



**South African Nursing Council**  
*Regulating nursing, advocating for the public*

# **EDUCATION AND TRAINING GUIDELINES FOR POSTGRADUATE DIPLOMA PROGRAMMES**

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## LIST OF ACRONYMS

**CHE** – Council on Higher Education

**CPD** – Continuing Professional Development

**ELOs** – Exit Level Outcomes

**HEI** – Higher Education Institution

**NEI** - Nursing Education Institution

**NQF** – National Qualifications Framework

**RPL** – Recognition of Prior Learning

**SANC** – South African Nursing Council

**SAQA** - South African Qualifications Authority

**WIL** – Work Integrated Learning

## LIST OF ANNEXURES

**Annexure A:** Student Registration form

**Annexure B:** Completion form including declaration form

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## DEFINITIONS

In these guidelines, any expression to which a meaning has been assigned in the Act shall bear such meaning, unless the context indicates otherwise;

**“Academic year”** means a period of at least 1200 (one thousand two hundred) notional hours which is equivalent to 120 (one hundred and twenty) credits;

**“Advanced standing”** means the status granted to a student for admission to studies at a higher level than the student’s prior formal studies would have allowed, including exemption where applicable;

**“Assessment”** means a structured process for gathering evidence and making judgements about a student’s performance in relation to the prescribed outcomes of the programme;

**“Assessor”** means a practitioner registered as such with the relevant authority and is a specialist in the respective field, responsible for the assessment of the student’s achievement of the learning outcomes for the programme;

**“Clinical accompaniment”** means a structured or unstructured and planned or unplanned process by a lecturer, clinical facilitator or preceptor who accompanies the student to facilitate directed assistance and support at the clinical facility, to ensure the achievement of the programme outcomes;

**“Clinical education and training”** mean exposure of students to experiential learning in a range of settings within the speciality field in which the theoretical component is correlated with practice;

**“Clinical facilitator”** means a registered nurse with a nursing education qualification who assists the student to develop the knowledge, attitudes and skills necessary for practice within the clinical environment;

**“Clinical facility”** means a continuum of services to promote health and provide care to health care users, approved by the Council, as such, and used for education and training;

**“Clinical learning opportunities”** means the range of learning experiences, including work integrated learning, available in a healthcare setting, which may also include other experiential learning sites where a student has the opportunity to gain the required skills;

**“Clinical placement”** means the period spent by a student in an approved clinical facility and other experiential learning sites to ensure that the outcomes of the programme are achieved;

**“Clinical practice for learning”** (supervised clinical learning) means credit bearing experiential learning in which students are brought into directly supervised contact with patients in order to achieve specific learning outcomes and competencies without taking responsibility for any nursing care or forming part of any service team;

**“Clinical hours for role taking”** means credit bearing hours where students form an integral part of the team that offers an official service or nursing care under the direct and indirect supervision in the workplace. The direct and indirect supervision are facilitated by a clinical facilitator, preceptor and nurse or midwife specialist;

**“Clinical supervision”** means the assistance and support extended to the student by the nurse or midwife specialist in an approved clinical facility and other experiential learning site, with the aim of developing a competent and independent nurse or midwife specialist;

**“Competence”** means the ability of a practitioner to integrate the professional attributes; including, but not limited to, knowledge, skills, judgement, values and beliefs required to perform as a nurse specialist or midwife specialist in all situations and practice settings in the field of specialization;

**“Core learning”** means the specific compulsory learning required in situations contextually relevant to the particular qualification;

**“Council”** means the South African Nursing Council as defined in the Nursing Act;

**“Credits”** means the amount of learning contained in a qualification or part-qualification whereby one (1) credit is equal to ten (10) notional hours;

**“Credit accumulation and transfer”** means the arrangement whereby the diverse features of both credit accumulation and credit transfer are combined to award credits towards a qualification and facilitate lifelong learning and access to the workplace;

**“e-learning”** means a learning approach where students and teachers interact through electronic devices or technologies in a virtual classroom i.e. without going to a classroom or having physical contact;

**“Elective”** means a selection of credits at the level of the National Qualification Framework (NQF) specified from which a choice may be made to ensure that the purpose of the qualification is achieved;

**“Exit level outcomes”** means the outcomes which define the exit level of performance according to which a candidate completing the qualification is assessed;

**“Formative assessment”** means a continuous assessment conducted during the facilitation of teaching and learning to provide students with feedback on learning acquired in order to achieve competence as well as to improve teaching and learning;

**“general nurse”** means a person educated and competent to practise general nursing in the manner and to the level prescribed who is capable of assuming responsibility and accountability and be registered with the Council for such practice;

**“Integrated education and training”** mean connecting skills and knowledge from multiple sources and experiences, applying theory and practice in various settings, utilizing diverse and even contradictory viewpoints;

**“Learning for role taking”** means work-based learning during which students form an integral part of the team that offers an official service or nursing in the workplace under direct or indirect supervision;

**“Learning outcomes”** means a description of demonstrable and assessable end results of a learning process;

**“Lecturer”** means an academic expert in a higher education institution, responsible for education and training of students, including research, publication and community engagement;

**“Mentor”** means a professional person who possesses relevant expertise, who will be able to share knowledge, skills, and values and model behaviour to an individual with less experience in a specific field;

**“Moderation”** means the process conducted by an independent moderator, which ensures that assessment of the outcomes prescribed for the programme is in accordance with the assessment principles;

**“Moderator”** means a practitioner registered with the relevant authority and is a specialist in the respective field, responsible for moderation of assessments conducted by the nursing education institution for the programme;

**“Nurse specialist or midwife specialist”** means a nurse practitioner who has undergone and met the theoretical and practical requirements of a specific postgraduate diploma in nursing or midwifery programme and is registered as such by the Council;

**“Nursing education institution”** means the nursing education institution as defined in the Act;

**“Online learning”** means any form of learning conducted partly or wholly over the Internet, for example, using a computer, a tablet or some other device for their learning to access information or communicate with an instructor or other student using online tools for learning;

**“Preceptor”** means an experienced nurse specialist or midwife specialist who provides day-to-day supervision during clinical practice and facilitates the application of theory to practice for students;

**“Programme”** means a purposeful and structured set of learning experiences that upon achievement of the exit level outcomes lead to a qualification;

**“Qualification”** means a planned combination of learning outcomes with a defined purpose that is intended to provide qualifying students with applied competence for meeting the

prescribed requirements of the qualification in the category Nurse Specialist or Midwife Specialist that is registered on the National Qualifications Framework (NQF);

**“Recognition of Prior Learning”** means the evidence-based assessment comparison of previous learning and experience against the learning outcomes required for a specific programme of a student, howsoever obtained, and the acceptance of such previous learning for the purpose of accessing a programme, awarding of credits and advanced standing;

**“Simulation learning”** means the imitation of a real world process conducted in the simulation or skills laboratory under the direct supervision of a lecturer or clinical facilitator;

**“Specialisation”** means acquisition of in-depth knowledge and expertise in a specific field of practice;

**“Student”** means a person enrolled for a formal nursing programme in a higher education institution and who is registered with the South African Nursing Council as a student;

**“Summative assessment”** means a process to evaluate student learning, skill acquisition and academic achievement at the end of a module or programme in relation to exit level outcomes and assessment criteria;

**“The Act”** means the Nursing Act, 2005 (Act No. 33 of 2005); and

**“Work integrated learning”** means a characteristic of vocational and professionally oriented qualifications that may be incorporated into programmes which takes various forms including simulated learning, work-directed theoretical learning, problem-based learning, project-based learning and work place-based learning.



# 1. PREAMBLE

## 1.1 Introduction

The South African Nursing Council (SANC) is a statutory body which functions in terms of the Nursing Act, 2005 (Act No. 33 of 2005). It has a responsibility to establish, improve, monitor and control the conditions, standards and quality of Nursing Education and Training including practice within the ambit of any other applicable law. According to section 34(1) of the Nursing Act, 2005 (Act No. 33 of 2005), the Council must register the additional qualification of a person who is registered under section 34 and who applies in writing for such registration, if he or she complies with the prescribed conditions and furnishes the prescribed particulars.

Section 34(2) further states that only such qualifications as are prescribed may be registered under this section.

## 1.2 Background

The registration of an additional qualification for a professional nurse has been dependent on the focus of the additional or specialised discipline, regardless of whether this was obtained through a certificate, diploma, bachelor's degree or master's degree. This resulted in uncertainty about the status and classification of advanced practice nurses in South Africa. Hence, the Minister of Health, in terms of section 31(2) of the Nursing Act, 2005 (Act No. 33 of 2005), after consultation with the South African Nursing Council, created the categories of these practitioners as Nurse Specialist and Midwife Specialist in accordance with the government Notice No. 368 of 15 May 2014.

The Minister of Health has, in terms of section 58(1) (f) of the Nursing Act, 2005 (Act No. 33 of 2005), after consultation with the South African Nursing Council, promulgated the Regulations relating to the approval of, and the minimum requirements for the education and training of a student leading to registration as a nurse specialist or midwife specialist, which shall be read in conjunction with the guidelines for the education and training of post graduate programmes.

Regulations, and curricula frameworks were developed to enable accredited or prospective Nursing Education Institutions (NEIs) to develop programmes to prepare competent and safe nurse practitioners in line with the competencies for specialisation and the relevant legislation. Nursing is both a science and an art, and therefore both theory and practice form an integral part of nursing curricula.

## 2. PURPOSE

The purpose of these guidelines is to outline the education and training requirements for the Postgraduate Diploma in line with the Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Student Leading to Registration as a Nurse Specialist or Midwife Specialist and the qualification framework thereof.

## 3. OBJECTS OF COUNCIL

The objects of the Council as stipulated in the Nursing Act, 2005 (Act No.33 of 2005) are to:

- 3.1. Serve and protect the public in matters involving health services generally, and nursing services in particular;
- 3.2. Perform its functions in the best interests of the public and in accordance with National Health policy as determined by the Minister;
- 3.3. Promote the provision of nursing services that comply with universal norms and values to the inhabitants of the Republic;
- 3.4. Establish, improve and control conditions, standards and quality of nursing education and training within the ambit of this Act and any other applicable laws;
- 3.5. Maintain professional conduct and practice standards for practitioners within the ambit of any applicable law;
- 3.6. Promote and maintain liaison and communication with all stakeholders regarding nursing standards, and in particular the standards of nursing education and training and professional conduct and practice both in and outside the Republic;
- 3.7. Advise the Minister on the amendment or adaptation of the Nursing Act regarding matters pertaining to nursing;
- 3.8. Be transparent and accountable to the public in achieving its objectives and in performing its functions;
- 3.9. Uphold and maintain professional and ethical standards within nursing; and
- 3.10. Promote the strategic objectives of the Council.

## 4. LEGISLATIVE FRAMEWORK

The following is a list of legislation governing the Postgraduate Diploma Programme:

- 4.1 The Constitution of the Republic of South Africa Act (Act No. 108 of 1996).
- 4.2 The Nursing Act 2005 (Act No. 33 of 2005).
- 4.3 Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Student Leading to Registration as a Nurse Specialist or Midwife Specialist (Government notice No. R. 635 of 5 June 2020).

- 4.4. Notice Relating to the Creation of Categories of Practitioners in terms of section 31(2) of the Nursing Act (Government Notice No. R.368 of 15 May 2014).
- 4.5. Regulations Relating to the Accreditation of Institutions as Nursing Education Institutions (Government Notice No. R. 173 of 08 March 2013).
- 4.6. Higher Education Act (Act No.101 of 1997).
- 4.7. Higher Education Amendment Act (Act No. 39 of 2008).
- 4.8 Higher Education Amendment Act (Act No. 9 of 2016).
- 4.9 National Qualifications Framework (Act No. 67 of 2008).
- 4.10 National Gazette, No. 36797 of 30 August 2013.
- 4.11 Recognition of Prior Learning (RPL); Coordination Policy Notice No. 381, and National Gazette No 39876, 31 March 2016.

## 5 SCHEDULE OF POST GRADUATE PROGRAMMES

The following qualifiers of the Postgraduate Diploma are reflected as approved by Council:

### 5.1. Clinical

- 5.1.1. Child Nursing
- 5.1.2. Community Health Nursing
- 5.1.3. Critical Care Nursing (Adult)
- 5.1.4. Critical Care Nursing (Child)
- 5.1.5. Emergency Nursing
- 5.1.6. Forensic Nursing
- 5.1.7. Infection Prevention and Control Nursing
- 5.1.8. Mental Health Nursing
- 5.1.9. Midwifery
- 5.1.10. Nephrology Nursing
- 5.1.11. Occupational Health Nursing
- 5.1.12. Oncology and Palliative Nursing
- 5.1.13. Ophthalmic Nursing
- 5.1.14. Orthopaedic Nursing
- 5.1.15. Perioperative Nursing
- 5.1.16. Primary Care Nursing

### 5.2. Non-Clinical

- 5.2.1. Health Services Management
- 5.2.2. Nursing Education

## 6. EXIT LEVEL OUTCOMES (ELOs) AND ASSOCIATED ASSESSMENT CRITERIA

Due to the fact that all exit level outcomes are core only and none is fundamental, they are divided into four categories for organisation purposes.

6.1. The first Category are ELOs common to all three specialisations (clinical, nursing education and health services management). These ELOs may be regarded as the core of the postgraduate programme.

6.2. The second category are ELOs applicable to clinical specialisations.

6.3 The third are ELOs applicable to nursing education.

6.4 The fourth are ELOs applicable to Health services management.

The second to the fourth categories of the ELOs may be regarded as the electives of the postgraduate programme as presented in Tables 1-4 hereunder.

### 6.1 Category one (Core): Exit level outcomes and associated assessment criteria applicable to all specialisations (Table 1).

**Table 1: Exit level outcomes and associated assessment criteria applicable to all specialisations**

Exit Level Outcomes	Associated Assessment Criteria
1. Practices and facilitates specialist nursing or midwifery, nursing education or health services management within ethical-legal parameters of the profession.	<p>1.1 Personal attributes and behaviour demonstrates conformity to the relevant code of ethics in the practice of specialist nursing or midwifery, nursing education and health services management.</p> <p>1.2 Critical decision making and moral reasoning models and principles are used to make clinical judgements and resolve ethical dilemmas within the specialist practice.</p> <p>1.3 Accountability for own professional judgement, actions, outcomes of specialist care, nursing education or health services management provided and continued competence are demonstrated.</p> <p>1.4 The relevant current legislation, policies, regulations and guidelines pertaining to specialist practice or nursing education or Health Services Management are identified and applied.</p> <p>1.5 All care activities are documented accurately, comprehensively and timeously taking into account the legal requirements for record keeping.</p> <p>1.6 Demonstrate knowledge of the nurse specialist or midwife specialist role in the management of Professional misconduct and risks taking into</p>

	consideration the institutional protocols, protocols and ethical-legal framework.
2. Applies the knowledge of and facilitates evidence-based practice, nursing education or management in the specialist field to solve contextual problems and develop policies and guidelines.	<p>2.1. Engagement in specialist practice, demonstrates understanding of and the process of evidence-based practice,</p> <p>2.2. Application of evidence based specialist practice, nursing education and health services management takes into consideration the appropriate methodology of gathering evidence for practice, education and management, for example, systematic or scoping reviews, and appraisal of articles, practice based-research and publication.</p> <p>2.3. Use of evidence based practice, nursing education and health service management demonstrates knowledge of and critical analysis of the various levels of evidence.</p>
3. Appraises and develops self, peers and nurse/midwife specialist students by facilitating self-directedness/leadership and lifelong learning to maintain competence.	<p>3.1 Leadership skills are demonstrated through application of appropriate leadership styles, principles and theories of health services management.</p> <p>3.1 Continuous Professional Development (CPD) for self and others is effectively facilitated for lifelong learning by creating a positive learning climate in the workplace through the processes of mentorship, preceptorship, supervision, performance appraisal, etc.</p> <p>3.2 Engagement in performance appraisal demonstrates understanding of the purpose and processes of the performance management and development system.</p> <p>3.3 Feedback gained from self-reflection, peers, students, management and other relevant stakeholders is utilised to improve effectiveness in the specialist role.</p> <p>3.4 Demonstrates understanding of the various risk factors that impact on health and wellness within the workplace and applies strategies to care for self, peers, employees and students.</p>
4. Facilitates advocacy for the profession and provision of specialist professional support for personnel, patient or client, families and communities.	<p>4.1 Demonstrates understanding of the purpose of the advocacy role for a nurse specialist or midwife specialist practice.</p> <p>4.2 Advocacy principles are applied to ensure safe and quality care/ in various healthcare settings or nursing education or health services management or.</p> <p>4.3 Demonstrates use of appropriate communication skills and channels in facilitating advocacy.</p> <p>4.4 Demonstrate ability to lobby and or participation in interest groups to influence legislation and policy affecting the role performance.</p>

<p>5. Engages in planning, commissioning and managing a specialist unit, an educational entity or a health service.</p>	<p>5.1 Demonstrate understanding of levels and or classification of the respective specialist units, health services or educational entities.</p> <p>5.2 Commissioning task takes into consideration the burden of diseases and priority services as determined by current events.</p> <p>5.3 Participation in the evaluation of the existing specialist unit, health or education entity demonstrates knowledge of guidelines for provisioning a specialist unit/ health service or educational entity.</p> <p>5.4 5.4 Engagement in planning and commissioning demonstrates understanding of the role and responsibilities in this task within the inter and intra-professional team.</p>
<p>6. Engages in scholarly activities to inform evidence-based practice, education or management.</p>	<p>6.1 Practice in the respective specialisations demonstrates knowledge of appropriate search engines and data bases for review of literature to inform evidence based practice, nursing education and health services management.</p> <p>6.2 Appropriate methods are used to generate evidence for utilisation in specialist practice (e.g. research, systematic reviews etc.) education and health services management.</p> <p>6.3 Demonstrates awareness of the peer reviewed journals and use for sharing of evidence.</p> <p>6.4 Activities in the specialist practice, education and health services management are based on scientifically proven evidence.</p> <p>6.5 Actively participates in inter and intra-professional dialogues, debates or discourses in quality improvement.</p>
<p>7. Utilises, manages and communicates data to support decision-making and research.</p>	<p>7.1 Documents all data/information gathered in the context of the specialist practice, education and health services for utilisation and storage in accordance with the set standards.</p> <p>7.2 Demonstrate utilisation of comprehensive data, information and emerging evidence pertinent to the respective specialist practice.</p> <p>7.3 Problem identification, diagnoses and opportunities for improvement are based on gathered and critically analysed assessment data from the patients/clients, families, communities, students or employees including current scientific evidence.</p> <p>7.4 Documentation demonstrates respect for intellectual property and is without plagiarism.</p>

6.2 Category two (Elective): Exit level outcomes and associated assessment criteria applicable to clinical specialisations (including exit level outcomes outlined in 6.1) (Table 2).

**Table 2: Exit Level Outcomes applicable to Clinical Specialisations**

Exit Level Outcomes	Associated Assessment Criteria
<p>1. Renders and co-ordinates patient-centred specialist nursing or midwifery practice within a continuum of care using the scientific approach, integrating biomedical and psychosocial sciences including advanced pharmacology.</p>	<p>1.1 Demonstrates understanding of the position of own specialist service within the health care system.</p> <p>1.2 The nurse or midwife specialist is conversant with the full range of services within the specialist area of practice.</p> <p>1.3 Specialist care rendered integrates promotive, preventive, curative, rehabilitative and palliative care in a healthcare continuum.</p> <p>1.4 Knowledge, skill and attitudes involves rendering specialist care is in accordance with national and international standards and protocols of the specialist field.</p> <p>1.5 Formulated nursing or midwifery diagnoses are congruent with the patient’s/client’s clinical manifestations/data, and are based on accurate analysis and interpretation of data obtained from scientific, laboratory, diagnostic, technological and psychosociocultural assessment including consultation of relevant/current literature/evidence.</p> <p>1.6 Planned nursing or midwifery interventions are individualised considering patient’s/client’s needs, values, beliefs, preferences, culture and contextual variables, for example, disease burden, health risks, national priorities, etc.</p> <p>1.7 Planned nursing or midwifery interventions are based on formulated nursing diagnoses, and application of specialised knowledge and skills (competencies) including advanced pharmacology in collaboration with the inter and intra-professional team.</p> <p>1.8 Planned nursing or midwifery interventions are implemented timeously, accurately, safely and effectively in accordance with set evidenced-based standards, guidelines, protocols, algorithms etc. specific for the specialist field.</p> <p>1.9 Health care interventions are planned in collaboration with the patient or client, family and relevant members of the health care team.</p>

	<p>1.10 Nursing interventions include preparation of patients/clients, families, and nurses in the lower level care for continued care in the hospital and community in accordance with the health status and health literacy of the patient/client.</p> <p>1.11 Nursing or midwifery interventions are documented and revised timeously and effectively based on critical analysis of the monitoring and evaluation data and reaching a sound clinical judgement.</p>
<p>2. Mobilises appropriate resources to implement standards of practice relevant to the area of specialisation, to ensure quality patient care and safety.</p>	<p>2.1 Demonstrates understanding of the infrastructure and equipment needed in the specific area of specialisation.</p> <p>2.2 Rendered care demonstrates ability to operate and monitor the equipment used in the specialist area.</p> <p>2.3 Sound asset management principles are employed to ensure appropriate, adequate, well maintained and up to date equipment.</p> <p>2.4 Assignment of staff to nursing care takes into consideration the specialist qualification and its competencies, experience, standard nurse patient ratios for the area of specialisation, job description and skill mix.</p>
<p>3. Collaborates within the inter- and intra-professional team by engaging in health dialogue, shared leadership, decision making and sound clinical judgement.</p>	<p>3.1 Practice problems in the specialist area are identified, shared and collaboratively solved by informed decisions and sound clinical judgement</p> <p>3.2 Consultation is sought and provided appropriately and timeously in the provision of holistic care in a healthcare continuum through awareness of one's competence.</p> <p>3.3 Patient referral is carried out appropriately and timeously as dictated by the patient's condition and in accordance with the referral guidelines.</p> <p>3.4 Participation in the inter- and intra-professional team is promoted, visible and recognised by the members of the team.</p>
<p>4. Participates in the design, development, implementation and evaluation of nursing policies, programmes and projects at provincial or national level.</p>	<p>4.1 Participation in the development of policies, programmes and projects demonstrates understanding of the steps in and or levels of the development of policies, programmes and projects.</p> <p>4.2 Participation in project and policy development demonstrates knowledge of own role and responsibilities within the inter and intra-professional policy/project team.</p> <p>4.3 Participation in policy development, programme and project development demonstrates advocacy for the nursing profession and patients/clients, families and communities in the specialist area.</p>



	<p>4.4 Participation in project development includes appropriate communication (negotiation, bargaining, assertiveness, persuasion, etc.).</p> <p>4.5 Timely and adequate feedback to relevant stakeholders is provided as necessary.</p>
<p>5. Develops and implements institutional policies, protocols, and guidelines in the area of specialisation, utilising the process of change management in improvement of quality of care.</p>	<p>5.1 Demonstrates knowledge of the process and or steps of development of policies, standards, guidelines and protocols.</p> <p>5.2 The process of development of policies, standards, protocols and guidelines involves the relevant and pre-determined stakeholders.</p> <p>5.3 The process of development and evaluation or testing of guidelines and protocols uses the appropriate methods.</p> <p>5.4 Implementation of the new policies, protocols and guidelines to the specialist area demonstrates understanding and application of the change process.</p> <p>5.5 Developed policies, protocols and guidelines are collaboratively revised at appropriate intervals and approved as per the institutional policy for the specialist area.</p>

**6.3 Category three (Elective): Exit level outcomes and associated assessment criteria applicable to Nursing Education (including exit level outcomes outlined in 6.1) (Table 3).**

**Table 3: Exit Level Outcomes and Associated Assessment Criteria applicable to Nursing Education**

Exit Level Outcomes	Associated Assessment Criteria
<p>1. Designs, implements, evaluates or reviews a programme or curriculum for teaching and learning of nurse specialist /midwife specialists.</p>	<p>1.1 The curriculum design and review Demonstrates understanding of the determinants of a curriculum, for example, health and education legislation, regulation or policies, health determinants (biological, physical, socioeconomic, cultural, lifestyle, community, demographic patterns), Health and disease burden, professional opportunities for development of new roles, etc.)</p> <p>1.2 Relevant national and professional legislation and regulations including institutional standards are used to evaluate the management of an educational programme.</p>

	<p>1.3 Curriculum design is aligned with the mission, vision and philosophy of the Nursing Education Institution (NEI) and the context in which it is operating.</p> <p>1.4 Curriculum design or review for accreditation demonstrate knowledge of the components and criteria used to assess a curriculum</p> <p>1.5 Curriculum design takes the specialist roles and competencies into consideration.</p> <p>1.6 Curriculum is regularly reviewed and revised according to the changes in the context.</p> <p>1.7 Curriculum design and revision demonstrates inter- and intra-professional collaboration for other sciences and engagement of any other relevant stakeholders, for example, the clinical counterparts.</p> <p>1.8 Programme/curriculum implementation takes into cognisance the availability of all other relevant elements/ features e.g. legal frameworks, budget, human resources corporate services and culture.</p>
<p>2. Facilitates teaching and learning of students, patients/clients, families and communities in conducive theoretical, simulation, online and clinical learning environments.</p>	<p>2.1 Learning is facilitated in variety of settings as relevant, such as, classroom, clinical, simulated settings and other relevant teaching and learning platforms including, e-learning and online.</p> <p>2.2 Teaching and learning paradigms or strategies are applied appropriately according to maturity of students or health literacy of the health care users.</p> <p>2.3 Learning outcomes, teaching and learning approaches and assessment demonstrate critical analysis of the different knowledge taxonomies and are aligned accordingly.</p> <p>2.4 Teaching and learning facilitate critical and reflective thinking and such opportunity is created for the students</p> <p>2.5 All teaching and learning activities are planned and structured with some accommodation to allow flexibility such as, student learning styles and capabilities.</p> <p>2.6 Teaching and learning empowers students to utilise relevant learning resources appropriately.</p> <p>2.7 Engagement in teaching and learning demonstrates appropriate personal attributes (integrity, confidence, flexibility, mastery of subject matter, etc.), role model teaching and facilitate learning.</p> <p>2.8 Utilises teaching and learning media/resources to facilitate learning of students.</p>
<p>3. Engages in and facilitates assessment and evaluation of learning.</p>	<p>3.1 Assessment and evaluation of learning demonstrate understanding of the various methods and principles of learning</p>

	<p>3.2 The assessment and evaluation of learning takes into consideration the level of study of students</p> <p>3.3 Assessment of learning and evaluation is in line with the curriculum approach, e.g. problem or case based approach.</p> <p>3.4 Integrated assessments are planned, developed, executed, monitored and evaluated.</p> <p>3.5 Principles of assessment and predetermined assessment criteria are applied in the development of assessment tasks and tools as well as execution of assessments.</p> <p>3.6 Utilises assessment and evaluation data to enhance the teaching and learning process through provision of timely, constructive and thoughtful feedback to students.</p> <p>3.7 Facilitation of all assessment and moderation takes into consideration assessment principles in terms of in terms of setting, invigilation, marking and moderation.</p> <p>3.8 Security measures are ensured to protect the integrity and publication of the assessments.</p>
<p>4. Applies the knowledge of and facilitates the management of the nursing education institution.</p>	<p>4.1 All teaching and learning activities are coordinated and aligned to the strategic plan of the NEI and the whole Higher Education Institution.</p> <p>4.2 Appropriate teaching and learning infrastructure and resources are mobilized and utilized within the available budget to optimize teaching and learning practices.</p> <p>4.3 Resources are developed, serviced and maintained up to date to keep the teaching and learning in line with changes in the professional and contextual trends.</p> <p>4.4 Participation in the governance structures of the Higher education institution is visible and earns recognition of nursing education.</p> <p>4.5 Different dimensions of quality assurance and improvement are critically analysed and implemented to ensure accepted educational standards and integrity of the programme.</p> <p>4.6 Coordination of the teaching and learning activities programmes takes into consideration the national, regulatory and institutional requirements of the programme</p>
<p>5. Participates in and facilitates internal and external review of the nurse/midwife specialist programme/curriculum at all levels.</p>	<p>5.1 Regular internal and external reviews of the curriculum or programme demonstrate awareness of the institutional, professional and national standards and criteria for accreditation and evaluation of a programme.</p> <p>5.2 Curriculum and programme reviews engage relevant stakeholders to ensure diverse views and inclusiveness.</p>

	5.3 The review data of the curriculum is shared with relevant stakeholders and utilised to revise and update the curriculum in the highly dynamic healthcare environment.
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#### 6.4 Category four: Exit level outcomes and associated assessment criteria applicable to Health Services Management (including exit level outcomes outlined in 6.1) (Table 4).

**Table 4: Exit Level Outcomes and Associated Assessment Criteria applicable to Health Services Management**

Exit Level Outcomes	Associated Assessment Criteria
1. Participates in the development and implementation of the strategic and operational plans including key institutional policies.	<p>1.1. Participation in strategy development and review demonstrates knowledge of the purpose, steps, components and determinants of the strategic plan, for example, the dynamic physical, socio-political, cultural, economic, technological, legislative (e.g. National condition of Employment Act, Labour relations Act, Occupational and Safety Health Act et) and regulatory environments including stakeholder requirements.</p> <p>1.2. Strategic and operational planning involves relevant stakeholders to nursing.</p> <p>1.3. Principles and theories of health services management and leadership are applied in the execution of the strategic and operational plan.</p> <p>1.4. Directs and coordinates the nursing activities towards achievement of relevant strategic and operational goals.</p>
2. Manages resources for the effectiveness and efficiency of a health care facility or unit.	<p>2.1. Relevant material resources are mobilized and utilised optimally.</p> <p>2.2. Mobilization of resources demonstrates understanding and application of the supply chain management processes</p> <p>2.3. Sound asset management principles are employed to ensure elimination of waste and cost containment.</p> <p>2.4. Participates in recruitment of employees that are fit for purpose through effective talent management.</p> <p>2.5 Human resources are retained through effective talent management as demonstrated by fair development and succession planning including promotion opportunities.</p>
3. Engages in the organisation and coordination of the nursing and midwifery activities, functions and	3.1 Applies knowledge of the characteristics of positive practice environment and organisational culture for health professionals to

<p>responsibilities to align them to the strategic goals.</p>	<p>ensure a conducive setting for achievement of the goals of the healthcare facility.</p> <p>3.2 Delegation of authority demonstrates knowledge and application of principles and processes of delegation.</p> <p>3.3 Nursing activities, functions and responsibilities are directed, coordinated and aligned to the strategic goals.</p> <p>3.4 Nursing activities and functions are integrated and contained within the budget.</p> <p>3.5 Risks inherent in the nursing activities and functions are identified and mitigated.</p> <p>3.6 Communication within the organisation is effective and persuasive where relevant, e.g. to prompt change in behaviour, values, beliefs and preferences.</p>
<p>4. Collaboratively facilitates internal and external measurement of performance or accreditation of the health facility based on the set standards.</p>	<p>4.1 Management practice demonstrates understanding of the purpose and the accreditation process.</p> <p>4.2 Preparation for accreditation of the health facility demonstrates understanding and application of the set performance standards.</p> <p>4.3 Accreditation outcomes are critically analysed and corrective action considered</p> <p>4.4 Engagement in the accreditation of the health facility demonstrates equal participation and visibility of nursing e.g. peer review.</p>
<p>5. Initiates innovative projects based on regular evaluation and review of the strategic plan for achievement of its goals, utilising the process of change management.</p>	<p>5.1. Engagement in the innovative project demonstrates relevant leadership skills to plan and implement change</p> <p>5.2. Planning and implementation of the innovative projects applies theories and process of change management.</p> <p>5.3 The innovative project is based on scientific evidence</p>
<p>6. Establishes links with the external local, regional, national and international environments to achieve best practice and a healthy competitive position.</p>	<p>6.1 Management practice demonstrates understanding of the need for and purpose of connectedness with the external environment and its purpose, for example, exchange of information or services, peer review and develop professional or social contacts including marketing the health facility for competitiveness.</p> <p>6.2 Demonstrates awareness of technology and techniques to use to connect with remote external environments, namely, email, Skype, Telemetry or Video Conferencing, Webinar, Zoom, etc.</p> <p>6.3 Demonstrates the necessary networking, bargaining and negotiation skills to establish links.</p> <p>6.4 Communication is maintained though consultation with all stakeholders</p>

## 7. GUIDELINES FOR THEORY

### 7.1 PROGRAMME REQUIREMENTS

#### 7.1.1 Programme admission requirements

7.1.1.1 In order to be admitted to the Postgraduate Diploma programmes, a person must have proof of current registration as a Professional Nurse and Midwife (NQF level 8) or a General Nurse with a Midwifery qualification (NQF level 7).

7.1.1.2 The individual must also have at least two (02) years' experience as a professional nurse or general nurse and midwife, which includes the prescribed period of community service, where applicable as determined by the legislation.

7.1.1.3 The two years' practice experience for the general nurses and midwife relates to experience after obtaining a midwifery qualification because in terms of the admission requirements as stipulated in the regulation relating to the approval of and the minimum requirements for education and training of a student leading to registration as a nurse specialist or midwife specialist, general nurses should have a midwifery qualification in order to access the programme.

7.1.1.4 Experience in the area of specialisation is regarded as an added advantage for the candidate because it would not be possible for all the students who aspire to pursue a Postgraduate Diploma to have the opportunity to have that experience. However, nursing education institutions may decide to include additional requirements such as experience in the area of specialization.

7.1.1.5 Admission requirements for the entry into higher education will still serve as per institutional policy.

7.1.1.6 Recognition of prior learning for access and credit transfer is applicable as per the institutional and national guidelines or policies.

#### 7.1.2. Human resources requirements

##### 7.1.2.1. Academic qualifications of staff members for postgraduate programmes

- According to the Council on Higher Education (CHE 2012: 10), academic staff members for the post graduate programme should have:
  - ✓ Relevant academic qualifications, at least, on the same level at the exit level of the programme.
  - ✓ At least half (50%) of the academic staff members having relevant academic qualifications higher than the exit level of the programme.
  - ✓ Qualifications awarded by recognised higher education institutions.

- ✓ The majority of full-time academic staff members have, at least, two (02) years teaching experience in a recognised higher education institution in areas pertinent to the programme.
- ✓ A sufficient number of academic staff members with relevant professional experience for the professional programmes offered.
- CHE has further recommended that there must be, at least, a core of full-time permanent staff members teaching in the programme (Council on Higher Education (CHE) 2009:17).

#### **7.1.2.2 Professional requirements for academic staff**

- Additional qualification in Nursing Education post general nursing and midwifery qualifications.
- A relevant specialist qualification for the programme to be taught.
- A Master's degree that does not necessarily have to be in a specific speciality. (At least half [50%] of the academic staff should have relevant academic qualifications higher than the exit level of the programme) (SANC 2012).
- The academic staff must have proof of current registration with SANC and maintain registration as long as they are involved in teaching nursing programmes in South Africa.

#### **7.1.2.4 Lecturer student ratio**

The acceptable lecturer to student ratio for Postgraduate Diploma programmes in the academic environment is 1 lecturer to 20 students.

### **7.1.3. Registration**

#### **7.1.3.1. Commencement of training**

- A person undergoing the postgraduate programme must be registered with the Council as a student for the duration of the programme; **(See Annexure A for the student application form)**.
- A student must maintain registration as a professional nurse or general nurse and midwife for the full duration of the programme failing which, the education and training undergone in the period during which such registration was not maintained, shall be rendered invalid.
- International students must submit proof of registration as professional nurse or general nurse and midwife with Council before commencement of the postgraduate diploma.

- All selected student applications must be submitted by the person in charge of the nursing education institution, in line with the relevant legislation.

#### 7.1.4. Completion of education and training

7.1.4.1 In terms of Section 31(2) of the Nursing Act, 2005 (Act No. 33 of 2005), a person may be registered in the category nurse specialist or midwife specialist as published in Government Notice No. R.368 of 15 May 2014.

Such a person must have:

- received education and training at a nursing education institution that is accredited by SANC and CHE to provide the programme;
- met the requirements of the accredited programme including assessments in line with the relevant regulation.

7.1.4.2. The person in charge of the nursing education institution where the student was registered must, on completion or termination of the programme, within the period specified in the Act, submit to the Council -

- a record of theoretical and clinical education and training in a format as determined by the Council **(See Annexure B for the Completion form including declaration form);**

- **Therefore, the record of education and training should include the following:**

- ✓ Name of the qualification as accredited by the Council
- ✓ SAQA ID number
- ✓ Details of the NEI
- ✓ Details of the person in charge of the NEI
- ✓ Details of the student
- ✓ Record of education and training and acquired credits for theory:
  - Exit level outcomes and the associated modules or subjects
  - Prescribed credits of the modules or subjects as per curriculum
  - Achieved modules or subjects by the student as per curriculum
- ✓ Work integrated learning or experiential learning:
  - Areas of practice
  - Prescribed credits of the modules or subjects as per curriculum, where applicable for core modules
  - Achieved modules or subjects by the student as per curriculum, where applicable for core modules



- ✓ Summative assessment outcomes for both theory and WIL or other experiential learning
  - ✓ Approved clinical facilities used for placement of student or other experiential learning sites which include:
    - Name of the facility
    - Name of the unit
    - Number of credits achieved
    - Night duty where applicable
  - ✓ Details of leave taken
  - ✓ Declaration signed by the person in charge of the programme and the person in charge of the institution certifying that the student has met the prescribed educational requirements and is competent for registration in the category Nurse Specialist or Midwife Specialist.
- Evidence of recognition of prior learning where applicable.

### 7.1.5 Licensure examination and professional registration as Nurse Specialist or Midwife Specialist

- 7.1.5.1. For registration and licensure in the category of Nurse Specialist or midwife Specialist, the graduate in the postgraduate programme shall meet the requirements of an approved programme.
- 7.1.5.2. In order for the graduate with a postgraduate diploma to be eligible for professional registration in the category Nurse Specialist or Midwife Specialist, the graduate shall write the licensure examination in line with the guidelines to be determined by the Council.
- 7.1.5.3. If the graduate is successful in the licensure examination, the graduate shall apply for registration of the qualification as Nurse Specialist or Midwife Specialist in the format determined by the SANC (**See Annexure C the application form for registration as a Nurse Specialist or Midwife Specialist**).
- 7.1.5.4. Registration in the category of Nurse Specialist or Midwife Specialist will allow the graduate of the postgraduate programme to practice in the respective area of specialisation. Before registration in the category Nurse Specialist or Midwife Specialist, the graduate may continue to practice in line with the current category.

## 7.2. QUALIFICATION MATRIX

- The teaching platforms include the academic or theoretical, simulated, clinical and online environments. It is important to balance these environments such that learning emphasises the priority areas, for example, the clinical skills for specialist practice, teaching skills for nursing education and management skills for health services management.
- The responsibility of the academic staff extends to all the teaching and learning environments to ensure integration, correlation and achievement of both theoretical and clinical learning outcomes.
- The distribution of credits in the teaching environments should be as presented in Table 5.

**TABLE 5: QUALIFICATION MATRIX: CLINICAL SPECIALISATIONS**

Ratio of Theory to WIL	Credits of ELOs applicable to clinical specialisations (Category/elective 1 )	Credits of ELOs applicable to all specialisations (core)	Total
	<b>Credits</b>	<b>Credits</b>	<b>Credits</b>
<b>Theory =40%</b>	<b>38</b>	<b>10</b>	<b>48</b>
<b>WIL=60%</b>	<b>58</b>	<b>14</b>	<b>72</b>
<b>Total</b>	<b>96</b>	<b>24</b>	<b>120</b>

**TABLE 6: QUALIFICATION MATRIX: NURSING EDUCATION & HEALTH SERVICES MANAGEMENT**

Ratio of Theory to WIL	Credits of ELOs applicable to nursing education and health services management (Category 2 and 3 or Elective 2 and 3)	Credits of ELOs applicable to all specialisations (core)	Total
	<b>Credits</b>	<b>Credits</b>	<b>Credits</b>
<b>Theory =58%</b>	<b>60</b>	<b>10</b>	<b>70</b>
<b>Experiential Learning= 42%</b>	<b>36</b>	<b>14</b>	<b>50</b>
<b>Total</b>	<b>96</b>	<b>24</b>	<b>120</b>

**Note to table**

Whilst CHE (2013:20) recommends that in order to use a qualifier, at least 50% of the minimum total credits for the qualification and at least 50% of the minimum credits at the qualification's exit level must be in the field of specialisation denoted by the qualifier. For the purposes of these guidelines, 80% is recommended for all specialisations.

- Credit-rating system rates 10 notional hours as equivalent to one credit.
- An academic year as defined means a period of at least 1200 (one thousand two hundred) notional hours which is equivalent to 120 (one hundred and twenty) credits.
- In terms of CHE (2013:15) Diplomas assume a 30-week fulltime academic year.
- However, the credit rating specified, is expressed as minima. Programmes may require credit loads above the minimum, but these should be realistic in terms of the relationship of credits to actual study time. The ratio of theory to WIL is 40:60 for clinical specialisations and for nursing education and health services management 58:42.
- The exit level outcomes applicable to all specialisations (ELOs category 1/core) must be 20% of the total credits which translates into 24 credits and distributed.

### 7.3 TEACHING APPROACHES

- 7.3.1 It is advisable that teaching and learning approaches promote critical thinking, lifelong learning and self-directedness.
- 7.3.2 The teaching and learning approaches must promote integration and correlation of theory and practice with every ELO having planned WIL.
- 7.3.3 The NEI must produce evidence of the distribution and integration of learning in the various teaching and learning environments in the form of a master educational plan showing all programmes accredited and currently offered by the NEI **(See Annexure D, a sample of the master educational plan)**.
- 7.3.4 Learning material must be shared with students to promote transparency and self-directedness.

### 7.4 ASSESSMENT AND MODERATION

Assessment and moderation of all competencies and integrated learning outcomes must comply with the following:

- 7.3.5 Assessment should be done by a practitioner registered with the relevant authority and is a specialist in the respective field responsible for the assessment of the student achievement of the learning outcomes for the programme. Other practitioners may include doctors, pharmacist and other health professionals.
- 7.3.6 Assessment strategies must be appropriate to provide evidence that the student is competent in terms of the expected learning outcomes of the programme.

- 7.3.7 Appropriate assessment strategies should be used and a minimum of 80% of summative assessment must be done in 'real life' situations and must be accounted for in the assessment records.
- 7.3.8 Formative assessment should be used for remedial and developmental needs of the student.
- 7.3.9 Assessment and moderation must be conducted as determined by institutional policies.
- 7.3.10 Evidence of assessment must be provided in respect of the nature and type of assessment, and that moderation and quality assurance have been ensured.
- 7.3.11 Security of assessment and moderation records must be ensured as determined by the institutional policies.
- 7.3.12 Records of assessment and moderation including electronic records must be kept by the NEI at least for five years or in line with the relevant legislation and must be produced on request from the Council.
- 7.3.13 Integrated assessment in clinical practice should be used to determine the competence of the Nurse Specialist or Midwife Specialist.
- 7.3.14 The Council cannot abdicate itself from the quality assurance responsibility in accordance with the Nursing Act, 2005 [Act No. 33 of 2005; section 4(1)(n)] but must monitor the assessment conducted by the nursing education institutions.

## 8 PRACTICE GUIDELINES

### 8.1. Principles of clinical education and training

- 8.1.1. All role players must know the purpose, teaching and learning outcomes relevant to the clinical placement.
- 8.1.2. It is to the benefit of students to have appropriate guidance and support in the clinical environment to become competent in their areas of specialisation.
- 8.1.3. Students have the responsibility to comply with rules and requirements of placement in a clinical teaching and learning environment.
- 8.1.4. The responsibility for learning lies with the student by optimally utilising the learning opportunities, requesting for and accepting guidance and support if

necessary, and by developing an attitude of an 'enquiring mind' and life-long learning.

8.1.5. Students must compile evidence of their clinical or practical learning.

8.1.6. Accurate and complete recordkeeping is the responsibility of the NEI, the clinical facilitator and the student.

8.1.7. Competencies which are not recorded at set dates by the NEI and verified by the designated persons are considered 'not completed'.

8.1.8. Clinical education and training shall be done throughout the period of training and concurrently with the specialist theoretical component to promote theory-practice integration.

8.1.9. Placement should be purposeful and planned, in line with the expected outcomes.

8.1.10. Clinical education and training shall include placement during the night (night shifts) which shall not exceed one (01) month of an academic year. Night duty may serve as clinical hours for role taking.

**NB:** Night duty may not be essential for all specialisations, for example, Nursing Education and Health Services Management.

8.1.11. Planning and monitoring of clinical education and training or WIL should take cognisance of the required competencies, minimum credits and the duration of the programme.

8.1.12. Collaboration must be promoted by regular and effective communication between the NEI and the clinical facilities pre-placement, during placement and after placement of students to ensure effective clinical facilitation, monitoring, supervision and assessment including review of clinical teaching and learning opportunities.

8.1.13. A student must meet all the clinical requirements as set out in the programme.

## 8.2. Clinical education and training environments

8.2.1. Nursing education institutions (NEIs) must identify meaningful learning opportunities in every area of specialization.

8.2.2. Clinical teaching and learning will only be recognised if it takes place in clinical facilities that are approved by the Council for all clinical specialisations except for community based settings.

- 8.2.3. Not all experiential learning sites require approval by Council, such as for nursing education and health services management.
- 8.2.4. Clinical education and training of students must take place in a range of clinical settings and other learning sites, relevant to the area of specialization that will facilitate the achievement of all programme outcomes.
- 8.2.5. The letter of support from the Provincial Department of Health is a requirement for utilisation of public health establishments as per circular 1 of 2018 issued by the Department of Health.
- 8.3.1 Memoranda of Agreements between the NEI and clinical facilities must be formalised in line with circular 8 of 2013 issued by the Council **(See Annexure E, Information that must be included in the memorandum of agreement between the respective Provincial Departments of Health or private hospitals and the NEIs).**
- 8.2.7. NEIs and clinical facilities must adhere to the approved numbers for placement of students to ensure purposeful and sufficient learning opportunities in line with the area of specialization;
- 8.2.8. The following criteria are examples that are used in determining the numbers for sufficient exposure to clinical opportunities;
- Stipulated numbers in the letter of support by the Provincial Department of Health
  - Bed state
  - Bed occupancy
  - Disease burden
  - Acuity of patients in the unit
  - Staff student ratio
  - Other NEIs utilising the clinical facility
- 8.2.9. NEIs and clinical facilities should comply with the safety, quality and educational criteria and requirements of both SANC and the National Department of Health, including risk assessment, indemnity and immunisation requirements.
- 8.2.10. The approved clinical facilitator student ratio is 1 to 15 students.
- 8.2.11. The clinical facilities should be monitored by the NEI and Council for change in learning opportunities as determined from time to time.

### 8.3 Clinical placement

Depending on the area of specialization, students may be placed in a range of clinical facilities that include but are not limited to:

- 8.3.1. District hospitals (small, medium and large)
- 8.3.2. Regional hospitals
- 8.3.3 Tertiary hospitals
- 8.3.4. Central hospitals
- 8.3.5. Specialist hospitals (e.g. psychiatric hospitals)
- 8.3.6. Primary health care clinics, Community health centres and mobile clinics
- 8.3.7. Supervised community-based facilities
- 8.3.8. Different types of district-based health facilities
- 8.3.9. Midwifery obstetric units
- 8.3.10. Health facilities, centres and institutions for the aged and the frail (placement not exceeding one [01] month)
- 8.3.11. Private hospitals or health facilities
- 8.3.12. Nursing Education Institutions
- 8.3.13. School Health Services
- 8.3.14 Occupational health services
- 8.3.15 Departments of health in provinces
- 8.3.16. Projects by NGOs and or by public or private institutions

### 8.4. Clinical facilitation

- 8.4.1. Integrated clinical education and training is primarily the responsibility of the NEI.
- 8.4.2. It is expected that all professionals involved in education and training of nurses at approved clinical facility should contribute towards an environment that is conducive to learning by displaying professionalism, ethics and competency to promote quality patient care.
- 8.4.3. A qualification in nursing education and an additional qualification in the relevant speciality are compulsory for clinical facilitators.
- 8.4.4. It is essential for preceptors to have a facilitator's or preceptorship course including the assessor course and an additional qualification in the relevant speciality.
- 8.4.5. The clinical facilitators and preceptors responsible for the clinical education and training, accompaniment and assessment of students should have a minimum of three (03) years' experience in the area of specialisation.
- 8.4.6 Clinical facilitators are normally employed by NEIs where nursing education will be required as a qualification, however due to lack of standardisation, they may be employed by the clinical facilities and therefore classified as preceptors who are in contact with the students in respective units on a daily basis.

8.4.7. Three areas of responsibility for the clinical facilitator include (but are not limited to):

- Preparation for clinical or learning experience
- Facilitation of clinical learning experience
- Evaluation of learning experience

8.4.8. The clinical facilitators must have current registration with SANC.

8.4.9. Clinical facilitator attributes include but are not limited to the following:

- A professional role model
- Responsible for maintaining positive relationship with the clinical facilities or experiential learning sites
- Has highly developed communication and interpersonal skills
- Has a strong work ethic and commitment to research or evidence-based practice

## 8.5 Distribution of Clinical practice hours

8.5.1. Simulation may not exceed 20% of the total component for work integrated learning.

8.5.2. Clinical hours for role-taking should comprise a maximum of 30% of the total component of work integrated learning.

8.5.3. At least 50% of the total component of work integrated learning must be directly or indirectly supervised by clinical facilitators, preceptors and lecturers.

8.5.4. Seven hundred and twenty (720) hours of work integrated learning are required and comprise of simulation, work directed theoretical learning, problem-based learning, project-based learning and workplace-based learning, however five hundred (500) hours account for experiential learning in nursing education and health services management.

8.5.5. The ratio of 1:15 between the clinical facilitator and students as illustrated in Table 7 serves as a guideline. Determining factors include the level of the students, specific learning outcomes, duration of placement in a specific area, and the nature of the clinical facility. The principle is to ensure that safe and quality patient care is not compromised while students are still in the process of learning and acquiring the necessary skills to practice as competent and safe practitioners.

**TABLE 7: Integration of theory and clinical practice hours**



Qualification	Total theoretical component for the programme	Total practical component of the programme/WIL	Distribution of clinical practical hours and work integrated learning (WIL)	Ratio: clinical facilitator to Students
Postgraduate Diploma Clinical specializations	40% = 48 credits	60% = 72 credits	50% of WIL should be supervised by Clinical Facilitator/Mentors/Preceptors; 20% in a simulated environment; 30% of WIL consists of clinical hours for role taking.	1:15
Nursing education and Health services	58%=70 credits	42% =50 credits		

## 9. RECORDS OF NURSING EDUCATION AND TRAINING PROGRAMME

9.1 The NEI has the responsibility to keep and submit evidence of education and training records to the SANC throughout a specific programme, as and when required.

9.2 On request by the Council, a trail of all records should be available for the purpose of verification, monitoring and control.

9.3 Documents to be kept by the NEI include but are not limited to the following:

- Curriculum SAQA ID
- Letter of Support from the respective provincial Health Department
- Situational analyses of utilised facilities
- Memoranda of Agreements or Service Level Agreements
- DHET Registration
- Integrated Master Educational Plan
- Governance structure and organogram
- Assessment records for both theory, clinical practice or experiential learning
- Annual leave, sick leave or any other type

**Theory**

**Clinical**

Detailed evidence of classroom attendance, including periods, methods of teaching, lectures, etc.	Comprehensive clinical placement plan
Evidence of assessment	Clinical accompaniment plan
Evidence of internal moderation	Clinical accompaniment records
Evidence of external moderation	Simulation records and checklist
Evidence of safekeeping and security of records	Clinical hours worked in relevant discipline (Portfolio of Evidence, Workbook or Reflective Journal or Procedure Manual)
Remedial programme/policy	Evidence of classroom attendance including periods, methods of teaching and the responsible lecturer
Evidence of programme evaluation	Evidence of clinical attendance
Evidence of peer review	Monthly and three-monthly reports Clinical assessment or evaluation tools (completed)

#### 9.1.4 Education and training policies associated with the curriculum

- Assessment and moderation policy
- Recognition of prior learning policy
- Student admission and recruitment policy
- Programme evaluation and graduate survey
- Prospectus
- Library policy
- Plagiarism policy
- Remedial policy
- Student support policy
- Accompaniment policy
- Grievance and disciplinary policy
- Service Level agreements
- Quality assurance policy

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