



South African Nursing Council
Regulating nursing, advocating for the public

PROFESSIONAL PRACTICE RELATED MATTERS

PRESENTER: DR NJ MUSWEDE
**SENIOR MANAGER PROFESSIONAL
PRACTICE**

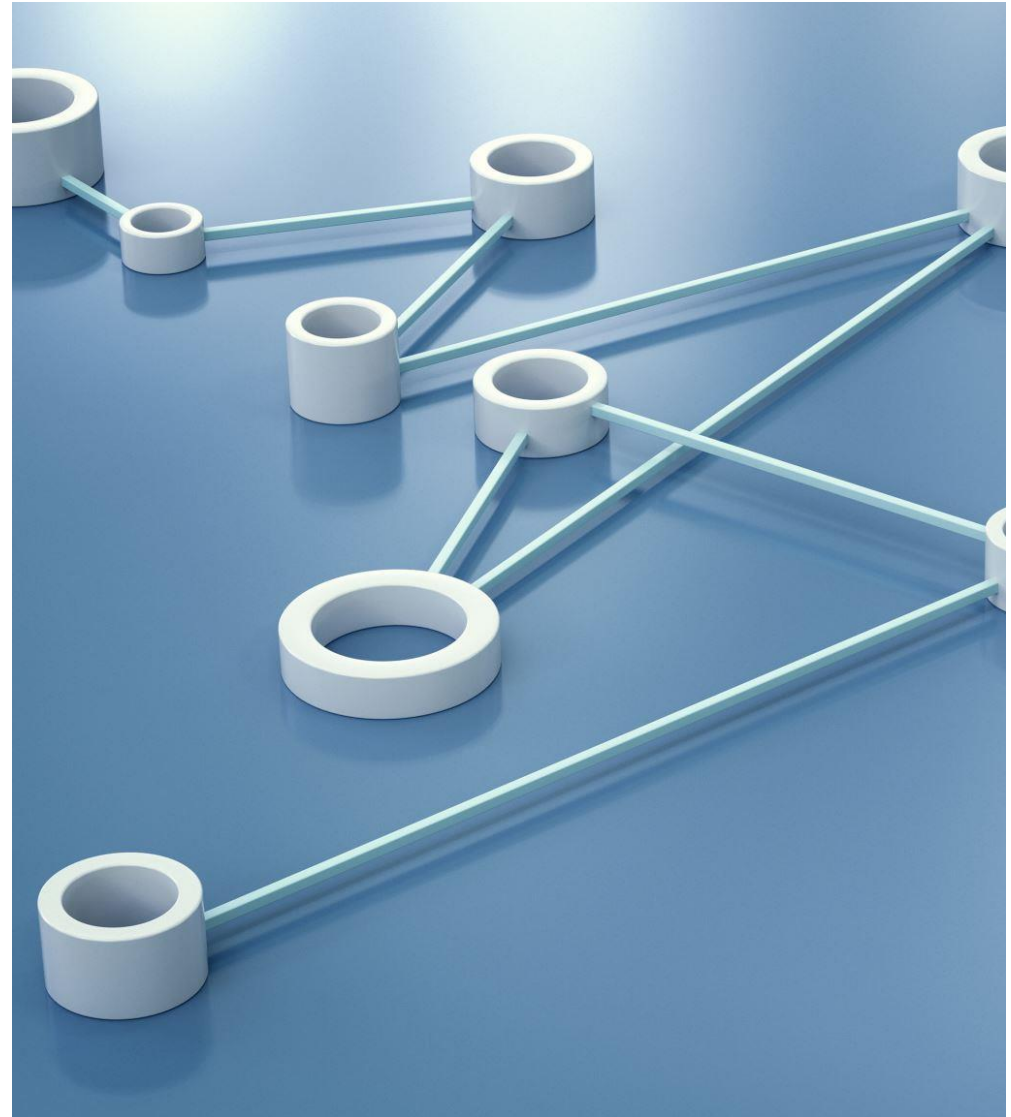
27 NOVEMBER 2024

Contact

E. customerservice@sanc.co.za
W: www.sanc.co.za

1. Purpose

- Information sharing on Professional Practice related matters.



2.1. Introduction and CPD mandate

- The South African Nursing Council is a statutory body operating in terms of the Nursing Act, 2005 (Act No. 33 of 2005), to set and maintain standards of nursing education, training and practice in the Republic of South Africa.
- Section 39(a)(b) (c)) and 59 (1) mandates Council to determine:
- *conditions relating to continuing professional development to be undergone by practitioners in order to retain such registration;*
- *(b) the nature and extent of continuing professional development to be undergone by practitioners; and*
- *(c) the criteria for recognition by the Council of continuing professional development activities and accredited institutions offering such activities*

2.2. Purpose of CPD

To maintain
Professional
standards of
excellence

To ensure
up-to-date and
relevant
knowledge

To promote life-
long learning, safe,
ethical and
professional
growth

To strengthen accountability
of nurses and midwives to
themselves, employer health
care users and communities

To promote health,
protect the public
interests and deliver
quality nursing

2.3. Continuing Professional Development grid

CONTINUING PROFESSIONAL DEVELOPMENT GRID

NURSING CATEGORY	THEMES FOR DELIVERY AND REQUIRED CPD POINTS					
	Ethical and Legal domains EL	Area of Practice AoP	Leadership & Management LM	Training T	Research R	Total CPD Points
Professional Nurse	4	6	3	1	1	15
Midwife	4	6	3	1	1	15
General Nurse	4	6	3	1	1	15
Enrolled Nurse	3	9	1	2	Nil	15
Auxilliary Nurse	3	10	1	1	Nil	15

Packaged Point Allocation (PPAs)	Definition	Points
Observation and Attendance	Refers to a situation where the Practitioner is part of an audience or is receptive to knowledge or information (e.g. attending a conference or a participant in training)	1
Actioning	Refers to a situation where the Practitioner takes charge and leads the activity/event (e.g. facilitating training or presenting of activity/event/programme).	2
Development	Refers to a situation where the Practitioner develops a product or provides maximum input into a product to obtain maximum output. This requires a maximum level of engagement (e.g. development of a policy/guideline or development of training curriculum).	3

2.4. CPD Cycle

Period in which a Practitioner is expected to accrue 15 CPD points during a twelve (12) month period, commencing from 01 July in a given year up to 30 June the following year.

2.5. Role of Practitioners:

1. Take responsibility for identifying relevant CPD activities/events/programmes.
2. Obtain supervisor approval & participate in CPD activities/events/programmes.
3. Complete a Portfolio of Evidence (PoE), including the Log sheet, in the required format.
4. Submit a completed Declaration of Compliance form annually to SANC.
5. Keep documentation for a minimum of three (3) years following the year of submission of a Declaration of Compliance form.
6. Familiarise themselves with the CPD framework, available on SANC website www.sanc.co.za

2.6. Role of Employers

1. Create an enabling environment for CPD activities/events/programmes.
 2. Monitor employees' compliance regarding CPD activities/events/programmes routinely.
 3. Facilitate CPD compliance
 4. **Identify CPD coordinators and CPD champions**
 5. Familiarise themselves with the CPD framework, available on SANC website www.sanc.co.za.
- **N:B** Employers, professional associations, societies, unions and CPD Providers have must **share collective responsibility** to ensure that CPD is supported for all nurses and midwives, so that they are able to meet their CPD requirements.

2.7. Exemptions

- Practitioners eligible for exemption may apply in writing to the SANC for a period of exemption
- They must complete the Exemption form (SANC CPD Form 4) and;
- State the reason why exemption is being sought.
- Exemptions are not automatic and will be decided by the SANC on an individual basis.
- Practitioners eligible for exemption are:
 1. those who are registered for formal education and training for a specific year (proof of registration will be required).
 2. those who have been working for five (5) or less months during the course of the CPD accrual cycle, such as those on sick leave or living/working outside of South Africa.

2.8. Extensions

- ❖ Practitioners, who in extenuating circumstances, are unable in any year to comply with CPD requirement in a CPD cycle , may apply in writing
- ❖ Completed SANC CPD Form 8 & request for an extension to complete their CPD requirements, stating the reasons for the request.
- ❖ The extension will be granted for three (3) months from July to September.
- ❖ Extensions are not automatic and will be determined by the SANC on an individual basis. An administrative fee will apply.

2.9. Documentation by Practitioners

It is the responsibility of each Practitioner to keep documentary evidence of the CPD activities/events/ programmes they undertake, to demonstrate that they have met the mandatory annual CPD requirement by completing the following:

- 1. Portfolios of Evidence (PoEs);SANC CPD Form 5.**
- 2. Log sheet; SANC CPD Form 6**
- 3. Declaration of Compliance form to SANC; SANC CPD Form 7** form for completed CPD activities/events/programmes and submit to SANC.

This documentary evidence must be kept for three (3) years after submission, to be produced if required for auditing by Council.

2.10. SANC CPD pilot roll-out



Council conducted briefing sessions with the profession and relevant stakeholders in order to appraise the nursing profession on the progress made in CPD project and outlined the approach to the implementation of the pilot roll out plan.



Council conducted the pilot-roll out in purposefully sampled districts in all 9 provinces of South Africa, Practising Midwives in provinces were used as a sample for the pilot.



Partogram programme (from ESMOE) was used for the pilot, facilitated by the Advanced Midwife Specialists in provinces.



The pilot assisted SANC to refine its internal processes accordingly, in preparation for the SANC nationwide CPD roll

2.11. Phased-in approach to CPD implementation

- The 17th Council adopted a phased-in approach to CPD implementation and in 2024/2025 FY, 10% of registered nurse practitioners must have complied with CPD requirements.
- CPD will be implemented in all nine (9) provinces in three (3) hospitals per province and identified hospitals from the following private hospital groups Mediclinic, Life Healthcare, Netcare, and the National Hospital Network.
- The sample in the first year of implementation is Operational Managers of identified hospitals, who are to participate in CPD activities to accrue 15 CPD points across the five themes of delivery in the current CPD cycle .
- After completion of CPD activities, OPMs will and submit relevant CPD forms to Council, these will be coordinated submitted to Council by the office of the Nursing Services Directorate.
- This process is not NOT be aligned to APC renewal

2.12. Progress

- From July 2024, CPD implementation briefing meetings were conducted with participation with stakeholders and participating hospitals in line with the approved phased-in CPD implementation plan.
- The purpose of the briefing sessions was to outline the process to be followed in the phased- in CPD implementation. The SANC team, consisting of CPD Committee Members and CPD section conducted the meetings with all 9 provinces, Mediclinic, Life Healthcare, Netcare, National Hospital Network and Clinix groups.
- OPMs from participating hospitals have commenced conducting CPD activities from participating hospitals in GP are almost finished with required CPD activities across the themes of delivery.
- 3 Provinces (Limpopo, Northwest & Eastern Cape) requested additional support. A follow up meeting was on 19th November 2024 and Gauteng was used to share their insights & experiences and how they overcame challenges.
- The Council is in the process of developing a process to accredit service providers to enable seamless CPD implementation.

3. Private Practice Regulations update

- Developed Private Practice Regulations were gazetted for public comments by NDOH on 2 June 2024.
- Extensive Public comments were received by SANC from stakeholders and interested parties
- Several meetings were held to consider invaluable comments received
- Regulations were approved by Council in its meeting of 26-27 September 2024
- Regulations have been submitted to NDOH for promulgation

4. Intention by SANC discontinue printing APCs

- Council issued Circular 10/2024, intended to notify the profession, employers and stakeholders of its intention to discontinue the practice of printing and issuing APCs as proof of nurses' registration status in future.
- Printing of APCs will not be stopped immediately; the Circular is intended to alert clients and stakeholders that Council will be moving towards a digital environment in the near future.
- Employers and all stakeholders are urged to use the e-Register for verification instead of requesting nurses to produce printed/hard copies of their APCs.
- The e-Register is up to date and provides reliable confirmation/verification of the nurse registration status and is easily accessible on the SANC website, www.sanc.co.za/eregister/

5. IC concerns-Poor Management of scheduled substances in health establishment

- The IC is one of the standing committees established by the South African Nursing Council (SANC) to manage practitioners who are deemed unfit to practice nursing due to disability or impairment as provided for in terms of section 51 of the Nursing Act, 2005 (Act No. 33 of 2005),
- Most of the cases received by IC relate to abuse of scheduled substances/medicines.
- In dealing with these cases, the Committee has noted with concern the deteriorating vigilance in the management of scheduled substances/medicines in healthcare establishments, both public and private, which leads to abuse of these substances/ medicines by Health Care Professionals.

IC concerns continued

- **On analysis of the reported cases, the IC established that practitioners had access to these substances/ medicines in any of the following ways:**
- Registered Nurses and/or Midwives issue and administer prescribed scheduled substances/ medicines alone.
- Scheduled substances/ medicines cupboard keys not kept in line with applicable policies
- Scheduled substances/ medicines not co-checked during hand over and in every shift change, leaving discrepancies to go unnoticed.
- Prolonged use of prescribed scheduled substances/ medicines, which feeds to dependency. For example, Registered Nurses and/or Midwives who were involved in car accidents or have had major operations which lead to addiction and abuse.

IC concerns continued

ROLE OF PRACTITIONERS IN MANAGEMENT OF SCHEDULED SUBSTANCES/ MEDICATIONS

- 4.1 Registered Nurse and/or Midwife to ensure that all scheduled substances/medicines are ordered, controlled, administered and disposed of in terms of the given protocols, policies and procedures of the institution.
- 4.2 Registered Nurses and/or Midwives must ensure that Enrolled Nurses/Nursing Auxiliaries ARE NOT allowed to keep the keys to the controlled medicines and substance cupboard and to check and administer scheduled medicines alone.
- 4.3 Scheduled medicines must be prescribed by a doctor except in emergency situations as per institutional protocol.
- 4.4 Registered Nurses and/or Midwives are personally liable for all unprofessional conduct while performing their duties.
- 4.5 The person in charge of the ward or nursing unit will remain accountable for all nursing care provided.

IC concerns continued

ROLE OF MANAGERS IN MANAGEMENT OF SCHEDULED SUBSTANCES/ MEDICATIONS

- Nurse Managers must develop and implement policies and procedures with regards to the ordering, safe keeping and administration of scheduled substances/ medicines.
- There should be strict monitoring of compliance to policies and procedures to assist Nurse Managers to prevent possible addiction and/or abuse.
- Nurse Managers must report incidences of alleged addiction or abuse to the SANC, so that the alleged practitioner is managed under the Impairment Programme, failure of which, the Nurse Manager will be charged for unprofessional conduct.

6. Employment of Nurse Practitioners not registered with SANC

▪ Circular 8/2024

- IC Committee noted with concern perpetual non-compliance by employers, by employing nurses without current registration with the SANC or whose names were removed from the SANC Register in terms of Section 44 of the Nursing Act, 2005 (Act No. 33 of 2005).

▪ DIRECTIVE

- Employers must refrain from employing nurses without current registration with the SANC or whose names were removed from the Register in terms of Section 44 of the Nursing Act, 2005 (Act No. 33 of 2005).
- Verification of the nurse registration status can be done on the eRegister on SANC website, www.sanc.co.za

THANK YOU

Ndo livhuwa

