

Responding to Post-School Education Policy Reforms: A Case Study on the Incorporation of Nursing Colleges into the Post-School Education and Training System of South Africa

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Abstract

Amongst the diverse providers of nursing education in South Africa, public nursing colleges have over the years produced 80% of pipeline nursing professionals. The demand imposed by the reorganisation of health services toward universal health coverage, together with the recent changes to the post-school legislation introduced by the Department of Higher Education and Training has required a repositioning of nursing colleges within the new milieu. If public nursing colleges did not comply with post-school education prescripts, they would not be eligible to offer programmes that are aligned to the Higher Education Qualification Sub-framework.

The purpose of this article is to provide an account on progress and lessons learnt towards repositioning public nursing colleges within the new higher education milieu as a legal requirement for offering new nursing programmes leading to registration in any of the new nursing categories prescribed in the Nursing Act.

The National Department of Health has, through the stewardship of its Chief Nursing Officer facilitated an intense process from 2016 to 2019 of preparing public nursing colleges to meet the requirements for accreditation as higher education institutions. Chief among these activities was the development of a national policy for nursing education informed by and designed around health service demands and underpinned by higher education principles to direct provisioning of nursing education and training. Parallel to the policy, the state of readiness of public nursing colleges was measured against the Council for Higher Education determined criteria for programme accreditation.

Lessons emanating from this process are being used to accelerate preparation for accreditation of programmes leading to professional qualifications in nursing and other related health sciences programmes offered at college level to ensure sustained production of nurses with requisite skills mix required for a responsive health care system.

Keywords: higher education institution, nurse educators, nursing education, public nursing colleges, repositioning, South Africa

Abbreviations

CPASSA College Principals and Academic Staff of South Africa

CHE Council for Higher Education

DHET Department of Higher Education and Training

DOE Department of Education

HEQSF Higher Education Qualification Sub-framework

NDoH National Department of Health

NHC National Health Council

NQF National Qualifications Framework

NEI Nursing Education Institution

PDoH Provincial Health Departments

SANA South African Nursing Association

SANC South African Nursing Council

SAQA South African Qualifications Authority

1. Background

Public nursing colleges are the majority producers of nursing professionals in the country with an output of up to 80% of pipeline nursing professionals. The demand imposed by the reorganisation of health services toward universal health care with an emphasis on primary health care, together with reforms of the post-school education landscape driven by the recent changes to the post school legislation introduced by the Department of Higher Education and Training (DHET) has required a repositioning of public colleges within the new milieu.

Nursing education and training must occur within a policy landscape that is governed by both health and higher education legislation and through shared responsibilities and oversight of both DHET and National Department of Health (NDoH) (Oxford, 2016; Republic of South Africa, 2019). All nursing education institutions (NEIs), whether public or private are expected to comply with post-school education prescripts that would enable them to offer programmes that are aligned to the Higher Education Qualification Sub-framework (HEQSF) while ensuring that qualifications obtained are commensurate with the prescribed scopes of practice.

This article provides a historical account of efforts to reposition nursing education and training offered by public colleges within the applicable legislative, regulatory and policy frameworks in both the health and higher education sectors. The historical account of developments in nursing education and training informs the current model and policy options within which nursing education and training is framed.

1.1 Historical context: Towards positioning of Nursing Colleges within the Higher Education landscape

Prior to 1994 public nursing colleges were established under a range of health policy directives and to a lesser extent higher education legislative prescripts. These were primarily provincial ordinances determined by each of the Provincial health departments (PDoHs). Under these prescripts nursing colleges were under the jurisdiction of and were funded as part of the hospital establishment within which they were located. The location and management of Nursing Colleges as part of the hospital invariably led to a classification of college-based nursing education as vocational training despite offering a diploma programme which in other sectors would be considered a higher education qualification.

The promulgation of the Health Act No 66 of 1977 and the acknowledgement by then Minister of Health of the centrality of the nursing profession in the provisioning of comprehensive health services clarified and confirmed the need for a comprehensive education and training programme for professional nurses (Searle, 1983). However, there was no national policy framework to provide a directive on the organisational arrangements that would enable nursing colleges to offer the envisaged comprehensive post-secondary school programmes. As a result, despite the introduction of a comprehensive training programme for nurses at colleges, these remained under the control of hospitals within which they were located.

The location of the nursing colleges within health facilities rather than as stand-alone training institutions led to the exclusion of these colleges from the formal education sector as defined by the de Lange commission of enquiry into higher education. The de Lange Commission was established in June 1980 after cabinet requested the Human Sciences Research Council to conduct an in-depth scientific and co-ordinated investigation into all facets of education emanating from the 1976 conflicts up to 1980. Its investigation covered all levels of education, namely preschool, primary, secondary, and tertiary. The commission was expected to make recommendations to cabinet after 12 months (June 1981) on the guiding principles for a feasible education system in South Africa, to ensure, amongst others: improvement of quality of life for all citizens; organisation, control structure and financing of education; machinery for consultation and decision making in education; and a programme for making education of the same quality available for all population groups (HSRC, 1981).

The commission subsequently defined formal education as “education that takes place in recognised educational institutions such as schools, colleges, technikons and universities and proceeds in a planned manner” (Searle, 1983, p.8). The commission further defined non-formal education as “education which is planned and highly adaptable and takes place in institutions, organisations and situations outside the formal and informal education provisions, such as in-service education in the work situation” (Searle, 1983, p.8).

The de Lange recommendation that invariably excluded public nursing colleges from the formal education system was challenged by both the regulatory body, that is, the South African Nursing Council (SANC) and the professional association of the time, the South African Nursing Association (SANA). These organisations successfully argued for the recognition of a college diploma programme in Nursing as formal education.

Consequent to their representations, a policy directive from the then Minister of Health issued in 1982 made provisions for the development of a regulatory framework for the pre-registration of a comprehensive and formal training programme for nurses that gave rise to the current regulations governing the four-year comprehensive programme leading to registration as a Registered Nurse and Midwife (Searle, 1983).

Subsequent to the recognition of nursing education as “formal”, the Van Wyk commission was established to advise the nursing profession on options for offering college-based nursing education that would lead to a recognised Higher Education diploma (Searle, 1983). The commission offered the proposal that nursing colleges could be affiliated to universities along the same principles as teacher training colleges (Searle, 1985). In adopting this proposal, nursing colleges established councils and senates in terms of the affiliation agreements with the relevant university nursing departments. In terms of the affiliation agreements universities were responsible for oversight on the quality and standards of the diploma programme offered by the colleges and were represented on the councils and senates of the colleges. Meanwhile colleges retained the responsibility for administration, management and governance of their programmes.

While this may have seemed to be a feasible option for offering the nursing diploma programme that is recognised as formal post-secondary education qualification, nursing college programmes remained incoherent, with inappropriate articulation (National Department of Health, 2019). Although the comprehensive four-year nursing programme leading to registration as a Nurse (General, Psychiatric and Community) and Midwife has been offered from 1986 to date by both universities and colleges, it was offered through a degree programme designated for universities and a diploma programme designated for colleges, notwithstanding the affiliation arrangement. However, these separate and parallel qualifications for universities and colleges have caused disharmony in terms of smooth access, progression, articulation and transfer between institutions and programmes and flouts the principles fundamental to post school education system (National Department of Health, 2019). The legacy comprehensive programme was phased out in 2019 in line with higher education prescripts, in preparation for the offering of new programmes.

Another factor is that the affiliation model is costly for the colleges, hence it was always seen as an interim measure. Notwithstanding the intended academic quality outcomes of the affiliation model, it can also be argued that the structural and organisational relationship under the model inevitably confined colleges to some state of underdevelopment wherein there was no vision to uplift colleges to an extent that they could independently offer programmes and offer competition to university-based nursing departments until a breakthrough of legislative reforms. Notably, the affiliation-related activities were funded through the college budgets. Therefore, universities not only benefitted financially on an annual basis from the affiliation model but also from the perpetual ‘underling’ status of nursing colleges. Given that this model has been implemented for more than three decades, and stakeholders have become accustomed to the arrangements therein, some have advocated for its continuation under the semblance of an agency model as a measure to avert reduced nurse production by nursing colleges (Armstrong et al., 2019), instead of calling for a renewed commitment for reforms within the nursing college sector.

1.2 A Renewed Focus towards Positioning of Nursing Colleges within the Higher Education Landscape

According to Schedule 4 of the Constitution of the Republic of South Africa (Act No 108 of 1996), tertiary education is excluded from the functional areas of concurrent national and provincial legislative competence, signifying that all tertiary education should be a national competence (Republic of South Africa, 1996). This provision is affirmed by the Higher Education Act (Act No 101 of 1997, as amended) which stipulates that the DHET was established to enable a coherent and well-articulated offering of higher education, vocational education and skills development through a variety of post-school institutions (Republic of South Africa, 1997). The Higher Education Amendment Act (Act 39 of 2008) characterises higher education as a national competence of the DHET (Republic of South Africa, 2008). It therefore implies that if nursing education is to be considered as tertiary or post-secondary school education it should be under the jurisdiction of the national government.

In the late 1990s, in recognition of the provisions of the Higher Education Act, a process was initiated by the former Department of Education (DoE), to consider a function shift of colleges that provided tertiary education to the general population (colleges of education, colleges of agriculture, and nursing colleges), from provincial to national competence. As a result, in the early 2000s colleges of education were incorporated into the higher education sector under the governance of the DoE but leaving out all the other colleges located in line function ministries.

The White Paper on Higher Education Transformation provides for the integration of nursing colleges, among others, into the higher education (Republic of South Africa, 1997). It further provides for transitional arrangements wherein the listed colleges (including nursing colleges), would in the interim, continue to be administered,

controlled, and funded by the departments under whose jurisdiction they fell. The rationale for the provision was to ensure stability in the sector while the location of colleges is decided. The stability in the production of nurses was achieved as evident in consistent production of an average of 6 000 nurses per annum between 1998-2017 (South African Nursing Council, 2019). However, nursing colleges fell short of finalising their role within the post school education system agenda. Consequently, their programmes remained outside the ambit of the DHET's prescripts.

Section 21 (1) of the Higher Education Act 101 of 1997 as amended, stipulates that the Minister of Higher Education and Training may, after consultation with the Council for Higher Education (CHE), and by notice in the Gazette, declare any education institution providing higher education as a university, technikon or college, a subdivision of a university, technikon or college (Republic of South Africa, 1997). Further in Subsection 21 (3) (a) (iii) the Higher Education Act states that the Minister of Higher Education and Training may consult with the responsible Minister if the education institution is administered, controlled or funded by an organ of state other than the DHET (Republic of South Africa, 1997). However, no effort was made by the two departments to bring effect the provisions of the legislation. This invariably perpetuated the delays in integrating programmes offered by nursing colleges into the post school education system (Armstrong et al., 2019; Zwane & Mtshali, 2019).

The promulgation and subsequent proclamation of various sections of the Nursing Act No 33 of 2005 made provisions with implication for nursing education. Key to these was the creation of new categories of nurses that made it mandatory for the SANC to redefine the competency framework for nursing; review and update the scopes of practice and related regulations and determine educational requirements for nursing programmes (Republic of South Africa, 2005). Accordingly, in 2010 the first HEQSF-aligned qualifications for nursing professionals were finalised. However, the amendment of the National Qualifications Framework (NQF) Act in 2010 (Republic of South Africa, 2010) from an 8 tier qualifications framework to a 10-tier framework saw a re-alignment of nursing qualifications that had just been completed by SANC to the new NQF framework, resulting in further delays in the implementation of the new nursing qualifications.

Table 1 depicts how the provisions of the NQF Act have been applied to the nursing occupational field, by defining pathways for access, mobility and progression in education and training career paths. Nursing qualifications leading to professional registration in these categories will be offered in line with requirements of the HEQSF (National Department of Health, 2019).

Table 1. The new nursing qualifications

Registration with SANC (Nursing Act,2005)	Qualification Type	NQF Level	Duration
Doctorate in Nursing	PhD	10	3 years
Advanced Specialist Nurse	Masters	9	1 year
Nurse Specialist/ Midwife Specialist	Post-Graduate Diploma	8	1 year
Registered Professional Nurse & Midwife	Bachelor's degree	8	4 years
Registered Midwife	Advanced Diploma	7	1 year
Registered General Nurse	Diploma	6	3 years
Registered Auxiliary Nurse	Higher Certificate	5	1 year

Source: National Department of Health (2019).

The Higher Certificate in Nursing is a one-year programme that leads to registration as an auxiliary nurse and is aimed to produce a nurse who will deliver basic nursing care in a variety of settings. The Diploma in Nursing is a three-year qualification that will enable the nurse to function as a clinically focused, service orientated, and independent registered general nurse, who is able to render general nursing care. The Advanced Diploma in Midwifery is a one-year programme that leads to registration as a midwife, and is aimed to produce competent, independent and critical-thinking midwives, who will provide a wide range of midwifery healthcare. It is envisaged that other advanced diploma programmes will be introduced in a phased-in approach. The Bachelor's Degree in Nursing is a four-year programme that is aimed at producing a nurse and midwife who will contribute in the improvement of health outcomes for individuals, families, groups and communities through providing quality,

culturally sensitive and evidence-based nursing and midwifery health services. The Post Graduate Diploma (Nurse or Midwife Specialist) is a one-year programme leading to registration as a nurse/midwife specialist and is aimed at producing a nurse or midwife specialist who is able to function as a clinically focused, service-orientated, autonomous, nurse/midwife specialist. The master's and doctoral nursing programmes can be either research or professional (clinical).

2. Towards Integration of Public Nursing Colleges into the Post-School Education System

The consultation meeting between the two ministers sanctioned by the Higher Education Act in 1997 to explore a mechanism for incorporation of colleges falling within other line ministries into higher education eventually convened in 2016. Consequently, a feasibility study to determine options for integration of nursing colleges into the post school system was commissioned by the DHET (Department of Higher Education and Training, 2016). The feasibility study provided three possible options:

- Agency agreements with existing higher education institutions.
- The merger or incorporation of colleges into universities; and
- Repositioning of colleges as autonomous higher education institutions.

The **agency agreement** proposed collaboration between the colleges, universities and PDoHs on curricula, facilities and governance structures. The implementation of the affiliation model as recommended by the Van Wyk commission ensured that all public colleges have established governance structures. In addition, since 2010 the NDOH embarked on a facilities improvement initiative targeting colleges. On the other hand, the agency model does not provide for the application of the NQF principles to guide pathways for access; mobility and progression within the HEQSF aligned nursing qualification that were finalised by SANC in 2012.

The **merger or incorporation of nursing colleges into universities** implied a total migration of colleges to universities, including the transfer of all assets and liabilities associated with the colleges. The merger or incorporation model would necessarily require legislative reforms to guide the process. This model was not considered a feasible option for meeting the country's health needs.

The option of **repositioning colleges as autonomous higher education institutions** was the preferred model as enabling legislation in terms of administration, control and funding of nursing colleges by an organisation of state other than the Department of Higher Education and Training is in place (Republic of South Africa, 1997). This would be facilitated by the subsequent amendment and proclamation of the Higher Education amendment act (Act No. 9 of 2016) which made provision for the establishment of higher education colleges as a new institutional type within the sector to provide post school education (Republic of South Africa, 2016). The amendment of the Act was a deliberate move to redefine the role of public colleges, inclusive of nursing colleges within a post-school education system.

After enacting an enabling legislation framework to repositioning Nursing Colleges as higher education institutions, the Minister of Higher Education issued a public notice in the Government Gazette stipulating December 2019 as a last date of registration of all programmes leading to higher education qualifications that were not compliant with the prescripts of the higher education and training (Republic of South Africa, 2016). The Government Notice provided an impetus to the two departments together with the SANC and CHE to accelerate finalisation of their legislative mandates to ensure integration of nursing colleges into post school system in line with the provisions of the amendment Act. Otherwise, nursing colleges would be precluded from offering nursing education programmes (both undergraduate and specialist qualifications) except to teach-out legacy nursing qualifications. Unless they were recognised as national institutions in terms of the legislation that govern public institutions offering higher education qualifications, nursing colleges would remain outside the legislative framework for the post-school education and training system.

For these provisions to be enacted, regulations prescribing the scope and range and criteria for establishing or declaring these institutional types in terms of section 69(d) of the Act needed to be finalised and published for implementation (Republic of South Africa, 2016). The finalisation of the regulations for establishing or declaring institutions as in terms of the Higher Education Act, is still underway within the DHET. In the interim, on 16 October 2019 the Minister of Higher Education and Training issued a government notice designating all recognised public nursing colleges listed in a schedule, to offer Certificates, Diplomas, and Degrees in nursing, which are accredited and registered in the NQF (Republic of South Africa, 2019). This meant that the listed 10 nursing colleges (**Table 2**) could offer start offering the afore-mentioned programmes from January 2020, provided they were accredited by SANC and CHE.

Table 2. The 10 recognised public nursing colleges listed in a schedule by the Minister of Higher Education and Training

NO.	PROVINCE/ADMINISTRATION	NURSING COLLEGE
1	Eastern Cape	Lilitha College of Nursing
2.	Free State	Free State School of Nursing
3.	Gauteng	Gauteng College of Nursing
4.	KwaZulu-Natal	KwaZulu-Natal College of Nursing
5.	Limpopo	Limpopo College of Nursing
6	Mpumalanga	Mpumalanga College of Nursing
7.	Northern Cape	Henrietta Stockdale Nursing College
8.	North West	North West College of Nursing
9.	South African Military	South African Military Health Services Nursing College
10.	Western Cape	Western Cape College of Nursing

3. Achievements

3.1 State of Readiness of Nursing Colleges to offer HEQSF Aligned Programmes

The readiness of nursing colleges to offer the HEQSF aligned programmes was accomplished through support of and commitment from critical stakeholders at different levels of strategic partnerships, who were harnessed to strengthen the nursing education system externally and internally between the different sectors (see **Figure 1**). Externally, the NDoH partnered with donors for technical support to selected nursing colleges in implementing a pilot plan on developing three new nursing programmes and preparing infrastructure for CHE accreditation. This pilot generated lessons and best practices for other colleges. Internally, the NDoH engaged with other government departments such as DHET and its entities the CHE on new nursing programme accreditation and with the South African Qualifications Authority (SAQA) on recognition of legacy qualifications and their pegging on the NQF. The National Treasury was brought on board to guide on a standardised financing model for nursing education (bursary system) and on how nurses can access grants earmarked for health professional education. Some higher education institutions (universities) provided technical assistance in development of the new curricula as well as in nursing college faculty development for sustained academic quality improvement.

Stakeholders that were identified as collaborators are College Principals and Academic Staff Association (CPASSA), SANC and NDoH Infrastructure Unit. The leadership of CPASSA, as focal persons for nursing education in provincial departments of health, were represented in technical working groups and were responsible for coordinating all interventions related to state of readiness. SANC as the nursing regulatory body redefined the competency framework for nursing; developed scopes of practice and related regulations in preparation for the new aligned nursing qualifications. They also evaluated the piloted nursing curriculum. To ensure that the nursing colleges met learning infrastructure and resources requirements to offer quality academic programmes, the NDoH Infrastructure Unit was involved in the formulation of norms and standards for NEIs' infrastructure and learning resources and fast-tracking the completion of college infrastructure projects.

Accordingly, the state of readiness of colleges was measured based on the prescripts from the two Departments (DHET and NDOH) and the domains defined by the CHE and the SANC as criteria for programme accreditation. All prospective providers of the new national qualifications must either be declared and registered by DHET, their programmes accredited by both the CHE and SANC to ensure that qualifications obtained lead to professional registration (South African Nursing Council, 2016).

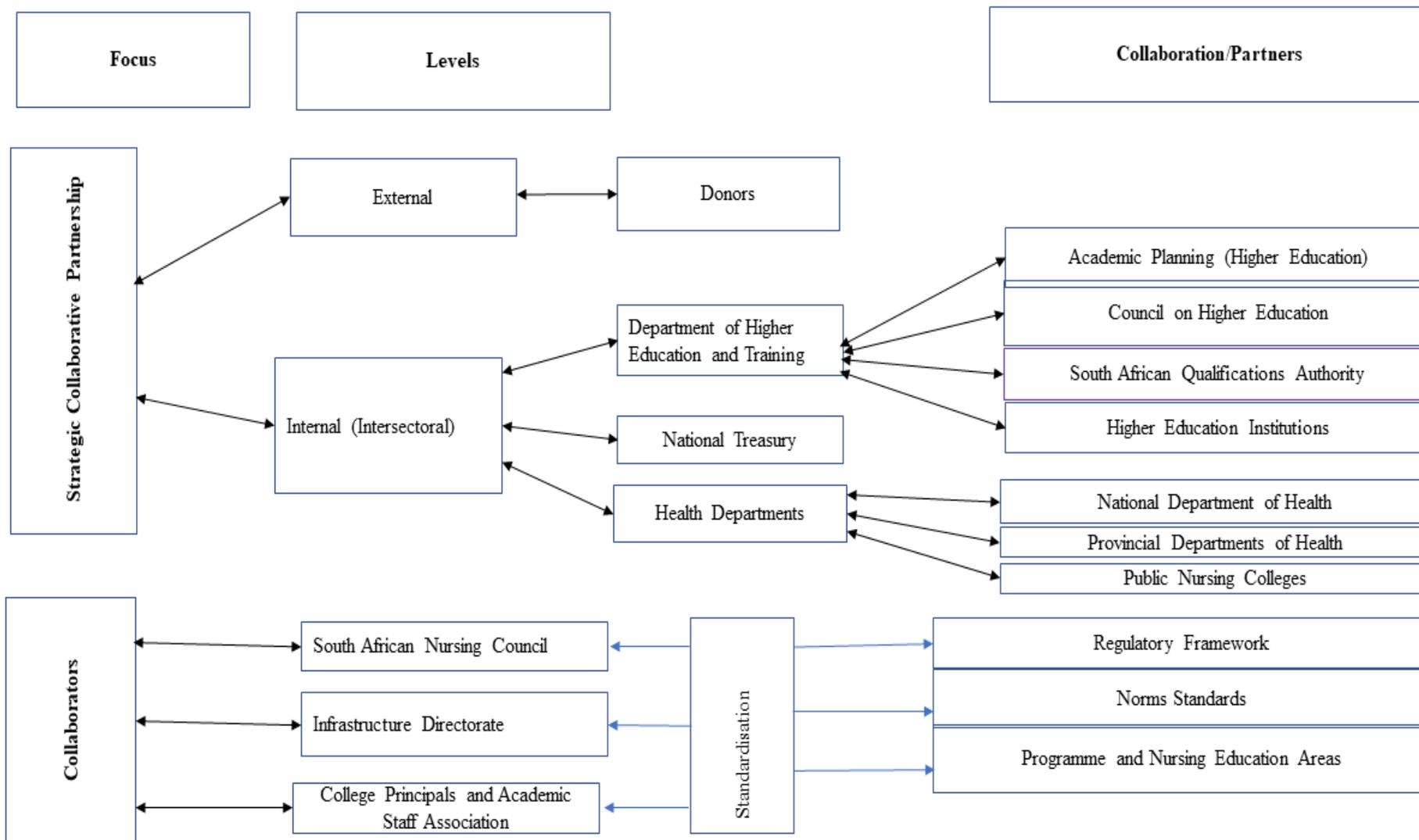


Figure 1. Structures and levels of collaborative partnerships
Adapted from: Makhanya (2016)

The state of readiness revealed that significant progress had been made by colleges to meet the criteria for accreditation in terms of the following domains:

1). Organisational structure (differentiation): All colleges engaged in a process of differentiating their institutions according to their capacities. All nursing colleges are thus established as one multi campus college per province (see **Table 2**).

The differentiation process enabled nursing colleges to prepare offering of prioritised programmes that respond to the national educational requirements, while also improving access to nursing education by local communities and ensuring efficiency in resources allocation. A request to pronounce (declare) public colleges as public higher education institutions was forwarded by the Minister of Health to the Minister of Higher Education and Training. The designated colleges (**Table 2**) were subsequently designated by the Minister of Higher Education to offer Certificates, Diplomas and Degrees in 2019 as discussed in the previous section. The designation of the 10 public nursing colleges to offer HEQSF-aligned programmes was a step towards ensuring that training offered by public nursing colleges is fully integrated into the post school education system. Thus, nursing colleges were re-established to become relatively autonomous entities within the jurisdiction of a provincial department of health, with campuses and their sub-campuses, as well as clinical training platforms for work integrated learning. This development will ensure that public nursing colleges, with a reputation of previously producing up to 80% service-oriented registered nurses in the country, remain the primary training platforms for nurses (National Department of Health, 2013). The decision to designate public nursing colleges to offer nursing and midwifery specialist programmes through postgraduate diploma qualifications further affirms the recognition of the colleges as an ideal platform for clinically oriented programmes. Nursing colleges will henceforth offer higher education programmes as autonomous institutions alongside other accredited higher education institutions within a highly competitive post school education and training environment.

2). Development of competency-based Curricula: Three core national curricula namely the three-year diploma in General Nursing, Advanced Diploma in Midwifery and Bachelor's degree in nursing were developed for customisation by colleges. All colleges were supported to adapt and contextualise the three core curricula to be responsive to province specific health needs. These programmes were at various stages of accreditation by both the CHE and SANC and were implemented in a phased in approach with effect from January 2020. The core curricula are competency-based and intended to transform and up scale the education and training of competent nurses that can achieve improved population and health outcomes required for the 21st century (World Health Organisation, 2013).

3). Capacity of teaching staff: All campuses have lecturers who meet the CHE requirements to offer prioritised programmes. While nursing colleges are well positioned to offer post graduate programmes in clinical speciality areas, their capacity in these areas of specialisation is limited. Countrywide, the nursing colleges are faced with an aging nurse educator population, where some would retire immediately when the new programmes are introduced, leading to loss of expertise, experience and institutional memory. To avert this, a programme for capacity development of nurse educators as well as filling of vacant posts was scheduled. Furthermore, nurse educators and clinical preceptors in public nursing colleges were capacitated to implement innovative teaching and learning and assessment strategies that would complement the learning and teaching of a competency-based curriculum.

4). Teaching and learning infrastructure (Classroom, clinical training equipment and student accommodation): Following an audit of nursing colleges in 2010 in anticipation for colleges to offer HEQSF aligned nursing programmes, significant investment on maintenance, refurbishment, upgrades and building of new nursing colleges was undertaken. To date, all colleges have adequate infrastructure required to commence the new nursing programmes. In addition, all colleges have developed multi-year infrastructure improvement plans, which will guide expediting of the completion of outstanding infrastructure projects aimed at revisiting the colleges. This includes procuring of a learner management system for accurate capturing of student data and is a CHE requirement for accreditation.

5). Policies and standard operating procedures: The development of a national policy on nursing education and training emanated from the Nursing Summit held in 2011, which called for “the NDoH to establish a task team that will develop and implement a comprehensive national policy on nursing education and training which examines the new Nursing Qualifications’ Framework and which addresses among other things: student status, funding models, the positioning of public and private nursing education, norms and standards for nursing, and specialised skills” (National Department of Health, 2013).

A National policy for nursing education and training has since been developed as a guiding instrument for ensuring uniformity and standardisation in provisioning of nursing programmes leading to HEQSF aligned nursing qualifications (National Department of Health, 2019). **Figure 2** outlines the process undertaken to develop the policy with stakeholders, which was approved by National Health Council (NHC) in June 2018.

The policy outlines conditions under which nursing programmes are to be offered by all types of NEIs, whether private or public. It also includes the criteria to access any of the three entry programmes for nursing and articulation pathways and mechanisms for integration of students into the profession. In addition, guidelines designed to enhance integration of theory and practice in the offering of the HEQSF aligned programmes were adopted by the NHC.

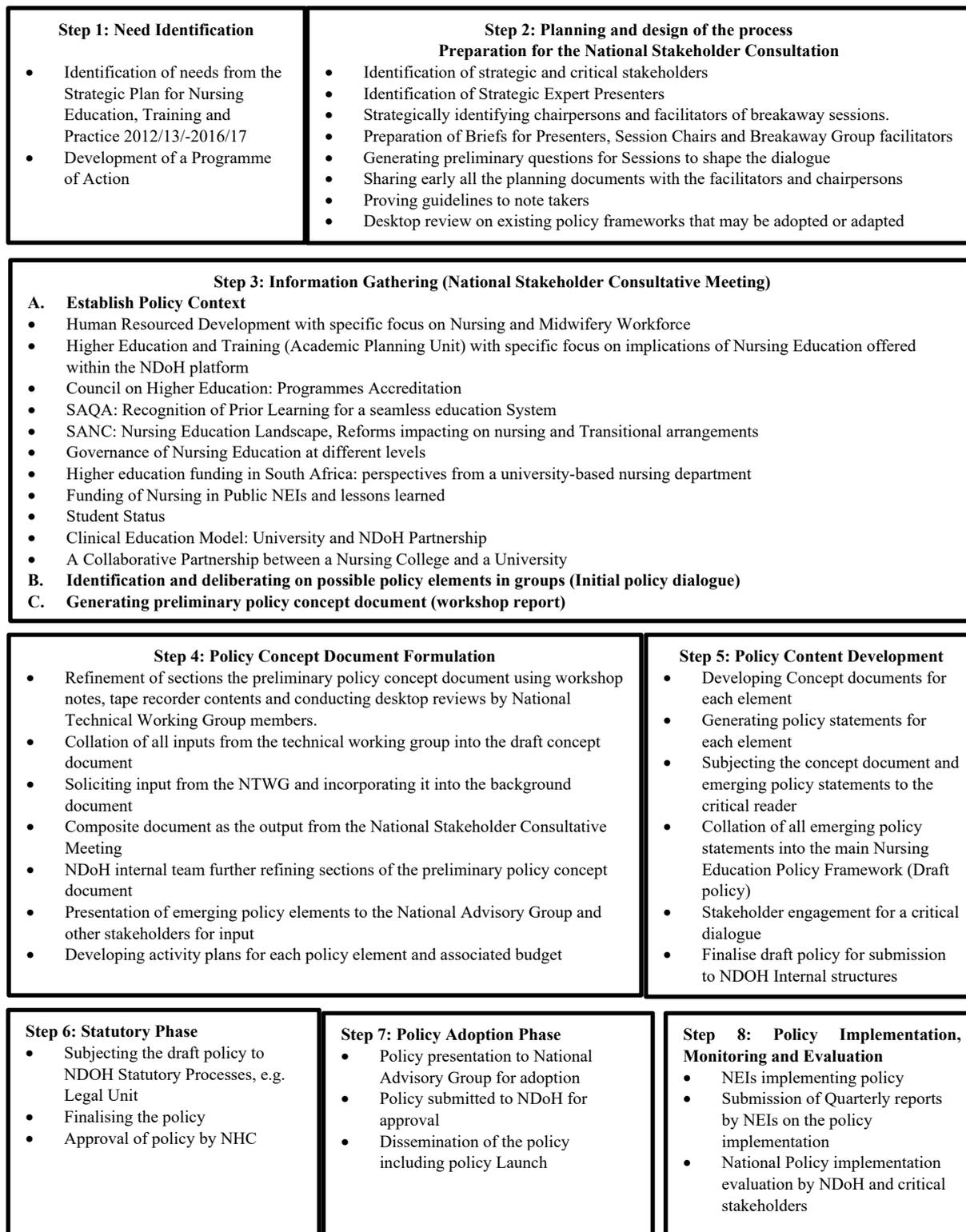


Figure 2. Nursing Education Policy Framework Development Process

In essence, the process of policy development involved the following 8 steps as guided by Tarlov (1999)'s public policy development process framework. Firstly, the Strategic Plan for Nursing Education, Training and Practice (National Department of Health, 2013) was used as a source to identify the policy challenges and design appropriate response to address it challenges. Consequently, a programme of action was developed to guide engagements with presentative institutions and mapping way forward. In Step 2, the NDoH engaged in preparatory activities toward a national stakeholder consultation process that would bring together different stakeholders to share knowledge and experiences to build a coherent picture of problems and needs. In Step 3, a national stakeholder consultation meeting was held to establish policy context and through this initial dialogue, possible policy elements started to emerge, thus assisting in the generation of a preliminary policy concept document. In Step 4, data collected from the national consultation workshop as well as desktop reviews were used to refine the sections of the preliminary policy concept document. It is in this step that activity plans and the associated budget were developed. Step 5 involved development of concept document and generating policy statements for each element. It was at this step where the draft policy was finalised, submitted and presented to the NDoH executives for internal approval. In step 6, the draft policy was subjected to legal scrutiny and presented to the highest decision-making structure on health matters, the NHC. In step 7, the policy was launched by the Minister of Health and gazetted, thus initiating the dissemination process. In the final stage, policy implementation tools were developed, NEIs started implementing the policy, and NDoH is presently monitoring and evaluating the implementation.

4. Policy Implications: Summary Lessons Learnt

The following are lessons learnt during the process of repositioning of public nursing colleges in South Africa and how some of the challenges were addressed involving wider stakeholders, strategic partners and collaborators to ensure smooth transition:

- 1). The successful revitalisation of nursing education and repositioning of public nursing colleges does not solely depend on nursing stakeholders but other strategic partners and collaborators including external donors where possible.
- 2). The process of transformation requires careful planning which takes longer because strategic partners and collaborators may need some time to buy-in to the proposed change.
- 3). Strategic resilience is not about responding to a one-time crisis. It's not about rebounding from a setback. It's about continuously anticipating and adjusting to deep, secular trends. It is about having the capacity to change before the case for change becomes desperately obvious.
- 4). Having initiatives aimed at transforming nursing education coordinated under the stewardship of the Government Chief Nursing and Midwifery Officer level is essential to avoid unnecessary duplication of initiatives and efficient utilisation of available resources.
- 5). Critical stakeholders can play a pivotal role in supporting strategies of government aimed at production of service-oriented and career-focused nursing professionals.
- 6). Employing a participative intervention approach in the implementation of reforms, allows the primary stakeholders (nursing colleges) to gain a sense of ownership of the whole process.

5. Conclusion

The article explored the process that has been followed to reposition public nursing colleges within the higher education landscape. It highlights the unique and complementary role of the two departments (NDoH and DHET) in guiding the process of nursing education reforms, informed by service needs and supported by enabling legislation. The article provides lessons for other colleges within and beyond the health sector who still need to align their programmes to the post-school education system. Noticeably the process undertaken to reposition public nursing colleges into the higher education landscape has taken almost four decades. The repositioning of nursing education within the higher education landscape was facilitated through an intense engagement with relevant stakeholders guided by legislations, regulations and related interests. This timely intervention has enabled public colleges to retain their role in the production of pipeline nursing health workforce even in the face of the Covid-19 pandemic.

There is a need to review accreditation frameworks and tools of both CHE and SANC (or relevant professional bodies) to ensure alignment between the two to avoid duplication and facilitate use by colleges applying for accreditation. It is necessary to accelerate capacity development of nurse educators to enable them to teach the competency-based curriculum. College administration capacity to support reporting on the prescribed systems for

managing student information also needs to be prioritised. Implementation of the National policy for nursing education must be monitored and evaluated to ensure standardisation of nursing education systems. The funding model for nursing education for colleges will need to be reviewed to bring these institutions fully into the higher education mainstream, as well as ensuring quality standards within the new teaching and learning realm.

6. Declarations

6.1 Ethics Approval and Consent to Participate

Not applicable as this manuscript does not involve human participants, and thus no ethical approval was required.

6.2 Consent for Publication

Not applicable

6.3 Availability of Data and Materials

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

6.4 Funding

No funding was received for this study.

6.5 Authors Contributions

NJ, and VE conceptualised and drafted the contents. VE conducted literature review. G made critical revisions and edited the manuscript. All authors read and approved the manuscript.

6.6 Acknowledgements

None.

6.7 Competing Interests Statement

The authors declare that they have no competing interests.

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