

THE SOUTH AFRICAN NURSING COUNCIL

ASPECTS OF ITS DEVELOPMENT 1944-1984

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ESTABLISHMENT OF THE COUNCIL

In a memorandum submitted to the Commission on National Health Services in 1943 the Organising Secretary of the South African Trained Nurses' Association, Mrs. Sharley Cribb, wrote the following, quoted from the South African Nursing Journal, February 1943 —

It is only too evident that we have reached a stage in the history of the nursing profession in South Africa when drastic reforms are necessary to prevent a serious decline in the quality and quantity of nurses.

The recent agitation for the formation of a Trade Union of Nurses is a warning that unless we are able to achieve legal stability for the profession, we shall be faced with a state of chaos and cleavage amongst nurses which will be to the serious detriment of the patient, and therefore collectively to the community . . .

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. She is expected at times to take the responsibility of life and death into her hands, but the conditions under which she is to work are laid down by a body [referring to the S.A. Medical and Dental Council — W.J.K.], the nursing representation on which is 2 out of 25.

The Department of Justice does not presume to legislate for Barristers or Attorneys, who have their separate fields of activity and re-

OPSOMMING

Die S.A. Raad op Verpleging is in 1944 ingestel en hierin het die professionele vereniging van die verpleegberoep 'n groot rol vertolk.

As werkgewer en ekonomiese entiteit dra die Raad by tot algemene maatskaplike ontwikkeling.

Sy bydrae tot die ontwikkeling van 'n geordende samelewing lê verder in die professionele ontwikkeling van en beheer oor die verpleegberoep. Dit word gedoen deur die hou van registers en rolle, die goedkeuring en inspeksie van opleidingskole, tugondersoeke en beheer oor verpleegagentskappe.

'n Hoogtepunt is bereik met die herorganisasie van die verpleegonderwysstelsel en die amptelike erkenning van professionele verpleegonderwys as nasekondêre onderwys.

sponsibility. We can see no reason why a body of highly qualified professional woman should be denied selfgovernment . . . 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.¹⁾

With these words Mrs. Cribb had voiced the frustrations of a united nursing profession demanding the legal and public recognition that its leaders had been fighting for for more than half a century.

Role of the S.A. Trained Nurses' Association

The major role that the South African Trained Nurses' Association played to unite and involve the profession in the development of a Nursing Bill, through its Organising Secretary and especially through its official Journal, *The South African Nursing Journal* becomes clear when one pages through the '40s publications of this magazine —

- *Calling all nurses . . . unless nurses one and all unite to form one associated body, speaking on behalf of all nurses . . . they cannot secure full legal and effective recognition of their rights and professional standing (October 1942)²⁾*
- *Nursing Bill — Memorandum submitted by the Organising Secretary to the Commission on National Health Services (February 1943)³⁾*
- *Unity is Strength — Reasons why you should join the S.A. Trained Nurses Association . . . (3) The Association is striving for protective legislation in the form of a Nursing Bill which could provide security for all nurses in South Africa (March 1943)⁴⁾*
- *Nursing Bill — I spent a very interesting (and I hope useful!) afternoon at the House of Assembly last month. I spoke to many sympathisers and supporters we have. Hard the fight for our Bill may be, but we shall not fight alone . . . it is up to all of you to see that the member for your constituency is converted — that he or she realises that this legislation which we seek for nurses is but common justice (Mrs. S.M. Cribb) March 1943)⁵⁾*

Prof. W.J. Kotzé, D.Cur., Head, Department of Nursing, University of Port Elizabeth and Vice-President of the South African Nursing Council.

- *Bill — To provide for the incorporation, registration, and control of Nurses and Midwives . . . (Introduced by Mrs. M.V.L. Ballinger, M.P.) (April 1943)⁶⁾*
- *Nursing Bill 1943 — 'Regional Congresses' and Resolutions from Branches re Definitions, Objects of the Association, Constitution and Powers of the Council, etc. (May 1943)⁷⁾*

In the August 1943 edition of the Journal the Editor records a brief summary of the events that led up to the first reading of the Nursing Bill at 3 p.m. on 23rd March, 1943, in the House of Assembly.⁸⁾ Under the heading *Nursing History in the Making — The Nursing Bill*, in the June 1944 edition,⁹⁾ the editor gives a detailed report of events of May 16th and May 31st of the first and second formal readings of the Bill in Parliament. In the August 1944 edition tribute is paid to the then Minister of Welfare and Demobilisation, Mr. Harry Lawrence, *for the strong and able manner in which he was handling the Bill*, to Mrs. Margaret Ballinger, *for introducing the Bill* and after that for her advice and support to Mr. J.S. Marwick, MP, and uncle of the then President of the Trained Nurses' Association, *for his unfailing help and guidance*¹⁰⁾

The nursing leaders that will always be associated with this most important stage in our nursing history are Miss. S.M. Marwick, Miss. C.A. Nothard, Mrs. S.M. Cribb, Miss. J. McLarty, Mrs. Creswell, Miss. Grosskopf and Miss. F.M. Roberts. While studying the developments and events in the nursing profession leading up to the promulgation of the *Nursing Act* and the establishment of the S.A. Nursing Association and S.A. Nursing Council one is inclined to develop a special feeling of affinity and admiration for Mrs. Sharley Cribb. Her perseverance, enthusiasm, warmth, the ever obvious trust that she portrays in her colleagues and profession and the responsible way in which she motivates and calls upon the nurses of South Africa still is, even today, an inspiration, and creates feelings of immense gratitude and pride to be a member of a great profession. What remarkable

women Mrs. Ballinger and Mrs. Cribb proved to be! Has the nursing profession really given Margaret Ballinger and Sharley Cribb the tribute they deserve?

Of the former, Mrs. Cribb writes in November 1943:

*We wish to pay a sincere and heartfelt tribute to Mrs. Ballinger. But for her efforts on our behalf, there would have been no Gazetted Bill and we owe her our deep and everlasting gratitude. She is a woman of charm, of integrity and of the highest intellectual ability, and we are proud and grateful to have her as a friend. Mr. Lawrence hopes that she will assist with the Bill next session on our behalf, and I know that she will*¹¹⁾

And then came the ever present call —

We have entered the last lap of the race and we must put our utmost efforts into it. Your co-operation and unity have won the day so far, maintain and strengthen these, and the race is won.

*When our Bill becomes law it will be up to each and every one of us to show that we have deserved the confidence placed in us, and I think we must all begin to think now of our responsibilities as citizens and make up our minds that we will each do our share in giving the people of South Africa the very best nursing service possible.*¹²⁾

First meeting

One feels strangely touched and filled with a sense of solidarity, a part of the proud moment as described by Miss. Nancy Simpson in the December 1944 edition of the Journal —

The administrative calm of the Union Buildings was disturbed on the morning of Wednesday, 8th November, by an invasion of nurses, gay in mufti or smart in the uniform of the South African Military Nursing Service, who had come to be present at the first meeting of our South African Nursing Council. It seemed right to us that this historic meeting should take place amid the stately splendours of the Union Buildings. There was an air of subdued but mounting excitement at tea which was served before the meeting.

When we assembled in the Conference Room all available standing room and seats were occupied. The meeting was opened by Mr. H. Lawrence, Minister of Welfare and Demobilisation, who fathered our bill through the House. His speech was appropriately obstetrical.

*The Council then settled down to work. Miss Nothard, Matron-in-Chief of the South African Military Nursing Service, was elected Chairman and Mrs. Ballinger, M.P., Vice-Chairman. We are fortunate to have two such able women, both of whom have had wide experience in public affairs, to guide the Council along the road of nursing emancipation.*¹³⁾

The editor gives her impressions of the event —

The 8th November, 1944, was a memorable day in the Nursing World of South Africa in that at 11 a.m. on that date, the first meeting of the South African Nursing Council, which came into being in terms of the new South African Nursing Act No.45 of 1944, took place.

The meeting was held in the beautiful setting of the Union Buildings, Pretoria (West Wing, Conference Room), and the considerable gathering present indicated the extent of the general interest in this auspicious occasion.

*The Minister (Mr. Lawrence) who sponsored the Nursing Act through Parliament . . . opened the meeting and . . . made special reference to those who had laboured so industriously to place the New Act on the Statute Book, particularly to the South African Trained Nurses' Association in the person of their Organising Secretary, whose efforts materially assisted in the results achieved.*¹⁴⁾

The continual striving untiring work and enthusiasm on the part of leaders of the profession and the community in the cause of nursing, and their faith in the ability of nurses and the nursing profession, led to the birth of the South African Nursing Council. As a result the safety of the community was guaranteed and community confidence in nursing as a profession became visible.

DEVELOPMENT 1944-1984

Can we at this stage say that the Council has made a significant and positive contribution to the South African community? Against what can one measure the achievements of an establishment of this nature? What is the place of Council in modern society and on what grounds can it justify its continued existence? Forty years is but a moment in the life of a civilisation. Therefore, it would be better to deal with the facts rather than drawing idealistic conclusions.

There is no intention of emphasising the principles underlying the functioning of a Nursing Council, or to discuss the functions of the Council as the institution responsible for control of the professional. As much as the author would have preferred to do so it will not be possible to analyse developments in full. It will take many hours of research to give an accurate, concise overview of developments since the establishment of the Council.

Terms of office

It is interesting to note that the First Council existed for two years only

Table 1 Number of Council members who served on the various councils.

No of Council	Term of office	Members		Total Members	President
		Appointed	Elected		
1	1944-1946	10	14	24	Miss C.A. Nothard
2	1946-1951	11	14	25	Miss C.A. Nothard
3	1951-1960	11	14	25	Miss C.A. Nothard
4	1960-1965	16	17	33	Miss A.S. Latsky
5	1965-1970	16	17	33	Miss A.S. Latsky
6	1970-1975	16	17	33	Mrs A.M. Venter
7	1975-1979	17	19	36	Mrs A.M. Venter
8	1979-1984	20	10	30	Miss C.I. Röscher

and that its members, in accordance with an oral agreement between the leaders of the profession and the Minister, were all appointed by the Minister.^{15 and 16)}

The Notice for election of Members for the Second Council was given on 17 May, 1946,¹⁷⁾ Notice of nominations was published in the Government Gazette of 22 July, 1946⁽¹⁸⁾ and the first elections of members for a Nursing Council in South Africa, ie. for the Second Council, was held during the second half of 1946. These members were elected for the five-year period 1 November 1946 to 31 October 1951.

The 3rd Council served for a period of ten years, ie. from 1951 to 1960. Since 1960, however, the term of office of a Council has been, in accordance with stipulation of the Act, five years. The 8th Council completed its term of office at the end of March 1984.

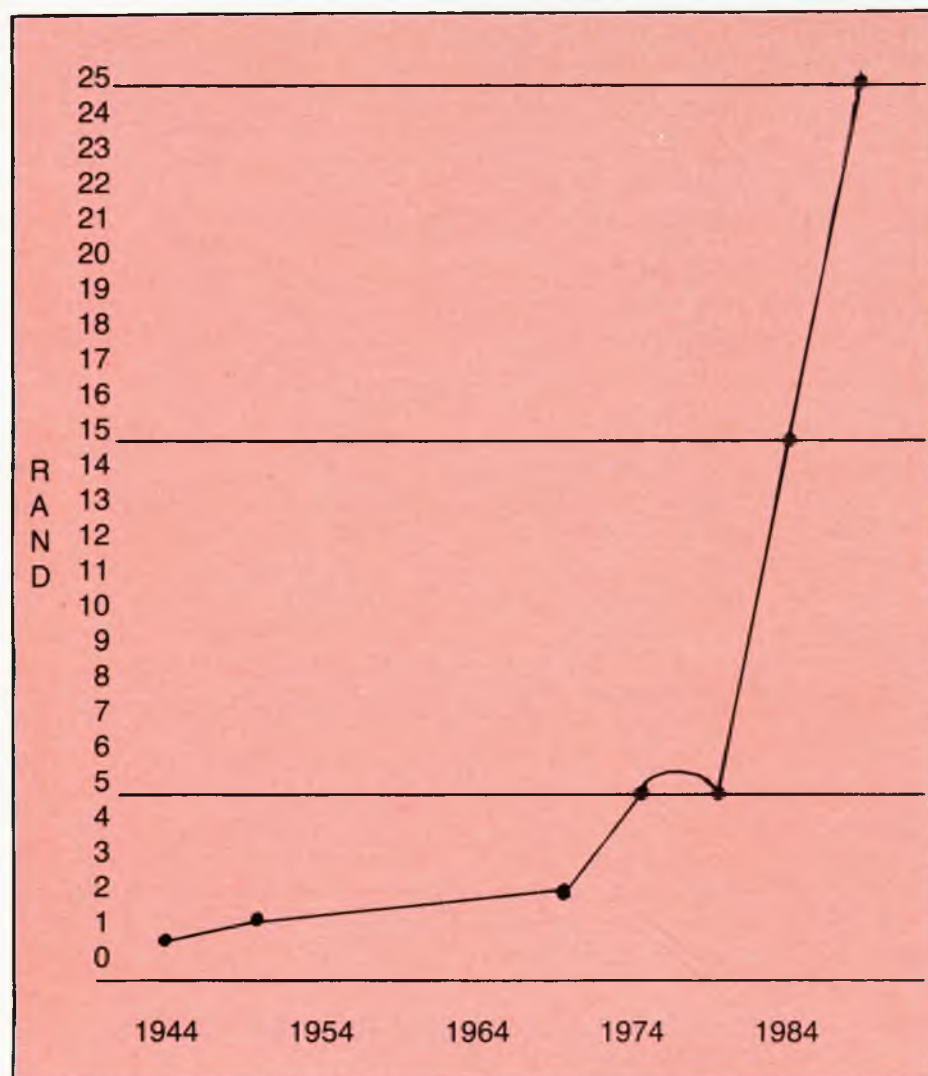
Composition of Council

According to an extract from the *Government Gazette* of 27 October 1944, twenty-four members as stipulated by the Act, were appointed to Council for the two-year period 1 November 1944 to 31 October 1946. These members were

Table 2 Development of the post-structure of the South African Nursing Council Head Office 1945-1984

1945		1954		1964		1974		1984	
Administration		Administration		Administration		Administration		Administration	
Registrar	1	Registrar	1	Registrar	1	Registrar	1	Registrar	1
Clerk		Asst. Registrar	1	Asst. Registrars	2	Deputy-Registrar	1	Deputy-Registrar	1
Full time	8	Accountant	1	Principal Clerk Committee clerk	1	Asst. Registrar	1	Asst. Registrar	5
Part time	2	Translator/Committee Clerk	1	Translator/Committee clerk	1	Snr. Language officer	1	Data manager	1
		Snr. Clerk/Typist	5	Asst. Committee clerk	1	Principal clerk committee clerk	1	Snr. Admin. Officer	5
		Clerk/Typist	7	Registrar's secretary	1	Committee clerk	1	Administrative officer	6
		Messenger (non-white)	2	Snr. Clerk/Typist	6	Registrar's secretary	1	Committee clerk	1
				Clerk/Typist	25	Snr Clerk Typist	6	Registrar's assistant	1
				Messenger cleaner (non-white)	8	Clerk Typist	50	Registrar's secretary	1
						Messenger cleaner (non-white)	11	Snr. Clerk/Typist	15
								Clerk Typist	67
								Messenger cleaner (non-white)	19
Professional		Professional		Professional		Professional		Professional	
No posts	0	Examiner	3	Professional officer	2	Professional officer	1	Snr. Professional officer	1
Total	11	Total	21	Total	48	Total	75	Professional Officer	1
								Total	125
Salaries				Salaries				Salaries	
R4 516.80 (£2258 8/-) (R410.62 average per capita per annum)				R60 415.00 (R1 258.65 average per capita per annum)				R1 211 830.00 (R9 694.64 average per capita per annum)	

Table 3 Increase in annual registration/enrolment fees 1944/1984



from their own population groups.

The Presidents elected for the various terms of office are also indicated in table 1. The longest serving President was Miss. Constance Nothard who served for sixteen years.

The term of office of the 3rd Council is noticeably long. The revision and replacement of the Act at this stage is probably the reason for this.

The Council's contribution to an orderly community in the R.S.A.

Part of the orderly development of a community is the development of organisations. Since their objectives and reasons for existence are so dissimilar a variety of organisations can be identified. One group consists of organisations primarily directed at maintaining social order.²²⁾ The South African Nursing Council belongs to this group. The contribution of the Council towards an orderly South African community can, on analysis, be divided into two main categories, namely its contribution by means of

- social development and management of its own affairs
- professional development and control.

The South African Nursing Council is the employer of 125 people; its current annual expenditure on salaries exceeds R1,2 million, the average per capita amount spent annually on salaries being R9 700.

The growth of the post structure of the Council from 1945 to 1984²³⁾ is reflected in table 2.

Apart from salaries the Council's employees enjoy all the fringe benefits offered by a modern employer, that is, retirement, medical aid, holiday and sick leave benefits. The policy with regard to post structure and personnel affairs is sufficiently flexible to allow for dynamic and effective personnel administration in which the interests of both the employee and consumer are best served.

The Council also contributes to the South African economy as can be seen when some aspects of financial interest are taken into consideration. Tables 3 and 4 give an idea of

Table 4 Financial growth of the SANC 1944-1984

	1944	1954	1964	1974	1984
Income Account	£7 600	£39 141	R129 254	R496 290	R4 652 281
Expenditure Account	£7 600	£32 645	R122 843	R433 502	R2 383 122
Surplus	—	£ 6 499	R 6 411	R 62 788	R2 269 159
Assets	Leadership	£ 3 788	R 14 046	R 372 254	R4 123 146

- the Chief Health Officer of the Department of Public Health
- the Commissioner of Mental Health
- two members of parliament (lay members)
- two medical practitioners nominated by the S.A. Medical Council
- 1 medical practitioner and 3 provincial secretaries nominated by the Executive Committees of the Provincial Administrators
- 14 registered nurses of whom three represented the field of midwifery.¹⁹⁾

The number of Council members who served on the various councils are shown in table 1.²⁰⁾

An important characteristic of the composition of the Council is that the emphasis over the years has been on professional expertise rather than on representation of group interests. At the start of the term of office of the Fourth Council two White members were elected to represent the interests of the Black and Coloured nurses on the Council.²¹⁾ The Eighth Council introduced the era of representation of Black, Coloured and Indian nurses at this level by registered nurses

the growth that has occurred over the past four decades and indicates that within ten years the Council was, and still is, self-supporting.

Part of the Council's income is derived from the annual fees paid by the various categories of nurses to maintain their registration and/or enrolment. The growth in this respect was from 25c (2/6) per qualification per annum to R25 per person per annum for all categories, irrespective of the number of qualifications. The fees for the enrolled nursing categories were originally substantially lower than those for the registered group. However, since administrative costs are not bound to level, or qualification, this difference was eliminated and since 1980 all categories of nurses pay the same fees.

A further contribution made by the Council to social order is that which is made possible by personnel development. Every employer contributes, to a greater or lesser degree, to the development of people by on-duty and in-service education. Part of this contribution, although somewhat indirect, is the setting of pre-requisites for the granting of a post. The fact that the Council issues regulations for training of nurses in which scholastic and other admission requirements are set also contributes to discouragement of early school-leaving and in this way helps considerably towards the educational upliftment of the South African population.

Proof of this can be found in the fact that although statistics reflect an initial decrease in student registrations in the years following the raising of scholastic admission requirements, the intakes of students time and again returned to normal. The Registrar comments on this in the report of the Seventh Council²⁶⁾ with the following statement —

The regulations prescribing the Senior Certificate as an admission requirement, were published on 28 November, 1969, and became compulsory on 28 November 1970. The result was that the number of students who commenced training, declined in 1970 and declined sharply in 1971, particularly in respect of Coloured persons and Blacks.

In 1972 the number of White students who commenced training, exceeded the number for 1969. Black students showed an increase over 1969 figures in 1973. Coloured persons and Indians . . . showed an increase in 1978 over 1969.

These facts vindicated the Council in its belief that amongst other things the prescribing of the Senior Certificate as an admission requirement would result in an increase in the number of students.

The aspects mentioned thus far represent but some of the more obvious contributions that the South African Nursing Council has been able to make over a period of four decades to the social order, upliftment and development of the RSA-population.

The following comprises a brief look at the Council's contribution towards the evolvment of an orderly community by means of professional development and control. It is once again not the aim to look at this in detail or comprehensively, but rather to highlight some of the main features.

Rolls and registers/enrolment and registration

First and foremost, since its inception, is the contribution of the S.A. Nursing Council by means of its control of the nursing profession by keeping registers and rolls and the registration and enrolment of persons to ensure that nursing is practised in accordance with the norms set for safe practice. Since 1972, with the establishment of the roll for nursing assistants, nobody in South Africa is allowed to practise nursing unless he or she complies with the entrance requirements to the register or rolls, is in fact registered or enrolled with the Council and is maintaining that registration or enrolment through annual renewal. The latter is not a new concept.

The concept of maintaining a *live register* was first considered during the term of office of the First Council and was provided for in 1946 in

the first amendment to the *Nursing Act of 1944*. The Editorial of the June 1946 edition of the *S.A. Nursing Journal* contained the following explanation for a levy of annual fees.

The Nursing Council was faced with the problem of how to maintain the registers accurately and how to ensure that names would not be unfairly erased. It should be remembered that the registers are of little value unless they contain the names only of persons still living and who are interested in their profession, together with their correct addresses. After the matter had received full consideration by the Council, it was decided that the only manner in which the ideal system could be achieved was by the levying of a nominal yearly subscription of five shillings.

The tables that follow offer a synopsis of the growth of the nursing manpower in South Africa over the past 40 years.

Basic registration

The greatest degree of growth occurred in psychiatric nursing. The number of registrations in this field however, and especially when compared with those in the other fields of basic registration, is still grossly inadequate. Basic registrations obtained through the new comprehensive basic training are reflected for the first time in the 1984 statistics. The new approach to basic training will undoubtedly bring considerable change to these statistics in the future.

Additional qualifications

The situation regarding the additional qualifications is reflected in table 8 according to the levels of service in a comprehensive health service structure. The statistics for the Black group reflect a tendency of development away from the qualifications that would prepare them for delivery of primary health services. Hopefully the new ap-

proach to basic training, with Community Nursing Science as a full component, will alter this picture markedly in the next decade. Despite the obvious growth at all levels, the additional qualifications of all groups remain, for the most part, inadequate for the health needs of South Africa.

Table 5 Number of basic registrations of nurses and midwives 1943-1984, with percentage growth indicated in brackets²⁸⁾

	1943	1953	1964	1984
General Nurse	7 517	14 024 (86 %)	25 699 (83 %)	59 099 (130 %)
Psychiatric Nurse	948	1 308 (38 %)	1 822 (39 %)	6 798 (273 %)
Midwife	5 644	9 344 (66 %)	17 901 (92 %)	48 573 (171 %)
Nurse (General Psychiatric/Com.)	0	0	0	71 (100 %)
TOTAL	14 109	24 676 (75 %)	45 422 (84 %)	114 541 (152 %)

Table 6 Persons on registers in accordance with capacities of basic registration 1948-1984²⁹⁾
(percentage of total indicated in brackets)

Registration	1948	1963	1984
One capacity	8 963 (69 %)	15 866 (54,5 %)	15 325 (25 %)
Two capacities	4 729 (34 %)	13 150 (45 %)	41 844 (67 %)
Three capacities	126 (1 %)	74 (0,3 %)	5 176 (8 %)
TOTAL	13 818 (100 %)	29 090 (100 %)	62 345 (100 %)

Table 7 Persons on registers according to their population groups and their basic registration 1948 - 1984

(percentage of total indicated in brackets)

	1948	1963			1984		
	All groups	White	CI/Ind	Black	White	CI/Ind	Black
One capacity	8 963 (65 %)	11 127 (55 %)	732 (54 %)	4 007 (53 %)	9 166 (30 %)	1 004 (15 %)	5 155 (20 %)
Two capacities	4 729 (34 %)	9 006 (44,6 %)	621 (46 %)	3 523 (47 %)	18 453 (60 %)	4 962 (77 %)	18 429 (73 %)
Three capacities	126 (1 %)	74 (0,4 %)	—	—	2 925 (10 %)	504 (8 %)	1 747 (7 %)
TOTAL	13 818 (100 %)	20 209 (100 %)	1 353 (100 %)	7 530 (100 %)	30 544 (100 %)	6 470 (100 %)	25 331 (100 %)

Table 8 Additional qualifications on the register 1953 - 1984

	1953	1963				1984			
		White	CI/Ind	BI	Tot	White	CI/Ind	BI	Tot
Clinical: Intensive (Tertiary Health Service level)	0	0	0	0	0	928 14 %	181 13 %	508 11 %	1 671 13 %
Clinical (Secondary Health Service level)	114	742 35 %	9 7 %	71 24 %	822 32 %	2 807 41 %	434 32 %	2 275 49 %	5 516 43 %
Community Nursing and related courses (Primary Health Service level)	750	1 397 65 %	122 93 %	227 76 %	1 746 68 %	3 015 44 %	727 54 %	1 864 40 %	5 606 44 %
TOTAL	864	2 139	131	298	2 568	6 804	1 342	4 647	12 793
Non-clinical qualifications									
Clinical Care, Administration Instruction						507	245	934	1 686
Nursing Education	147	347	2	6	355	1 032	150	515	1 697
Nursing Instructor	—	—	—	—	—	104	42	126	272
Nursing Administration	7	139	0	0	139	977	101	636	1 714
TOTAL	154	486	2	6	494	2 620	538	2 211	5 369
GRAND TOTAL	1 018	2 625	133	304	3 062	9 424	1 880	6 858	18 162

Enrolment

Discussion with regard to enrolments with the Council is restricted to that of the enrolled nurse. Enrolment of this category became compulsory in 1957 when *Act 69 of 1957* came into effect. Statistics, therefore, are reflected as from this date.

There is a marked decline in these figures. The majority of the persons represented by the enrolments reflected in this table belong to the Black population group, that is 78 % of the 1964, 74 % of the 1974 and 67 % of the 1984 figures. This observation is emphasised by the Registrar in the report of the Seventh Council and ascribed to the fact that fewer pupil nurses are being trained.³³⁾

Table 9 Number of enrolments* 1959 - 1984 with percentage growth indicated in brackets

	1959	1964	1974	1984
Total (all categories)	2 571	5 949 (131 %)	14 403 (147 %)	21 088 (46 %)

* Excluding enrolled nursing assistants.

Table 10 Numbers of basic students and pupils* (all population groups) on registers and rolls of Council 1949 - 1984 (including university students)³⁶⁾

Category	1949	1959	1963	1973	1984
Students	6 284	8 702	9 963	11 123	15 070
Pupils	0	0	1 051	6 373	4 827

* Excluding pupil nursing assistants.

Table 11 Growth in approved basic nursing schools 1944 - 1984³⁷⁾

Year	General	General/ Midw/Psych	General/Midw/ Psych/Comm	Midw	Psych	Total	Schools for enrolled nurses
1944	62	0	0	23	18	103	0
1964	100	0	0	50	25	175	77
1984	138	96	13	108	15	370	181

Students and pupils on the registers and rolls

The following extract is taken from the December 1944 edition of the S.A. Nursing Journal.³⁴⁾

The only matter discussed (that is at the first meeting of the Council — W.J.K.), which specifically affected student nurses was Section 12 of Part II of the Act. In this section the Act requires Council to keep a register of student nurses and student midwives. This is common practice wherever students are doing training e.g. in universities . . . It is anticipated that the Council will charge a registration fee sufficient to cover the expense of keeping such a register. This will give all pupil nurses the status of students.

The following further reference in this regard is made in the May 1945 edition.³⁵⁾

Of special interest to the profession are the new regulations dealing with the registration of student nurses and student midwives. In

contrast to the conditions pertaining to all other professions, students in training for admission to the nursing or midwifery professions have not hitherto had any professional or academic status . . . The object of (student) registration is to grant specific status to student nurses and student midwives and to do away with the practice of regarding them merely as junior employees on the staffs of hospitals.

The student and pupil totals (excluding pupil nursing assistants) have never again reached the 1978 record of 19 251, which is not reflected in table 10. These figures do not reflect the fluctuations that occurred at short intervals or within the population groups. When assessing tendencies in statistics it is safer to observe phenomena or changes over a longer period. A constant growth in the numbers of students is evident over the period covered by the statistics. Mention has already been made of the Registrar's comments in the Report of Seventh Council on the decreasing numbers of pupils on the roll over the years.

Approval of training schools for nurses

The Council has, from the outset, had the legal authority to approve nursing schools. The number of approved schools for basic nursing

Table 12 Universities offering basic degree for registration 1944 - 1984

Year	Number of universities
1944	0
1956	1
1964	5
1974	8
1984	14

Table 13 Number of colleges approved for nurse training 1944 - 1984

Year	Number
1945	1
1964	11
1984	37

training, as is reflected in tables 11, 12 and 13 have increased steadily over the past 40 years.

The degree courses offered at universities for basic nursing registration vary from programmes leading to two, three or four registrations respectively.

The map in figure 2 gives an indication of the distribution of training schools for nurses in South Africa.

It is obvious that the majority of these schools are concentrated around the metropolitan areas. This is a logical and healthy phenomenon, since this is where the large academic and training hospitals are located. They offer the best training opportunities with regard to extent and nature of facilities and clinical learning opportunities.

Inspection of training schools for nurses

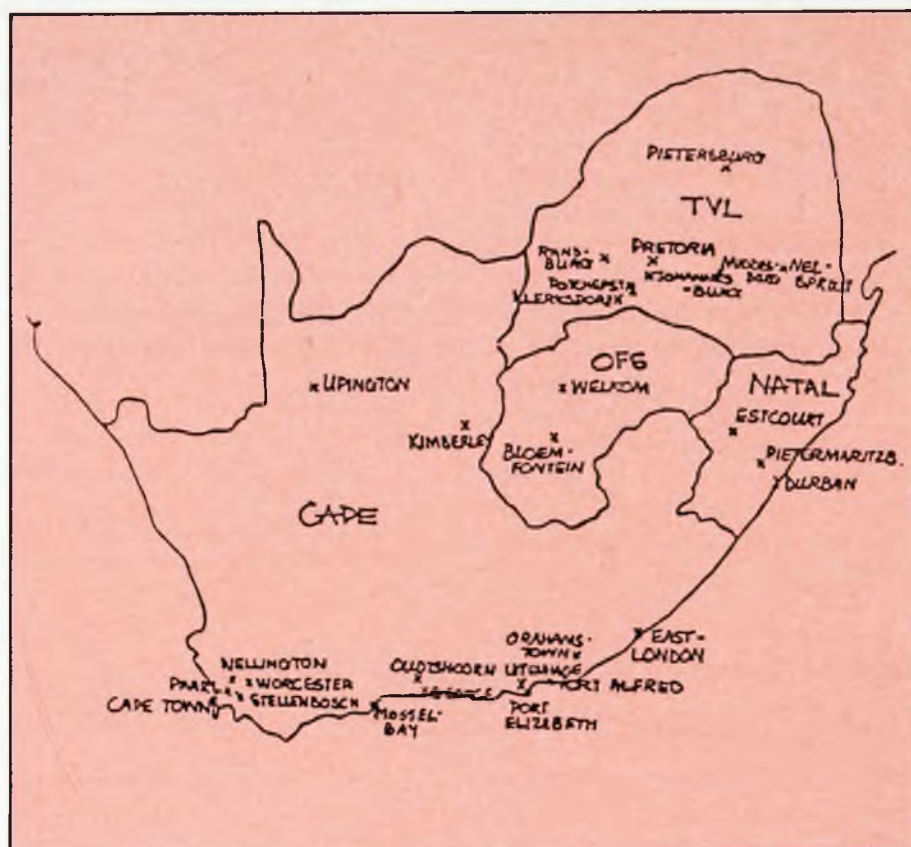
Table 14 Number of inspections of nursing schools 1944 - 1984

Period	Number
1946 - 1950	287
1951 - 1959	311
1960 - 1964	177
1965 - 1969	284
1970 - 1974	354
1975 - 1979	344
1980 - 1984	488
TOTAL	2 245

The Council has always had a positive approach toward inspections — not to find fault or to criticise, but rather to assess and describe the situation and to give the necessary advice and guidance. After considering an inspector's report, Council may take the steps required to correct the situation found. The inspection is regarded as an important means of promoting contact between the Council and the profession and a meaningful instrument of control since its primary goal is development and communication on the educational philosophy of Council.

A last aspect which must be emphasised is the developmental element inherent in the goal-directed

Figure 2 Distribution of training schools for nurses in the RSA, 1984



and systematic approach to nurse training that the S.A. Nursing Council conveys to the profession through circulars, training regulations, programme directives, position statements and its inspectorate.

From the very beginning the Council has had, as part of its functional structure, an education committee. Over the years its nature, composition and functions have been adapted to satisfy the needs of the developing profession.

Disciplinary investigations

Approximately 570 investigations have been carried out over the past 40 years. Research carried out by the President at the end of 1984 showed that the following transgressions occurred in the two-year period February 1982 to August 1984.

The disciplinary function of the Council is primarily aimed at preventing the development of an unsafe climate for service by eliminating those factors which reflect adversely on the image of the profession. It has however always striven to promote the integrity of the persons being disciplined.

Table 15 Disciplinary cases February 1982 - August 1984

Professional*	28,4 %
Theft	19,0 %
Breach of Contract	13,7 %
Assault	12,0 %
Alcohol and Burglaries	7,0 %
Other	19,5 %
TOTAL	100%

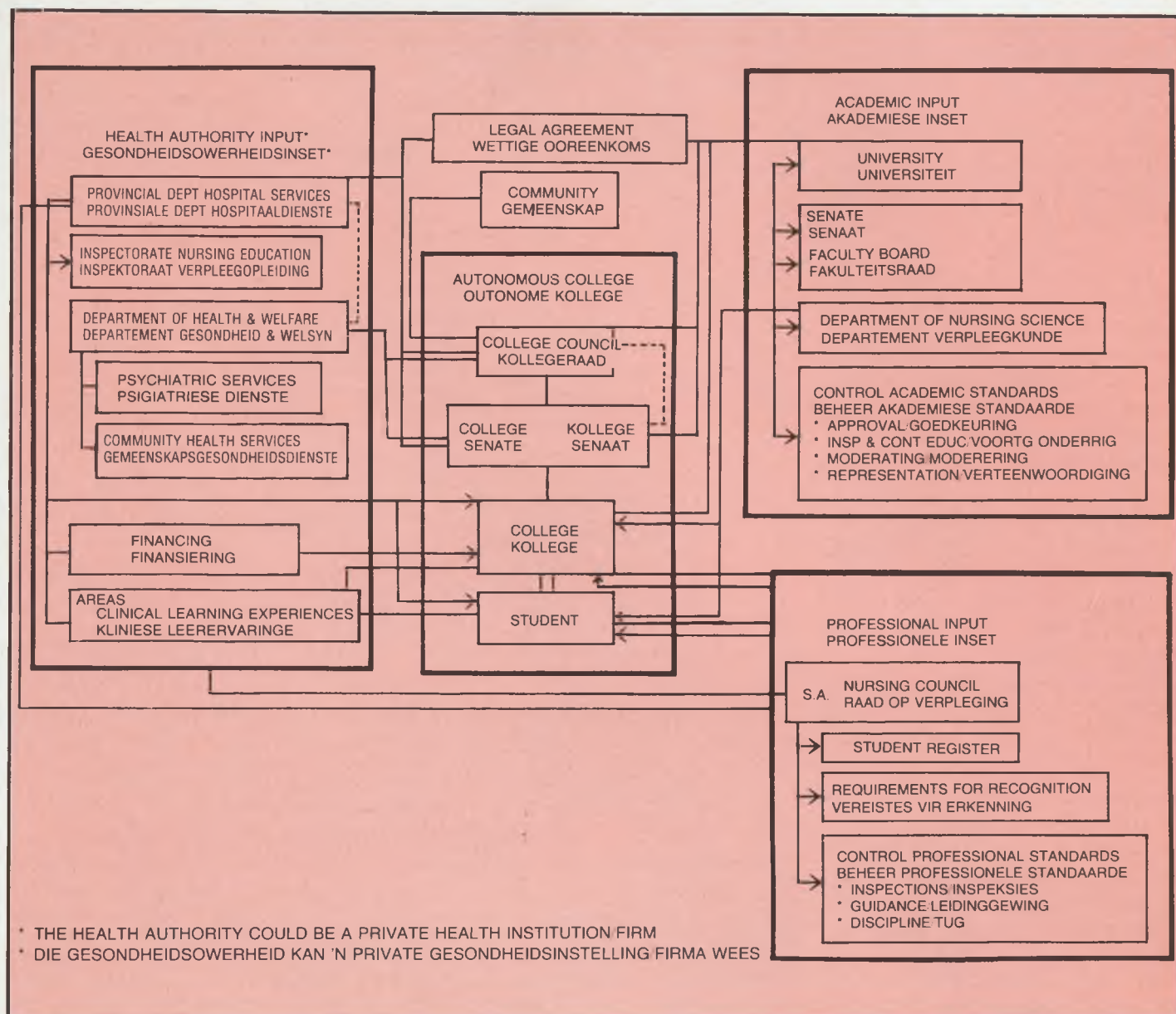
* 1/3 of professional transgressions arose from irregularities in the keeping of scheduled drug registers.

Control of agencies

The importance of the control of nursing agencies has been recognised from the outset. The following editorial comment appeared in the June 1946 edition of the Journal⁴²⁾

We are all aware of the important part that nursing agencies play in the life of the community. The majority of these agencies conduct their professional business along sound and ethical lines, but there are, unfortunately, others that resort to serious malpractice in their dealings with

Figure 3 Reorganised system of training: Colleges of Nursing RSA/Hergeorganiseerde stelsel van opleiding: Kolleges van Verpleging



nurses and the public . . . To overcome this serious state of affairs (note the positive attitude displayed here — W.J.K.) and to protect the majority of well-run and ethical agencies, it was decided to enforce compulsory registration of all nursing agencies with the Council.

Since the promulgation of the first *Nursing Amendment Act, 1946*, all agencies are regulated by Council in order to maintain order in their own ranks, in the profession and in the community.

CONCLUSION

It would be inappropriate not to close on an educational note. It was

most interesting to study the contents of the first training policy formulated at the second meeting of the Council early in 1945.⁴³⁾

The deficiencies in the nursing numbers are seen as the result of poor and unstructured training and a plea is made for —

- firstly, recognition of nursing training in a post-secondary context as is the case with other professional training
- secondly, the establishment of Departments of Nursing Education, which will accept total responsibility for nursing training,

in the four provinces and the Union government

- thirdly, the establishment of nursing schools with status equal to Teachers' Training Colleges in the larger centres of the country
- fourthly, an increase in the number of student posts by decreasing the working hours of registered nurses
- fifthly, co-operation between the Department of National Education and medical schools at universities, financed by the government, to create advanced academic training opportunities for nurses.

Recalling this early continuing battle of the profession makes the implementation of the new system of nursing education in the RSA in the fortieth year of the Council's existence (1984) so much more meaningful. The reorganised system of basic training, whereby colleges of nursing, in association with universities, gain control of all basic nursing diploma courses, is illustrated in figure 3.

The educational philosophy of the S.A. Nursing Council as contained in its definition of nursing science must become a reality in the preparation of student nurses within this system. Conceptionally the definition can be seen as depicted in figure 4.

As for 1985 the highlight of the developments in nursing education undoubtedly is to be found in the letter recently received by the S.A. Nursing Council from the Joint Matriculation Board (J.M.B.). It is dated 25 February 1985 and reads as follows:

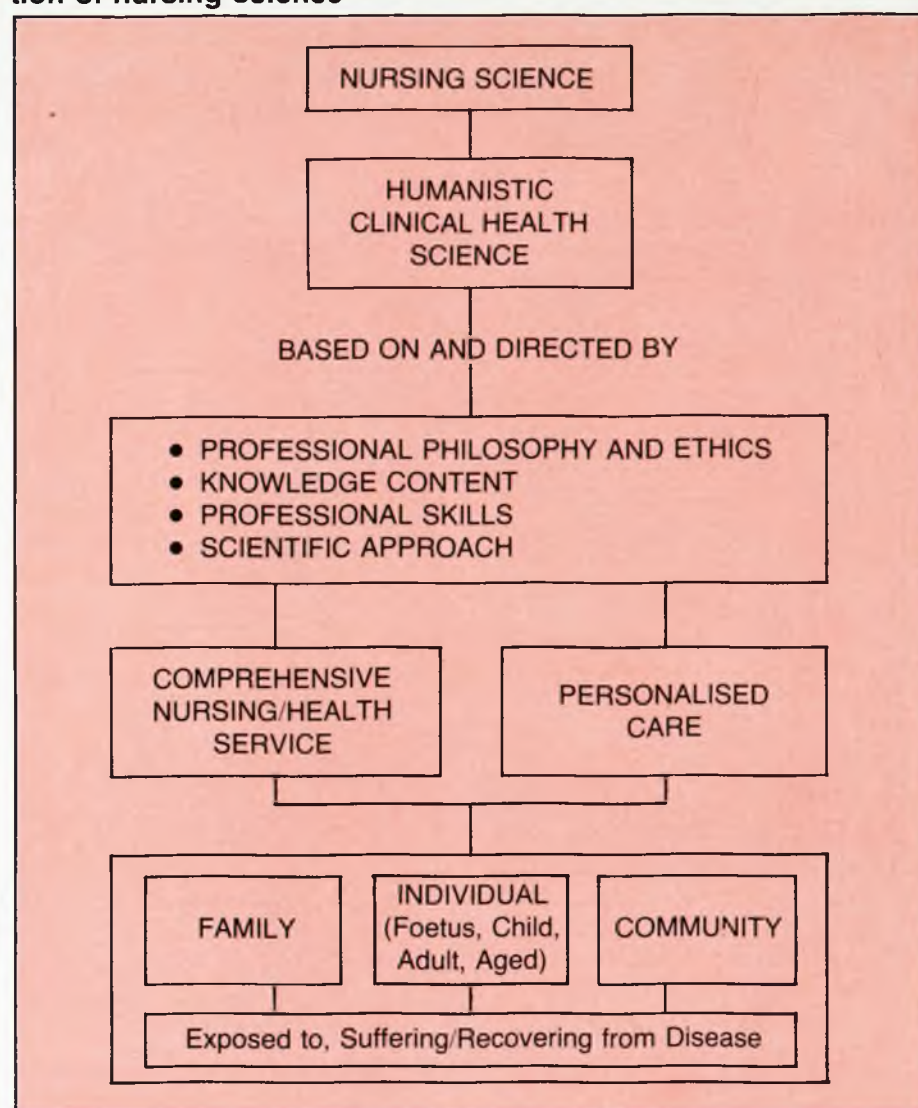
I . . . have pleasure in informing you that the Council (J.M.B.) has, at its recent meeting in Cape Town, agreed that the four year diploma in Nursing . . . in future . . . will be accepted for the purposes of unconditional exemption of the Matriculation examination.

These developments in the field of basic nursing education are major breakthroughs in the history of the nursing profession in this country, since they represent the final phase in the official recognition of professional nursing education as post-secondary education.

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Figure 4 Conceptual model of the SA Nursing Council's definition of nursing science



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