

What does the Occupation-Specific Dispensation (OSD) in the public service mean for nursing?



The year 1994 was a most significant one for transformation for all of South Africa. Health and education in its entirety was one of the first transformative issues to be addressed.

In 1995, the National Qualification Framework (NQF) was established in order to align the South African education and training systems with those of international standards of best practice. The intention behind this radical move was to provide quality education and training, thus encouraging lifelong learning. Consequently in the same year the South African Qualification Authority (SAQA)¹ was formed to oversee the development and implementation of the NQF in all areas of education and training, including nursing and midwifery.

In order for SAQA to monitor such management systems, it accredited (provisional/full) institutions/statutory bodies called Education and Training Quality Assurers (ETQAs). The South African Nursing Council (SANC) is the provisional ETQA for nursing and midwifery. To be awarded full accreditation as an ETQA, it had to develop a CPD system for nurses and midwives.

The Department of Labour also joined the educational and training drive by introducing the Skills Development Act 97 of 1998 and the Skills Levies Act 9 of 1999 by establishing 25 Sector Education and Training Authorities (SETAs) to assist in favourable outcomes of the Skills Development Act and the Skills Levy Act. Nursing and midwifery fall under the Health and Welfare Sector Education and Training Authority (HWSETA).²

In 1997, the Department of Health presented the White Paper for the Transformation of the Health System in South Africa, published as Notice 667 of 1997 in the *Government Gazette* No. 17910.³ Chapter 4 of the White Paper sets out the intentions for the future development of human resources. One of the main principles listed was the training and development of health personnel, albeit with special emphasis on the primary health care approach.

It can therefore be debated that the development of a continuing professional development (CPD – a structured, well-planned and organised flow of a series of components, input, throughput and output, with

role players who will effectively influence each other to achieve a desired output of continuously updating and mastering nursing and midwifery competencies)⁴ system for all nurses and midwives who are registered to practise with the SANC (R2598 30 November 1984 as amended), would contribute to the adherence to the principle of human resource development. A useful document in this regard is Kaye-Petersen's 'A Continuing Professional Development System for Nurses and Midwives in South Africa'.⁵

Furthermore, the Department of Health drafted a strategy – the Health Sector Strategic Framework, which has a 10-point plan requiring that CPD programmes be:

- Developed by health professionals
- Compliant with the learning needs of individual health professionals, and
- Developed to measure the competencies of health professionals on a continual basis.

The 10-point plan also aims to improve the quality of patient care by:

- The introduction of peer review and clinical audits at all health facilities in the country
- The training of health professionals in strategies to improve the quality of care rendered
- Plans for continuing professional development.

Even with all these structures and legislation in place, nurses and midwives continue to leave nursing. Should they stay, are they skilled and competent, considering that some 12 years after the inception of education and training transformation in this country, the SANC still is only a provisional ETQA and has not obligated its brief to implement a CPD system for nurses and midwives in this country?

One can now argue that in order to retain nurses (who may not be appropriately skilled to render quality service and/or patient care), Plan B came into operation by the introduction of the Occupation-Specific Dispensation (OSD).⁶ The intention behind this move is to improve government's ability to attract and retain 'skilled' employees through improved remuneration.

The implementation of the OSD will put in place a proper career-pathing model for all occupational categories. Such a career-pathing model is not an

automatic salary increase but a forward - planning framework to systematically increase salaries after predetermined periods based on specific criteria such as performance, qualification, scope of work and experience.

My argument is that once the 'skilled' nursing force has been remunerated, what quality assurance measures will be in place to ensure that these 'skilled' nurses remain skilled and competent and deserving of further increments within the OSD structures?

There are expectations that a somewhat substantial amount of money will be coming the way of public servants with the first increment of the OSD. But thereafter, who will be the watchdog or ombudsman to ensure that nurses and midwives are further 'skilled' to reach the next notch with no CPD system in place?

Could the implementation of the OSD and the highly unsatisfactory performance of the SANC with still no

CPD system in place be the downfall of what was once a respected and highly skilled caring profession?

Money cannot replace quality human care, and most of all competence.

Nicola A Fouché

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5. Kaye-Petersen E. A Continuing Professional Development System for Nurses and Midwives in South Africa. <http://etd.rau.ac.za/theses/available/etd-10122005-121003/> (last accessed 5 November 2007).
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Tuesday 5th – Friday 8th August 2008, Cape Town International Convention Centre

The Combined Congress of the Critical Care Society of Southern Africa and South African Thoracic Society for 2008 will take place at the Cape Town International Convention Centre in Cape Town from 5th to 8th August.

The Executive Board meeting of the World Federation of Paediatric Intensive and Critical Care Societies will take place at the same time, and the International board members will be invited speakers at the Congress.

There will be specific tracks for paediatric and neonatal intensive care, critical care nursing and adult intensive care. Other tracks will include: nutrition; critical care within the emergency medicine context; resuscitation; organization of critical care and quality of care.

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