Regulatory Framework for Specialist Nursing

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Outline

- Levels of controls on Discipline
- Levels of controls on Discipline: SANC
- Mandate for Council
- Conceptual Clarification
- SANC position
- Competency development
- Competency framework
- Maintenance of competency
- Questions in conclusion
Levels of controls on Discipline

Four levels of control

- Level 1: Regulation fairly broad
- Level 2: Practice Standards, Limits and Conditions
- Level 3: Employer policies in relation to appropriateness of specific practice
- Level 4: Individual nurses' competence

(Herman 2007)
Levels of controls on Discipline: SANC

- Conceptual clarification
- Competency Framework/Generic competencies
- Scope of Practice
- Standards of Practice per specialization
- Competencies per specialization
- Competency/outcomes based curriculum
- Code of conduct
- Continuing Professional Development (CPD)
Mandate for Council

**Nursing Act (Act no. 33 of 2005) Section 4 (1):**

The council must –

1. **determine**-
   
   - (i) the scope of practice of nurses;
   
   - (ii) the conditions under which nurses may practise their profession;
   
   - (iii) the acts or omissions in respect of which the Council may take steps against any person registered in terms of this Act; and
   
   - (iv) the requirements for any nurse to remain competent in the manner prescribed;
Conceptual Clarification

Advanced Practice Nurse

- A registered nurse who has
  - acquired the expert knowledge base
  - complex decision-making skills
  - clinical competencies for expanded practice,
  - ethical obligation to maintain competence
  - the characteristics of which are shaped by
    - The context and/or country in which s/he is credentialed to practice
    - Protocol/guideline directed (ICN,2003)
      (ICN, 2005 cited in Coombs, Chaboyer & Sole (2007))
A plethora of titles, namely:

- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Advanced Nurse Practitioner (ANP)
- Advanced Practice Nurse (APN)
- Advanced Practice Registered Nurse (APRN)
- Higher Level Practitioner
- Nurse Consultant
- Nurse Clinician
- Nurse Expert
- Expanded Role/Extended Role
- Additional Qualifications
- Certified Nurse Midwife
- Certified Nurse Anaesthetist
- Non-Physician Practitioners

(American association of Colleges of Nursing, 2009; Costello, 2009; Gail, Field, Simpson & Bond, 2003; Walshe, Newham 2001; Lindeke, Canedy & Kay, 1997)
Conceptual clarification
Category specification/naming

- Concept paper presented at the summit
- Position paper written by SANC and posted on the website
- Presented to Minister for promulgation of specialist categories, hence
  - Nurse specialist (Post graduate Diploma)
  - Advanced nurse specialist (Masters degree)
- Promulgated in May 2014
THE NURSING ACT, 2005 (ACT No. 33 of 2005)

NOTICE RELATING TO THE CREATION OF CATEGORIES OF PRACTITIONERS IN TERMS OF SECTION 31 (2) OF THE NURSING ACT, 2005

I, Aaron Motsoaledi, Minister of Health, hereby, in terms of section 31 (2) of the Nursing Act, 2005, and after consultation with the South African Nursing Council, create the following category of practitioners—

a. Nurse Specialist.

b. Advance Midwife will onwards be referred to as Midwife Specialist.

These categories of practitioners hold an additional qualification in terms of section 34 of the Nursing Act.
What informed Council on its Regulatory Mandate
Legislation

- Nursing Act (Act no. 33 of 2005) Section 4 (1):
  - The council must –
    - (a) In all its decisions, take cognisance of national health policies as determined by the Minister and implement such policies in respect of nursing.
    - (l) determine-
      - The scope of practice of nurses (including competencies, standards and codes of conduct)
      - the requirements for any nurse to remain competent in the manner prescribed

- Context
- Practice informs Education
Theoretical Arguments

- **Structural functionalist Theory**
  - Subordinates individual to society
  - Deductive in its analysis of role
  - Situations arise within society
  - To fulfill a social need or
  - Share in the domain of work
  - Altruism playing a role
  - E.g. division of labour or re-ordered roles

(Joel, 2004)
Theoretical Arguments

Symbolic Interactionist Theory

- Emphasis on meaning that symbols hold for actions in the process of role development rather than societal constraints
- Formation of role identity inductive and complex
- Role is a creative adaptation to social environment
- Results from reciprocal interaction of individuals but also
- A product of self conception
- To facilitate communication symbols must hold the same meaning for each actor in the process
- Self identity shaped by reflected appraisals of others

(Joel, 2004)
“...desirable that an individuals’ self perception should be highly congruent with the way they are perceived by others and the way they see themselves as perceived by others ... otherwise an individual could waste a lifetime of effort creating evidence that justifies his or her personal view” (Joey, 2004)
ICN Definition of APN

Advanced Practice Nurse

- A registered nurse who has
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Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

Julio Frenk *, Lincoln Chen *, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afof Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zorayk
Competencies: Health Sciences

Contextual issues

- **Dynamic environment**
  - challenges:
    - Epidemiological & Demographic transitions
    - Professional differentiation
    - Population demands
    - Technological innovations
    - Public engagement in health
    - Escalating cost of care

- **Primary Health Care**
  - Health Illness continuum
    - Preventive and
    - Promotive
    - Curative
    - Rehabilitative

- **Interdependence (global/local)**
  - Workforce and patients
  - Knowledge and High Tech

Competency considerations

Contextualisation of CHS

- Population based
- Contextual understanding
- Alignment of competencies to changing contexts

**Professional Interdependence**

- Systems approach
- Collaborative and non-hierarchical teams
- Dynamic nature of professional boundaries
- Task shifting and task sharing
- Inter-professional teaching
- Referral and support networks

Contextualise but enhance

- Cultural diversity
- Technological diversity
- Professional diversity

(Lancet Commission, 2010)
Nursing Education aligned to Lancet commission

- Primary Health Care approach
  - Systems thinking
  - Care in a continuum

- Professional/Disciplinary inter-dependence
  - Core competencies
  - Multi-professional education
  - Co-teaching and reflection

- Adapting to dynamic environment
  - Lifelong learning through CPD
  - Reflective learning

(Lance commission, 2010; Hong, Horng, Lin & ChanLin 2008)
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<thead>
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<th>Domains</th>
<th>Sub-Domains</th>
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<td>Personal and professional development Ethical Legal</td>
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<td>Clinical practice: Care provision and Management</td>
<td>Health Promotion Assessment Planning Implementation Evaluation Therapeutic Environment</td>
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<td>Quality of practice</td>
<td>Quality improvement Continuing education</td>
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<td>Research</td>
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<td>Leadership and Management</td>
<td>SANC adapted from ICN</td>
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Format of discipline Competencies

- Preamble:
  - Nature of specialization
  - Context in which discipline applies or is practised
  - Continuum of specialisation
  - Competency overlap with associated specialisations

- Discipline competencies
COMPETENCIES FOR FORENSIC NURSE

1. NATURE OF SPECIALISATION

A Forensic Nurse is a professional Nurse who has an additional qualification in Forensic Nursing, specializing in the application of forensic science and Clinical Nursing Practice and is registered as such by the South African Nursing Council.

2. CONTEXT

The Forensic Nurse will work at all levels of care, across families, communities, and the entire life-span.

He/she provides medico-legal forensic services to individuals, families within the home, community, primary health care and health establishments. In addition, they work in policy development, research, advocacy and education.

3. CONTINUUM OF CARE

Forensic Nurse provides promotive, preventative, curative and rehabilitative services to individuals, family and communities in collaboration with the legal system. In addition, the Forensic Nurse will collaborate and work with related professionals.

4. OVERLAP OF COMPETENCIES WITH OTHER NURSING SPECIALIZATIONS
Mandate for Council

- Practice inform Education
- Nursing Act (Act no. 33 of 2005) Section 4 (1):

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Adaptation to dynamic environment

- Reflection
- Consultation
- Stakeholder meetings
- Periodic regulatory and curriculum reviews

(Lance commission, 2010; Hong, Horng, Lin & ChanLin 2008)
Adaptation to dynamic environment

- In compliance with the Nursing Act (Act no. 33 of 2005) Chapter 2: Section 39

- Continuing Professional Development
  - Feasibility study
  - Competency framework
  - Pilot due

- CPD related to current practice
Accomplished

- Position paper on category of Nurse Specialist
- Core/Generic competencies
- Discipline competencies
- Code of conduct
- CPD progress made
Questions in conclusion

- Who formulates specialist scopes, standards of practice, and competencies?
- What is the difference between the following:
  - Scope
  - Standards
  - Competencies?
- When are the Advanced Nurse Specialist competencies due and must these differ among disciplines?
- How are nurse specialists supposed to be utilised?
References


Hong, J-C; Horng, J-S; Lin, C-L; ChuanLin, L-J (2008) Competency disparity between pre-service teacher education and in-service teaching requirements in Taiwan. International Journal of Educational Development 28: 4-20


