1. INTRODUCTION

ANSA held its first Annual Colloquium on Friday, 31 July 2015 in Gauteng. The purpose of this first Colloquium was to, in collaboration with SANC, DENOSA, other Professional Societies as well as Professional Specialist Societies:

- Obtain an overview of the current status of Specialist Nursing by sharing ideas and experiences;
- Discuss common issues around the generic competency framework, education and training as well as practice matters related to specialist nursing in South Africa.

A total of forty attendees were present, and the programme included a morning information-sharing session in which the five guest speakers delivered brief presentations. This was followed by a group work session in the afternoon in which the attendees were divided into three groups and delivered presentations to the larger group after brainstorming on various topics.

2. SETTING THE SCENE: SPECIALIST NURSING

2.1 SPECIALIST NURSING IN TERMS OF THE NURSING STRATEGY – DR. JABU MAKHANYA (CHIEF NURSING OFFICER: SOUTH AFRICA)

Specialist Nursing functions within the broader sphere of Health Services in South Africa must take note of especially the key outputs of the health sector, namely:

- Output 1: Increasing life expectancy;
- Output 2: Decreasing maternal and child mortality rates;
- Output 3: Combatting HIV and AIDS and decreasing the burden of disease from TB;
- Output 4: Strengthening health system effectiveness

These also set the context of nursing reforms; namely to develop, reconstruct and revitalize the profession to ensure that nursing and midwifery practitioners are equipped to address the disease burden and population health needs, in a revitalised health care system. The context links onto the framework below:
Nursing capabilities should align with health outcomes, and the National Health Act gives the Legislative mandate:

- Ensure that adequate resources are available for the education and training of health care personnel to meet the human resources requirements of the national health system;
- Ensure the education and training of health care personnel to meet the requirements of the national health system;
- Create new categories of health care personnel to be educated and trained;
- Identify shortages of key skills, expertise and competencies;

As a result, the Minister of Health has created new categories of Specialist Nurses and, consequently, SANC responded and developed competencies in line with the legislative purpose for these new qualifications.

2.2 REGULATORY FRAMEWORK FOR SPECIALIST NURSING – PROF. BUSI BHENGU (CHAIRPERSON: SANC)

The SA Nursing Council (SANC) obtains its mandate from the Nursing Act (Act no. 33 of 2005), Section 4(1). The Council must determine:

- The scope of practice of nurses;
- The conditions under which nurses may practise their profession;
- The acts or omissions in respect of which the Council may take steps against any person registered in terms of the Act;
- The requirements for any nurse to remain competent in the manner prescribed

The Council’s levels of controls are:

- Conceptual clarification;
- Scope of practice;
- Competency framework – generic and per specialisation;
- Standards of Practice per specialisation;
- Code of Conduct;
- Continuing Professional Development.

In order to reach conceptual clarification relating to specialist nursing, the ICN’s definition of Advanced Practice Nurse was taken into account, as well as other current terminology. A Concept paper was presented which was followed by a Position Paper compiled by SANC and posted on the website for comment. This was followed by a presentation to the Minister for promulgation of Specialist Categories, hence:

- Nurse Specialist (Post-Graduate Diploma)
- Advanced Nurse Specialist (Master’s degree)

This process was followed by the formatting of Discipline Competencies, in which expert role players for the different practice areas were consulted.

These Competencies took the following into account:

- Nature of the specialisation;
- Context in which the discipline applies or is practiced;
- Continuum of specialisation;
- Competency overlap with associated specialisations;

In summary, the Council has accomplished the following:

- Position paper on category of Nurse Specialist;
- Core/Generic competencies;
- Discipline competencies;
- Code of Conduct;
- CPD progress was made

### 2.3 OVERVIEW OF THE ROLE OF SPECIALIST NURSING ORGANISATIONS/ASSOCIATIONS – MS MADITHAPO MASEMOLA (ACTING GENERAL SECRETARY: DENOSA)

The nursing profession has a wide scope of practice; however, for decades, a broad variety of nursing specialities has been developed, and evidence of improved quality of care is published in several peer-reviewed journals.

Specialist nurses, with their advanced professional training, experience and education, have much to offer in the management of diseases.

The founding of Specialist Nursing organisations/associations are very important and play a vital role in:

- Protecting the rights of their own members;
- Advocating on issues of the said specialty and acting as the pool of knowledge within that specialty;
- Capacitating, informing and developing their members with new developments in the specialty in order to remain relevant in the context they operate;
- Safeguarding the integrity of the specialty to improve patient care through evidence-based practice;
- Generating new knowledge that may influence policy makers in order to improve health services and the lives of citizens;
- Collaborating with other specialties in order to forge a united front when dealing with broad issues in the nursing profession;
- Being the voice of reason within that specialty.

All of the above must take place by working hand-in-hand with the National Nursing Associations.

The specialties in nursing organisations/associations are critical for generating the energy, flow of ideas and pro-active work required in the profession in order to maintain a healthy profession that advocates for the need of its clients and nurses, and most importantly the trust of the society.

### 2.4 ARTICULATION WITHIN NURSING QUALIFICATIONS: LEGACY AND NEW – DR. ENGELA VAN STADEN (CHIEF DIRECTOR: DHET)

It is important to view the development of Specialist Nursing within the **old and new framework of nursing qualifications**:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Old Qualifications</th>
<th>New Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Duration</td>
<td>SANC Registration</td>
</tr>
<tr>
<td>Post-basic Course (Specialisation)</td>
<td>1</td>
<td>Register in area of Specialisation</td>
</tr>
<tr>
<td>Degree</td>
<td>4</td>
<td>General Nurse &amp; Midwife</td>
</tr>
<tr>
<td>Diploma</td>
<td>4</td>
<td>General Nurse &amp; Midwife</td>
</tr>
<tr>
<td>Midwifery</td>
<td>1</td>
<td>Midwife</td>
</tr>
<tr>
<td>Bridging Course</td>
<td>2</td>
<td>General Nurse</td>
</tr>
<tr>
<td>Diploma in Nursing</td>
<td>2</td>
<td>Enrolled Nurse</td>
</tr>
<tr>
<td>Auxiliary Nursing</td>
<td>1</td>
<td>Auxiliary Nurse</td>
</tr>
</tbody>
</table>
Flowing from this Framework, the following aspects must be taken into account:

- Future of the old four-year diploma that ceases to being offered (Category-C programme) but does not cease to exist;
- Recognition of post BCur/four-year diploma specialisations (RPL? – Role and future of post-qualification courses and “badging” (one-year Psychiatry; two-year Community Health etc.)
- Scope of Practice for a three-year diploma vs a four-year diploma - should it be the same;
- Articulation Policy of the DHET should be taken into account; four-year BCur at NQF Level-8 articulation into a post-graduate diploma is therefore horizontal into deeper specialisations; most of these were Category-A qualifications;
- Take Nursing Colleges’ function shift into account;
- Take future of Care Workers into account

2.5 EDUCATION OF SPECIALIST NURSES – YESTERDAY, TODAY AND TOMORROW – PROF. SINE DUMA (SENIOR LECTURER UCT)

The purpose of education of specialist nurses is a strategy to improve health care delivery and also to meet international standards/criteria for recognition.

Looking at the historical background of education of Specialist Nurses since the 1950s, it is clear that specialist training in nursing kept up with medical science technology to such an extent that these nurses were part of the first heart transplant event – especially those with intensive care and operating theatre training. The 1980s saw the Regulation of specialist nursing education (SANC Reg. 212). This regulation listed a limited number of specialist courses, gave broad objectives, and did not have a competency framework and scope of practice.

Education of Specialist Nurses should take the following into account (Example of UCT programmes):

- Nurses and midwives are prepared as specialist and advanced practitioners
- Curriculum is research-informed
- Use multidisciplinary and collaborative approaches to education
- Public-Private Partnership Model
- Our graduates are a link between primary care level and other levels of care
- Population health needs and challenges
- Millennium Development Goals
- Health service re-engineering
- Human Resource plan for health
- The National Strategic Plan
- South African Nursing Council (R212 and the position paper on specialist and advanced nursing
- National Health and Higher Education Legislation
- Partners’ and collaborations’ human resource needs
- ICN competency framework

These programmes should also include the following role players:

- Medical specialist
- Curriculum development specialist and HoD
- Nursing Directorate
- Partners and funders
- Regulators
- Clinical Nurse Specialists – private and public
Proposal for the future:

- Clinical Master’s / Professional Master’s degree (2016)
- Advanced nurse practitioners in response to health care needs of our populations
- Entry requirement specialist nursing diploma
- Focus in clinical leadership, mentoring and research
- Preparation and increase of specialist specific nurse educators for educating advanced nurse practitioners
- Creation of posts for advanced nurse practitioners

3. GROUP DISCUSSIONS: SPECIALIST NURSING

The audience were given the instructions for group work before lunch, and then began working in groups immediately after concluding lunch.

After spending time discussing as a group – the groups were then asked to present the findings of the groups. There was a great deal of lively discussion and some of the groups were reluctant to stop the discussions as they felt these were very important issues for Nursing Education in the country and a great deal more discussion can be held.

3.1 Group 1 – Applying the new role of the Nurse Specialist and Advanced Practitioner in practice – positions, job specifications, responsibilities, career ladder, remuneration (Facilitator: Prof. Petra Brysiewicz: UKZN)

The group spent a great deal of time discussing the difference between these roles and what this actually means when looking at the current groups of nurses. There was much confusion regarding the terminology, as well as just how different current nursing educational programmes are from each other. This required that the group spent time clarifying terminology, ensuring that we understood each other and the chosen terminology – thus, the table below was created for clarity.

**Positions, job specifications, responsibilities:**

These are reflected in the table. The positions are different, and a discussion was held regarding the work to be done with employers and unions etc. regarding creating the role/position of the advanced practice nurse.

<table>
<thead>
<tr>
<th>Current R425</th>
<th>Current R212/Postgraduate Diploma</th>
<th>Master’s Degree</th>
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</thead>
<tbody>
<tr>
<td>Generalist</td>
<td>Specialist nurse</td>
<td>Advanced nurse practitioner</td>
</tr>
<tr>
<td>Novice nurse</td>
<td>Specialists clinical practitioner</td>
<td></td>
</tr>
<tr>
<td>Research-informed practice starts here</td>
<td>Must have research informed practice or research utilization</td>
<td>Is a leader in the clinical field</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Makes clinical judgements,</td>
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<tr>
<td></td>
<td></td>
<td>develops or advises regarding</td>
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<td></td>
<td>policy development in the</td>
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<td></td>
<td>clinical area</td>
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<td></td>
<td></td>
<td>Is an interdisciplinary</td>
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<tr>
<td></td>
<td></td>
<td>consultant</td>
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<td></td>
<td></td>
<td>Research is very important and</td>
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<tr>
<td></td>
<td></td>
<td>this nurse initiates research</td>
</tr>
<tr>
<td></td>
<td></td>
<td>within the clinical area</td>
</tr>
</tbody>
</table>

* There was much discussion regarding the role of research – and this is highlighted in the above table and needs to be present in all categories of nurses.
Career ladder:
This is illustrated in the above table.

Remuneration:
There was much discussion regarding the role of research as well as remuneration – this has implications for employers, unions etc. It was emphasised by the group that these levels need to be remunerated differently.

3.2 Group 2 – Facilitating articulation between qualifications (legacy and new) to increase the production of specialist nurses – models for NEIs/HEIs (Facilitator: Dr Sue Armstrong: University of Witwatersrand)

With regard to the articulation to Level 8, the group discussed the following:
- The group suggests that the current four-year diploma programme (legacy programme) can complete an advanced diploma at level 7 to advance to Level 8 (Specialisation). This can include:
  - Management skills
  - Evaluation of healthcare programmes
  - Health service dynamics (including introductory research, health economics, nurse informatics)
  - Communication (how to present yourself as equal member in healthcare team at all levels of healthcare service delivery)
  - Basic sciences
- Create Advanced Diploma in Psychiatric Nursing or Community Health Nursing (population health) for taking forward in addition to Midwifery (Psychiatric and community health is reduced in new programmes)
- Nurses with existing qualifications (e.g. six-month specialisation programmes) who wish to enter into Specialist programmes on Master’s level should compile a portfolio of evidence for RPL assessment.

Experience before entry into specialist programmes:
The following needs to be considered:
- Entrance requirements for Specialist Nursing are fixed, but qualification rules can indicate that the students need x-amount years’ experience.
- Specialist nurses for example have two years’ experience before specialisation, but university/institution can increase this.
- Specialists Nurses need to be well established in a specific specialist area to ensure mentoring. It might be a challenge in certain specialist areas, such as Occupational Health Nursing, where that specific nurses might be the only person in a clinical area with no mentoring available.
- Make available core modules during community service – but then universities will not get subsidy.
- Specialisation might be started as electives during the basic programme as part of the pathway. Rather speak about placement in areas of interest.

3.3 Group 3 – The need for the development practice standards for specialist nurses (Facilitator: Prof. Sarie Human: UNISA)

In setting the scene for discussion of standards for specialist nurses, it was important to review the criteria which describe a nursing speciality, namely:
- Clearly defined practice area and knowledge base;
- Adheres to overall professional criteria;
- Defines competencies for the area as well as educational criteria;
- Have mechanisms for supporting, reviewing and dissemination research to support its knowledge base and evidence-based practice.

Standards are part of a structure that consists of:

- **Scope of Practice** for Specialist Nursing – This describes the boundaries and department of the Specialisation, and should be seen as the enabling document;
- **Competencies** that should specifically speak to the standard and should be measurable against standards as a measure of basic performance;
- **Standards** that provide the foundation to further policies, procedures and indicators.

These three entities should be seen as interlinking components, a factor that is not always evident in specialist nursing education and practice.

The group agreed on the importance of setting professional and practice standards that should be reviewed regularly and should set an acceptable standard within a specific context.

The discussion about standards has not been exhausted and the group suggested a dedicated workshop on this topic.

### 4. WAY FORWARD

There was a great deal of interest and enthusiasm from the participants who felt that this was a perfect opportunity for colleagues to discuss issues pertaining to specialist nursing in order to reach some consensus or understanding. It is anticipated that many more fora will be created for specialist nursing in order to discuss advanced specialist nursing practice in South Africa.

**ANSA Board / 26 January 2016**