Stakeholder Engagement Forum: Save the Date

The SANC will be hosting a Stakeholder Engagement Forum on Thursday 11 April 2019.

Invitations will be sent to applicable stakeholders in due course. Please note that due to capacity restrictions we will only accept and accommodate space for one RSVP per institution.

Challenges experienced with distinguishing devices

The SANC acknowledges receipt of numerous complaints regarding the quality of distinguishing devices and regrets the inconvenience experienced by nurse practitioners. The SANC would like to assure all nurse practitioners that it is busy with the processes of addressing the issue as a main priority. The initiative to replace the current service contract was previously undertaken twice and the outcome resulted in the current service provider being the only bidder meeting set criteria. Subsequent market research conducted only identified two manufacturers of similar products. The SANC is currently busy with another market research that includes amongst others, identifying new entrants to the market and exploring or investigating quality assurance processes to ensure better quality of distinguishing devices as part of a procurement process to replace the current contract. It is anticipated that this procurement process will be completed by end of June 2019. As soon as a solution is found, nurse practitioners will be informed through this medium as well as individual SMSs for nurse practitioners whose updated information is available.

In the meantime, the SANC advises nurse practitioners that the defective devices can be replaced at no cost by the SANC depending of the merit of each case or complaint. The defective devices must be returned within three months of purchase to qualify for a replacement. Please contact: Lucas Mosime (Mr) at telephone number 012 420 1072 or email address: lmosime@sanc.co.za.

Nurse practitioners are further encouraged to take the following precautionary measures, amongst others, in taking care of their distinguishing devices:

1. Avoid immersing the devices into detergents, as some detergents are very harsh;
2. Avoid washing uniforms with devices attached to them using washing machine and/or tumble dryer;
3. Avoid extreme heat; and
4. Avoid applying too much pressure in attaching the bars to the epaulettes.

Midwifery qualifications

The Higher Education Qualifications Sub-Framework (HEQSF) has, for purposes of the National Qualifications Framework (NQF), pegged the basic midwifery qualification at an Advanced Diploma level (NQF level 7 with 120 credits). This does not mean that it is an additional qualification or post-graduate diploma. It is a basic midwifery programme that will be done by nurses who have completed Diploma in Nursing at NQF level 6.

Students who have completed a Bachelor of Nursing degree will be registered in the category “Professional Nurse” and “Midwife”. The products of Bachelor of Nursing programme can undergo a Post Graduate Diploma in Midwifery at NQF level 8 to become Midwife Specialists. Midwife specialists can further their studies at a Master’s Degree level at NQF level 9 and eventually Doctoral Degree.
The primary objective of using payment codes is that payments will be automatically allocated to the correct revenue streams, thereby eliminating the delay in the allocation and processing of various applications and issuing of Annual Practising Certificates.

The services provided by the SANC with their respective payment codes are:

<table>
<thead>
<tr>
<th>Description</th>
<th>Payment code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CODES TO BE USED BY INDIVIDUALS</strong></td>
<td></td>
</tr>
<tr>
<td>Admission of guilt fines</td>
<td>ADGUILT</td>
</tr>
<tr>
<td>Annual fees</td>
<td>ANLFEES</td>
</tr>
<tr>
<td>Application fees (foreign applications)</td>
<td>APPFEES</td>
</tr>
<tr>
<td>Certification of status fee</td>
<td>CETSFEE</td>
</tr>
<tr>
<td>Duplicate certificate fee</td>
<td>DUPCFEE</td>
</tr>
<tr>
<td>Examination fees (foreign application exams)</td>
<td>EXAMFEE</td>
</tr>
<tr>
<td>Extract fees (extract from the Register)</td>
<td>EXTRFEE</td>
</tr>
<tr>
<td>Late entry fees (foreign exam applicants)</td>
<td>LATEFEE</td>
</tr>
<tr>
<td>Registration fees (additional qualifications)</td>
<td>ADDQUAL</td>
</tr>
<tr>
<td>Registration fees (assessors, moderators, verifiers)</td>
<td>ASSESSR</td>
</tr>
<tr>
<td>Registration fees (practitioners)</td>
<td>REGFPRA</td>
</tr>
<tr>
<td>Remarking fees (exams)</td>
<td>REMAFEES</td>
</tr>
<tr>
<td>Restoration fees</td>
<td>RESTFEE</td>
</tr>
<tr>
<td>Transcript of training fees</td>
<td>TRANFEE</td>
</tr>
<tr>
<td>Verification fees</td>
<td>VERIFEE</td>
</tr>
<tr>
<td>Purchasing of distinguishing devices</td>
<td>SALEDDS</td>
</tr>
<tr>
<td>Postage</td>
<td>POSTAGE</td>
</tr>
<tr>
<td>Other fees or payments (not mentioned above)</td>
<td>OTHRFEES</td>
</tr>
<tr>
<td><strong>CODES TO BE USED BY INSTITUTIONS</strong></td>
<td></td>
</tr>
<tr>
<td>Accreditation fees – Nursing Education Institution</td>
<td>ACFLEEN</td>
</tr>
<tr>
<td>Accreditation fees – Reaccreditation of a Nursing Education Institution</td>
<td>ACFRENE</td>
</tr>
<tr>
<td>Accreditation fees – Nursing Education Programme</td>
<td>ACFNEPR</td>
</tr>
<tr>
<td>Annual Nursing Education Institution fee</td>
<td>ANNFNEI</td>
</tr>
<tr>
<td>Application fees</td>
<td>APFAPCE</td>
</tr>
<tr>
<td>Audit visit fees</td>
<td>AUDVFEE</td>
</tr>
<tr>
<td>Examination fees (candidates)</td>
<td>EXAMFEE</td>
</tr>
<tr>
<td>Focus visit fees (Clinical Facilities)</td>
<td>FVFCLNC</td>
</tr>
<tr>
<td>Focus visit fees (Nursing Education Institution)</td>
<td>ASSESSR</td>
</tr>
<tr>
<td>Late entry fees (exam candidates)</td>
<td>LATEFEE</td>
</tr>
<tr>
<td>Registration fees (additional qualifications)</td>
<td>ADDQUAL</td>
</tr>
<tr>
<td>Registration fees (learners)</td>
<td>REGFLEN</td>
</tr>
<tr>
<td>Registration fees (practitioners)</td>
<td>REGFPRA</td>
</tr>
<tr>
<td>Other fees or payments (not mentioned above)</td>
<td>OTHRFEES</td>
</tr>
</tbody>
</table>
Process for direct deposit payments

Deposits into the SANC’s bank account will be accepted by the bank on condition the depositor provides, in the deposit slip field, a reference number consisting of a total of 15 characters, made up of the 8-digit SANC reference number, followed immediately by a 7-CAPITAL LETTER PAYMENT CODE, as reflected in the table below.

How to complete the deposit slip

In order for the payment to be accepted for direct deposit, FNB will require the SANC reference AND payment code. If, for example, a nurse practitioner pays for his/her annual fee, the REFERENCE FIELD on the deposit slip will be completed as follows:

Deposit Slip Reference Field

ATM advance cash deposits

Nurse practitioners can make use of the ATM Advance machines at First National Bank branches to deposit cash for the payment of all services. The benefits accruing from this method of payment are as follows:

• It saves time in that it results in shorter or no queues at all
• Deposits can be made after business hours
• Reference numbers can be inserted when making deposits
• This method of payment can be used even if you are not a First National Bank(FNB) client

Please direct any queries to: Manager: Revenue Collection and Sales
Tel 012 426-9557
Fax 012 420-1084
Email pmodiselle@sanc.co.za
The implementation of the Higher Education Qualifications Sub-framework (HEQSF) aligned nursing qualifications does not imply that the legacy qualifications will be redundant or that the nurses will not be able to proceed further in their nursing studies.

It is important to note that there are admission/entry requirements that the prospective students should have in order to gain access to the new nursing qualifications. These are prescribed by the Minister of Higher Education for every learner in every learning field in South Africa. They are prescribed as follows:

- Diploma (General/Staff Nurse): National Senior Certificate = Diploma
- Bachelor Degree (Professional Nurse): National Senior Certificate = Bachelor Degree

Nurse Practitioners are also reminded that South Africa has a National Policy on Recognition of Prior Learning (RPL). Deriving from it, the SANC developed a policy guideline for Nursing Education Institutions (NEIs) to be used for nurses. The policy facilitates access into a programme as well as transfer of previously accumulated relevant credits. The SANC guidelines enable all NEIs to develop their internal policies and processes to implement RPL.

The SANC Fraud Hotline, 0800 20 12 16 operates as an independent conduit where callers are guaranteed anonymity. The Call Centre is secure and the location thereof is undisclosed. Furthermore, the SANC cannot demand that the identity of the caller be revealed.

The Fraud line Call Centre is manned on a 24-hour basis. Typical unethical or fraudulent practice that can be reported via the Hotline includes but is not limited to:

- Fraud, theft, corruption
- Financial mismanagement
- Examination and registration fraud.

You may also email information anonymously through to the Fraud line Call Centre at fraud@kpmg.co.za. Should you wish to use this method, please include as much details as possible, including that the report is with regards to the SANC.

We are urging nurses and the public alike to utilize the SANC Fraud Hotline to report any unethical practices. Do not be a silent observer of practices that erode the very values we wish to uphold.
Ethics is an integral part of the nursing profession and forms the foundation thereof. This Code of Ethics for Nursing in South Africa reminds all Nursing Practitioners of their responsibilities towards individuals, families, groups and communities, namely to protect, promote and restore health, to prevent illness, preserve life and alleviate suffering. These responsibilities will be carried out with the required respect for human rights, which include cultural rights, the right to life, choice and dignity without consideration of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status. The persons in the care of every Nursing Practitioner must be able to trust such Nursing Practitioner with their health and well-being.

This Code of Ethics also serves as a declaration by nurses that they will always provide due care to the public and healthcare consumers to the best of their ability while supporting each other in the process. It is premised on the belief that the nursing profession embraces respect for life, human dignity and the rights of other persons.

The Code assists both the practitioners and healthcare users with:

- identifying ethical values and principles that form the foundation for professional conduct;
- providing the framework for reflection on the influence of ethical values on the behaviour and interaction between nurses and the public, stakeholders and healthcare users;
- providing the framework for ethical decision-making for practice;
- indicating to the public, stakeholders and healthcare users the standards and ethical values they can expect nurses to uphold; and
- providing guidance to professional conduct or ethical committees regarding decisions relating to unethical behaviour.

ETHICAL PRINCIPLES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

(Social) Justice – Nurses are at all times expected to act fairly and equitably where there is competition of interest among parties, groups or individuals.

Non-maleficence – This requires a nurse to consciously refrain from doing harm of any nature whatsoever to healthcare users, individuals, groups and communities.

Beneficence – Nurses are required to do good and to choose the “best option” of care under given circumstances and act with kindness at all times. It gives expression to compliance with the “duty to care” as a professional practice imperative.

Veracity – This principle requires the nurse to act with truthfulness and honesty and to ensure that the information provided to and on behalf of the healthcare user is always in the best interest of the healthcare user.

Fidelity – This entails adherence to factual and truthful accounting and balancing that with respecting, protecting and maintaining confidential information pertaining to the delivery of healthcare, including health records of healthcare users.

Altruism – Nurses are at all times expected to show concern for the welfare and wellbeing of healthcare users. The nurses are to be mindful of the fact that wishes and actions of healthcare users may be in conflict with the values and principles of the code, e.g. where healthcare users refuse treatment to the detriment of their health and that of others.

Autonomy – Respect for the autonomy of eligible persons (healthcare users) to make their own decisions and choices in matters affecting their health.

Caring – Nurses are required to demonstrate the art of nurturing by both applying professional competencies and positive emotions that will benefit both the nurse and the healthcare user with inner harmony.

Such interests may be, amongst others, related to access of healthcare resources, issues linked to prioritising care or any situation that may be perceived or experienced as unequal. Nurses should therefore, pursue justice and advocate on behalf of vulnerable and disadvantaged healthcare users and should be able to justify their decisions and actions.

The full Code of Ethics can be accessed at www.sanc.co.za/policies.htm
Health care-associated infection (HCAI) is a major cause of death and disability worldwide.

The impact of HCAI is associated with prolonged hospital stay, long-term disability, increased resistance of microorganisms to antimicrobials, and leads to massive additional financial burdens, an excess of deaths, high costs for the health systems and emotional stress for patients and their families.

Transmission of health care-associated pathogens takes place through direct and indirect contact, droplets and air. Transmission through contaminated Health Care Worker’s (HCW) hands is the most common pattern in most settings and involves five sequential steps:

(i) organisms are present on the patient’s skin, or have been shed onto inanimate objects immediately surrounding the patient;
(ii) organisms must be transferred to the hands of HCWs;
(iii) organisms must be capable of surviving for at least several minutes on HCWs’ hands;
(iv) hand-washing or hand antisepsis by the HCWs must be inadequate or omitted entirely, or the agent used for hand hygiene inappropriate; and
(v) the contaminated hand or hands of the caregiver must come into direct contact with another patient or with an inanimate object that will come into direct contact with the patient.

One of the most important steps healthcare providers can therefore take to avoid getting sick and minimise the spread of preventable infections is to properly wash their hands.

Hand hygiene is a simple, low cost action and the single most important infection prevention and control intervention.

In 2005, The World Health Organisation (WHO) introduced “5 Moments for Hand Hygiene”, which is an evidence-based approach that defines the key moments when we, as healthcare professionals, should perform hand hygiene:

1. Before touching a patient
2. Before carrying out a clean or aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching a patient’s surroundings.

The 5 Moments of Hand Hygiene aims to reinforce the importance of hand hygiene among professionals as well as to educate patients and members of the public.

Each person has between 2 and 10 million bacteria on one single arm from fingertip to elbow, so effective hand hygiene plays a vital part in preventing the transmission of pathogens in healthcare associated infections (HCAI’s).

Patients that are generally unwell and have a compromised immune system are at greater risk of contracting infections commonly spread through poor hand hygiene such salmonella, campylobacter, flu, impetigo, norovirus, vomiting and diarrhoea, as well as MRSA and C-diff, both of which can be potentially fatal.

When washing hands a staged process should be used to ensure proper decontamination of the hands. Soap and water is the most effective method of hand decontamination, although alcohol gel can be used up to 5 times if hands are not visibly soiled. However, alcohol gel does not kill all micro-organisms, for instance Norovirus and C-diff.
Apply a palm-full of alcohol-based hand-rub and cover all surfaces of the hands.
- Rub hands until dry.
- When washing hands with soap and water, wet hands with water and apply the amount of product necessary to cover all surfaces.
- Rinse hands with water and dry thoroughly with a single-use towel.
- Use clean, running water whenever possible.
- Avoid using hot water, as repeated exposure to hot water may increase the risk of dermatitis.
- Use a towel to turn off tap/faucet.
- Dry hands thoroughly using a method that does not re-contaminate hands.
- Make sure towels are not used multiple times or by multiple people.

The technique for hand-washing is illustrated in the figure above - liquid, bar, leaf or powdered forms of soap are acceptable. When bar soap is used, small bars of soap in racks that facilitate drainage should be used to allow the bars to dry.

Source: https://www.who.int/gpsc/5may/tools/who_guidelines-handhygiene_summary.pdf