

THE SOUTH AFRICAN NURSING COUNCIL : 50 YEARS OF PROFESSIONAL SELF-REGULATION

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INTRODUCTION

Self-regulation of the professions of nursing and midwifery became a reality in South Africa on 8 November 1944, when the first council meeting of the South African Nursing Council took place in Pretoria. Most appropriately, the opening speaker on this occasion was Mr Harry Gordon Lawrence, the Minister of Welfare and Demobilization, who had piloted the Nursing Act, No.45 of 1944, through Parliament. Exactly 50 years later, on 8 November 1994 the Council held its 108th meeting, this time in its own building, with a magnificent view of the venue where that historic first meeting took place - the west wing of the Union buildings.

As was the case 50 years ago, a time of transition is at hand, and it seems appropriate to pause alongside the bequest that the Council is passing on to a new dispensation, and to venture a brief resume of some of the developments which have formed this legacy.

THE RESEARCH PROCESS

Data to describe the development of statutory control of the nursing profession in South Africa were obtained through reviewing the following original sources -

- Minutes of meetings of the South African Medical and Pharmacy Council
- Medical and Pharmacy Act of 1928, No 13 of 1928
- Minutes of meetings of the South African Nursing Council
- Five yearly reports of the South African Nursing Council
- Annual statistical reports of the South African Nursing Council
- Nursing Acts No 44 of 1945, No 69 of 1957, No 50 of 1978, No 21 of 1992 (Amendment Act)
- Policy documents of the South African Nursing Council
- Newspaper clippings and professional journal reports

- Assembly debates of the South African Parliament of 1944, 1957, 1978, 1992
- Minutes of the Task Force for a new Regulatory Body, 1994

Data gathering was followed by analysis, interpretation, critical comparison and determining of interrelationships to validate the factual accuracy. What follows in this article is a formulation of the events which preceded the creation of a nursing council and the developments over the following fifty years to culminate in what we know today as the South African Nursing Council.

STATUTORY CONTROL : THE FIRST 53 YEARS

The promulgation of the Medical and Pharmacy Act, No 34 of 1891 on 21 August 1891, heralded a century of growth and development for nursing as a profession in South Africa. The basic intention of the Act was to extend the powers of the Cape Colonial Medical Council to protect the public by control of the nursing and midwifery professions. The significance of state registration for nurses and midwives was its anchoring in the standards it demanded. Momentum was given to the evolution of nursing by a collective drive to meet these standards.

Act 34 of 1891 contained all the elements needed to place nursing squarely on the road to true professional development. No other mechanism could have improved on this. In addition to the network of support that the Act could provide for the young developing profession through the established medical structure of the time, provision was also made for:-

- the setting of registration requirements for the training, examination and certification of nurses and midwives
- the recognition of further training and registration of additional nursing qualifications
- protection of the public against misrepresentation and protection of the rights attached to the title of registered nurse or midwife

- ethical control over nursing practice and
- the keeping of registers, the creation of regulations and the issuing, revoking and cancellation of certificates by the Medical Council.

In view of the important role played by the midwife in the life of the South African people, it is natural that the Act paid particular attention to the establishment and control of practice standards for the midwife.

The further stipulation that a list of registered nurses and midwives be published annually provided this country for the first time with an identifiable corps of professional nurses and midwives. An important conclusion which could be drawn from this is that the development of a professional corps must have led inevitably to consciousness of a group identity, and this in turn, stimulated the aspirations which culminated in the formation of a professional association in 1914.

Legislation for the registration of nurses and midwives in the other colonies followed over the ensuing thirteen years -

- Colony of Natal - Act 21 of 1899
- Orange River Colony - Ordinance No 1 of 1904
- Colony of Transvaal - Ordinance No 29 of 1904

After Union in 1910, control of nursing by the medical profession continued under the four Provincial Medical Councils. The first national control and the first participation of nurses in this control, came in 1928 through the promulgation of Act 13 of 1928, which made provision for direct representation by two nurses on the newly established South African Medical and Pharmacy Council. A nurse would in future serve on the Executive Committee of that Council. Initially the nurses were denied general voting rights in the Council but minutes of meetings demonstrate clearly that they were deeply involved in and had a significant influence on decision making. The first two nurse representatives were Mrs. L.L. Bennie and Miss B.G. Alexander. In addition both served on the Training, Examination and Registration Committee for Nurses, Midwives and

Masseurs, as well as on the Northern and Southern Disciplinary Committees, so that there was at least partial input by nurses in the control of training and the investigation of complaints relating to the behaviour of nurses and midwives. Miss Alexander served as itinerant nurse examiner for the Council from September 1933. The involvement of nurses in the control of their own affairs was further strengthened in 1943 by the co-opting of the Misses M.G. Borchers and S.M. Marwick to the Training, Examination and Registration Committee.

The involvement of the nurse representatives in the examinations was restricted to the monitoring of practical examinations which initially was the responsibility of the itinerant examiner. In 1935 the principle of a panel of examiners for this purpose was adopted. The written Preliminary and Final Examinations were conducted exclusively by medical practitioners.¹

A point of interest, which became evident from disputes on the interpretation of translated examination questions, is that the well-known author-poet C. Louis Leipoldt, himself a doctor, was for many years the official translator of nursing examination papers into Afrikaans.²

The investigation of complaints of alleged misconduct or negligence by registered nurses and midwives and the exercising of discipline was the one area that showed deficiencies during these pioneer years. Between 1928 and 1943 - a period of 15 years - approximately 19 complaints were investigated by the Medical Council. Many of these complaints which justified action against the practitioners were dealt with by merely issuing a written admonishment to the guilty party. The following are two examples taken from the 1931 and 1932 minutes -

*"The (Disciplinary) Committee AGREED: 'That the midwife be informed that she was not justified in leaving the case; that she should have stayed there until relieved, and that in attending cases she should see that she was properly equipped with necessities, such as Lysol.'"*³

*"The committee after making investigations including a statement from Nurse 'N' in which she admitted having administered an anaesthetic ... when the patient was in great pain AGREED that Nurse 'N' be informed that she must not give chloroform without the instructions and without the presence of a medical practitioner."*⁴

The fact that since 1891 provision was made only for voluntary registration of nurses and midwives meant that the interests of the public were partially protected only. Unqualified persons could still practice freely - they were just not permitted to represent themselves as registered nurses or midwives. It is also true

that many who were eligible for registration did not avail themselves of this privilege.

Despite the resolute efforts of Henrietta Stockdale to make registration legally enforceable from the outset, this was only accomplished with the promulgation of the first Nursing Act in 1944. The ineffectiveness of voluntary registration to protect the public is obvious in the following example from the September 1942 minutes,

"The Committee CONSIDERED a letter from the Secretary of Public Health referring to previous correspondence with the Council and enclosing a copy of a letter from the Commissioner of Police in which it was stated that Miss 'L' appeared before the Magistrate at Pretoria on a charge of contravening Section 61 (1)(c) of Act 13 of 1928. She pleaded guilty and was cautioned and discharged. The Secretary for Public Health suggested that the Council consider the question of dealing with this nurse under the provisions of Section 45 of the Medical, Dental and Pharmacy Act.

*The Committee RESOLVED to inform the Secretary ... that the Council did not agree ..., as by doing so, no object will be achieved. Should the Council hold an enquiry and resolve to erase the name of Nurse 'L' from its register of nurses, it will not prevent her from practising as a nurse, as the registration of nurses in South Africa is not compulsory. The Committee suggests that the Secretary ... proceed under Section 81 of Act 13 of 1928 as, if this is done, and the Council recommends, and the Minister agrees, Nurse 'L' can be suspended from practising altogether, and this will be the best procedure to adopt in the interest of the public."*⁵

At least one other similar example is recorded where, during the time of the Colonial Medical Council (pre- 1910), the practice of a midwife was suspended by the intervention of the Minister of Public Health on the grounds of her "infamous and disgraceful conduct."⁶ This midwife was refused reinstatement until 1932 when at its September meeting the South African Medical Council in response to representations and proof of continued good conduct, instructed the Registrar to reinstate her name on the Register for Midwives of the Union of South Africa.⁷

The following amendment to the examination regulations for Medical and Surgical Nurses in 1937 was an apparent attempt to enforce registration in at least the training schools. It reads as follows -

*"No application for recognition of an institution as a training school shall be entertained unless - (a) the matron, sisters and staff nurses are registered nurses"*⁸

Despite these deficiencies important groundwork was done, particularly in the years following the 1928 legislation. All the ingredients for statutory professional control were present to a greater or lesser extent, as the following list illustrates:-

- admission to the professional registers was controlled
- training standards were established by determining minimum content and levels of knowledge and skills; curricula were prescribed; training schools had to comply with specific legal requirements for approval; programmes and schools were monitored by means of inspections; national examinations were conducted and certificates were issued. Training schools were required to submit annual reports.
- misconduct and negligence by practitioners was investigated and discipline applied.
- the titles "nurse" and "midwife" were protected. This was demonstrated in the disciplinary hearings conducted in cases of misrepresentation. Another example of this is seen in the intervention by the Executive Committee in 1931 when the Ladies' Branch Free Dispensary in Cape Town issued certificates entitled "Ladies' Monthly Nurse"⁹
- the Minister and health authorities were advised on matters of public interest concerning the nursing profession. Examples of this include
 - March 1931 : The Council voices its concern about the serious shortage of nursing and midwifery services to the black population¹⁰
 - March 1943 : The Council advises the Minister about the urgency of amending the Act to make provision for compulsory registration of nurses and midwives. At the same time a notice was sent to health authorities with the request that only registered nurses and midwives be employed.¹¹
 - 1943 and 1944 : The Minister is advised on the opposition of the Council to the creation of a separate statutory Council for nurses

At no time, not even during the decades of its control by medical legislation, was the South African nursing profession ever isolated within its national or professional borders. Examples from the pre-1944 period illustrate this -

- The South African Medical Council conducted the examinations for the nurses of Southern Rhodesia (now Zimbabwe) before that country acquired its own statutory control

LATE

Cape Argus

CAPE TOWN, TUESDAY, JUNE 18, 1957

REGISTERED AT THE G.P.O. AS A

W.P. NURSES REJECT BILL'S RACIAL DISCRIMINATION PROPOSALS

Out-voting fears are seen as groundless

BY 230 votes to 29, a special meeting of the South African Nursing Association (Western Province branch) in Cape Town adopted last night a resolution rejecting the introduction of racial discrimination in the nursing profession.

The Cape Argus
June 18, 1957

The nurses' protest

THE best statement of the reasons for opposing the Nursing Amendment Bill was that given yesterday in the speech by Miss Loopy, principal of the Carinus Nursing College, at the special meeting of the South African Nursing Association.



200 NURSES MARCH IN CITY APARTHEID

... PROTEST

MARCHERS, including nurses in multi, listen to a speech by Mr. A. Hepple (Labour M.P. for Rosettenville) before marching from the Gardens through the centre of the city this after-

- an agreement existed with both the General Nursing Council for England and Wales and the New Zealand Nurses and Midwives Board for reciprocal recognition of qualifications.¹²

THE DEVELOPMENT OF PROFESSIONAL SELF-REGULATION

In 1943 the Organizing Secretary of the South African Trained Nurses Association, Mrs Sharley Cribb, submitted a memorandum to the Commission for Health Services, in which she stated -

"It is only too evident that we have reached the stage in the history of the nursing profession when drastic reforms are necessary to prevent a serious decline in the quality and quantity of nurses ... Whilst appreciating fully the necessity for complete understanding and co-operation between the doctor and the nurse the intelligent woman of today cannot be expected to be content after extensive and intricate training to be denied the control of her own destiny ... We can see no reason why a body of highly qualified professional women should be denied self-government ... In the interests of the community the nursing service should be a legally constituted national body, devoting the best intellects from its ranks to the achievement of progressive improvement of training, etc, in order that the patient may always receive the most skilful nursing. Only by giving nurses the control of their own profession will that sense of civic responsibility be developed in the nurse and the true national character of the work emerge ..."

It seems to me that the provision of satisfactory nursing legislation is the test of the sincerity of any government's policy regarding national health, for the nursing service is basically essential to national health."¹³

Pressure from the nursing profession was clearly evident in the parliamentary debates during the second reading of the Draft Bill on 29 and 31 May 1944. Over and over, the Minister used the opinions of the Trained Nurses Association to support his arguments, for example, he argued inter alia as follows -

"Under the present system, in the opinion of the Nursing Association, there is no means of ascertaining how many unregistered but qualified nurses are practising; and, in regard to the registered nurses, there is no record of how many are practising and how many are not. Therefore to make a computation of the strength of the nursing profession of the country at the present time is very difficult indeed. The compulsory registration of practising nurses provided for in the Bill will

immediately enable an estimate to be made of the active nursing force in the country; it will enable the output of trained nurses and midwives to meet the demand to be planned; and it will mean that all practising qualified nurses and midwives will be under control"¹⁴

Judging from the records of the parliamentary debates, it seems clear that the nurse leaders of the time had enlisted wide political support for the passage of nursing legislation. In the course of the debates, the high regard in which the politicians held the nursing profession was also obvious. Mrs Margaret Ballinger was a leading proponent in this regard. In the course of a turn to speak she said -

"I think anyone who has had experience of the nurses of this country knows that the impulse behind this Bill is simply the genuine and sincere desire to provide the country with the services on which alone can be built up that standard of public health and public health services the whole public is now desirous of."

Another parliamentarian, Dr Swanepoel, had this to say -

"On several occasions when I was in Pretoria I was interviewed by the representatives of the South African Trained Nurses Association, and judging by the evidence which they placed before me I can only say that I was thoroughly impressed with the thoroughness of the work which these people do."¹⁵

The first Nursing Act, No.45 of 1944, was approved for promulgation on 22 June 1944, and the South African Nursing Council, established in terms of section 2 of that Act, began its activities under the direction of 24 Council members appointed by the Minister for a two-year term of office.

At the first meeting, not only were the office bearers and standing committees elected, but Mr J A H van Niekerk, was also appointed as the first Registrar. The Council was housed in offices made available by the Medical Council and the finances enabling it to begin operations came from a £1 000 donation from the South African Nursing Association, together with further small donations of cash and office furniture. For the first two years of its existence, the staff of the Council consisted of 11 people - the Registrar and a further 8 permanent and 2 temporary members of staff.

The pioneering work of these first council members and staff laid the foundation for the activities of the subsequent councils. One of the first tasks was the creation of election regulations with a view to the coming into being of a council in which the nursing profession would have a share by their participation in the election of its members. The first elections duly took place during the second half of 1946.

It quickly became apparent that amendments to the Act were necessary and a number of these were promulgated during 1946 while others were submitted to the Minister in 1948. However, the Government itself, in keeping with the policy of apartheid, introduced other amendments which radically altered the spirit of the 1944 Act. Those amendments culminated in the Nursing Act, no.69 of 1957, despite opposition from the nursing profession.

The documentation of meetings of the Nursing Council, newspaper reports and records of the parliamentary debates demonstrates that there were serious problems and dissension regarding the content of the Nursing Bill, not only among members of the Council, but also among the public and members of the nursing profession as a whole.

Press reports such as those illustrated appeared under such headlines as "WP Nurses reject bill's racial discrimination proposals", "Race discrimination rejected by WP Nurses", "Nurses march in city apartheid Bill protest", "Nurses to defy protest march ban" and "Nurses seek no colour bar". Mrs Ballinger's reaction was described as follows in the Cape Times of 13 June 1957 -

"Speaking as a former vice-president of the Nursing Council and the member of Parliament who was asked by the nursing profession to introduce the Nursing Bill of 1943, Mrs Margaret Ballinger yesterday flatly denied the Government's assertion that the white nurses of South Africa wanted a colour bar in their profession ... Mrs Ballinger warned the Government that its Nursing Apartheid Bill was 'not only wicked but incredibly dangerous' ... Reading a telegram from prominent senior nurses urging her to oppose 'all the racial discrimination clauses' of the Bill, Mrs Ballinger said that this was typical of the feeling among nurses to-day."¹⁶

In her parliamentary speech Mrs Ballinger stated -

"Our difficulty in discussing this Bill is not in discussing what the nurses have asked for, but what the Government has done with it. There are two sections to this Bill... The one is administrative ... and then there are the colour bar provisions. Thus the clauses of the Bill fall into two categories, one asked for by the nurses and one imposed upon the nurses by the Government ... I think this is the most tragic interference with the private rights of a professional body ..."¹⁷

The division within the Council itself is illustrated by the equality of votes when a motion against the discriminatory provisions in the proposed legislation was considered during the March 1955 Council meeting. The motion was rejected with the casting vote of

CAPE TIMES

THURSDAY, JUNE 13, 1957

'NURSES SEEK NO COLOUR BAR'

Mrs. Ballinger Warns of 'Dangerous Bill'

Cape Times Parliamentary Correspondent

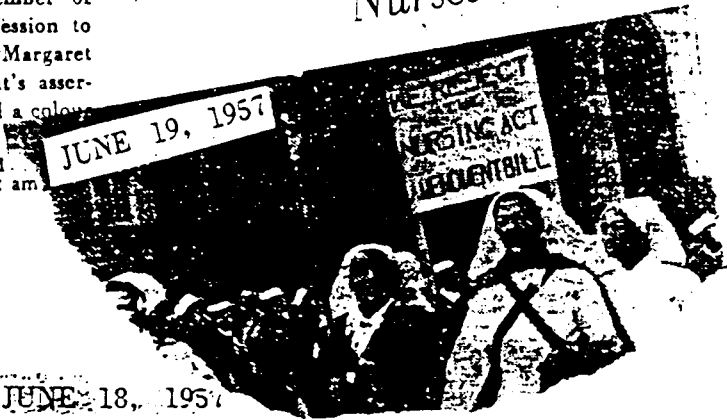
HOUSE OF ASSEMBLY.—Speaking as a former vice-president of the Nursing Council and the member of Parliament who was asked by the nursing profession to introduce the Nursing Bill of 1943, Mrs. Margaret Ballinger yesterday flatly denied the Government's assertion that the White nurses of South Africa wanted a colour bar in their profession.

And speaking as a Natives' Mrs. Ballinger said...

'Bill Will Force Non-Whites to Black Nationalism'

HOUSE OF ASSEMBLY.—Mr. A. Hepple (L. Rosettenville) said yesterday that the Government make a reality of the fear that decision on a racial basis by forcing non-Whites for success only in non-White. He was speaking in the second-reading debate on the Nursing Bill. The Bill was a...

Nurses' Protest



TUESDAY, JUNE 18, 1957

RACE DISCRIMINATION REJECTED BY W.P. NURSES

A SPECIAL meeting called by the Western Province branch of the South African Nursing Association last night passed a motion by 230 votes to 29 rejecting racial discrimination in the nursing profession.

The meeting was called to discuss the Nursing Amendment Bill, which last night passed the committee and report stages in the House of Assembly. Altogether, about 350 people of different races attended.

The motion read: "This branch reaffirms its stand the introduction of racial discrimination into the profession, and we unequivocally reject..."

TABLE 1 COUNCIL STAFF²³

	1944	1969	1994
Registrar	1	1	1
Deputy Registrar		1	
Chief Professional Officer			1
Data Manager			1
Senior Professional Officer			2
Senior Assistant Registrar			2
Assistant Registrar		2	1
Senior Law Assistant			1
Bookkeeper			1
Professional Officer		2	5
Senior Administrative Officer			5
Other (All categories)	10	44	112
TOTAL	11	49	133

Apart from the top management, the Council's administrative functions and policy are executed by 12 further departments. At present the Council has 133 full-time members of staff. The development of the post structure during the past 50 years can be illustrated as in Table 1.

Table 2 sets out the growth in the budget of the Council over the 50-year period. From its inception the Council has been dependent upon the generation of its own funding and, apart from the initial gifts already mentioned, has never received any financial support or subsidy from the state or any other source. The

TABLE 2 FINANCIAL GROWTH OF THE COUNCIL 1944 - 1994²⁴

	1944(£)	1954(£)	1964(R)	1974(R)	1984(R)	1994(R)
Income	1 000	39 141	129 254	496 290	4 652 281	9 130 200
Expenditure	?	32 645	122 843	433 502	2 383 122	9 606 400
Surplus	?	6 499	6 411	62 788	2 269 159	476 200
Assets	Leadership	33 788	14 046	372 254	4 123 146	27 922 155

TABLE 3 GROWTH IN REGISTRATIONS AND ENROLMENTS OF THE SOUTH AFRICAN NURSING COUNCIL 1944 - 1994 (average annual growth)²⁶

CAPACITY	1944	1953	1964	1974	1984	1994
Nurse registrations	9 352	15 322	27 521	41 960	65 968	86 549
Midwife registrations	5 644	9 344	17 901	29 041	48 573	51 473
Total Registrations	14 966	24 676 (6,5%)	45 422 (8,3%)	71 001 (5,6%)	114 541 (6,1%)	138 022 (2,1%)
Persons on the register	?	?	30 864	43 521 (4,1%)	62 345 (4,3%)	79 350 (2,7%)
Single registrations	?	?	16 378	16 967 (0,4%)	15 325 (-1,0%)	12 628 (-1,8%)
Persons: Enrolled Nurses	-	-	5 949	14 403 (14,2%)	19 518 (3,6%)	29 557 (5,1%)
Persons: Enr N Auxiliaries	-	-	-	26 313	39 023 (4,8%)	48 219 (2,4%)
Persons: Total	?	?	36 813	84 237 (12,9%)	120 886 (4,4%)	157 126 (3,0%)
Additional Qualifications	?	?	3 502	8 616 (14,6%)	18 203 (11,1%)	37 821 (10,7%)

? - No data available

TABLE 4 RATIO OF POPULATION TO SELECTED HEALTH PRACTITIONERS²⁹

DEVELOPMENT	POP. NURSES	POP. REGIS. NURSES	POP. MEDICAL PRACTIT.	POP. DENTISTS	POP. PHARM. ACTIS
A: Western Cape	132:1	318:1	706:1	4 307:1	26 701:1
B: Northern Cape	242:1	594:1	2 910:1	17 327:1	7 125:1
C: OFS	237:1	549:1	2 176:1	19 150:1	6 819:1
D: Eastern Cape	162:1	355:1	1 368:1	9 660:1	3 095:1
E: Natal	460:1	547:1	1 923:1	15 781:1	66 870:1
F: Eastern Transvaal	343:1	794:1	3 209:1	17 080:1	6 702:1
G: Northern Transvaal	394:1	1 034:1	6 442:1	56 878:1	21 066:1
H: Central Transvaal	174:1	370:1	996:1	5 075:1	2 422:1
J: Western Transvaal	225:1	548:1	2 019:1	11 912:1	3 325:1
TOTAL	230:1	470:1	1 436:1	8 732:1	4 027:1

chief source of income for the Council is from the annual fees paid by the various categories of nurses and midwives to maintain their registrations and/or enrolment. It is illuminating to note that the Council achieved financial viability within 10 years of its inception.

DEVELOPMENT OF THE PROFESSIONAL REGISTERS AND ROLLS

One of the key functions of the Council in its service to the South African population is the establishment and maintenance of registers and rolls of all qualified persons who practise nursing and midwifery for gain. The significance of this lies in establishment of an identifiable nursing corps whose training and practice can be controlled in the interest of the public.

At the time of the transfer of the registers from the South African Medical and Pharmacy Council in 1944, the registrations amounted to 9 352 nurses and 5 644 midwives.²⁵ The total registrations for 1994 amount to 138 022. Up to 1959 the Council data do not provide for persons on the register. However, it can be estimated that in 1944 there were some 11 000 persons on the register. This figure has increased to 79 350 in 1994. At present, there are 29 557 enrolled nurses and 48 219 enrolled nursing auxiliaries on the rolls of the Council. The growth over the past 50 years is indicated in Table 3.

Some of the important aspects reflected by Table 3 are the following -

- A significant decline in the growth of the registrations and persons on the register since 1984
- A decline in the number of single registrations in proportion to the increase in multiple registrations
- A significant decline in the growth of the total nursing corps since 1974 - the same applies as far as additional nursing qualifications are concerned

If the numbers of persons on the registers of the Council are compared with those on the registers of the South African Medical and Dental Council and those of the Pharmacy Council clearly illustrate that the nursing corps has developed into the key group in the ranks of the health professionals - in terms both of numbers and of geographical distribution. Figure 2 indicates the comparative representation of the various professions.

Figure 3 shows the situation when the enrolled categories, student and pupil numbers are taken into account.

Registered nurses and midwives constitute 53% and the total nursing corps 72% of the total number of registered health care professionals indicated in these figures. Please

note that these observations exclude Chiropractors, Homeopaths and Allied Health Service professionals.

Table 4 shows the ratio of population to the total number of nurses, registered nurses and certain other professional health practitioners according to regional distribution.

The unfavourable availability of qualified health practitioners in the rural areas and the high degree of dependence on nurses are reflected in this table. It is significant that in only three of the regions the ratio of population to registered nurse falls within the recommended ratio of 416:1, namely Western Cape, Eastern Cape and Central Transvaal. These regions are also best off as far as doctors and dentists are concerned. Table 4 further reflects the high dependence of the rural areas on the enrolled category nurse with her limited scope of practice.

As far as students are concerned, there were 5 614 student nurses and 1 196 student midwives in 1994³⁰. The total student population has been in the region of 13 000 during recent years and the total pupils (both categories) have been some 5 000 - giving a total nursing corps of 175 072.

In 1944 the training was offered in training hospitals throughout the country. This was followed by a college-cum-training hospital system. In 1956, the system of a University in co-operation with a training hospital came into being. In 1984 the old college system was replaced by one of a college in association with a university in terms of a legal agreement. Currently there are 29 such nursing colleges offering diploma programmes and 13 university departments of nursing offering degree programmes, preparing nurses and midwives to function in a comprehensive health care service. Thus, since 1984 (the transition period for implementation lasted till 1986), nurses and midwives in South Africa have been trained in a 4 year programme for comprehensive basic registration.

The nursing college referred to here differs radically from the college prior to 1984, which was simply a classroom complex with teaching staff under the direction of a principal responsible for the theoretical component of the programme. Instead of the training hospital and its administrative chief nurse being the training school and head of training respectively, the college is now the training school and the principal is head of training.

Although the diploma courses for basic registration in nursing are at present still part of the national health service system in South Africa, they actually comply with the requirements for formal post-secondary education, and are acknowledged as such.³¹

PROFESSIONAL DISCIPLINE

Disciplinary activities constitute one of the components of the control of practice. The

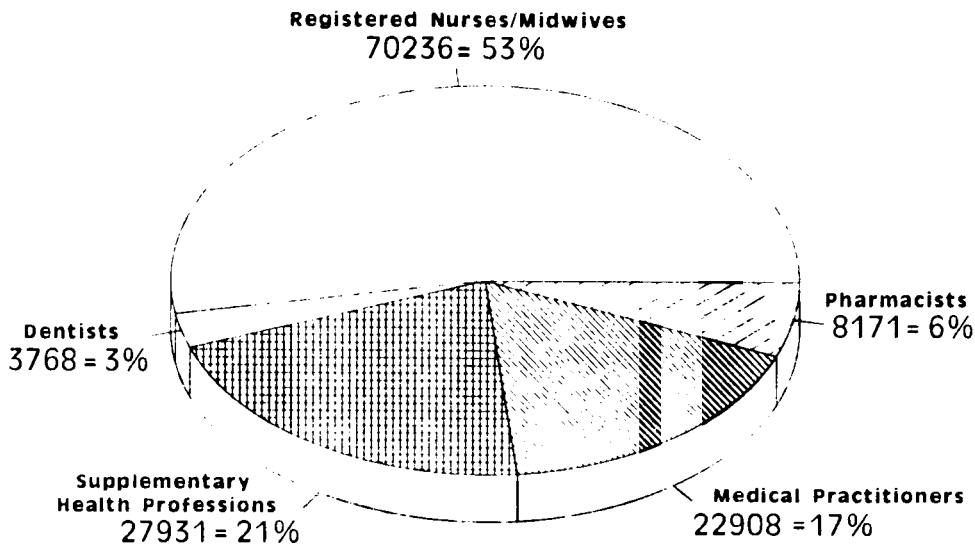


FIGURE 2 NUMBERS OF REGISTERED NURSES AND MIDWIVES IN RELATION TO OTHER HEALTH CARE PROFESSIONALS - 1992-12-31²⁷

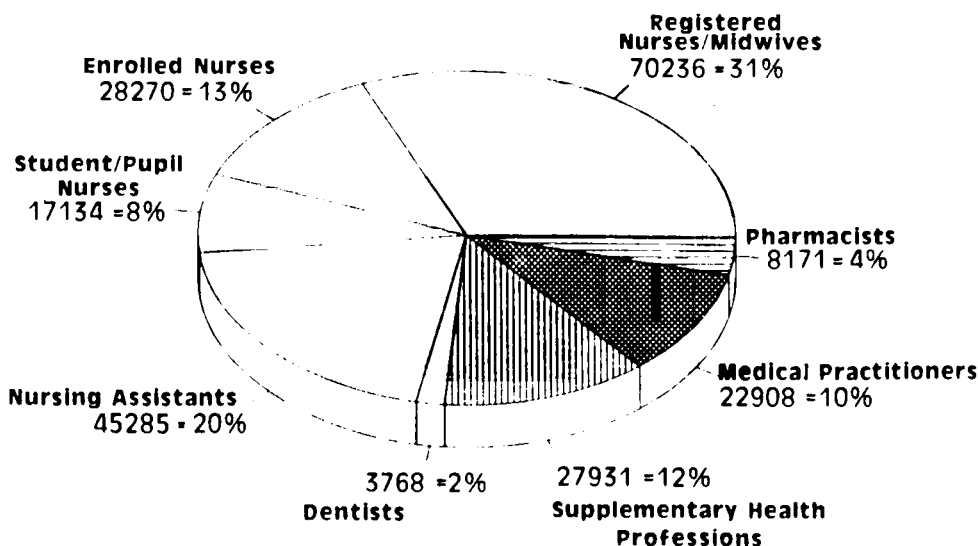


FIGURE 3 NUMBERS OF NURSES IN RELATION TO OTHER HEALTH CARE PROFESSIONALS - 1992-12-31²⁸

TABLE 5 STATISTICS OF DISCIPLINARY ACTIVITIES OF THE SOUTH AFRICAN NURSING COUNCIL, 1944 TO 1994³²

COUNCIL	PERIOD	NUMBER DISCIPLINARY HEARINGS
First Council	November 1944 to November 1946	2
Second Council	November 1946 to November 1951	11
Third Council	November 1951 to March 1960	73
Fourth Council	January 1960 to December 1964	50
Fifth Council	January 1965 to December 1969	52
Sixth Council	January 1970 to December 1974	79
Seventh Council	January 1975 to December 1978	113
Eighth Council	April 1979 to March 1984	147
Ninth Council	April 1984 to March 1989 (Ordinary hearing) (Strike hearings)	325
		5 (687 accused)
Tenth Council	April 1989 to March 1994 (Ordinary hearing) (Strike hearings) (Admission of guilt fines)	350
		7 (1 583 accused)
		55
Eleventh Council	April to November 1994 (Ordinary hearing) (Admission of guilt fines)	59
		28
TOTAL	DISCIPLINARY HEARINGS	1299
	ADMISSION OF GUILT FINES	83

following table illustrates the extent to which these activities have increased since the first Nursing Council commenced its functioning. Obviously this increase must be viewed in relation to the growth in the numbers on the registers and rolls.

One hundred and eighty-eight disciplinary hearings were held during the first twenty five years. In the 25 years following that, 1111 hearings were held. Please note that individual hearings in the case of strike action cases were not calculated as such in this number. In one such hearing hundreds of individuals were involved resulting in 1 583 individuals handled within the total of 7 hearings indicated in this table.

The number of disciplinary hearings has increased markedly, particularly during the last ten years.

TRANSFORMATION OF THE COUNCIL IN A NEW SOUTH AFRICA

With the advent of the new constitutional dispensation in South Africa, the question of amalgamating the four existing nursing councils (South African Nursing Council, Bophuthatswana Nursing Council, Ciskei Nursing Council and Transkei Nursing Council) needed to be resolved.

The preparatory work for this amalgamation had begun in 1993 when the four councils commenced formal discussions with this in view.

In Johannesburg in January 1994, at a national convention of nurses representing all nursing organisations, including the four councils, the following important decisions taken, among others -

- To transform the South African Nursing Council in consultation with the Council and with nurses to create an acceptable body, with proper representation of the people it serves, to control the nursing profession in the new South Africa and
- To review nursing legislation

A transitional body was elected in the course of the conference to facilitate the transformation process - the Transitional Nurses' Committee (TNC).

In March of that year, the former Minister of Health called together a delegation of the four Councils and the Transitional Nurses' Committee. The meeting was led jointly by the Minister and Miss Cheryl Carolus of the ANC Health Department. At this meeting a task group was formed, consisting of an equal number of members of the Councils and the TNC, together with two representatives of the National Health Forum with the mandate -

"To draft a new Nursing Act, and propose amendments to the regulations, which will honour the universal norms and values of the nursing profession with greater emphasis on professional practice, democracy, transparency, equity, accessibility and community partnership in wide consultation with the profession."

	REGISTERED NURSE	STUDENT	SUB-CATEGORY	NON-NURSING	TOTAL
Elected	15	-	4	-	19
Appointed	7	2	-	9	18
Total	22	2	4	9	37
Percentage	60	5	11	24	100
	(76% Nurses)			(24% non-nurses)	

The task group commenced its activities on 28 March, with amendment of section 5 of the Nursing Act 1978 - that is the section dealing with the constitution of the Council, as its first priority. For this purpose, the profession was consulted as widely as possible in the very limited time available. The final proposals for these amendments were submitted to the Minister of Health in June 1994.

The proposed constitution of the Council was the following -³³

- A total of 37 members
 - 15 registered nurses or registered midwives with South African citizenship, resident in South Africa and elected by registered nurses and registered midwives resident in South Africa.
 - 2 enrolled nurses and 2 enrolled nursing auxiliaries with South African citizenship, resident in South Africa and elected respectively by enrolled nurses and enrolled nursing auxiliaries resident in South Africa.
- 9 persons designated by the Minister of Health
 - 2 registered nurses from the Department of National Health
 - 5 other nurses, representative of all regions with a balance between nursing education and nursing services
 - 2 x 3rd year students from different provinces who will serve for 1 year. These will represent the provinces from 1 to 9 consecutively
- 9 persons who are not nurses, one from each province, as follows
 - 1 Pharmacist - South African Pharmacy Council
 - 1 Medical practitioner - South African Medical and Dental Council
 - 1 Attorney - Association of Law Societies
 - 6 designated by the respective MEC for Health from the remaining 6 provinces.

With this constitution, the balance in the Council will be as follows -

In the course of its activities, the task group also drew up a code of conduct for Council members which reads as follows -

CODE OF CONDUCT FOR MEMBERS OF THE NURSING COUNCIL

Members of the Council -

1. Should have a basic commitment to health care in general and a sincere interest in nursing in particular.
2. Should have credibility in the province, be approachable, accessible and available for Council duties.
3. Should be accessible to the nursing profession and the community, and their personal particulars i.e. postal address, telephone number, fax number, should be made known in the provincial media.
4. Must communicate with their constituency in the particular province at least twice a year.
5. Must exhibit conduct commensurate with the dignity, honour and standards of the nursing profession and the Council.
6. Are expected to attend meetings regularly and punctually and to notify the Registrar timeously of non-attendance of a meeting. This is of particular importance in the case of attendance of disciplinary hearings of Council.
7. Are expected to prepare thoroughly for meetings and be meaningful participants in debate and decision-making.
8. Because the Council in its decision-making functions by means of meetings and work groups, must commit themselves to availability should their expertise be required.
9. Should respect confidentiality in so far as confidential matters discussed during In-Committee meetings are concerned.
10. Should, whenever possible, be willing to represent the Council at functions on occasions when called upon."

On 23 June 1994 the Registrar of the South African Nursing Council received a letter from the Department of National Health indicating that the promulgation of a new Nursing Act was being planned, in which there would be provision for -

- repeal of the existing Nursing Act, No 50 of 1978, together with the Nursing Acts of the former TBVC-states
- termination of the terms of office of the present SATBC Nursing Councils and
- the institution of an Interim Nursing Council;

and requesting that the four councils should submit recommendations to the Minister regarding the constitution of the Interim Council.

At a meeting held on 8 August 1994 under chairmanship of an independent chairman, and attended by the 4 Councils and a delegation of the TNC it was decided to recommend a. that the Interim Council should consist of 34 members b. that these members should be representative of the interested parties as follows:

- 15 Registered nurses nominated by the Nursing Councils
 - 8 of the elected members of the South African Nursing Council, taking account of regional distribution
 - 3 members of the Bophuthatswana Nursing Council
 - 2 members of the Ciskei Nursing Council
 - 2 members of the Transkei Nursing Council
- 9 Registered nurses nominated by the Transitional Nurses' Committee taking account of regional distribution
- 10 persons appointed by the Minister
 - 2 registered nurses from the Department of Health
 - 1 pharmacist
 - 1 medical practitioner
 - 2 community representatives
 - 4 other who are registered nurses.

It was agreed with the Minister of Health at a meeting held in Cape Town on 19 September 1994 that the South African Nursing Council and the TNA would each nominate at least 1 Coloured and 1 Indian person to the Interim Nursing Council. It was also agreed that the existing building and facilities of the South African Nursing Council in Pretoria would be retained to accommodate the new council, and further that the new legislation would provide the following mandate for the interim Council-

- that the normal activities of a Nursing Council will continue
- that it will undertake and conclude the amalgamation and rationalisation of the four Councils, including the assets and liabilities
- that it will transform the Nursing Act and regulations, and
- that it will undertake the election for a new Council within two years.

It is expected that the new Act will be promulgated by the end of March 1995 and that the period of office of the Interim Council will commence not later than May 1995. The existing 4 Councils will continue to operate until the day before the first meeting of the Interim Council. Thus there will be no interruption in the functioning of the Councils. The various registers and rolls of the four Councils are already being amalgamated and mutual recognition of qualifications and distinguishing devices is in operation.

To eliminate the last traces of the 1957 legislation, it was resolved at the October 1994 meeting of the Executive Committee of the South African Nursing Council that persons in possession of Council certificates containing a reference to racial group should be given the opportunity to have these replaced by the Council, upon request and return of the original certificate.

CONCLUSION

The most important characteristic of a profession is that of service to the community, the second being that of self-regulation, i.e. regulation of the profession by the profession. In this regard nursing and nurses have a history of which they can be proud in many respects. We have 50 years of experience in self-regulation. There were important achievements, but there were also serious mistakes. The Council was unavoidably manipulated by the system within which it functioned - what better examples than the 1957 legislation and the coming into being of separate councils which now have to be reunited with much effort and considerable cost? Much has been learned from these experiences. The author believes that it has brought strength and renewed consciousness of duty - and undoubtedly renewed unity. Nurse leaders have battled in this country in difficult times for the cause in which they believe. It is vital that this passion for and commitment to the justness of their cause should not be tempered, because it is exactly this that harbours the essential seed for change to meet the needs of the country and its communities. It is this passion and commitment which will make sense of the transformation of the Council. This is important because the Council enjoys wide recognition, and has much to offer in the field of professional regulation both nationally and internationally.

The nursing profession in South Africa in 1994 is an established profession. However, there never comes a time when renewal is not necessary. The profession has the structures and means to maintain itself in a dynamic developing society. The registered nursing corps forms the largest portion of the total professional health manpower. Nurse leaders have distinguished themselves in many fields - in service, academic, social and other areas. In this very special time in our national life, nursing and the professional nurse in South Africa have the potential to be a powerful

instrument in creating stability and in the stimulation and nurturing of growth, the necessary change and development in the interest of the public whom we serve.

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6. Ibid, September, 1929 : 78.
7. Ibid, September, 1932, Annexure C (12a).
8. Ibid, March, 1937, Annexure C.
9. Ibid, March, 1931 : 18.
10. Ibid, March, 1931 : 33.
11. Ibid, March, 1943.
12. Ibid, March, 1935, Annexure 13a, b.
13. South African Nursing Journal, Vol 8, No 5, February (1943) : 56, 57.
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27. South African Nursing Council 1993. The Nursing and Midwifery Professions in South Africa : 43.
28. Ibid : 44.
29. Ibid : 46.
30. South African Medical and Pharmaceutical Council. Op Cit.
31. SAPSE-004 Report, May 1982:2, 3; Government Gazette No 14250 of 20 September 1992:23.
32. Records of the South African Nursing Council.
33. Minutes of the Task Force for a new Nursing Regulatory Body. 1994.

FOOTNOTES

* Section 61(1)(c) of Act 13 of 1928: "No person shall....administer, proccess for the purpose of sale or supply or in any manner whatever supply or receive for the purpose of sale or supply any such drug, plant or portion of such plant." This section was delected in 1971 with the promulgation of Act 41 of 1971.

** Equivalent of section 32 of Act 50 of 1978 (the right to obtain a full record of the court of court proceedings).

*** Equivalent of section 36 of Act 50 of the 1978 (provision for an investigation into the competence/incompetence of a nurse/midwife to practice her profession due to ill health)

Professor W.J. Kotzé
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