REGULATIONS REGARDING SCOPE OF PRACTICE FOR NURSES AND MIDWIVES

The Minister of Health intends, under section 58(1)(q), read with Chapter 2, of the Nursing Act, 2005 (Act No. 33 of 2005), and after consultation with the South African Nursing Council, to make the Regulations in the Schedule.

Interested persons are invited to submit substantiated comments or representations, in writing, on the proposed amendments to the Regulations, to the Director-General: Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Public Entities Governance, Ms M Mihloti.Mushwana@health.gov.za), within one month of the date of publication of this Notice.

DR ZWELINI LAWRENCE MKHIZE, MP
MINISTER OF HEALTH
DATE: 24/03/2020
SCHEDULE

Definitions

1. In these Regulations any word or expression to which a meaning has been assigned in the Nursing Act, 2005 (Act No. 33 of 2005) (the “Act”) shall bear such meaning and, unless the context indicates otherwise—

“advocate” means the process of providing support, referral, liaison, representation and protection of the interests of individuals and families who may or may not be aware of the need for, or are unable to coordinate or arrange, health care for themselves;

“assistant” means a medical practitioner and “assist” means to perform acts that fall within the scope of practice of a medical practitioner;

“basic nursing care” means practical self-care and activities of daily living interventions that assist health care users to promote and maintain their health status through the application of prescribed standards of care;

“child” has the meaning assigned to it in section 1 of the Children’s Act, 2005 (Act No. 38 of 2005);

“competence” means a level of performance demonstrating the effective application of knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting;

“competencies” means specific knowledge, skills, judgment and personal attributes required for a health care professional to practise safely and ethically in a designated role and setting;

“comprehensive nursing” relates to the scope of practice of a professional nurse and involves integrated nursing interventions that apply scientific processes to the full range of nursing (i.e. in the areas of general nursing, midwifery and mental health), to promote and maintain the health status of health care users, and includes managing a health establishment;
"general nursing care" relates to the scope of practice of a nurse and involves the promotion of health, the prevention of illness, the treatment of all health problems for, and rehabilitation of, individuals and groups, and includes managing a health care unit, as a subdivision of a health establishment;

"plan of care" means a strategy developed for a health care user by a professional nurse, midwife or staff nurse; and

"standardised plan of care" means a generic care plan developed for specified conditions or interventions.

Scope of nursing

2. (1) Nursing is a regulated profession comprising a body of scientific knowledge and skills practised by persons referred to in section 30 of the Act and registered in terms of section 31 of the Act.

(2) The Act, as well as the regulations, rules and codes made in terms of the Act, provide the legal and ethical framework for the practice of nursing.

(3) The practice of nursing is a dynamic process that provides and maintains the care of individuals, groups and communities that are faced with actual or potential health problems.

(4) Nursing is a dynamic process, which—

(a) promotes, supports and restores health status;

(b) assists, counsels and educates a healthcare user to maintain the basic activities of daily living;

(c) requires judgment within a caring therapeutic relationship with health care users, informed by the context in which it is practised;

(d) maintains the continuity and coordination of health care;

(e) provides continuous support and care to health care users, irrespective of their state of health and through all stages of life;

(f) provides and maintains a safe and conducive environment for health care;
allows for the execution of treatment or administration of medication prescribed by an authorised registered person;

prevents illness, injury or disability, and alleviates pain and suffering; and

engages in the administration, education, teaching or research required to implement or complement the nursing practice.

Title of professional nurse

3. The title of a professional nurse may only be used by a person who—

(a) has met the prescribed educational requirements for registration as a professional nurse in the Regulations relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner Leading to Registration in the Categories Professional Nurse and Midwife, published in Government Notice No.R. 174 of 8 March 2013;

(b) has acquired and maintains the competencies to practise as a professional nurse; and

(c) is registered as a professional nurse in terms of section 31(1)(a) of the Act.

Scope of practice of professional nurse

4. (1) It is within the competence of a professional nurse to assume full responsibility and accountability for—

(a) providing comprehensive nursing treatment and care of persons in all health care settings;

(b) managing the nursing care of individuals, groups and communities;

(c) providing emergency care;

(d) ensuring the safe implementation of nursing care and the execution of treatment or the administration of medication prescribed by an authorised registered person;

(e) delegating nursing care, ensuring that nursing care is only delegated to competent practitioners or persons;
preparing and supporting a patient throughout the operative, diagnostic and therapeutic acts, and

facilitating the attainment of optimum health for the individual, the family, groups and the community, inclusive of a child and geriatric person.

The professional and ethical practice of a professional nurse requires a practitioner to—

(a) demonstrate knowledge of and insight into legislation relevant to the practice of nursing, midwifery and health care in the Republic;

(b) practise nursing in accordance with the legislation relevant to nursing, midwifery and health care in the Republic;

(c) protect the human rights of individuals, groups, and communities within the health care environment;

(d) practise nursing in an ethically just manner;

(e) create and maintain an enabling environment for ethical practice;

(f) accept and assume accountability and responsibility for his or her own actions and omissions within the legal and ethical parameters of a dynamic health care environment; and

(g) advocate for the rights of health care users.

The clinical practice of a professional nurse is to provide comprehensive nursing care and management for the nursing treatment and rehabilitation for all health problems of individuals, groups and communities as an independent practitioner, which practice requires a practitioner to—

(a) develop an integrated, comprehensive nursing care plan for the promotion of activities of daily living, self-care, treatment and rehabilitation of health care users, also taking cognisance of natural, biological and psychosocial sciences;

(b) provide direction for the implementation of the nursing care plan;
(c) provide supervision for nursing care and execution of treatment or the administration of medication prescribed by an authorised registered person;

(d) initiate and maintain a therapeutic relationship with health care users;

(e) facilitate the establishment and maintenance of an environment in which health care can be provided safely and optimally;

(f) review the nursing practice continuously against professional standards and within the relevant context;

(g) facilitate the continuity of care in collaboration with relevant members of the health care team;

(h) effectively manage a health facility or service;

(i) assess and plan for the health care information needs, and respond accordingly;

(j) assess the health care, nursing and midwifery care needs of individuals and groups;

(k) diagnose and prioritise individual health care and nursing care needs, based on comprehensive analysis and the interpretation of data;

(l) manage and coordinate nursing care within the health care setting;

(m) refer a health care user timeously and appropriately to other members of the multidisciplinary team;

(n) evaluate a health care user’s progress towards expected outcomes and revise nursing care plans in accordance with evaluation of data;

(o) facilitate the creation and maintenance of an environment that promotes safety, security and integrity of health care users;

(p) create and maintain a complete and accurate nursing record for individual health care users;

(q) promote and empower health care users, through health counselling and education, to participate in health care to achieve self-reliance;
(r) demonstrate and maintain adequate knowledge and skills of safe practice; and

(s) prepare and support a patient throughout the operative, diagnostic and therapeutic acts.

(4) The quality of nursing practice of a professional nurse requires the practitioner to—

(a) participate in the development and maintenance of a plan to improve the quality of nursing and health care;

(b) implement and manage a quality improvement plan for his or her own context of practice;

(c) participate in the auditing of the quality of nursing and health care;

(d) incorporate appropriate and current research findings to ensure an evidence-based nursing practice;

(e) commit to the development, maintenance and facilitation of quality nursing practices;

(f) identify own learning needs and to maintain knowledge and skills required for competent and independent nursing practice;

(g) actively engage in the development of standards, criteria and indicators for quality nursing and health care;

(h) create an environment and learning opportunities that foster professional growth and improvement in nursing care practice;

(i) actively engage in the education and training of learners, students and colleagues in the health care system; and

(j) assist with the development of nursing standards for the improvement of care through research.
Limitations of scope of practice of professional nurse

5. A professional nurse—

(a) may not set up a private practice without obtaining a licence in terms of the relevant legislation;

(b) must comply with the provisions of all the relevant legislation;

(c) may not act as an assistant to a medical practitioner during surgical procedures; and

(d) may not act as an assistant to a surgeon.

Title of staff nurse

6. The title of a staff nurse may only be used by a person who—

(a) has met the prescribed educational requirements for registration as a general nurse in the Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse (General, Psychiatric and Community) and Midwife leading to Registration, published in Government Notice No. R.425 of 22 February 1985;

(b) has acquired and maintains the competencies to practise as a staff nurse; and

(c) is registered as a staff nurse in terms of section 31(1)(c) of the Act.

Scope of practice of staff nurse

7. (1) It is within the competence of a staff nurse to assume full responsibility and accountability for—

(a) the provision of nursing treatment and care of persons in all health care settings;

(b) the management of nursing care of individuals, groups and communities;

(c) the provision of emergency care;

(d) ensuring the safe implementation of nursing care;
(e) the care of persons with health conditions in all settings;

(f) the provision of nursing care delegated to him or her; and

(g) the delegation of nursing care, ensuring that nursing care is only delegated to competent practitioners or persons.

(2) The professional and ethical practice of a staff nurse requires a practitioner to—

(a) demonstrate knowledge of and insight into the legislation relevant to the practice of a staff nurse in the Republic;

(b) practise general nursing in accordance with the legislation relevant to nursing and health care in the Republic;

(c) protect the human rights of individuals, groups and communities within the health care environment;

(d) practise general nursing and health care in an ethically just manner;

(e) create and maintain an enabling environment for ethical practice; and

(f) accept and assume accountability and responsibility for his or her own actions and omissions within the relevant legal and ethical parameters.

(3) The clinical practice of a staff nurse is to provide general nursing care for the treatment and rehabilitation of individuals and groups, which practice requires a practitioner to—

(a) develop an integrated general nursing care plan for the prevention of illness, promotion of activities of daily living, self-care, treatment and the rehabilitation of health care users, also taking cognisance of natural, biological and psychosocial sciences;

(b) plan and provide direction for the implementation of the nursing care plan;

(c) provide supervision for nursing care and the execution of treatment or administration of medication prescribed by an authorised registered person;

(d) establish and maintain an environment in which health care can be provided safely and optimally.
initiate and maintain a therapeutic relationship with health care users;

review the nursing practice continuously against professional standards and within the relevant contexts;

maintain continuity of health care for health care users;

effectively manage a health care unit;

assess and plan for the nursing care information needs, and respond accordingly;

advocate for the rights of health care users;

promote and empower health care users, through health counselling and education, to participate in health care to achieve self-reliance;

assess the health care and nursing needs of individuals and groups;

diagnose and prioritise individual health care and nursing care needs, based on the general analysis and interpretation of data;

manage and coordinate nursing care within the health care setting;

ensure the referral of a health care user timeously and appropriately to other members of the multidisciplinary team;

evaluate health care users' progress towards expected outcomes and revise nursing care plans in accordance with the evaluation data;

create and maintain a complete and accurate nursing record for individual health care users;

demonstrate and maintain adequate knowledge and skills for safe practice; and

prepare and support a patient throughout the operative diagnostic, and therapeutic acts.

The quality of the nursing practice of a staff nurse requires the practitioner to—
(a) ensure the maintenance of set standards to improve the quality of nursing care;

(b) implement and manage a quality improvement plan for his or her own context of practice;

(c) incorporate appropriate and current research findings to ensure an evidence-based nursing practice;

(d) demonstrate and maintain a commitment to life-long learning to practise as a safe practitioner;

(e) identify own learning needs and maintain knowledge and skills required for a competent and independent nursing practice;

(f) participate in the development of standards, criteria and indicators for quality nursing and health care;

(g) participate in the auditing of the quality of nursing and health care;

(h) create an environment and learning opportunities that foster professional growth and improvement in the nursing practice;

(i) actively engage in the education and training of learners in the health care system; and

(j) assist with the development of nursing standards for the improvement of care through research.

Limitations of scope of practice of staff nurse

8. A staff nurse—

(a) may not take responsibility and accountability for managing overall nursing care in a health facility, establishment or service;

(b) must comply with the provisions of all the relevant legislation; and

(c) may not set up or conduct a private practice.
Title of auxiliary nurse

9. The title of an auxiliary nurse may only be used by a person who—

(a) has met the education requirements for registration as an auxiliary nurse prescribed in the Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner leading to Registration in the Category Auxiliary Nurse, published in Government Notice No.R. 169 of 8 March 2013;

(b) has acquired and maintains the competence to practice as an auxiliary nurse; and

(c) is registered as an auxiliary nurse in terms of section 31(1)(d) of the Act.

Scope of practice of auxiliary nurse

10. (1) The scope of practice of an auxiliary nurse is to provide basic nursing care and the primary responsibilities entail—

(a) providing basic nursing care, as determined and delegated by a professional nurse, staff nurse, or enrolled nurse;

(b) providing basic nursing care in accordance with a standardised plan of care;

(c) providing assistance and support to a person for the activities of daily living and self-care;

(d) rendering basic first aid; and

(e) providing assistance and support to individual patients, families and communities to promote health, prevent injuries and illness and maintain the health status of all health care users.

(2) The professional and ethical practice of an auxiliary nurse requires a practitioner to—

(a) demonstrate an understanding of the legislation relevant to the practice of an auxiliary nurse in the Republic;
(b) practise basic nursing in accordance with the legislation relevant to nursing and health care in the Republic;

(c) protect the human rights of individuals and groups within the health care environment;

(d) practise nursing and health care in an ethically just manner;

(e) maintain an enabling environment for ethical practice; and

(f) accept and assume accountability and responsibility for his or her own nursing actions and omissions within the relevant legal and ethical parameters.

(3) The clinical practice of an auxiliary nurse is to provide basic care to individuals, families and groups. Such practice requires a practitioner to—

(a) provide nursing care in accordance with the determined plan of care;

(b) utilise learning opportunities to improve his or her own nursing practice;

(c) assist with the maintenance of continuity in health and care;

(d) observe, record and report the health status of health care users;

(e) establish and promote a supportive and helping relationship with sensitivity to diverse health care users;

(f) maintain an environment that promotes safety, security and rights of health care users;

(g) advocate for the rights of health care users;

(h) promote health in a culturally sensitive manner by effectively communicating health information;

(i) demonstrate and maintain adequate knowledge and skills for safe practice; and

(j) prepare and support a patient throughout the operative, diagnostic and therapeutic acts.
(4) The quality of the nursing practice of an auxiliary nurse requires the practitioner to—

(a) participate in the maintenance of set standards to improve the quality of nursing care;

(b) utilise learning opportunities to improve his or her own nursing practice; and

(c) demonstrate and maintain a commitment to life-long learning to practise as a safe practitioner.

Limitations of scope of practice of auxiliary nurse

11. An auxiliary nurse—

(a) may only render basic nursing care that is based on a prescribed plan of care and set standards;

(b) must be supervised by a professional nurse, staff nurse, registered nurse and enrolled nurse in situations where there is no prescribed plan of care or set standards;

(c) must comply with the provisions of all the relevant legislation; and

(d) may not set up or conduct a private practice.

Scope of midwife

12. Midwifery is a regulated profession, practised according to a legal and ethical framework by persons registered under section 31(1)(b) of the Act, that—

(a) promotes, maintains, restores and supports the health status of a woman during pregnancy, labour and the puerperium;

(b) is a dynamic process based on scientific knowledge, skills and judgment within a caring therapeutic relationship with health care users, informed by the context in which it is practised; and

(c) prevents and manages complications arising from pregnancy, labour and the puerperium.
Title of midwife

13. The title of a midwife may only be used by a person who—

(a) has met the prescribed education requirements for registration as a midwife;

(b) has acquired and maintains the competence to practise as a midwife; and

(c) is registered as a midwife in terms of section 31(1)(b) of the Act.

Scope of practice of midwife

14. (1) It is within the competence of a midwife to assume full responsibility and accountability for—

(a) promoting, maintaining, restoring and supporting the health status of a woman and her child during pregnancy, labour and the puerperium;

(b) providing comprehensive care of a woman during pregnancy, labour and puerperium in all health care settings;

(c) promoting comprehensive reproductive health within the family context;

(d) providing emergency care;

(e) ensuring the safe implementation of maternal and neonatal care; and

(f) delegating midwifery care, ensuring that such care is only delegated to competent practitioners or persons.

(2) The professional and ethical practice of a midwife requires a practitioner to—

(a) demonstrate knowledge and insight into legislation relevant to the practice of midwifery and neonatal health care in the Republic;

(b) practise midwifery and neonatal health care in accordance with the legislation relevant to midwifery and neonatal health care in the Republic;

(c) protect the human rights of individuals and groups within the health care environment;

(d) practise neonatal health care in an ethically just manner;
(e) create and maintain an enabling environment for ethical practice; and

(f) accept and assume accountability and responsibility for his or her own actions and omissions within the legal and ethical parameters of a dynamic health care environment.

(3) The clinical practice of a midwife is to provide care and management as an independent practitioner, of all aspects that influence the course of pregnancy, labour and the puerperium, and the newborn baby, which practice requires a practitioner to—

(a) develop and implement an integrated comprehensive midwifery and neonatal care plan for the promotion of activities of daily living, self-care, treatment and rehabilitation of health care users;

(b) provide direction for the implementation of the midwifery and neonatal care plan;

(c) provide supervision for midwifery and neonatal care;

(d) initiate and maintain a therapeutic relationship with health care users;

(e) establish and maintain an environment in which health care can be provided safely and optimally;

(f) review midwifery and neonatal practice continuously against professional standards and within the relevant context;

(g) facilitate continuity of care in collaboration with relevant members of the health care team;

(h) manage effectively a maternity or obstetric unit;

(i) assess and plan for the health care information needs, and respond accordingly;

(j) advocate for the rights of health care users;

(k) promote and empower health care users to participate in health care to achieve self-reliance;

(l) assess midwifery and neonatal needs;
(m) diagnose, interpret and prioritise midwifery and neonatal needs, based on comprehensive analysis and the interpretation of data;

(n) manage and coordinate midwifery and neonatal care within the health care setting;

(o) refer a health care user timeously and appropriately to other members of the multidisciplinary team;

(p) evaluate a health care user's progress towards expected outcomes and revise midwifery and neonatal care plans in accordance with evaluation data; and

(q) prepare and support a patient throughout the operative, diagnostic and therapeutic acts.

(4) The quality of practice of a midwife requires the practitioner to—

(a) participate in the development and maintenance of a plan to improve the quality of midwifery and neonatal health care;

(b) implement and manage a quality improvement plan for his or her own context of practice;

(c) participate in the auditing of the quality of midwifery and neonatal health care;

(d) incorporate appropriate and current research findings to ensure evidence-based midwifery and neonatal health care practice;

(e) commit to the development, maintenance and facilitation of lifelong learning for self and others;

(f) identify his or her own learning needs and maintain knowledge and skills required for competent and independent midwifery and neonatal health care practice;

(g) actively engage in the development of standards, criteria and indicators for quality midwifery and neonatal health care;
(h) create an environment and learning opportunities that foster professional growth and improvement in midwifery and neonatal health care practice;

(i) actively engage in the education and training of learners or students in health care;

(j) assist with the development of midwifery and neonatal health care standards for the improvement of care through research;

(k) create and maintain an environment that promotes the safety, security and integrity of health care users;

(l) create and maintain complete and accurate midwifery and neonatal health care records for individual health care users;

(m) advocate for the rights of health care users;

(n) promote and empower health care users to participate in health care to achieve self-reliance; and

(o) demonstrate and maintain adequate knowledge and skills for safe practice.

Limitations of scope of practice of midwife

15. A midwife-

(a) may not set up a private practice without obtaining a licence in terms of relevant the legislation;

(b) must comply with the provisions of all the relevant legislation; and

(c) may not act as an assistant to a medical practitioner during surgical procedures.
16. The following Regulations published in the Gazette are hereby repealed:

<table>
<thead>
<tr>
<th>Government Notice No.</th>
<th>Date of publication</th>
<th>Extent</th>
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<tbody>
<tr>
<td>R.2598</td>
<td>30 November 1984</td>
<td>Chapter 1: in as far as it relates to the Scope of Practice of Nurses and Midwives Chapter 2: in toto Chapter 3: in toto</td>
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<td>Amended by:</td>
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<td>R.1469 10 July 1987</td>
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<td>R.2676 16 November 1990</td>
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<td>R.260 15 February 1991</td>
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17. These Regulations are called the Regulations Regarding the Scope of Practice for Nurses and Midwives, 2020.