SANC’s 74th Anniversary

The SANC celebrated its 74th anniversary on the 8th of November 2018. 74 years of regulating nursing & midwifery professions in South Africa and nursing education and training in the country.

Happy anniversary SANC!
The SANC noted with concern the articles published in the media recently and its factually incorrect information that has been disseminated to the public and the nursing fraternity, and would like to clarify the statements made in these articles:

The curriculum submissions that the SANC has received so far, have been and continue to be evaluated and some have also served at meetings of internal structures of the SANC. These applications have been received from Universities, Public Colleges and private nursing schools. It is therefore factually incorrect that: “South Africa will soon have a shortage of nurses due to the dragging of feet/dawdling in approving a new curriculum”.

The public and the profession is misled by such incorrect information.

The matter of “nurses will no longer be able to train at provincial training colleges”, is disputable. Factually, some Public Nursing Colleges have submitted their programmes to the SANC and the process of evaluation towards accreditation is underway.

The information provided stating that “there are only six other private institutions that are currently running private programmes” is factually incorrect. There is about sixty four (64) private institutions (including private hospital groups) that are currently offering nursing programmes in South Africa.

The following information in the articles is also incorrect:

“The new act makes provision for a new category of nurse – a general nurse”.

The Act Nursing Act, 2005 (Act No 33 of 2005) makes provision for the following categories:
- Professional Nurse
- Midwife
- Staff nurse (general nurses)
- Auxiliary nurse OR
- Auxiliary Midwife (There will be no qualifications for this category).

Nurse Specialist and Midwife Specialist categories were created through a board notice published by the Minister of Health in the Government Gazette No. 368 of 15 May 2014 - Notice regarding the creation of categories of practitioners in terms of section 31(2) of the Nursing Act, 2005.

Ms Sizeni Mchunu, CEO and Registrar of the SANC says: “It is regrettable that the public and the nursing fraternity have been misled and provided with factually incorrect information by persons who may not be well vested with these issues. Non-approval of submitted curriculums that do not comply with the minimum requirements does not constitute delays by the SANC.”

Any questions you have regarding the new Curriculum may be forwarded to Ms Jeanneth Nxumalo at jnxumalo@sanc.co.za
The Community Service process – a reminder

NB: STEPS 2-8 MUST BE DONE WITHIN 60 DAYS AS PER REGULATION 195 SUB-REGULATION 4(1)

1. Nursing Education Institutions (NEIs) submit the following within 30 days of completion of the 4 year diploma/degree in line with Section 32 of the Nursing Act (Act no. 33 of 2005):
   - Completion records of Education and Training together with the declaration which must be signed by the Head of the NEI and another person (Head of Department/Subj ect Head/Lecturer).
   - Application form for registration in the category “community service” and all required information in the application should be fully completed including the details of where community service will be done.
   - Applicable registration fee.

2. Registry will receive the original documents, scan and upload on the Document Management System and the original copies are sent to the registration section.

3. The Administration officer receives the documents from registry and records the date when the documents were received (also checks whether the NEI is accredited for the programme and bulk payments if any). Acknowledgement letter is sent to the NEI.

4. Administrative officer allocates to administrative clerk for quality check and verifies proof of individual payment.

5. Documents are send to the Professional Advisor to determine whether the students have met all theoretical and clinical requirements of the programme. If satisfied, authorizes that the certificates must captured.

6. Administrative clerks capture the certificates, receive the certificates from IT section the next day.

7. Administrative clerks prepare the certificates for checking by Professional Advisor.

8. Professional Advisor checks the certificates.

9. Administrative officer drafts a letter to dispatch the certificates. Final signature by the Manager, then prepare for dispatch.

The South African Nursing Council is concerned about delays with the submission of these records by some NEIs, as this translates to delayed registration which disadvantages the community service practitioners.
Profile on Chairperson of the South African Nursing Council

Dr Motlou Molepo
SANC Chairperson 2018 - 2023

Tell us about yourself
I am the fourth out of a family of seven children. I have two daughters and two grandchildren.

I received my B A Cur from UNISA, M CUR , from RAU [now UJ] and D CUR, from University of Johannesburg. I am an advanced psychiatric nurse and I love being a nurse. I worked in adult female and male medical, adult and child psychiatric units where my interest in psychiatric nursing was nurtured and amplified.

I lectured in community nursing, Social sciences at the Ga-Rankuwa Nursing College and then moved to the then Medical University of Southern Africa as a lecturer and a Senior Lecturer in psychiatric nursing science for under and post graduate students. Currently I am the Director of Nursing Education in the Limpopo Department of Health.

One word to describe myself
Humorous

What am I bringing into the position
I am bringing my passion and experience of my work situations professional experience and zeal to make a difference.

The Council is a team of people with experiences from different professional spheres and within the profession itself. I hope to, with their support, lead this team to assist the Council to achieve its objectives in their term to move the profession to another level.

I bring the quest to promote the Council’s work to nurses and the public at large. To lead the Council at this time of change in nursing, where Nursing Education Institutions and uncertainty of nurses in practice who were to benefit from legacy qualification is palpable.

The 21 Irrefutable Laws of Leadership by John Maxwell

When it’s all over, how do you want to be remembered?
That I took the baton from the capable and enthusiastic poised but focused 15th council Chairperson, ran at a pace I could, with the support of Council and management, to lead the Council to attain their set term strategic focus.

I started with the aim of reaching the finishing line [term] with the Creator on my side. For me it is not about the medal but service to humanity.
Tell us about yourself
Holder of Doctor of Literature and Philosophy Degree in Health Studies (UNISA), RN RCN RPN RM RNE RNA. Basic Nursing Education: Chris Hani Baragwanath Nursing College. Grown through the ranks from Student Nurse to Chief Director positions within the public sector. I have ventured into NGO and Academic setting as Technical Advisor and Senior Lecturer. Practiced in Gauteng, Free State and Eastern Cape provinces and National Department of Health setting. I am a husband, dad, son and brother to my family.

If you had one word to describe yourself, what would it be?
Quality.

What do you hope to achieve in your position as Vice-Chair of the SANC?
• Facilitate development of Nursing Practice Standards to improve quality of nursing practice
• Promote research and development of nursing position statements
• Participate in the development of service standards to improve turn - around times and quality of service by the SANC.

Who is your role model?
There are many but all nurse leaders who have risen through the ranks in health systems but continue to support nursing development for future generations. This includes Mrs SRO Khokho, Mrs Elizabeth Mokatsane and Ethel Radebe.

How do you approach change?
I believe change should be facilitated with the involvement of those to be affected by change. It should be staggered targeting the big impact areas first, celebrating victories in the process.

What advice can you give nurses who are registered to practice in South Africa today?
Follow your passion and love the patients. Nurses should study communication, law, accounting and Human Resources and branch into Senior Management as CFO, CEOs , HR/SCM Management as well as venture into political transformation space – it is the only way for nurses to drive health sector transformation and improve nursing practice environment.

What book is currently on your night stand?
Working on research articles as part of my academic citizenship requirements.

When it’s all over, how do you want to be remembered?
As a professional nurse, who facilitated improvement of nursing practice environment for better patient care and positive practice environment for nurses.

What are your hobbies?
Being at home or travelling with my wife and kids.
Skin cancer is the most common cancer worldwide and SA has one of the highest monitored ultra violet (UV) levels in the world, resulting in one of the highest skin cancer rates globally.

South Africa has the 2nd highest incidence of skin cancer in the world after Australia, and in particular one of the highest incidences of melanoma worldwide, as far as Caucasians are concerned.

At least 20 000 South Africans are diagnosed annually with non-melanoma skin cancers, and approximately 1 500 are diagnosed with melanoma.

It is important to take note of the fact that everyone, regardless of racial or ethnic group, is at risk of getting skin cancer. Although people with darker skins are less susceptible, because their skin contains more natural melanin, that protects against sun damage, everyone is at risk from the harsh African sun.

According to the World Health Organisation (WHO), the incidence of both non-melanoma and melanoma skin cancers has been increasing over the past decades, and WHO estimates that a 10 % decrease in ozone levels will result in an additional 300 000 non-melanoma and 4 500 melanoma skin cancer cases globally.

Myths
- The sun is only dangerous in summer or on a hot day
- Sunscreen will protect me completely from the harmful effects of the sun’s rays
- One or two cases of sunburn won’t result in skin cancer
- People with darker skins are not at risk for getting skin cancer
- Sunbeds are a safer alternate to obtain a tan.

The truth about tanning
There is no such thing as a healthy tan – even a sunless tan...

In recent years there has been a considerable increase in the use of sunless and self-tanning products such as sprays, mousses, gels, pills, nasal sprays & injections called Melanotan 1 and 11. Melanotan 11 has serious side effects, and may induce melanoma. CANSA warns against this product.

Sunless tanning, also known as UV-free tanning, self-tanning, spray-tanning (when something is applied topically) or fake-tanning – refers to the application of chemicals to the skin or making use of chemicals that are taken by mouth or per injection, to produce an effect similar in appearance to a suntan. The browning effect usually occurs within a few hours. The effect is temporary – the colour fades in 7-10 days as the skin naturally sloughs off.

Sunless tanning products include:
- Bronzing powder
- Spray bronzers
- Stick bronzers
- Tanning wipes
- Tanning tablets
- Tanning capsules
- Tanning injections
- Tanning nasal spray
- Sunless tanning lotion

None of these is safe!
- Although some self-tanning products contain sunscreen, it offers minimal ultraviolet radiation protection. It does not provide protection from the ultraviolet rays of the sun and CANSA strongly discourages individuals to use any form of tanning product.
- Topical sunless tanning products that contain Dihydroxyacetone (DHA), prevent the formation of Vitamin D in the skin when exposed to the sun. Avoid the Following
- Stay out of the sun between 10am and 3pm – stay under the shade of trees or an umbrella as much as possible
- Avoid sunbeds & sunlamps

TIPS

Sunscreen & Protective Garments
1. Use an Effective Sunscreen
2. Apply Sunscreen Correctly
3. Wear Protective Clothing

Educate & Protect Children
Our youth should take special precaution when spending time in the sun – two blistering burns before the age of 18, can dramatically increase the risk of getting skin cancer later in life.

Parents and schools need to play an increasingly important role in educating our youth re being SunSmart. Unfortunately a recent study shows that most schools are not SunSmart. Read more…

Babies younger than 1 year should never be exposed to direct sunlight.

Happy holidays. Be safe out there.