



Nursing education reform in South Africa: Implications for postgraduate nursing programmes

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ABSTRACT

Training of Specialist Nurses is of critical importance for the continued delivery of quality health services globally and in South Africa. In accordance with international trends, nursing education in South Africa has undergone significant educational reforms in the past few years. The aim of this paper is to critically reflect on current nursing education reform in South Africa and the implications for the postgraduate diploma in nursing programmes. The paper highlights some of the challenges encountered with the development, accreditation and implementation of the new nursing postgraduate diploma programmes. Successful nursing education reform requires collaborative and proactive conversations between all stakeholders before changes are made to existing nursing categories and skills mix, during the development of new programme frameworks, during programme development and after implementation of the reform strategies.

1. Introduction

1.1. Background

Reforms in nursing education have been a global trend since the 1990's since the introduction of stronger regulations to ensure autonomy and public accountability (World Health Organisation (WHO), 2020). There has been a move towards harmonisation of nursing standards and a higher proportion of degree nurses being prepared due to its association with better patient outcomes (Aiken et al., 2017) and the articulation possibilities for post-baccalaureate specialisation. Specialist nurses are especially needed in low- and middle-income countries, to increase access to high quality care for populations in remote and underserved areas (World Health Organisation (WHO), 2020). Nursing specialisations increase the attractiveness of nursing as a career with the subsequent strengthening of the health workforce. Hence, many eastern and southern African countries have introduced postgraduate diploma programmes leading to the registration of an additional qualification in a nursing specialisation (World Health Organisation (WHO), 2020).

South Africa has committed to ensuring a competent nursing workforce through various educational reforms as well as occupational-specific dispensation. Occupational-specific dispensation refers to a revised salary structure that is unique to specially identified

occupations, for example, certain nursing specialisations, in the public service (Netshiswinzhe & Mulaudzi, 2015). Education and training of both undergraduate and postgraduate nurses in South Africa are of critical importance to ensuring the continued delivery of quality health services in the country. Therefore, acknowledging the importance of the education of nurses in South Africa, the Nurse Educator, a specialist nurse who has completed a postgraduate nursing qualification, was added as one of the critical skills by the Minister of Home Affairs in 2022 (Republic of South Africa, 2022).

Aligned with international trends, nursing education in South Africa has undergone significant reforms in the past 20 years. The National Strategic Plan for Nurse Education Training and Practice (2012/13–2016/17) identified several major challenges facing the nursing profession that necessitated programme and other reforms (Department of Health, 2013). Firstly, there was a national mandate to ensure that nurses are competent to drive progress in primary health care and universal health coverage, address the quadruple burden of disease in South Africa and work in their full scope of practice, requiring comprehensive education and training. The National Strategic Direction for Nursing and Midwifery Education and Practice (2020/21–2025/26) (Department of Health, 2020), backed by the 2030 Human Resources for Health Strategy, reaffirms the need to provide an adequate number and relevant categories of nurses to ensure an effective nursing workforce, relevant to

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the current and future health care needs in the country. Secondly, there was a need to align the various nursing qualifications with Higher Education Qualifications Sub-Framework (HEQSF). According to Government Notice No. 42774 of 16 October 2019, as a transitional arrangement, the 10 public nursing colleges in South Africa were designated to offer HEQSF aligned programmes from January 2020 “until such time as they are declared as one of the institutional types contemplated in the Higher Education Act, 1997” (Republic of South Africa, 2019). Prior to the reforms, nurse training was provided by different providers (public and private sector colleges and universities) with varying governance and educational practices. For example, there were different streams for obtaining an additional (post-basic) nursing qualification i.e., through diploma, or master’s degree programmes, which compromised the status of specialist nurses (Republic of South Africa, 2019). Post-basic nursing training was also governed by separate regulations (R.) for the minimum requirements leading to registration of an additional qualification, for example, Clinical Nursing Science (R.212), Clinical Nursing Science, Health Assessment, Treatment and Care (R.45), Community Nursing Science (R.276), Psychiatric Nursing (R.880), Nursing Administration (R.1501) and Nursing Education (R.118). Thirdly, accreditation bodies such as the South African Nursing Council (SANC) had to develop norms and standards for postgraduate (PGDip) education and training and the accreditation of Nursing Education Institutions (NEIs).

The decision to incorporate nursing education into the higher education band meant that urgent action had to be taken to declare public and private nursing colleges higher education institutions to comply with the Higher Education Act (as amended in 2008), align nursing qualifications with the HEQSF, and develop a framework for the accreditation of NEIs, their training programmes and clinical facilities that are aligned with the Council of Higher Education (CHE) and the SANC. The educational reforms resulted in new Nursing Qualification Frameworks (Bezuidenhout, Human, & Lukhuleni, 2013).

A key reform for obtaining an additional qualification (nurse specialists) included the requirement to complete a Postgraduate Diploma (PGDip) in the specific specialisation at level 8 on the National Qualifications Framework (NQF). The South African Qualifications Authority (SAQA) level descriptors specify the learning achievements required at a specific level and provide a broad indication of the specific learning outcomes and associated assessment criteria. Within the new qualification framework, the Bachelor of Nursing degree (R.174) and the Postgraduate Diploma (R.635) offered in a range of specialisations, are on the same NQF level. However, since the bachelor’s degree prepares nurses more broadly to register as a professional nurse and midwife, the purpose of the postgraduate qualification is to prepare nurses in a range of clinical and non-clinical specialisations. The SANC had to redefine competency frameworks for the new PGDip specialist qualifications (clinical and non-clinical) and develop a new scope of practice. Together these reforms aimed to improve the standards of nursing education in South Africa, and ultimately the delivery of quality health care to the people. Sadly, the process was fraught with problems due to the poor policy capacity of the institutions responsible for governing nursing in South Africa (Blaauw, Ditlopo, & Rispel, 2014).

The aim of this paper is to critically reflect on current nursing education reform in South Africa and the implications for the postgraduate diploma in nursing programmes. The paper highlights some of the challenges encountered with the development, accreditation and implementation of the new nursing postgraduate diploma programmes.

2. Regulations and education and training guidelines for specialist Nursing programmes

Globally, there has been a trend to ensure that nursing education is regulated by educational standards and training programmes are approved by regulatory bodies (World Health Organisation (WHO), 2020). Internationally most standards specify minimum requirements

for competencies and work-integrated learning (clinical learning). International standardisation serves to ensure the safe mobility of nurses across countries.

In South Africa, R.635 ‘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’ (Republic of South Africa., 2020) was signed by the Minister of Health in June 2020. Following this, in August 2020, the SANC published the ‘Education and Training Guidelines for Postgraduate Diploma programmes’ (South African Nursing Council, 2020) to guide the submission of curricula to the SANC. The new PGDip Education and Training Guidelines brought about several changes to the requirements for postgraduate (specialist) nursing education. These include:

- i. Admission requirements include an NQF level 7 qualification (one level lower than the qualification applying for) and midwifery.
- ii. Introduction of generic exit level outcomes (ELOs) and associated assessment criteria (ACC) for all specialisations and specific ELO’s and ACCs for clinical and non-clinical specialisations, respectively.
- iii. Stipulation of a minimum of 720 and 500 work-integrated learning (WIL) hours for clinical and non-clinical specialisations, respectively.
- iv. The accreditation of health care facilities for WIL per programme by the SANC.
- v. Extending the criterion for memoranda of agreement (MOA) between health care facilities and NEIs where students are placed for WIL to include the non-clinical programmes (PGDip in Nursing Education and Health Services Management).
- vi. The requirement that all Nurse Educators and clinical facilitators should have a qualification in Nursing Education and those lecturers teaching on PGDip level should have a master’s degree. Further, clinical facilitators should have at least 3 years of experience in the speciality.
- vii. Specification of educator to student and clinical facilitator to student ratios with subsequent reduction in the number of students per intake and an increase in direct/indirect supervision and mentoring to at least 50 % of all WIL.

The ELOs of the South African clinical and non-clinical specialisations, as referred to in ii above, are aligned to the three core domains of the competency framework for the Nurse Specialist developed by the International Council of Nurses developed (ICN) namely, 1) Professional, Ethical and Legal Practice, 2) Care Provision and Management and 3) Professional, Personal and Quality Development (Affara, 2009).

Nursing education reform in South African is meaningful in ensuring the quality of nurse education and training as well as international comparability. However, the complexities, including articulation, programme design, accreditation and implementation of the new programmes have presented several challenges that place the future of the specialist nursing workforce at risk. In addition, there is still no published scope of practice for specialist nurses in South Africa. A scope of practice provides the boundaries and limitations for the provision of services and care. As such, scope of practice regulations is particularly important in nursing specialisations to allow them to work in the full scope of their education and training.

3. The challenge of programme reform and accreditation

The process of designing and developing a programme can take up to two years and then the programme still needs to be submitted to internal (educational institution) and external accreditation authorities (Maree, Yazbek, & Leech, 2018). For this reason, it is imperative that processes are synchronised and standardised across accrediting bodies. Regrettably, this was not the case in South Africa.

A time lapse of approximately-seven years between the intention for programme renewal in South Africa and the promulgation of the post-graduate diploma regulation resulted in major delays and frustration as many NEIs started the process of postgraduate programme renewal as early as 2013/2014.

There was a lack of guidance in terms of the sequencing of the accreditation process across the approval and accrediting bodies. The process was only clarified in 2019 when the South African Department of Health (DoH) published a National Policy on Nursing Education and Training that specified the process of phasing out the legacy qualifications (Republic of South Africa, 2019); the last intake of the legacy programmes being in that same year. At this stage, due to the looming human resource crisis caused by a moratorium on the training of specialised categories of nurses, many NEIs had already advanced in the development of their PGDip programmes, in the absence of the nursing regulation (R.635) and guidelines - using earlier published communication. This necessitated NEIs to quickly amend curricula to align with the SANC guidelines and R.635 when they were published. The need for programme amendments to serve internally at the NEI added to further delays in the finalisation of programme accreditation.

The external accreditation process was also fraught with problems. Challenges experienced, based on anecdotal accounts across various NEIs, included differing approval and accrediting requirements/criteria; lack of and inconsistent communication and feedback to NEIs on their applications for programme accreditation; and even inconsistencies in feedback on various programmes submitted by the same NEI.

The challenges with the external accreditation processes are illustrated by the fact that several NEIs PGDip nursing programmes are still not fully accredited by SANC, CHE and the SAQA. According to an analysis of the information on the websites of SANC (South African Nursing Council, 2022) and SAQA (South African Qualifications Authority, 2022) and a recent list from NDoH in December 2022 (unpublished), three nursing colleges and nine universities have been accredited by the SANC to offer PGDip nursing programmes. However, some of the programmes are still awaiting CHE and SAQA accreditation (See Table 1). Only a few NEIs commenced offering PGDip Nursing programmes in 2022. The authors however acknowledge that, due to the multiple levels of accreditation and the fact that the process is ongoing, these statistics might have changed by the time of publication of this article. Furthermore, the authors declare that this article does not purposefully intend to under-represent the full accreditation of programmes of any NEI in the country.

At the time of writing this article, none of the nursing colleges accredited by the SANC had been fully accredited to offer PGDip programmes. This may be due to the more stringent requirements of the CHE (Molelekwa, 2022).

It should be noted that NEIs are subject to application for reaccreditation of programmes following an accreditation period determined by the regulations of the various external bodies, including the SANC and CHE.

We acknowledge and welcome the efforts of CHE as they have embarked on the development of a new Qualifications Accreditation Framework. It is hoped that all other accrediting bodies will align their processes accordingly, as the continuous process of large-scale programme renewal and subsequent reaccreditation requires substantial investment of time and financial, material, and human resources (Nyoni & Botma, 2020).

4. The need versus the supply of Nurse specialists

In the past 5 years, SANC has reported a steady number of additional legacy nursing (post-basic) qualifications registered: 4959 in 2021, 3507 in 2020, 5522 in 2019, 4886 in 2018 and 5495 in 2017 (South African Nursing Council, 2022). The numbers of additional qualifications registered in 2020 and 2021 reflect the push of NEIs to increase the throughput of students still registered in legacy programmes in 2019.

Table 1
Overview of PGDip qualifications in South Africa.

PGDip qualification as per SANC list of qualifications	Universities/ colleges offering	SANC accredited (6 December 2022)	CHE and SAQA accredited (6 December 2022) ¹	
Non-clinical programmes				
Nursing Education	University of Johannesburg	√ (50)	√	
	Stellenbosch University	√ (80)	√	
	Cape Peninsula University of Technology	√ (60)	Not accredited	
	University of the Western Cape	√ (30)	√	
	University of KwaZulu-Natal	√ (30)	Unclear	
	University of the Free State	√ (20)	√	
	Health Services Management	University of Johannesburg	√ (80)	√
		Sefako Makgatho Health Services University	√ (15)	Still in process
		University of Kwa Zulu Natal	√ (35)	√
		Durban University of Technology	√ (15)	√
Clinical programmes	Critical Care Nursing: Adult	Stellenbosch University	√ (60)	√
		Western Cape College of Nursing	√ (30)	Not accredited
		University of KwaZulu-Natal	√ (20)	√
		Gauteng College of Nursing (6 campuses)	Rahima Moosa √ (45) Ga-Rankuwa Campus √ (40)	Not accredited
		University of Cape Town	√ (15)	Unclear
	Critical Care Nursing: Child Midwifery	University of Cape Town	√ (15)	Unclear
		University of Johannesburg	√ (40)	√
		University of Kwa Zulu Natal	√ (15)	√
		Stellenbosch University	√ (15)	√
		University of the Western Cape	√ (30)	√
Primary Care Nursing	Western Cape College of Nursing	√ (30)	Awaiting feedback	
	University of Cape Town	√ (15)	Unclear	
	University of the Free State	√ (30)	Unclear	
	Gauteng College of Nursing	Rahima Moosa √ (50) Ga-Rankuwa Campus √ (40)	Two conditions outstanding	
	Durban University of Technology	√ (15)	√	
		√ (55)	√	

(continued on next page)

Table 1 (continued)

PGDip qualification as per SANC list of qualifications	Universities/ colleges offering	SANC accredited (6 December 2022)	CHE and SAQA accredited (6 December 2022) ¹
	Stellenbosch University Cape Peninsula University of Technology Western Cape College of Nursing University of Free State University of Johannesburg Gauteng College of Nursing	√ (60) √ (40) √ (31) √ (26) Ann Latsky campus √ (60) Rahima Moosa √ (60) Ga-Rankuwa Campus √ (40) SG Lourens Campus √ (40)	√ Not accredited √ (Not on DoH list) √ In process, awaiting feedback
Mental Health Nursing	Stellenbosch University University of the Western Cape Western Cape College of Nursing KwaZulu-Natal College of Nursing (11 Campuses)	√ (30) √ (30) √ (20) R K Khan Campus √ (30)	√ Not accredited Not accredited Not accredited
Perioperative Nursing	Stellenbosch University Western Cape College of Nursing Gauteng College of Nursing	√ (20) √ (30) Rahima Moosa √ (30)	√ Not accredited Not accredited
Child Nursing	Gauteng College of Nursing University of Cape Town	Ga-Rankuwa Campus √ (40) √ (30)	Not accredited Unclear
Occupational Health Nursing	University of the Free State Durban University of Technology Cape Peninsula University of Technology Tshwane University of Technology University of Johannesburg	√ (55) √ (15) √ (80) √ (30) √ (20)	√ (Not on DoH list) √ √ Unclear Unclear
Emergency Nursing	Stellenbosch University Western Cape College of Nursing Gauteng College of Nursing	√ (20) √ (20) Ga-Rankuwa Campus √ (30)	√ Not accredited Not accredited
Oncology and Palliative Care Nursing	Cape Peninsula University of Technology Tshwane University of Technology Gauteng College of Nursing	√ (20) √ (30) Rahima Moosa √ (30)	√ (Not SAQA listed) Unclear Not accredited
Orthopaedic Nursing	Western Cape College of Nursing Gauteng College of Nursing	√ (20) Ga-Rankuwa Campus √ (30)	Not accredited Not accredited
Community Health Nursing	X	X	X
Forensic Nursing	X X	X X	X X

Table 1 (continued)

PGDip qualification as per SANC list of qualifications	Universities/ colleges offering	SANC accredited (6 December 2022)	CHE and SAQA accredited (6 December 2022) ¹
Infection Prevention and Control Nursing			
Nephrology Nursing	Gauteng College of Nursing (6 Campuses) University of Cape Town	Rahima Moosa Campus √ (30) √ (16)	Not accredited Unclear
Ophthalmic Nursing	X	X	X

¹ The authors used the available SANC, SAQA and DoH lists at the time of writing this paper but acknowledge that these statistics might have changed by the time of publication of this article.

However, we may see a significant decline in registrations from 2022 onwards due to the 2-year plus gap in the training of specialist nurses in South Africa.

A potential gap in education and training of specialisations in nursing can be deduced from the following scenario: In 2021, the University of KwaZulu Natal registered 317 additional qualifications in Clinical Nurse Science, Health Assessment and Care with the SANC, and the University of Pretoria registered 235 nurses in Nursing Education. At the time of writing this article, the University of KwaZulu Natal was not accredited to offer the new PGDip in Primary Care Nursing, but the Durban University of Technology was accredited for an intake of 15 students per annum for PGDip in Primary Care Nursing. The University of Pretoria was not accredited for any PGDip programmes, but the University of Johannesburg was accredited for an intake of 50 Nursing Education students per annum.

Nurses involved in teaching and learning should have a PGDip in Nursing Education. Nurse Educators and clinical facilitators for post-graduate programmes should also hold the specialist qualification they are teaching as well as a master's degree. It is therefore critical to enrol lecturers and clinical facilitators for the PGDip in Nursing Education and the other specialist programmes to ensure a sustainable nursing education workforce. However, only four NEIs are listed with the SANC, CHE and SAQA to offer the new PGDip in Nursing Education – the University of Johannesburg (50 students), Stellenbosch University (80 students), the University of the Western Cape (30 students) and the University of the Free State (20 students). Further, accredited numbers do not guarantee enrolment or throughput. To illustrate, our experience at the University of the Western Cape was that although many applications were received, several students could not continue with their studies although their applications were successful, due to the full timetable and the WIL requirements.

Another specialisation programme that is key for the country and was highlighted during the COVID-19 pandemic was the PGDip in Critical Care Nursing. Currently, only three universities (the University of Johannesburg for 10 students, Stellenbosch University for 37 students and the University of KwaZulu Natal for 20 students) nationally have been fully accredited to offer Critical Care Nursing: Adult, and none of the NEIs has been fully accredited to offer Critical Care Nursing: Child.

The competencies for the PGDip in Mental Health Nursing were initially delayed; consequently, only one NEI has full accreditation to offer this programme. Mental Health Nurse Specialists are essential to the provision of decentralised mental health care in South Africa; there is currently a distressing shortage of mental health nurses in the country (De Kock & Pillay, 2016).

Several PGDips have not been accredited for any of the NEIs: Forensic Nursing, Ophthalmic Nursing, Community Health Nursing and Infection Prevention and Control Nursing.

5. Current implementation challenges facing NEIs

In addition to the accreditation process challenges already mentioned, several challenges hinder the implementation of the new nursing programmes. These are mostly related to the WIL component of the programmes. Currently, a NEI must submit a list of clinical facilities and situational analyses (SA) of learning opportunities at each facility for every programme submitted to the SANC for accreditation. This is accompanied by MOAs between the NEI and the health authority/NEI - a legal process that is very cumbersome. Accreditation of one clinical facility is not transferable to another programme within an NEI or to another NEI, even if that NEI was accredited for the same programme. This limits accessibility on the clinical platform and training across provinces, especially those with no accredited NEIs.

The private sector in South Africa has also reported several challenges with the placement of students for WIL as such requires the inclusion of public sector placement, posing a challenge due to various bureaucracies (Joseph & Bomela, 2022). The need for public sector clinical placement arises when private colleges do not have access to the range of clinical facilities and learning opportunities required to prepare nurses for the specialisation.

It was the intention of the National Strategic Plan on Nurse Education and Training (Department of Health, 2013) to establish a national clinical training model and departments/units at all NEIs or hospitals to strengthen clinical education and training by 2014. Each unit should have a coordinated system of clinical preceptors and clinical supervisors with funding support. However, these have not yet been established, leaving the NEIs with the human resource and financial burden of ensuring adequate mentoring and supervision in clinical practice, considering that 50 % of the WIL must be supervised.

The critical shortage of nurse educators and clinical facilitators with specialist qualifications in Nursing Education, a master's degree and a non-clinical or clinical speciality, as per SANC requirements, is further hindering programme implementation. The requirements related to lecturer/facilitator to student ratios and the required percentage of supervised/mentored WIL currently place extreme pressure on the human resource capacity of NEIs, with a knock-on effect on financial sustainability.

6. Challenges faced by students

In addition to the challenges NEIs face, students are also affected. Articulation gaps resulted in the inability of nurses who completed the R425 legacy nursing diploma on an NQF level 6 to access the new postgraduate (NQF 8) programmes. Currently, a high number of applicants for the Postgraduate Diploma in Nursing programmes at the University of the Western Cape do not meet the entry requirements. In 2022, 132 (38 %) out of a total of 349 applicants were declined because they do not hold an NQF level 7 qualification.

CHE published Communiqué 10 of August 2022 which addresses articulation into HEQSF aligned qualifications, to improve access and career progression opportunities for nurses who have completed legacy qualifications (Council on Higher Education, 2022). The Higher Education Qualifications Committee (HEQC) concluded that the 4-year Diploma was appropriately pegged at NQF level 6 because there is insufficient 'little' alignment with the bachelor's degree. It is important to note that these two programmes were based on the same SANC Regulation (R.425) and underpinned by the same programme objectives, subjects, and scope of practice. The finding of the HEQC might be due to the differences in programme design (level and depth of theoretical training and the balance between theoretical learning and WIL) and the external accreditation processes followed by universities versus the nursing colleges - who were not previously required to submit their programmes to the CHE. The outcome of this CHE review is that nurses who completed the R.425 Diploma programme will not be able to articulate into postgraduate studies without further studies at

undergraduate level. In short, the HEQC took the following decisions to provide alternatives for progression to postgraduate studies:

1. "Candidates who have completed the 4-year Diploma in Nursing and Midwifery (R425 programme) will be given the opportunity to register for a NQF level 8 Bachelor of Nursing degree and can be granted a maximum of 240 credits from their Diploma towards completing the Bachelor of Nursing programme" (CHE, 2022). This means that the student will need to complete two years of the Bachelor programme which can be used for application for admission to postgraduate study."

There are several challenges inherent in this option. To mention just one example and considering that credits will be granted in the new R.174 Bachelor of Nursing programme:

A programme might have a learning unit e.g., Professional Practice spread over two or more years, with one year a pre-requisite for the next. If the pre-requisite knowledge and skills were not achieved in the 240 credits granted for advance standing, the applicant would not be considered for the Bachelor programme. The applicant could save one full year of study if they went the route of completing the Advance Diploma in Midwifery at NQF level 7 instead.

2. "Holders of the 4-year Diploma in Nursing and Midwifery that are registered as nurses and midwives with the SANC, will be given the opportunity to register for either a purpose-designed Advanced Diploma or a purpose designed 3-year degree for which they could be granted credits for 50 % of the programme in order to obtain a qualification at NQF level 7" (Council on Higher Education, 2022).

Again, we refer to i) the lengthy programme accreditation process ii) the additional years of study and iii) the gap and crisis in education and training of specialisations in nursing. Both the options proposed by the HEQC, in our opinion, do not fast track closing the articulation gap for postgraduate studies.

The second challenge faced by students relates to the time commitment required due to the programme WIL requirements. The new PGDip nursing programmes require students enrolling for clinical programmes to accumulate a minimum of 720 WIL hours and 460 theory hours; theory and clinical should be integrated. This has resulted in a situation where a student will need full time study leave to complete a programme. Many of the programmes have been accredited as one-year full time offerings with very stringent requirements for class attendance and WIL. Anecdotal experience has shown that most postgraduate nursing students work full time and cannot afford to take unpaid leave to study. The DoH can also simply not afford to give students full time study leave, or they can only provide opportunities to a select few, due to severe human resource constraints.

The impact of the pandemic has had severe negative consequences on human resources for health as well as the economy, in general. The interplay between the two is the constraints that the DoH have to offer full time study leave to its staff despite the need for specialist nurses and on the other hand, the need for nurses whose families have been impacted financially to maintain their jobs.

The third challenge relates to international students. In the past, many international students have enrolled for non-clinical programmes such as Nursing Education and Nursing Management (Health Services Management). However, according to R.635 3. (1) In order to be admitted to the programme, a person must have current registration with the Council as either (a) a Professional Nurse; or (b) a General Nurse with a midwifery qualification. The process of registration of foreign qualifications with the SANC is a lengthy process, and in some instances requires the applicant to undertake a SANC examination (South African Nursing Council, 2016). After successful registration with the SANC, these students will need to apply for leave of absence from their work should they want to study in South Africa due to the WIL requirements of the programmes. The unforeseen costs of the programme also significantly increase for these students. This will limit the contribution of South Africa to educating and supporting the specialist nursing workforce in Africa.

Fourthly, anecdotal experience from students enrolled in the new

programmes has been that they did not anticipate the increased costs of study due to having to travel to attend classes and the clinical placement at selected clinical facilities or NEIs. Further, students have struggled with the full academic timetables of the one-year PGDip programme, even if they obtain full time study leave, while also acknowledging that they are adult learners who might have several other roles and responsibilities.

It appears that the current restrictive format of PGDip programmes threatens the education and training of a sufficient number of nurse specialists. This highlights the need for transformative learning and teaching strategies, including distance education models, to advance nursing and midwifery education (Bvumbwe & Mtshali, 2018).

7. Future directions and recommendations

We invite nurses, nurse academics and other key stakeholders to engage and debate the current challenges and unite to create solutions. As a start, NEIs could be allowed a transition period to provide opportunity to ensure sufficient numbers of trained Nurse Educators, Nurse Specialists and master's degree qualified nurses, in order to offer the PGDip programmes. One solution to the Nurse Educator shortage, as suggested in the State of the World's Nursing Report (World Health Organisation (WHO), 2020), is to pool resources across institutions and countries. The practicality, however, needs unpacking. Due to the relatively low remuneration of specialist nurses in the higher education sector, NEIs lack competitiveness to attract such nurses. NEIs and the DoH should explore the utilisation of joint appointments of specialist nurses to improve the status, attractiveness and remuneration of expert clinicians in nursing education (World Health Organisation (WHO), 2020). Academic-clinical partnerships through upscaling the training of clinical preceptors is another solution that should be explored further, especially regarding incentivising and reviewing the job description of nurse specialists in practice who function as preceptors for PGDip students.

NEIs should strategically plan the PGDip offering within and across provinces to supply the need of the country. Currently, some specialisation offerings are concentrated in one province. It is concerning that many clinical specialist qualifications have not yet been accredited by the SANC which may result in a critical skills gap. Addressing this gap will require significant investment and multi-level stakeholder engagement.

A critical discussion related to the clinical platform is needed. We should debate whether clinical facility accreditation can be transferrable between NEIs e.g., sites accredited for specific programmes could be available for all NEIs and clinical placements managed by the DoH or other accredited health authorities. This is particularly relevant for health care facilities within a province, but there can be arrangements for interprovincial access, especially in provinces with no NEIs offering specialist nursing programmes, and remote rural areas. However, this might be challenging because currently, the SANC requirements for interprovincial clinical placement of students for experiential learning is similar to placement within the province (South African Nursing Council, 2021). Due to the high demand for clinical placement in urban areas, NEIs should explore using distributed clinical placement models as an alternative. In addition, more investment in telehealth and simulation laboratories with augmented or virtual reality capabilities is needed.

The placement of PGDip Nursing Education students at any SANC accredited NEI, for work integrated learning, should be considered sufficient. Nursing Education students working at an accredited NEI should therefore be allowed to complete the practice requirements at their place of employment, especially in cases where they register for PGDip Nursing Education in another province because there is no NEI accredited to offer this programme in the province where they reside. This also means that a MOA should not be required.

NEIs could engage the SANC and CHE to allow NEIs to offer PGDip

programmes that are more flexible, and incorporate where necessary, multiple modes of offering, such as online, blended and hybrid learning, and allow for an extension of the time for nurses to complete the new theory–practice integrated programmes. In this instance, part-time programmes should be considered. This will significantly improve access to such programmes. However, this will impact the length of study leave which, as mentioned, is already a challenge for DoH. Communities of practice could be created to explore how best to offer nursing education via blended or part time modes of offering whilst maintaining high standards. To support this, investment in developing the digital literacy skills of nurse educators is urgently needed.

To address the articulation gap, the University of the Western Cape made a proposal to the SANC in November 2022 to offer an Advanced Diploma in Nursing and Health Care. However, the SANC in response to the proposal indicated that “there are new proposals that were presented by CHE on the matter of articulation for the nurses who trained under the legacy nursing qualifications. It might not be necessary to develop such a programme.” At the time of writing this article, these new proposals were not yet published.

Accreditation bodies and NEIs could create communication platforms and communities of practice that are more inviting for nurse academics to engage, and that can facilitate problem-solving and innovation.

We acknowledge the efforts made thus far, however, educational institutions globally are struggling to renew their programmes and curricula to remain relevant at a pace that parallels societal progress. There is an urgent need for all stakeholders to come together to address the challenges in the specialist nursing education programmes and put forward recommendations to ensure a sustainable specialist nursing workforce in South Africa.

8. Conclusion

Ensuring successful nursing education reform requires collaborative and proactive conversations between all stakeholders. In this regard, Zawada (2020) reminds us that the transformation of the curriculum requires a critical review of the national higher education framework, professional regulatory influences, and the accreditation of qualifications.

Author contributions

Talitha Crowley: Conceptualisation, Writing the initial draft, review & editing. Felicity Daniels: Conceptualisation, Writing – review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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