conduct committee may call a witness whose evidence appears in such record to give evidence at the inquiry.

### **Findings by the professional conduct committee**

13. (1) Any decision by the professional conduct committee with regard to any point arising in connection with or in the course of, an inquiry must be communicated to the defendant or his or her legal representative.
- (2) Upon the conclusion of the inquiry the professional conduct committee must deliberate *in camera* on a finding.
- (3) If it appears, at any stage of the proceedings, that a defendant may be or have been incapacitated or impaired mentally or otherwise at the time of the commission of the act or conduct complained about, the professional conduct committee must stop the

proceedings and refer the matter to a committee established in terms of section 51 of the Act.

- (4) If a defendant is found not guilty of the complaint lodged against him or her, he or she must be informed accordingly and the professional conduct committee must report its finding to the Council.
- (5) If the professional conduct committee determines that sufficient facts were presented during the formal inquiry to prove the complaint on a balance of probabilities, it must decide whether the complaint as proved constitutes unprofessional conduct and it must reconvene to announce its findings.
- (6) If a defendant is found guilty of unprofessional conduct, the *pro forma* complainant must adduce evidence of previous convictions of unprofessional conduct, if any.
- (7) Evidence of previous convictions referred to in subregulation (6) must be adduced by means of a certificate under the hand of the Registrar indicating the nature of the complaint against the defendant at the time, the finding, the date of such finding and the penalty imposed.

#### **Mitigation of penalty**

14. (1) The defendant may, after proof of previous convictions by the *pro forma* complainant, if any, address the professional conduct committee or adduce evidence, either orally or in writing, in mitigation of the penalty to be imposed.
- (2) The defendant may call any witnesses in mitigation who may also be questioned by the members of the professional conduct committee and the *pro forma* complainant.
- (3) The *pro forma* complainant may, after the defendant has addressed the professional conduct committee or adduced evidence in mitigation of the penalty to be imposed, make representations to the professional conduct committee or lead evidence, orally or in writing, regarding a suitable penalty to be imposed.

- (4) The defendant is afforded the opportunity to respond to representations of the *pro forma* complainant.
- (5) If the defendant is neither present nor represented, any written representation, statement or explanation made by him or her or on his or her behalf, that has a bearing on a suitable penalty, must be taken into account by the professional conduct committee.

#### **Penalty and cost order**

15. (1) The professional conduct committee must deliberate *in camera* on the penalty to be imposed and the cost order to be made, as contemplated in section 47 of the Act.
- (2) The chairperson of the professional conduct committee must announce the finding, the penalty imposed and the cost order made, if applicable, at an open meeting.
- (3) The finding made and penalty imposed by the professional conduct committee, other than a reprimand, shall be of no force and effect until confirmed by the Council, unless the committee, in the interest of the public, otherwise so directs. Should the committee decide that a penalty or order imposed by it, be effective forthwith, the order or penalty will lapse after expiry of a period of six months from the date of imposition unless confirmed by Council within that period.
- (4) The professional conduct committee must report its finding, the penalty imposed and the cost order made, if any, to the Council.

#### **Publication in *Gazette***

16. (1) The Registrar must in terms of sections 4(h) and 49 arrange for the publication, in English and any other official language used in the area where the defendant practiced, in the *Gazette* and in the Council's report, of the name of the defendant, a summary of the complaint of which he or she has been found guilty, and the penalty which has been imposed.
- (2) In cases where the defendant has lodged an appeal against the decision of the

professional conduct committee, the Registrar shall withhold the publication in the *Gazette* pending the outcome of the appeal.

### **Assessors and legal advisors**

17. The professional conduct committee may appoint a person with experience in the administration of justice to be present at any inquiry as an assessor and to advise the professional conduct committee on matters of law, procedure and evidence.

### **Adjournment of proceedings**

18. The professional conduct committee may of its own accord or at the request of the *pro forma* complainant or of the defendant or his or her legal representative, adjourn any inquiry being held in terms of these regulations to be resumed on such date and at such time and place as the professional conduct committee may determine or as the committee may by registered post communicate to the parties concerned.

### **Continuation of inquiry**

19. (1) If one or more member(s) of the professional conduct committee is unable to serve at any time after a plea has been lodged, the inquiry shall proceed provided that not less than two of the original members are available to continue with the inquiry and the committee shall consist of no less than four members at all times inclusive of the chairperson.
- (2) If a chairperson is unable to serve at any time after a plea has been lodged, the committee must remove the matter from the roll and advise the Registrar to institute the matter *de novo*.

### **Accessibility of an inquiry**

20. (1) The proceedings at an inquiry shall be open to the public.
- (2) Notwithstanding subregulation (1) —



- (a) any decision of the professional conduct committee in respect of any point arising in connection with, or in the course of, an inquiry may be arrived at *in camera*;
  - (b) any evidence adduced during an inquiry may, on good cause shown, in the discretion of the professional conduct committee be heard *in camera*;
  - (c) the professional conduct committee may on good cause also order that no person shall at any time and in any manner publish any information which will likely reveal the identity of any particular person other than that of the defendant.
- (3) Any person who contravenes or fails to comply with an order made in terms of sub-regulation (2)(c) shall be guilty of an offence and liable on conviction in a court of law to a fine not exceeding R5000,00 or imprisonment not exceeding six months or both.

### **Record of proceedings**

21. (1) The Council must transcribe recordings of all inquiries.
- (2) Upon written request a typed written copy of such recording shall be made available to the complainant, defendant or any other party who in the opinion of the Registrar has a substantial interest in the matter upon payment of the actual cost for making such a written copy.

### **Subpoena**

22. A summons for attendance as a witness before a professional conduct committee to give oral evidence or to produce any book, record, document or thing shall substantially be in the form as set out in Annexure "D" attached to these regulations.

### **Appeal**

23. (1) The defendant or *pro forma* complainant may appeal against the finding and /or penalty or the professional conduct committee to the appeal committee.
- (2) The appellant must inform the Registrar by written notice within fourteen (14)

calendar days from the date of the professional conduct committee's decision of his or her intention to appeal against the finding and/or penalty.

- (3) The Registrar must provide upon request the appellant with a copy of a transcript of the proceedings at the inquiry within 30 calendar days from the date on which the Registrar received a written notice of appeal, the cost thereto shall be borne by the appellant.
- (4) The appellant must file six copies of his or her papers setting out the grounds for appeal with the Registrar within 30 calendar days from the date on which he or she received a copy of the transcript referred to in subregulation (3).
- (5) The respondent shall file six copies of his or her reply to the appellant's papers referred to in subregulation (4) with the Registrar within 30 calendar days from the date on which the appellant filed his or her papers with the Registrar.
- (6) The appellant shall file six copies of his or her reply to the respondent's reply referred to in subregulation (5) with the Registrar within 14 calendar days from the date on which the other party filed his or her reply.
- (7) If no reply is filled by the appellant within the period referred to in subregulation (6), the Registrar shall after the aforesaid period has lapsed advise both parties in writing of the date on which the matter will be heard by the appeal committee and the Appeal committee shall only consider those documents so submitted.
- (8) Heads of argument may be compiled and filled with the Registrar by either party 14 days prior to the date determined by the Registrar for the appeal hearing.
- (9) If an appeal is against an imposition of a penalty of erasure as contemplated in Section 15(6) of the Act, such penalty shall remain effective until the appeal is finalized.

#### **Appeal Committee**

24. (1) The appeal shall be considered by an appeal committee established in terms of section 15(4) of the Act.

- (2) The appeal committee must consider the appeal on the papers referred to in regulations 18 (4), (5) and (6) and may allow representations and arguments from both parties or their legal representatives.

#### **Procedure to be followed at appeal hearing**

25. (1) After the appellant and the other party had addressed the appeal committee on the merits and/or grounds of appeal at the hearing, the appeal committee shall deliberate, *in camera*, on the matter and advise the parties for its findings.
- (2) Each party shall be responsible for his or her own costs occasioned by the preparation for and/or the finalization of the appeal.
- (3) The decision of the appeal committee shall be of force and effect from the date determined by such committee, unless set aside by the high court.

#### **Repeal**

27. The regulations indicated in the table hereunder are hereby repealed:

<b>Government notice</b>	<b>Date of publication</b>
R373	13 March 1970
R1737	29 September 1972
R1707	27 September 1974
R978	19 July 2002

#### **Transitional arrangements**

28. An inquiry or appeal in terms of the regulations referred to in regulation (27)

pending before a professional conduct committee immediately prior to the commencement of these regulations must be conducted and finalized under the procedures prescribed by those regulations as if they have not been repealed

**DR A MOTSOLEDI, MP  
MINISTER OF HEALTH**

**ANNEXURE A**

**FORM OF SUMMONS – DOCUMENTS**

Your ref:

Our ref:

To.....  
.....  
.....  
.....  
.....

IN RE: .....

You are hereby required to make available on or before the ..... of..... 20..... to the Registrar / The Preliminary Investigating Committee of the South African Nursing Council the following document(s), photographs, computer record, contract, book, item, article, administrative or financial record or computer data listed hereunder.

List of articles to be produced:

.....  
.....  
.....  
.....  
.....

Given under the hand of the Registrar of the South African Nursing Council on this day of the ..... of ..... 20.....

.....  
REGISTRAR

**ANNEXURE B  
NOTICE OF REFERRAL**

Your ref:

Our ref :

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BE** informed that allegations of unprofessional conduct were reported to the Registrar of the South African Nursing Council against you and a written copy of the complaint is hereby attached for your perusal.

You are hereby invited to respond in writing to the allegations contained herein and submit same to the attention of the Registrar by no later than 28 calendar following the date of receipt of this notice.

Please note that any written representations, or extracts of any representations received from you may be made available to the complainant for comment.

Please take notice that should you elect to make any written representation, such may be used as evidence at any subsequent preliminary investigation or inquiry.

Please take further notice that the Registrar may seek such further information as he or she deems it necessary, for the purpose of investigating the complaint, from the defendant's employer, if any, or any other source, other than yourself.

Given under the hand of the Registrar of the South African Nursing Council on this day of the ..... of ..... 20.....

\_\_\_\_\_  
REGISTRAR

**ANNEXURE C  
NOTICE OF INQUIRY**

Your ref:

Our ref :

TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN

RE:

.....  
.....

YOU ARE HEREBY summoned to appear at \_\_\_\_\_ on the \_\_\_\_ of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_ before the Professional Conduct Committee of The South African Nursing Council when the following charge(s) which have been preferred against you by the *pro-forma* complainant will be considered.

Charge.....

That you being a ..... in terms of the Nursing Act, 2005 (Act No. 33 of 2005), are guilty of unprofessional conduct in that on or about the ..... of..... 20..... at or near.....

you

wilfully/negligently

.....  
.....  
.....  
.....  
.....

Should you fail to appear, the Professional Conduct Committee may consider and deal with the charges in your absence in accordance with the regulations for the investigation of alleged misconduct and conduct of inquiries.

You have the right to be represented by a representative of your own choice, be it an attorney, a union official, family member or co-worker.

You have the right to call witnesses, lead evidence and to cross examine witnesses called by the Council or by the Committee.

A copy of the regulations for the investigation of alleged misconduct and the conduct of inquiries is enclosed

At your request an interpreter will be made available by the Council at the inquiry and should you wish to make use of the service, kindly complete the attached form indicating your language preference. This form must reach the Council not later than 16:00 on the ..... of ..... 20.....

Given under the hand of the Registrar of the South African Nursing Council on this day of the..... of ..... 20.....

---

**REGISTRAR**



**ANNEXURE D**

Your ref:

Our ref :

.....  
.....  
.....  
.....

IN

RE:.....  
.....

You are hereby summoned to appear at the ..... on the ..... of ..... 20....., at 09:00 before the Professional Conduct Committee of the South African Nursing Council in an inquiry in terms of Section 46 of the Nursing Act, 2005 (Act No. 33 of 2005) in relation to the conduct of ..... under the said Act and to bring with you and produce at the time and place as aforesaid, all original records, books, or documents in relation to the said inquiry and to give evidence in the matter.

NB.

Your attention is directed to Section 47 (10) of the Nursing Act, 2005, which reads as follows:

- (c) Any person subpoenaed under this subsection who—
  - (i) refuses or without sufficient cause fails, to attend and give evidence relevant to the inquiry at the time and place specified in the subpoena;
  - (ii) refuses to take the oath or to make an affirmation when required by the Chairperson to do so;
  - (iii) refuses to produce any book, record, document or thing which he has in terms of the subpoena was required to produce;
  - (iv) willfully misleads the Council or the professional conduct committee;

- (v) refuses to answer any question that is not self incriminatory or to answer to the best of his/her knowledge and belief, any question lawfully put to him;

Is guilty of an offence and on conviction liable to a fine not exceeding five thousand rands (R5000.00).

- (d) A person so subpoenaed is entitled to all the privileges to which a witness subpoenaed to give evidence before a magistrate's court is entitled.

Given under the hand of the Registrar of the South African Nursing Council this ..... day of ..... 20.....

\_\_\_\_\_  
REGISTRAR