



**INTEGRATED PLANNING FRAMEWORK AND MEMORANDUM OF UNDERSTANDING:
A COMMON TEACHING PLATFORM FOR UNDERGRADUATE NURSING EDUCATION
IN THE WESTERN CAPE**

Approved revisions as at **1 JANUARY 2006**

VERSION 2

(THIS IS AN UPDATED VERSION OF THE FIRST MOU DATED 28 JUNE 2004)

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PREFACE TO MOU VERSION 2, DATED 1 JANUARY 2006

The Memorandum of Understanding (MOU) for a common teaching platform in the region for undergraduate Nursing education leading to registration was adopted at the end of August 2004. The MOU is now administered by the Nursing Academic Board, reporting via the CHEC Board to the Senates of CHEC institutions, as appropriate.

As a working document, some revisions have already been made to the MOU. These will continue to be made when necessary. This document contains the revisions made to the MOU to date. The dates of the revisions (two occasions) have been noted in footnotes at the relevant clauses for tracking purposes. The Resolution adopting and agreeing to the MOU is also now included in this document for reference purposes.

A crucial change to the arrangements of the common teaching platform is the planned incorporation of the Western Cape College of Nursing (WCCN) into the Cape Peninsula University of Technology (CPUT). From the 1 January 2005, CPUT assumed responsibility for the institutional management of WCCN under an Agency Agreement with the Provincial Government of the Western Cape. Although the WCCN had been involved in planning the regional platform from the beginning, the Agency Agreement means that the WCCN is now a formal part of the regional platform, via CPUT. The Memorandum of Agreement dated 13 September 2005 is also attached to this document in the Appendices.

The appendices now contain the curriculum as it was sent to the South African Nursing Council for approval as the current version being used in the BCur. Revisions were made to Appendix D – which now reflects the Allocation of modules between CHEC institutions at the end of 2005. The Glossary also reflects some revisions made in the course of 2005.

Full details of the BCur curriculum approved by the South African Nursing Council can be obtained from UWC, as can any future variations.

The allocation of modules to CHEC partners will be negotiated annually within NAB and sent for information to the CHEC Board of Directors. A table with the allocation of modules, as at the end of 2005, is included for information, but revisions to this version are already on the agenda of the first NAB meeting of 2006.

The affordability model has been updated and will be managed by a working group containing a representative from each CHEC institution. Copies containing the latest costing data may be obtained from the CHEC office or from the institutional representatives.

RESOLUTION ADOPTING THE MOU

1 RESOLUTION

A document styled “Integrated Planning Framework and Memorandum of Understanding: A Common Teaching Platform for Undergraduate Nursing Education in the Western Cape” (“the MOU”) is submitted herewith.

The MOU represents the outcome of protracted negotiations between the five Higher Education Institutions (“the Participating Institutions”) concerned and the Provincial Department of Health in the Western Cape. The document requires formal adoption by each of such Participating Institutions before it becomes binding upon such Institutions.

It is recognised that the MOU is a dynamic document that will require to be further developed through negotiation and interaction between the Institutions concerned. However, it is agreed that, notwithstanding the need for such further development, and notwithstanding any provisions express or implied to the contrary, the MOU represents a sufficient basis to constitute the Framework Agreement upon which the Joint Venture shall proceed.

Accordingly, the MOU is hereby formally adopted and agreed, subject to similar agreement and adoption by the other Participating Institutions concerned, by no later than 31 August 2004.

Insofar as the MOU shall require further development and interpretation, such issues shall be resolved between the parties in accordance with the following principles :

1. All such further issues as may require determination from time to time, including issues of interpretation and any differences that may arise, shall be approached in the first instance by negotiations between the parties’ representatives in accordance with the underlying principle of collaboration and good faith.
2. If the parties, despite their endeavours, are unable to resolve the issue by negotiation, the matter concerned shall be referred in the first instance to the appropriate co-ordinating body, dependent upon the nature of the issue involved. All “Technical” and “Non-Technical” issues, as defined by the MOU, shall be referred to the Nursing Academic Board.
3. If such initial processes fail to achieve the necessary agreement, they may nevertheless be determined by means of “sufficient consensus”, having regard to the particular issue under consideration.
4. However, if neither agreement nor “sufficient consensus” is achieved, the matter shall then be referred to the CHEC Board of Directors for final determination. The Board may either determine the issue itself, or it may appoint one or more intermediaries with appropriate knowledge and expertise to determine the issue on its behalf, or to advise the CHEC Board on how such issue might be resolved.

5. Notwithstanding the formal processes referred to above, the overriding principle shall be that wherever possible, issues shall be resolved consensually and with the minimum of formality, cost and delay. To this end, a mediator may be appointed at any stage in the process to facilitate and assist the parties in reaching a mutually acceptable outcome.

The ***Integrated Planning Framework and Memorandum of Understanding: A Common Teaching Platform for Undergraduate Nursing Education in the Western Cape*** is hereby formally Adopted and Approved:

Name of University/Technikon:.....

Full Names.....

In his/her capacity as.....

Is duly authorised hereto to sign on behalf of his/her Participating Institution.

Signed at.....**on**.....**2004**

Authorised Signature.....

Witnessed by.....

PREFACE TO ORIGINAL MOU (VERSION 1) 28 JUNE 2004

The document in your hands embodies a bold vision for a common teaching platform in the region for undergraduate Nursing education leading to registration. It also represents months of detailed work and intensive inter-institutional negotiations on the part of many people in our five higher education institutions and in the Department of Health in the Provincial Government of the Western Cape (PGWC).

Four imperatives gave rise to the vision of a common teaching platform for undergraduate Nursing education leading to registration (R425). First, the Vice-Chancellors of higher education institutions in the region had identified the Health Sciences, and Nursing in particular, as a priority for academic programme collaboration. Second, the Ministry of Education had ruled that only the University of the Western Cape (UWC) and the newly merged technikon, to be called the Cape Peninsula University of Technology (CPUT), should offer this form of Nursing education. This ruling meant that the region could lose the contributions of both the University of Cape Town (UCT) and the University of Stellenbosch (US). Third, the PGWC had identified nurse training in all forms as a priority, given the alarming shortfall of trained nurses in the public health sector. Fourth, national higher education policy makes provision for the incorporation into higher education of nursing colleges offering higher education programmes and, in this region, this involves the Western Cape College of Nursing (WCCN).

The Cape Higher Education Consortium (CHEC) universities and technikons believed that it was possible to craft a common teaching platform for Nursing education in the region, a platform that will meet the objectives of national and provincial government whilst making optimal use of their combined strengths.

And so we set to work. First, we developed a process for designing the platform. We adapted a technique called the “dialogue decision process”. We established a “Decision Team” comprising Deputy Vice-Chancellors and a senior PGWC representative as well as a “Task Team” comprising the five heads of Nursing plus representatives from the PGWC and WCCN.

It is instructive to look back on those early days, November 2002 in fact, when we agreed a brief containing elements of a model for Nursing education, the feasibility of which had now to be worked out. The brief stated that the model should be cost-effective, meet current and future needs for nurses, and embody best practice in nurse education. Assuming an intake in time of 1 000 students per annum, we proposed that the majority of students, some 70%, should be doing basic diploma studies leading to registration, and the remainder degree-level studies leading to registration.

The brief stated further that the core curriculum should be flexible and reflect modern teaching and learning principles. It should make provision for different entry and exit levels. Responsibility for offering modules should be shared by participating institutions on some agreed basis.

Although the Minister of Education ultimately ruled that a single enrolling institution had to be used, at this early stage two variants of the model were explored. The first variant is where the “enrolling institution” is more than one institution, the second variant is where the “enrolling institution” is a single institution and may rotate from time to time.

The governance of the common teaching platform was envisaged as an “Academic Board”, comprising knowledgeable experts representing the five higher education institutions plus the Province. The Academic Board was to report to institutional Faculties and Senates via the CHEC Board of Directors. In operational terms, we envisaged “management committees”, reporting to the Academic Board, responsible for the efficient and effective operation of the diploma and undergraduate degree programmes.

A requirement of the model was that it should be cost-effective. A specialist group would need to consider how revenues and expenditures might be calculated so that enrolling institutions would be able to establish a baseline for paying for teaching offered by participating institutions.

Work in progress on the model was described in a set of proposals to the Minister of Education in October 2003. The Minister gave CHEC in-principle approval of the proposals and laid down certain conditions to be accommodated in the final plan. One such condition was that from 2005 UWC and the newly merged university of technology should be the enrolling institutions for undergraduate Nursing education leading to registration. Another was that detailed proposals, especially concerning the curriculum for the platform, must be submitted by June 2004.

This Memorandum of Understanding (“the MOU”) is, in essence, a summation of the technical work done by a number of expert working groups under the guidance of the Nursing Task Team working to the original brief set by the Decision Team. In CHEC usage, a MOU is a binding agreement between parties that have agreed specific collaboration initiatives. And the regional platform for undergraduate Nursing education is an example of such an undertaking.

A consultancy, PSP-Icon, has given expert project management support to the process, funded from grants made by Atlantic Philanthropies and the Andrew W Mellon foundations.

In one important respect the outcomes summarised in this MOU depart from the original concept. This relates to the future of the entry-level diploma in Nursing education leading to registration. As things stand, the future of the four-year diploma currently offered by the WCCN is uncertain, and the technikons – soon to be merged to form the CPUT - want to offer the BTech in Nursing education and not a diploma. So the platform, as currently described, has been designed for the BCur at the moment, but is sufficiently flexible to accommodate a BTech as well as lower level qualifications (including a diploma of less than 4 years) if needs be.

At the time of writing, the future of the WCCN is still under discussion. A higher education project team is preparing for discussions with the PGWC on short- and medium-term plans for the future of the College.

This MOU must now be considered and approved by the Participating Institutions in order that the platform can be launched in 2005.

This MOU is incomplete because it has not been possible to include details of the B Tech curriculum, to be offered by CPUT, or details of the future of the Western Cape College of Nursing, the likely site for CPUT’s nursing programme. The future of the WCCN and the B Tech curriculum will be presented as a codicil to the document when they have been resolved.

Special thanks are due to the Nursing representatives of the five institutions and the PGWC representatives that served on the Nursing Task Team that steered the technical work described in the MOU. Our thanks are due to more than 30 members of staff of our institutions who participated in various working groups that considered various elements of the model. Without the expert support of consultants from PSP-Icon, and especially Henry Fairweather and Ingrid Kalie, and from independent consultant Erica Gillard, the task would simply have been beyond the capacity of the CHEC Secretariat. Our grateful thanks to them all.

1 Background and Context of the Interim Integrated Framework and MOU

1.1 Purpose of the Document

This document, the Interim Integrated Framework and Memorandum of Understanding (MOU), serves the following principal purposes:

1. To set out an integrated framework that supports the implementation - in the Western Cape - of a common teaching platform for undergraduate Nursing education, leading to registration for R425. The regional undergraduate Nursing platform is designed to draw upon the expertise and facilities of all member institutions of the Cape Higher Education Consortium (CHEC), namely, all public higher education institutions in the Western Cape¹.
2. To draw together the findings and recommendations of the process² facilitated by CHEC to develop a detailed conception of the regional undergraduate Nursing platform.
3. To provide the substance, and so serve as the basis of, a Memorandum of Understanding for the regional undergraduate Nursing platform, to be agreed by the CHEC member institutions.
4. In the absence of a clear distinction between the B Cur and B Tech, at a national level, CHEC is having difficulty resolving the matter and this will have to be reconsidered once there is more clarity.

1.1.1 Institutional and Regional Processes Envisaged for the Document

The following institutional and regional processes are envisaged for the interim document:

1. A draft document will be submitted to the Nursing Task Team (NTT) for comment and revision.
2. A revised document will be sent to the CHEC Board of Directors for comment within each institution.
3. This revised version will be discussed at a joint meeting of the NTT and CHEC Board of Directors.
4. A further revised version will be submitted to Senates and Councils of each institution, via the CHEC Board Director. Institutions are requested to submit their comments to CHEC by the end of June 2004.
5. A final framework and MOU document will be prepared by CHEC in line with agreements reached.
6. This document will be submitted to the institutions' Senates and Councils and ultimately adopted by the CHEC member institutions as the basis and guide for implementation of the regional undergraduate Nursing platform. The document will constitute an agreement, as

¹ University of Cape Town (UCT); University of Stellenbosch (US); University of the Western Cape (UWC); Cape Technikon (CapeTech) and Peninsula Technikon (Pentech), to be merged with effect from 1 January 2005 as Cape Peninsula University of Technology (CPUT - most likely incorporating the Western Cape College of Nursing (WCCN)).

² This process is described below.

signed by all member institutions that signals their acceptance of the arrangements set out in the MOU.

1.2 Context of the Regional Undergraduate Nursing Platform

1.2.1 National Policy Context

Since 1996, national policy and legislation have set out roles for regional collaboration, including providing support to national and institutional planning in a context of transformation and rationalisation, and providing a means to achieve effectiveness and efficiency in the application of institutional resources.

The 2001 National Plan for Higher Education³ outlined strategies for restructuring the higher education system. The first of these was programme and infrastructural co-operation, including regional rationalisation of programme offerings and collaboration in infrastructure development. Secondly, the National Plan proposed the development of new institutional and organisational forms through a process of mergers to reduce the number of institutions, while maintaining the number of geographical delivery sites (campuses).

The restructuring process initiated by the National Plan culminated in the announcement of Cabinet-approved restructuring decisions on 9 December 2002, with implications for each region (see Section 1.2.2.2).

1.2.2 Western Cape Regional Context

1.2.2.1 Nurse Training Needs in the Region

Nurse training needs for the Western Cape are estimated to be at a current deficit of approximately 1000 nurses of all categories, in the context of the 2010 Health Care Plan. The PGWC has committed to remedy the situation by providing bursaries for all categories of nurse training as one element of the human resource strategy.

1.2.2.2 Restructuring in the Region

As indicated above, restructuring decisions have been made with respect to the national higher education system. As part of the restructuring exercise, the Minister of Education directed that the University of Cape Town (UCT) and the University of Stellenbosch (US) no longer offer undergraduate nursing programmes leading to registration under Regulation 425 (South African Nursing Council/SANC). Instead, these programmes should be offered by the University of the Western Cape (UWC) and the new institution resulting from the merger of Cape Technikon (CapeTech) and Peninsula Technikon (Pentech).⁴

National higher education policy makes provision for the incorporation into higher education of nursing colleges. In the Western Cape, this involves the Western Cape College of Nursing (WCCN) - although agreements on incorporation have yet to be reached between the Ministers of Health and Education.

³ Ministry of Education (2001). National Plan for Higher Education. Pretoria, Ministry of Education.

⁴ Specifically the restructuring proposals as gazetted in June 2002 stated that: "The University of Cape Town and the University of Stellenbosch should discontinue offering undergraduate programmes in nursing education. These programmes should be offered by the University of the Western Cape and the technikon established through the merger of Cape Technikon and Peninsula Technikon". Ministry of Education (2002). "Transformation and Restructuring: A New Institutional Landscape for Higher Education". Government Gazette No. 23549, 21 June 2002. Pretoria, Government Printers.

1.3 Regional Collaboration in Nursing Education

CHEC supports the concept of common teaching platforms and also believes that the need for qualified nurses requires the input of all its member institutions. Accordingly CHEC decided to explore ways to achieve the objectives of national and provincial government with respect to Nursing education, while making optimal use of combined institutional strengths. A proposal to construct a regional platform for undergraduate Nursing education was submitted to the Minister of Education in October 2003 and was approved in principle by him (with a request for further details by March 2004).

1.3.1 Guiding Principles for the CHEC Regional Undergraduate Nursing Initiative

CHEC set the objective that the approach must be cost-effective, meet current and future needs for nurses, and align Nursing education with best practice in health sciences education.

Accordingly, the CHEC process has been guided by the principle that an integrated undergraduate Nursing platform will fully utilise the capabilities and capacities of the higher education institutions in the Western Cape to produce the required number of appropriately qualified and registered nurses. This is to be achieved with the full support and co-operation of all members of CHEC and will come into being in January 2005.

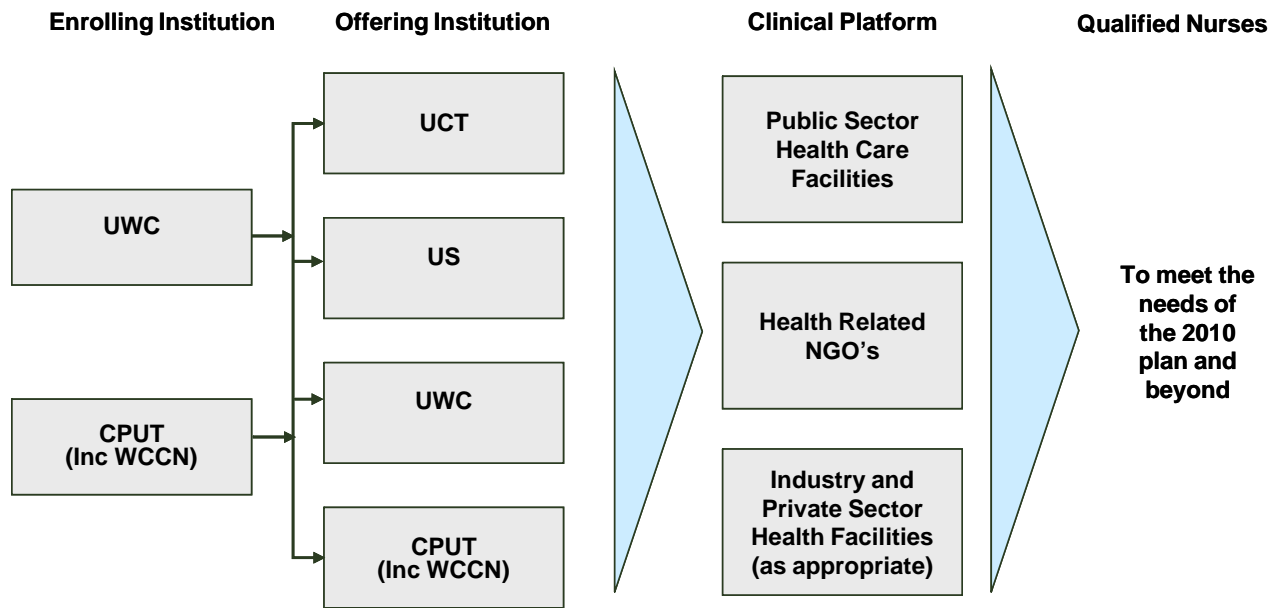
1.3.2 Scope of the Regional Undergraduate Nursing Initiative

It should be noted that postgraduate Nursing programmes do not form part of the common teaching platform.

Undergraduate nursing students will enrol at either UWC or CPUT (in which WCCN may be incorporated). According to how the programme is designed, students could receive their academic tuition at any of the institutions in the platform. Accreditation is received from the enrolling institution. The clinical component of the training will be provided at approved health facilities in the area. This process is depicted in Figure 1 below.

The integrated platform will apply to undergraduate students who register for their first year from 2005 onwards. Undergraduate nursing students who are currently enrolled at any of these institutions will complete their studies at that institution.

Figure 1: The Integrated Undergraduate Nursing Platform in the Western Cape⁵



1.3.3 Process Followed by CHEC to April 2004

1.3.3.1 Process and Structures

CHEC decided to use a “Decision Dialogue Process” (DDP) to address the complex decisions required to craft the common teaching platform for undergraduate Nursing. The DDP methodology involves a Decision Team comprising those best placed to make the decisions required on behalf of the participating institutions; and a Task Team comprising the technical experts who can give effect to decisions reached.

In the case of Nursing, senior Executives of the CHEC member institutions (Deputy Vice-Chancellors, Vice-Rectors) constituted the Decision Team and met to frame the issues and develop a brief for the NTT. The latter comprised knowledgeable experts in nursing education, namely: the heads of Nursing at each institution, the head of WCCN and a representative of PGWC. Both teams were established in late 2002.

As part of the continuing process, Working Groups were established in 2004 to develop proposals around a wide range of issues relevant to the new platform. Members of these groups were nominated from within all the institutions. Working Group recommendations were

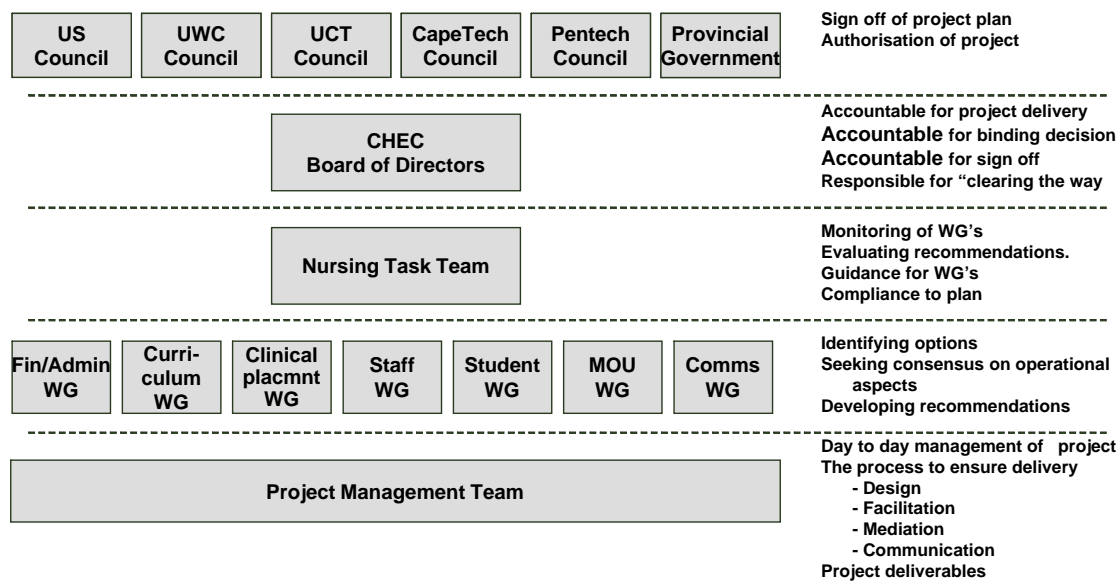
⁵ *The enrolling institution* is responsible for all activities associated with recruitment, applications, admissions, registration and administration of undergraduate nursing students. This includes amongst others the counseling and support mechanisms, processing and publication of examination and test results, timetabling (co-ordinated by the NAB), awarding of qualifications, accreditation of clinical sites, clinical placements, transport to clinical sites, institutional approval of the curriculum, programme quality assurance, liaison with the offering institution on platform-related financial and other matters. *The offering institution*, having accepted full responsibility for the delivery of the allocated module, is responsible for all financial, academic and administrative matters related to this function.

developed for consideration and approval by the NTT and/or the CHEC Board of Directors, and in turn form the substance of the present document.

A project team was established to support DDP, to plan the design and implementation of the integrated platform, and to assist in communicating progress to all stakeholders on a regular basis.

Figure 2 below sets out the CHEC project structures⁶ and roles involved in developing the regional undergraduate Nursing platform.

Figure 2: CHEC Nursing Project Structure



1.3.3.2

Envisaged CHEC Process Going Forward

The timeline as envisaged for the project during 2004 is set out in Figure 3 below.

It is envisaged that the MOU (of which the present document represents an interim form) will be finalised and in place by July 2004. The process then enters its implementation phase, which will encompass the following key activities:

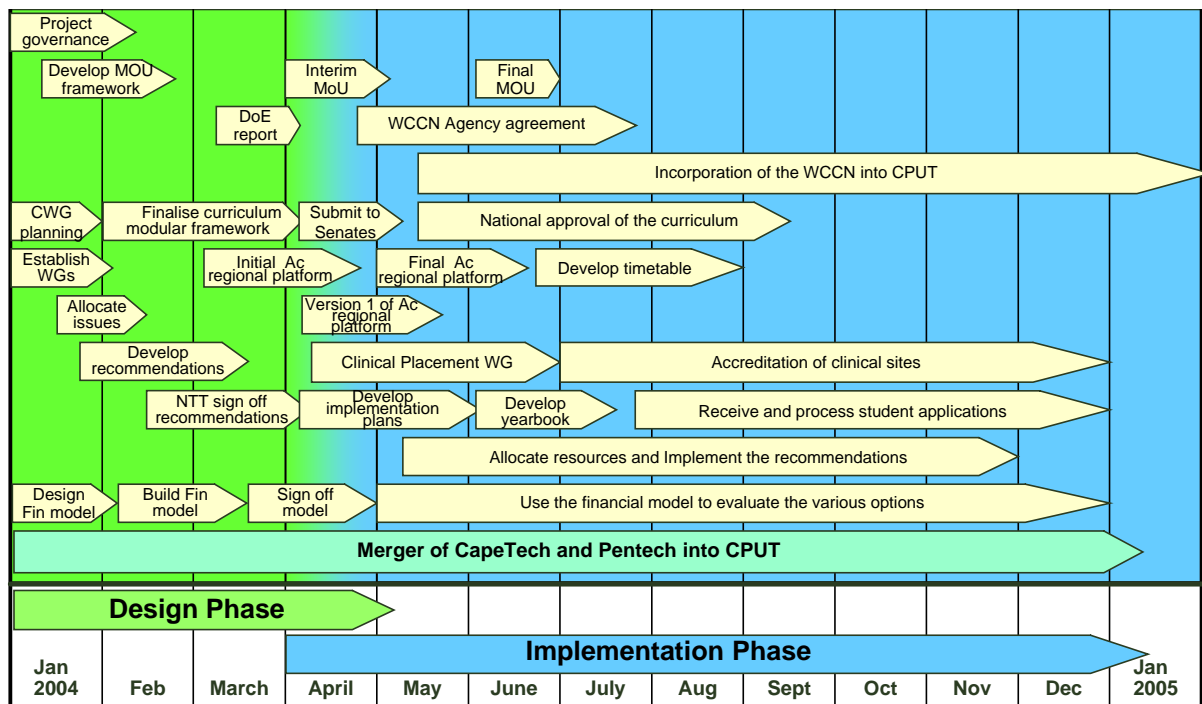
- National approval of the curriculum (once the curriculum is approved by the Senate of the enrolling institution (UWC), and the Senates of all participating institutions have had an opportunity to comment).
- Finalising the work of the Clinical Placement Working Group.
- Accreditation of clinical sites (on completion of the above).

⁶ Initially it was envisaged that the MOU Working Group would write the MOU. However, as the project progressed, it became apparent that there would need to be an interim version of this document, which could be presented to the CHEC Board of Directors in early May and then tabled at the Senates and Councils of each institution. Given the time constraints and the co-ordination of the work of the various working groups, it was decided that it was more time-effective to task the project team with developing this document.

- Developing the 2005 yearbook.
- Receiving and processing student applications.
- Using the affordability model to evaluate various financial options for implementing the programme.
- Negotiating the incorporation of WCCN into CPUT (including the possibility of negotiating an agency agreement in the interim).

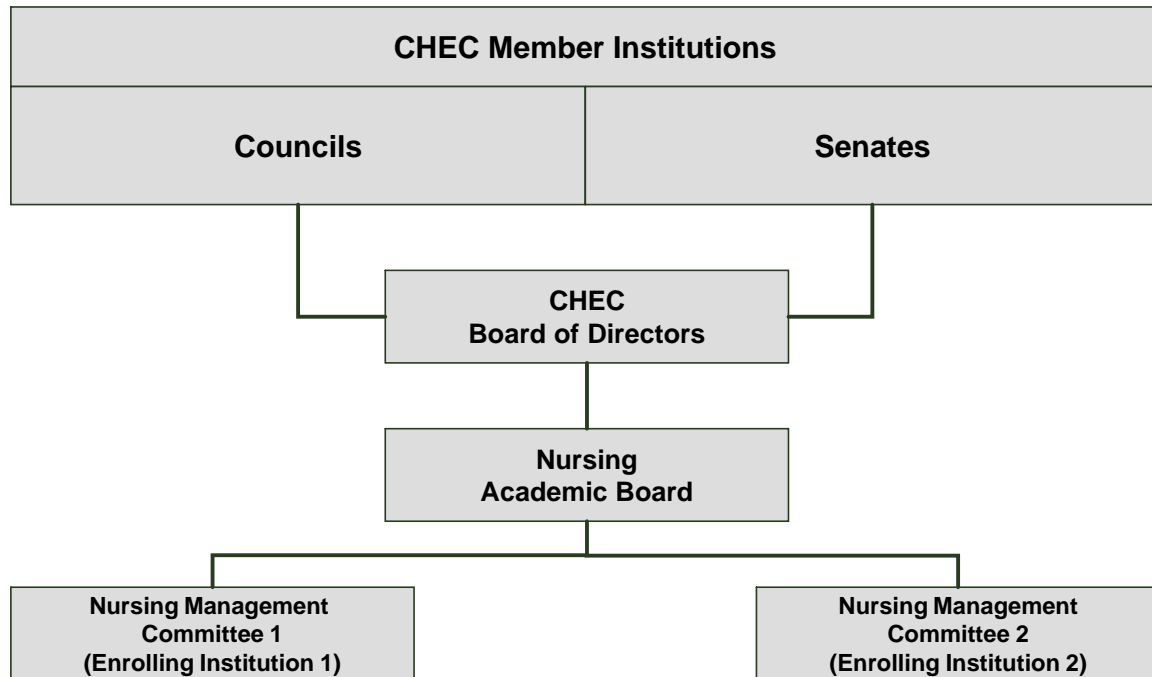
Implicit in these broad implementation steps are a large number of detailed actions that must be prioritised and supported with specific resources. The Working Groups established by the NTT could be well positioned to act as task teams overseeing implementation of the MOU (under the guidance of the NTT, and/or its successors in the shape of formally constituted governance and management structures).

Figure 3: Timeline for CHEC Nursing Project in 2004



2 Governance and Management of the Regional Undergraduate Nursing Platform

Figure 4: Regional Undergraduate Nursing Governance and Management Arrangements⁷



2.1 Principles of Governance and Management

1. The statutorily-established responsibility⁸ of the Senates and Councils of CHEC member institutions is to be respected, at the same time as the integrity of a “regional governance”⁹ system is achieved. Given that effective regional co-operation entails negotiation and some compromises, the substantive autonomy of institutions with respect to academic affairs may in some instances be conditioned by procedural arrangements giving effect to a common teaching platform for undergraduate Nursing.
2. The MOU agreed for undergraduate Nursing education serves by way of a “warrant” and authority for such governance and management structures as are to be established. It is also the mechanism by which each enrolling institution contracts with other higher education institutions in the region, and with PGWC, in a CHEC-sponsored contract. The MOU - which sets out agreed policy, and key operational and contractual issues - indicates, delimits, and in some cases may prescribe, the scope of other governance and management arrangements.

⁷ Academic matters proposed by the Nursing Academic Board, must be ratified by the governing structures of the individual academic institutions through the agreed institutional channels. The role of CHEC would be one of co-ordinating the activities of the platform. It will be the task of the enrolling institution to inform the nursing professional bodies of any relevant matters.

⁸ These duties and responsibilities are established by the Higher Education Act (Republic of South Africa (1997). Higher Education Act No. 101 of 1997. Government Gazette No. 18515, Notice 1655, 19 December 1997. Pretoria, Government Printers.): Section 4.27-4.37.

⁹ The regional governance approach has been proposed in the CHEC discussion paper “A Practical Approach to Systemic Regional Collaboration in Western Cape Higher Education”, September 2002. It is referred to elsewhere in this document as the “September 2002 discussion paper on regional governance”.

3. Governance and management arrangements for undergraduate Nursing education in the Western Cape optimise appropriate participation and ensure co-ordination. They act as a framework for the specific accountabilities of enrolling institutions with respect to accreditation, quality assurance and management of the regional programme/s.
4. Governance and management of undergraduate Nursing education must dovetail with other regional governance arrangements proposed by CHEC in its role as facilitator of regional co-operation in the Western Cape. CHEC and its member institutions will guard against a cumbersome and resource-consuming proliferation of governance and management structures, instead aiming for a flexible set of structures and processes that are always fit for purpose.
5. The members of the NAB will communicate within their institutions via their approved institutional channels.
6. Matters requiring the urgent attention of the CHEC Board of Directors can be dealt with by means of a chairman's circular.

2.2 Recommended Agreements Respecting Governance and Management

2.2.1 Governance: Nursing Academic Board

1. Responsibility for governance of the common teaching platform for undergraduate Nursing education in the Western Cape rests with the Nursing Academic Board.
2. The Nursing Academic Board's powers and functions are designed to avoid conflict with the statutory powers of institutional Senates.
3. The Nursing Academic Board is a standing committee during the life of the regional platform for undergraduate Nursing. Terms of office of committee members are specified below, where relevant.
4. One of the first tasks of the Nursing Academic Board will be to develop a constitution which sets out the workings of the Nursing Academic Board.
5. It is expected that the Nursing Academic Board will come into being at the soonest, during the second semester of 2004.

2.2.1.1 Composition¹⁰

1. Composition of the Nursing Academic Board:
 - a. Dean of Health Sciences of each CHEC member institution, *ex officio*.
 - b. Head of Nursing or equivalent and senior staff member of each CHEC member institution, *ex officio*.
 - c. One additional Senate member with requisite expertise, nominated by the Senate of each CHEC member institution, for three years¹¹.

¹⁰ Revision approved by the CHEC Board on 9 March 2005 (deletion of number 2).

¹¹ The term of office is for three years as these are nominated members.

- d. No more than two representatives of PGWC, nominated by PGWC, whose term of office aligns with that of the academic members.
- e. The two Programme Co-ordinators appointed by the enrolling institution, *ex officio*, as members without voting rights.
- f. Chairing of the Nursing Academic Board alternates between the enrolling institutions (Dean), on an annual basis.
- g. Total: 15-16 members (assuming four CHEC member institutions are represented by a Head of Nursing or equivalent and senior staff member, and depending on whether PGWC elects to have one or two representatives).
- h. It is recommended that a total of two students be included on the Nursing Academic Board. This should be either third or fourth year students (one from each enrolling institution) nominated by the BCur and BTech student council, with voting rights and serving a maximum term of one year.

2.2.1.2 Terms of Reference

1. Functions:

- a. To ensure the integrity of academic and clinical Nursing education and training being offered by means of the common teaching platform for undergraduate Nursing education in the Western Cape.
- b. To co-ordinate the academic and other activities (undergraduate Nursing) of participating institutions.
- c. The supervision and the awarding of undergraduate qualifications forming part of the common teaching platform for Nursing is a function of the Senates of the enrolling institutions. .
- d. To determine policy for a common teaching platform for undergraduate Nursing education in the Western Cape.
- e. To propose to CHEC member institutions, bearing in mind SANC guidelines, the overall shape and nature of curricula for those qualifications forming part of the common teaching platform for undergraduate Nursing.
- f. To review undergraduate Nursing curricula from time to time.
- g. To monitor implementation of the MOU agreed for undergraduate Nursing education and to propose any amendments if such are needed, via the CHEC Board of Directors. Individual members will however continue to communicate within their institutions via the approved channels.
- h. To receive reports from the Management Committees and to make reports to the CHEC Board of Directors, regarding the common teaching platform for undergraduate Nursing education in the Western Cape.

2. Powers

- a. To brief, establish and disestablish Task Teams for the purpose of *inter alia*: developing proposals regarding policy for the common teaching platform, developing proposals for MOU amendments, conducting preliminary review of regional programme offerings, and conducting decision dialogue to resolve conflicts.
- b. To establish and disestablish standing and ad hoc sub-committees – e.g. Management Committees and Decision Teams for decision dialogue.
- c. To refer any matter requiring this to a process of conflict resolution, whose nature would be determined on the basis of the conflict in question.

3. Given that the MOU sets out the nature of programme collaboration, details pertaining to qualifications, and resourcing, funding and infrastructural arrangements, these matters will fall within the purview of the management of the enrolling institution/s and will be dealt with as the business of the Management Committee/s. Where difficulties with aspects of MOU implementation arise, these matters will be referred by the Management Committee/s to the Nursing Academic Board for resolution.

2.2.1.3 Reporting Lines

1. The Nursing Academic Board reports to the CHEC Board of Directors which reports to the CHEC member institutions through their institutional governance structures.
2. The Nursing Academic Board must submit a summary report¹² after each of its ordinary meetings to the CHEC Board of Directors.

2.2.1.4 Meeting Procedures

1. The Nursing Academic Board meets each semester at dates to be agreed by the Board at the close of the preceding academic year, or more frequently if required,
2. Agendas as approved by the Chair should be circulated at least seven days in advance; members wishing to propose agenda items may do so in writing.
3. A quorum is constituted by 60% of members present, with the proviso that each party (the CHEC member institutions and PGWC) is represented.
4. The Board should be serviced and administrative support provided by an individual to be appointed by the enrolling institution in the Chair.
5. Minutes as approved by the Chair should be circulated to each member.
6. Technical issues¹³ are to be determined wherever possible by a simple majority; non-technical issues¹⁴ are to be determined by a sufficient consensus¹⁵ of the members present; where there is serious disagreement, a vote should be passed by a majority of the members present to refer the issue to a process of conflict resolution.
7. In instances requiring a vote, the Chair has a deliberative vote and a casting vote in the case of an equality of votes for and against.

2.2.2 Management: Nursing Management Committees

1. The Management Committee: University of Technology advises the platform upon the management of the CPUT part of the common teaching platform.
2. The Management Committee: University of the Western Cape advises the platform on the management of the university part of the common teaching platform.

¹² It is assumed that such reports would provide sufficient information for progress reports to the regional Standing Committee for Academic Programme Collaboration, and thence to institutional governance structures.

¹³ Technical issues: these are hard issues which affect the operation of the integrated platform e.g. changes in the number of clinical hours for a module.

¹⁴ Non-technical issues: these are soft issue, normally changes in underlying principles.

¹⁵ Sufficient consensus is a mechanism of co-operative process developed in a variety of South African forums during the 1990s. The concept takes into account that the level of agreement required for effective decision-making may vary from issue to issue; in particular, the identity of key parties to an agreement may shift from issue to issue, meaning that rules of simple majority or percentage majority are not effective in specific instances.

3. The Management Committees are standing committees (in effect, Executive Committees) of the Nursing Academic Board. This formulation is preferred to a model of pure management committees, as it ensures an appropriate divide between governance and management and because the enrolling institutions will require areas of their own management prerogative.

2.2.2.1 *Composition of Each Management Committee*

1. Composition:
 - a. Head of Nursing or equivalent and senior staff member of each participating institution, *ex officio*.
 - b. The Registrars of each institution, *ex officio*, or their nominees.
 - c. The Programme Co-ordinator, *ex officio*.
 - d. One PGWC representative, nominated by PGWC, whose term of office aligns with that of the academic members, with a nominated alternate.
 - e. The Chair of the Management Committee is the Head of Nursing or equivalent of the enrolling institution.
 - f. Total: up to 10.

2.2.2.2 *Terms of Reference*

1. To co-ordinate the operational activities (undergraduate Nursing) of participating institutions.
2. To determine arrangements facilitating effective and efficient operation of undergraduate Nursing education in the Western Cape with respect to inter alia:
 - a. Staffing.
 - b. Timetable.
 - c. Transport between campuses.
 - d. Fee structures.
 - e. Communication.
3. To implement the MOU for undergraduate Nursing education in the Western Cape.
4. To monitor the operational functioning of agreed arrangements for funding, financing and affordability as agreed in the MOU.
5. To ensure regular contact with other management committees as appropriate.

2.2.2.3 *Reporting Lines*

1. The Management Committees report to the Nursing Academic Board.
2. The Management Committees should submit reports to the Nursing Academic Board in time for each meeting.

2.2.2.4 *Meeting Procedures*

1. The Management Committees meet at least once a term or as required.
2. Agendas as approved by the Chair should be circulated at least seven days in advance; members wishing to propose agenda items may do so in writing.
3. A quorum is constituted by 60% of members present with at least one representative from each institution.

4. The Committee should be serviced and administrative support provided by an individual to be appointed by the Chair.
5. Minutes as approved by the Chair should be circulated to each member.
6. Issues are determined by a majority, with minority opinions reported to the Nursing Academic Board.
7. In terms of authority provided by the MOU, the enrolling institutions have responsibility for the day-to-day management of the regional programme/s. This includes determining and ensuring the fulfilment of formal accreditation requirements for qualifications forming part of the common teaching platform and liaison with the Department of Education (DoE). It will no doubt be necessary for the management of the enrolling institution/s to call together from time to time ad hoc groupings – e.g. academic staff, faculty finance managers, faculty academic officers and PGWC representatives – to discuss management issues.

2.2.3 Key Governance Processes

2.2.3.1 Curriculum Development, Approval & Review

1. The curriculum for the undergraduate Nursing programme/s leading to registration draw on a stock of approved and accredited course offerings within SANC guidelines. Quality assurance is understood to include curriculum development and curriculum implementation and all partners should be equally involved. Under these arrangements, the integrity of Senate and Council responsibilities regarding curriculum and quality assurance remain intact. However, final responsibility for quality assurance resides with the enrolling institutions.
2. Each enrolling institution is accountable for registration, accreditation and quality assurance of the regional programme through liaison with the relevant bodies (DoE, SANC, Higher Education Quality Committee/HEQC, and South African Qualifications Authority/SAQA); the enrolling institution's name will appear on the graduation certificate as well as the logos of all the contributing institutions. Accordingly, the enrolling institution's Senate will formally approve the curriculum, while it is submitted to other participating institutions' Senates for comment¹⁶.
3. The process of developing and approving curricula for the regional programme offerings is proposed as follows:
 - a. Nursing Academic Board receives curriculum proposal/s (from the curriculum design team).
 - b. Nursing Academic Board considers and agrees curriculum proposal/s.
 - c. Nursing Academic Board submits curriculum proposal/s to each institution participating in the regional programme/s for comment by its Faculty Board and Senate, via their institutional processes.
 - d. Nursing Academic Board incorporates comments to curriculum proposal/s.
 - e. Nursing Academic Board submits curriculum proposal/s to Senate of enrolling institution/s for approval and to Senates of other participating institutions for comment¹⁵.
4. The Nursing Academic Board should establish a mechanism for reviewing curricula from time to time. This should be annually for the first four years and thereafter at appropriate intervals. Information compiled by the enrolling institution/s should be submitted for review by the Nursing Academic Board. Should curricular amendments be necessary, these

¹⁶ This is consistent with recommended certification policy – see Section 4.1.5.

would be effected through the process for developing and approving curricula as outlined above.

2.2.3.2 Conflict Resolution

1. In terms of the meeting procedures for the Nursing Academic Board, the Board is intended to reach decisions by the mechanism of “sufficient consensus”¹⁴ This mechanism is intended as a means to prevent the veto of one, or alternatively the collapse of co-operation through withdrawal by one member. Should either eventuality threaten, or in the event of other serious disagreement, the Nursing Academic Board would refer the issue to an agreed conflict resolution process.
2. Should the NAB be unable to resolve the dispute it will refer the matter to the CHEC Board of Directors for mediation, using the Board’s dispute resolution mechanisms.¹⁷

2.2.3.3 Governance & Implementation

The MOU provides the basis of logistical, financial and practical arrangements to be implemented and managed by the enrolling institution/s, guided by the Management Committee/s. Reports by the Management Committee/s to the Nursing Academic Board should include proper attention to the manner in which such matters have been handled, so that the Nursing Academic Board can fulfil its function of monitoring the effective implementation of the MOU.

2.2.3.4 Programme Implementation

1. Through the MOU, agreements are specified as to the nature of Nursing programme collaboration, admission criteria, principles of academic and clinical placement, assessment criteria, appointment of examiners and credit arrangements. These aspects of the MOU will be implemented and managed from day-to-day by the enrolling institution/s, guided by the Management Committee/s, and with recourse to the Management Committee/s where any aspects of implementation present difficulties requiring resolution.
2. With respect to the clinical placement of students in clinical facilities, this issue should be negotiated and determined by the Management Committee – taking its authority from principles agreed in the MOU – and on the basis of the prevailing arrangements for clinical placement in the Department of Health/PGWC health facilities.

2.2.3.5 Implementation of Financial Arrangements

1. The MOU establishes principles for funding, financial and affordability arrangements between the CHEC member institutions participating in the common teaching platform for undergraduate Nursing education. The Management Committee/s will monitor the operational functioning of these arrangements, liaising with the institutional financial experts as needed.
2. Should any amendment of these arrangements be required in the view of the Management Committee/s, the substantive issue, with full details, should be referred to the Nursing Academic Board, which would in turn propose specific amendments to the terms of the MOU, via the CHEC Board of Directors to the CHEC member institutions.

¹⁷ Revision approved by the CHEC Board on 9 March 2005

2.2.3.6 *Monitoring & Review of Governance*

Governance should include a self-review of effective governance functioning.

1. On an annual basis, the Nursing Academic Board should give an account and assessment of overall undergraduate Nursing governance functioning in its report to the CHEC Board of Directors.
2. This report would include advice and motivation for any changes in the governance process, should these be deemed necessary.

2.3 *Implementation Issues for Governance and Management*

1. The CHEC Board of Directors has accepted governance and management structures in principle: formal approval is required.
2. This interim MOU must be considered by the CHEC Board of Directors and ultimately a final MOU must be adopted by the Senates and Councils of CHEC member institutions as the basis and guide for implementation of the regional undergraduate Nursing platform. The document will constitute an agreement, as signed by all member institutions that signals their acceptance of the arrangements set out in the MOU.
3. Nursing Academic Board and Management Committees must be established and convened in terms of the agreements in the MOU.
4. Should relevant academic programme collaboration in Health Sciences (e.g. around the MBChB¹⁸) eventuate in the region, CHEC will need to give consideration to interaction between Nursing and any other Academic Board.

¹⁸ Bachelor of Medicine and Bachelor of Surgery.

3 Undergraduate Nursing Curriculum

3.1 Principles of the Curriculum

The purpose and philosophy of the curriculum, as well as the profile of the graduate nurse, are set out in Appendix A.

3.1.1 Principles for Applicability of the Curriculum

1. The integrated regional curriculum applies to undergraduate Nursing education leading to registration according to Government Notice R425 of 25 February 1985 (SANC)¹⁹. It aims to contribute to the increased number of graduates needed in the Western Cape and South Africa at this time.
2. The new curriculum applies only to undergraduate students who register for their first year from 2005 onwards.
3. Postgraduate Nursing programmes do not form part of the regional platform.
4. Existing institutional curricula will continue alongside the new regional curriculum until all pipeline students have been phased out (referred to as “teach out”).

3.1.2 Principles Underpinning Design of the Curriculum

1. The language of instruction, assessment and support will be that which aligns with the respective language policy of each enrolling institution.²⁰
2. The enrolling institution is the graduating institution; its name will appear on the graduation certificate together with the logos of all contributing institutions.
3. While each enrolling institution will formally submit the curriculum for national approval as required, all participating institutions must be satisfied with the integrated curriculum.
4. The curriculum is a regional curriculum, rather than a curriculum which addresses the needs of any one institution in the region. Thus the availability of modules to students from other programmes in any given institution is not a shaping criterion in constructing the regional curriculum.
5. The mode of instruction of the curriculum is contact learning²¹ (as opposed to distance learning).
6. The clinical component of the training is to be provided at approved facilities.
7. The single undergraduate curriculum is intended to allow for students to exit at specified exit points, conditional to SANC accreditation requirements being met.

¹⁹ SANC regulations refer to registration as a nurse (general, psychiatry and community health) and midwife.

²⁰ The NAB will strive for consistency in language policies as far as they apply to nursing education. Revision approved by the CHEC Board on 9 March 2005 (addition of footnote).

²¹ Contact mode refers to the nature of the qualification as recorded by the DoE in its HEMIS data.

3.2 Recommended Agreements Respecting the Curriculum

3.2.1 Qualifications

1. The curriculum reflected in the tables supports a BCur²², for the time being.
2. Requirements for a BTech can be considered once there is clarity on when this will be offered.
3. Exit points for certificate- or diploma-level qualifications may be incorporated into the curriculum design, once there is clarity and approval from SANC.
4. Access and articulation possibilities between these qualifications and other qualifications offered by participating institutions are to be specified by the institutions.

3.2.2 Admissions Requirements²³

Admission requirements will be set by the enrolling institution, consistent with SANC requirements.

3.2.2.1 Recognition of Prior Learning

Recognition of prior learning (RPL), for purposes of admission, will be offered by the enrolling institution to those learners who do not meet formal admissions requirements.

For the purposes of RPL, the policy of the enrolling institution will apply.

3.2.3 Curriculum Content²⁴

Curriculum content as specified in this document has been designed with the BCur qualification specifically in mind; some future adjustment of the design may be required to tailor content towards the BTech and Diploma qualifications and to incorporate exit points granting a certificate qualification.

The curriculum specified here is a four-year full-time programme, totalling 480 credits²⁵.

3.2.3.1 First-year Curriculum

The first-year curriculum consists of the following modules. Detailed module descriptors are provided in Appendix B.

²² Bachelor of Nursing qualification; where the enrolling institution is UWC.

²³ Administrative aspects of admissions are dealt with under Section 4.2.2

²⁴ **Note that there have been major revisions to this – see revised Appendix D for the version current at the end of 2005 (where further revisions are proposed).**

²⁵ Where a credit is consistent with the SAQA definition, namely: equivalent to ten learning hours.

Figure 5: Summary of First-year Modules

First-year Module	Current/ New	Fundamental/ Core	Theoretical Credits ²⁶	NQF Level
Foundations of Nursing 1A	New	Core	5	5
Foundations of Nursing 1B	New	Core	10	5
Introduction to Human Biology 1A	Current	Core	15	5
Introduction to Human Biology 1B	Current	Core	15	5
Applied Chemistry	Current	Fundamental	15	5
Applied Physics	Current	Fundamental	15	5
English for Educational Purposes	Current	Fundamental	5	5
Computer Literacy	Current	Fundamental	5	5
Fundamentals of Nursing 1A	New	Core	10	5
Fundamentals of Nursing 1B	New	Core	10	5
Laboratory Clinical Nursing 1A	New	Core	5	5
Laboratory Clinical Nursing 1B	New	Core	5	5
Health Development and Primary Health	Current	Core	5	5
Language Applied to Health Care	New	Fundamental	5	
Total			125	

3.2.3.2 Second-year Curriculum

The second-year curriculum consists of the following modules. Detailed module descriptors are provided in Appendix B.

Figure 6: Summary of Second-year Modules

Second-year Module	Current/ New	Fundamental/ Core	Theoretical Credits ²²	NQF Level
Medical Surgical Nursing 2A	New	Core	15	6
Medical Surgical Nursing 2B	New	Core	15	6
Pharmacology for Nurses	Current	Core	10	6
Child Health	New	Core	10	6
Introduction to Mental Health	New	Core	10	6
Human Biology 2A	Current	Core	10	6
Human Biology 2B	Current	Core	10	6
Human Biology 2C	Current	Core	10	6
Laboratory Clinical Nursing 2A	New	Core	5	6
Foundations of Nursing 2A	New	Core	10	6
Psychology 1	Current	Fundamental	15	
Sociology 1	Current	Fundamental	15	6
Total			135	

²⁶ "Theoretical credits" includes credits allocated to clinical demonstrations etc. in the clinical simulation laboratory (as reflected in the modules: Laboratory Clinical Nursing (years 1 and 2), Laboratory Clinical Psychiatric Nursing (year 3) and Laboratory Clinical Midwifery (year 4).

3.2.3.3 Third-year Curriculum

The third-year curriculum consists of the following modules. Detailed module descriptors are provided in Appendix B.

Figure 7: Summary of Third-year Modules

Third-year Module	Current/ New	Fundamental/ Core	Theoretical Credits ²²	NQF Level
Medical Surgical Nursing 3A	New	Core	10	7
Medical Surgical Nursing 3B	New	Core	10	7
Community Health Nursing 3A	New	Core	15	7
Community Health Nursing 3B	New	Core	15	7
Unit Management	New	Core	15	7
Psychology 2 or Sociology 2	Current	Fundamental	15	7
Laboratory Clinical Psychiatric Nursing	New	Core	10	7
Psychiatric Nursing 3A	New	Core	20	7
Psychiatric Nursing 3B	New	Core	20	7
Total			130	

3.2.3.4 Fourth-year Curriculum

The fourth-year curriculum consists of the following modules. Detailed module descriptors are provided in Appendix B.

Figure 8: Summary of Fourth-year Modules

Fourth-year Module	Current/new	Fundamental/ Core	Theoretical Credits ²²	NQF Level
Research Project	New	Fundamental	20	8.1
Midwifery 4A	New	Core	15	8.1
Midwifery 4B	New	Core	15	8.1
Research Methods	New	Fundamental	15	8.1
Laboratory Clinical Midwifery	New	Core	15	8.1
Regional Priority Module	New	Core	10	8.1
Total			90	

3.2.4 Overall Structure of Learning in the Curriculum²⁷

The curriculum incorporates theoretical learning hours and clinical hours in any given week of the academic year, as well as additional clinical hours during recess and post-exam periods.

²⁷ Note that there have been major revisions to this – see revised Appendix D for the version current at the end of 2005 (where further revisions are proposed).

3.2.4.1 Learning Hours

Figure 9: Schedule of Learning Hours Per Module Per Academic Year²⁸

											Total Credits	480
Year 1												
Module	Credits	Duration (weeks)	Contact Hours	Assignments	Tests & Exams	Practicals	Self Study	Other	Total Contact	Total Learning		
Foundations of Nursing 1A	5	7	14	16	1	0	7	12	15	50		
Foundations of Nursing 1B	10	14	28	10	2	30	28	2	60	100		
Introduction to Human Biology 1A	15	14	42	15	3	10	42	38	55	150		
Introduction to Human Biology 1B	15	14	42	15	3	10	42	38	55	150		
Applied Chemistry	15	14	42	16	3	0	42	47	45	150		
Applied Physics	15	14	42	14	3	0	42	49	45	150		
English for Educational Purposes	5	14	14	10	1	0	14	11	15	50		
Computer Literacy	5	6	14	10	1	10	6	9	25	50		
Fundamentals of Nursing 1A	10	14	28	14	2	28	28	0	58	100		
Fundamentals of Nursing 1B	10	14	28	14	2	28	28	0	58	100		
Laboratory Clinical Nursing 1A	5	7	14	21	1	0	7	7	15	50		
Laboratory Clinical Nursing 1B	5	7	14	21	1	0	7	7	15	50		
Health Development & Primary Health	5	7	14	14	1	14	7	0	29	50		
Language Applied to Health Care	5	7	14	10	1	0	7	18	15	50		
First-year Totals	125		350	200	25	130	307	238	505	1250		
Available contact hours during a 28 week academic year										560		
Variance										55		
Available contact hours during a 30 week academic year with 1 period /day for self study										720		
Variance										215		
Year 2												
Module	Credits	Duration (weeks)	Contact Hours	Assignments	Tests & Exams	Practicals	Self Study	Other	Total Contact	Total Learning		
Medical Surgical Nursing 2A	15	14	38	10	3	40	42	17	81	150		
Medical Surgical Nursing 2B	15	14	38	10	3	40	42	17	81	150		
Pharmacology for Nurses	10	14	25	4	2	0	28	41	27	100		
Child Health	10	7	25	10	2	40	14	9	67	100		
Introduction to Mental Health	10	7	25	9	2	15	14	35	42	100		
Human Biology 2A	10	14	25	15	2	10	28	20	37	100		
Human Biology 2B	10	14	25	15	2	10	28	20	37	100		
Human Biology 2C	10	14	25	15	2	10	28	20	37	100		
Laboratory Clinical Nursing 2A	5	7	13	21	1	0	7	8	14	50		
Foundations of Nursing 2A	10	14	25	30	2	0	28	15	27	100		
Psychology 1	15	14	38	20	3	0	42	47	41	150		
Sociology 1	15	14	38	20	3	0	42	47	41	150		
Second-year Totals	135		340	179	27	165	343	296	532	1350		
Available contact hours during a 28 week academic year										420		
Variance										-112		
Available contact hours during a 30 week academic year with 1 period /day for self study										540		
Variance										8		
Year 3												
Module	Credits	Duration (weeks)	Contact Hours	Assignments	Tests & Exams	Practicals	Self Study	Other	Total Contact	Total Learning		
Medical Surgical Nursing 3A	10	14	19	7	2	5	28	39	26	100		
Medical Surgical Nursing 3B	10	14	19	7	2	5	28	39	26	100		
Community Health Nursing 3A	15	14	28	10	3	15	42	52	46	150		
Community Health Nursing 3B	15	14	28	40	3	15	42	22	46	150		
Unit Management	15	14	28	7	3	8	42	62	39	150		
Psychology 2 or Sociology 2 (both offered, but student selects only one)	15	14	28	20	3	0	42	57	31	150		
Laboratory Clinical Psychiatric Nursing	10	14	19	17	2	15	28	19	36	100		
Psychiatric Nursing 3A	20	14	38	20	3	15	56	68	56	200		
Psychiatric Nursing 3B	20	14	38	20	3	15	56	68	56	200		
Third-year Totals	130		244	148	24	93	364	426	361	1300		
Available contact hours during a 28 week academic year										280		
Variance										-81		
Available contact hours during a 30 week academic year with 1 period /day for self study										360		
Variance										-1		
Year 4												
Module	Credits	Duration (weeks)	Contact Hours	Assignments	Tests & Exams	Practicals	Self Study	Other	Total Contact	Total Learning		
Research Project	20	14	28	40	4	0	56	72	32	200		
Midwifery 4A	15	14	21	10	3	0	42	74	24	150		
Midwifery 4B	15	14	21	14	3	16	42	54	40	150		
Research Methods	15	14	21	30	3	16	42	38	40	150		
Laboratory Clinical Midwifery	15	28	21	15	3	12	84	15	36	150		
Regional Priority Module	10	14	14	15	2	8	28	33	24	100		
Fourth-year Totals	90		126	124	18	52	294	286	196	900		
Available contact hours during a 28 week academic year										140		
Variance										-56		
Available contact hours during a 31 week academic year with 1 period /day for self study										187		
Variance										-9		

²⁸ Total contact hours refer to the sum of contact hours (lectures), test and exams and practicals. Total learning hours is the sum of contact hours, assignments, test and exams, practicals, self study and other. In developing the curriculum, the assumption was accepted that each credit equates to 10 total learning hours. The schedule of learning hours serves as a guideline for minimum hours.

3.2.4.2 Clinical Hours

Figure 10: Summary Schedule of Clinical Hours Per Academic Year

Description	Weeks	Days per Week	Hours per Day	Subtotal Hours	Practical/Lab (Theoretical Modules)	Other	Total
YEAR 1							
Academic weeks	28	1	8	224	92		316
April recess: community assessment						40	40
June/July (univ. recess)	3	3	12	108			108
November (after exams)	2	3	12	72			72
TOTAL							536
YEAR 2							
Academic weeks	30	2	8	480	155		635
Last 2 weeks January	2	3	12	72			72
First 2 weeks February	2	3	12	72			72
June/July (univ.recess)	3	3	12	108			108
"Double counting": 4 weeks x 24 hours - community clinics 1st and 2nd year: also for "general nursing"						96	96
November (after exams)	2	3	12	72			72
TOTAL							1055
YEAR 3							
Academic weeks	30	3	8	720	208		928
Last 2 weeks January	2	3	12	72			72
First 2 weeks February	2	3	12	72			72
June/July (univ.recess)	3	3	12	108			108
"Double counting": 4 weeks x 24 hours - community clinics 2nd year: also for "psychiatric nursing"				0		96	96
TOTAL							1276
YEAR 4							
Academic weeks	31	4	8	992	226		1218
Last 2 weeks January	2	3	12	72			72
First 2 weeks February	2	3	12	72			72
" Double counting": 1 week family planning (32 hours) + 2 weeks "community" for ante-natal, pos-tnatal clinics from 1st, 2nd, 3rd year						96	96
TOTAL							1458
TOTAL FOR PROGRAMME							4325

Notes:

- 1) Minimum hours for SANC = 4000
- 2) Students do not do clinical practice on public holidays

	Year 1	Year 2	Year 3	Year 4	TOTAL
General + Community Health	536	1055	350	240	2181
Psychiatry			782		782
Midwifery			144	1218	1420
Total	536	1055	1276	1458	4325

3.2.5 Assessment²⁹

3.2.5.1 Exit-level Outcomes and Associated Assessment Criteria

Critical cross-field outcomes and developmental outcomes are linked to assessment criteria associated with specific modules. These are set out in Appendix C, Figure A.

The integrity of the examinations is the responsibility of the enrolling institution, but the offering institution sets, marks, moderates and reports the results of the examination to the enrolling institution.

3.2.5.2 Integrated Assessment

Integrated assessment permits students to demonstrate their ability to put into practice in the relevant context the learning outcomes required in obtaining a qualification.

1. Students will be assessed as to their ability to integrate and apply knowledge gained from fundamental modules during the assessment of core modules.
2. Integrated assessment will comprise formative and summative elements in a proportion determined by the assessment policy of the enrolling institution.

3.2.5.3 Formative Assessment

The purpose of formative assessment is to provide regular feedback to the students on their progress.

Formative assessment is assessment which is (usually only) intended to help the student learn, and the result is **not** part of what the student gets for the course at the end; in other words it does not contribute to grading and promotion but is part of the teaching of the course. (Of course, summative assessment can also be formative, but its primary purpose is different). By definition formative assessment takes place during (and sometimes throughout) a course; in this sense it may be (and often is part of continuous assessment).

1. Formative assessment is the responsibility of the offering institution, in compliance with the overall assessment framework of the enrolling institution.

3.2.5.4 Summative Assessment

The purpose of summative assessment is to judge the students' performance for purposes of promotion or failure.

1. Summative assessment is assessment of a student's achievement for the purposes of grading and promotion. It may happen during a course or at the end of a course, or both; when it takes place throughout the course it is of course also continuous assessment.
2. Summative assessment is the responsibility of the offering institution, in compliance with the overall assessment framework of the enrolling institution.

3.2.5.5 Continuous Assessment

Continuous assessment is - as that term implies - assessment throughout a course, and applies where the assessment is not simply the final examination taken at the end of a course. Usually continuous assessment is used to refer to assessment that counts towards a final

²⁹ Administrative aspects of assessment are dealt with under Section 4.2.4.

result and is thus summative as well. (Some institutions have introduced continuous assessment in class tests, essays and other assignments completed during the course count in most cases, 40% to 50% of the final result). In schools, for the senior certificate, continuous assessment (referred to as CASS) now also contributes to the result in many school systems (subject to moderation).

Both continuous and summative assessment could be used as a form of formative assessment. However, only continuous and summative assessments are used for purposes of grading.

3.2.6 Curriculum Governance

3.2.6.1 Curriculum Development, Approval and Review

1. The full process is set out under Section 2.2.3.1 of this document.
2. In sum, with respect to formal approvals:
 - a. Responsibility for national curriculum approvals (DoE, SANC, SAQA, HEQC) rests with the enrolling institution.
 - b. The enrolling institution contracts the offering institution to deliver the module as per the approved curriculum. The offering institution will attend to the quality assurance of the module – see Section 4.1.6
 - c. The enrolling institution's name will appear on the graduation certificate, as well as the logos of all contributing institutions (see Section 4.1.5). Accordingly, the enrolling institution's Senate will formally approve the curriculum, while it is submitted to other participating institutions' Senates for comment¹⁴

3.2.6.2 Development and Monitoring of Overall Academic and Clinical Programme

1. In general, this is the responsibility of the enrolling institutions in conjunction with the offering institutions.
2. Findings should be communicated across the platform by end of November each year.
3. A formal mechanism for reviewing curricula from time to time is to be established by the Nursing Academic Board – see Section 2.2.3.1, point 4.

3.2.7 Curriculum Delivery

3.2.7.1 Responsibilities for Student Intake

1. The decision as to student intake (enrolment numbers) resides with the enrolling institution/s, in consultation with the offering institutions and the PGWC, in line with prevailing policy prescriptions.
2. The decision should take into account:
 - a. Institutional three-year rolling plans;
 - b. The needs of the region and the country for qualified undergraduate nurses;
 - c. Capacity of the integrated platform – including clinical placement capacity.
3. Enrolment numbers should be decided on an annual basis by the enrolling institution, in consultation with the offering institutions. Provisional numbers must be communicated to

the platform by the end of March with final proposed enrolment numbers by the end of June each year, for the next academic year.³⁰

3.2.7.2 Responsibilities for Offering Modules (See Appendix D)

1. Each enrolling institution takes responsibility for instruction of most of the modules of the curriculum for the first year of the programme, in order to develop a working relationship with its students. (Enrolling institutions may nevertheless draw on the resources of other institutions to support the first-year modules. These expenses will be outside of the affordability model payments and must be negotiated separately. These payments must be made on a monthly basis, as laid down by the Public Management Finance Act (PFMA))
2. After the first year of the curriculum, responsibility for the various modules is allocated across participating institutions.
3. The initial allocation of modules, as set out in Appendix D, has been accepted by the NTT and the CHEC Board of Directors and is put forward as a recommendation to the participating institutions. Should CPUT decide to enrol B Tech students for 2005, then the NAB could reconsider CPUT's role in year 4 for students enrolling at CPUT.
4. A module will be allocated to only one (offering) institution; the offering institution is accordingly the driver and custodian of the module, and takes responsibility for all its academic aspects, including clinical accompaniment and supervision at clinical sites, but excluding administrative matters and transportation of students (see 3.2.9.2 and 3.2.9.3) (irrespective of where students are enrolled).³¹
5. Where modules in consecutive years comprise a theme, one offering institution will take responsibility for the theme in all years.
6. The allocation of modules across institutions may change over time as the implications of integration and payments per module are more clearly defined.
7. The allocation of modules to offering institutions should be reviewed by the Nursing Academic Board on an annual basis, by end March each year for the next academic year. This will have to take cognisance of prevailing agreements between CPUT and the WCCN.
8. Should an offering institution wish to withdraw from offering a module, a notice period of one academic year will apply.
9. The initial allocation of modules across the integrated platform is set out below and offering institutions commit to offer these modules for both UWC and CPUT enrolments.
10. The regional priority module will be allocated annually, from 2007, by the Nursing Academic Board. The offering institution to which it is awarded will then develop the module descriptor for this module.
The regional priority module is intended to allow the platform to train students in a particular area of health care which is of importance to the region at that time. This would equip students to enter the profession, the following year, well informed in this area. Typical examples of such a module could be HIV AIDS, Tuberculosis etc.

³⁰ Revision approved by CHEC on 9 March 2005

³¹ Revision approved by CHEC on 8 June 2005.

3.2.7.3 *Responsibilities for Assessment and Examinations*

Responsibilities are distributed across enrolling institutions (at the level of the platform) and offering institutions (at the level of the module). Further details are set out under Section 4.2.5.

3.2.8 **Delivery of Micro-level curriculum**

3.2.8.1 *Study Guides*

The offering institution must provide appropriate modular study guides and other support material.

3.2.8.2 *Teaching Sites*

The offering institution is free to negotiate across the platform for its modular requirements in terms of teaching sites. This could include lecture theatres, clinical skills laboratories, computer laboratories, etc. These expenses will be outside of the affordability model payments and must be negotiated separately. These payments must be made on a monthly basis, as laid down by the PFMA.

3.2.8.3 *Teaching and Learning Resources*

Institutions offering particular modules will be able to draw on expertise residing in other institutions if necessary. These expenses will be outside of the affordability model payments and must be negotiated separately. These payments must be made on a monthly basis, as laid down by the PFMA. Institutions should support the research and career development of individuals across the platform by accommodating the involvement of academics with an interest in particular modules.

Further details respecting academic and clinical staffing policy are set out under Section 4.1.2.

3.2.9 **Delivery of the Clinical Component of the Curriculum**

3.2.9.1 *Principles and Approach for Clinical Placement*

1. As the undergraduate Nursing programme is outcomes-based and community-orientated, the majority of clinical placements should be in primary- and secondary-level facilities (taking into account constraints on available PGWC facilities – e.g. staff not necessarily PGWC employees and often constrained by working duties, transport costs and other logistical complications).
2. Rural-type placements are an essential element of the student experience and rural sites must be included and costed in the platform. Given that students will spend two or more consecutive days at clinical facilities from their second year, the rural sites should be able to provide students with suitable accommodation. Appendix E, Figure B shows the four regions in which students could receive their clinical training. The project team will develop some typical scenarios, using the affordability model, to demonstrate the likely cost implications of transport and accommodation for clinical placements.
3. The overall approach is to plan clinical placements in terms of a geographical site that includes several facilities. Within such a site, a student would gain experience in health and health-related facilities at primary, secondary and tertiary levels. Students should rotate

between approximately four geographical sites and should return to a site at different levels of training.

4. Each geographical site should have an adequate teaching facility, ideally providing students with access to lockers, desks, computers and a teaching venue.
5. Each geographical site should have a site co-ordinator who manages placement of students and the link between facilities/institutions.
6. A standard template for the situational analysis of clinical sites as well as draft letters has been developed. See Appendix E, figures, C, D and E.

3.2.9.2 *Institutional Responsibilities Respecting Clinical Placement*

1. A standard contract and service level agreement (SLA) is to be developed and implemented between the enrolling institution and the clinical site/facility.
2. The enrolling institution is responsible to ensure that only SANC-approved clinical facilities are used.
3. Obtaining SANC accreditation for clinical sites and monitoring of clinical settings is the responsibility of the enrolling institution. Note that during 2004 the enrolling institution only needs to accredit the clinical facilities required for first year students during 2005. During 2005 the enrolling institution needs to accredit facilities required for second year students in 2006 and similarly for the following two years. For further details see Section 3.2.9.6.
4. The process for obtaining accreditation is set out below:
 - a. Agree as to the inclusion of Metropolitan and Rural sites
 - b. Develop standard template for the situational analysis
 - c. Obtain approval for template from the Nursing Task Team and SANC
 - d. Obtain a schedule of all possible facilities from:
 - i. PGWC
 - ii. Local Authorities (Environmental Health offices)
 - iii. Western Cape Occupational Health Group
 - iv. Higher education institutions (CHEC members)
 - e. Pilot the template by asking members of the clinical placement working group to complete it for one facility in their area
 - f. Select the facilities which meet the needs of the curriculum
 - g. Contact the authorities/private facilities to arrange for completion of the situational analysis
 - i. City of Cape Town
 - ii. Cape Peninsula Organisation for the Aged (CPOA)
 - iii. Other local authorities
 - iv. PGWC (Departments of Health and of Education)
 - v. Non Governmental Organisation's (NGO's)
 - vi. Private health care providers
 - h. Process the feedback
 - i. Prepare submission to SANC
 - j. Follow up and allocate students to selected accredited facilities
 - k. Repeat the process annually to expand the platform of accredited clinical facilities

The enrolling institution is responsible for implementation.

5. The enrolling institution is responsible for ensuring that appropriate record systems are in place to monitor clinical placements (i.e. attendance, hours logged, activities).

6. The enrolling institution is responsible for student transport to the main clinical site. The service provider is responsible for arranging and covering the costs of transport to secondary facilities, as required by the service provider and as agreed by the enrolling institution. This must be included upfront in the SLA between the enrolling institution and the service provider.³²
7. The offering institution is responsible for equipping and maintaining the clinical skills laboratory required for the module it is offering.
8. The offering institution is responsible for supervising/mentoring of students for the particular module(s) it is offering at the clinical sites assigned by the enrolling institution.³³

3.2.9.3 Role and Responsibilities of Site Co-ordinators

A site co-ordinator is responsible for managing the placement of students, as well as the link between clinical facilities in the site, and institutions in the platform.

1. Site co-ordinators should be at the level of a registered nurse.
2. There should be one site co-ordinator per geographical site, although it is likely that one site co-ordinator could cover more than one site. (The need for site co-ordinators may initially be high, but will reduce as the platform settles down.)
3. A job specification for a typical site co-ordinator will be developed by the enrolling institution.
4. Site co-ordinators will be employed by the enrolling institution and costs will be incorporated into the affordability model.

3.2.9.4 Expectations of Students During Clinical Placements

1. The minimum number of clinical hours per student over four years is 4 000, including clinical laboratory hours completed as part of the academic modules. See Section 3.2.4.2.
2. In each year, students should have clinical hours which suit their learning needs, but are not disruptive to the facilities in which they are placed (i.e. students should work the days of the week and the hours per day which align with the working arrangements of the facility at which they are placed). In their senior years, students should work appropriate shifts, to allow them to gain the required experience (i.e. including a component of nightshift and weekend work).
3. Students will be required to keep a portfolio of their work, attendance and practical experience/exposure, for signing off by staff. The portfolio will be used in accordance with a standard template across the platform, and students and staff must be thoroughly trained in its use.

³² Revision approved by CHEC on 9 March 2005

³³ Revision approved by CHEC Board on 8 June 2005 (new clause).

4. Written guidelines will set out what is expected of students on a clinical site, and what is expected from a site/facility when taking on students. This will be a generic document reflecting each category of facility (primary, secondary, tertiary) and expectations per student year of study. This will be developed by the enrolling institution, with the support of the clinical placement working group, during the implementation phase.
5. Workbooks will be developed by the enrolling institution, with the support of the clinical placement working group, during the implementation phase, to inform students as to what exposure/experience they will receive at each clinical site. In this way students will be able to make an informed decision should they need to choose where to do their practicals.

3.2.9.5 *Clinical Supervision*

The SANC minimum guidelines must be followed for clinical supervision.

3.2.9.6 *Monitoring of Clinical Settings*

1. SANC sets out guidelines and criteria for the approval of clinical facilities. In line with these:
 - a. Application for approval and monitoring of clinical settings is the responsibility of the enrolling institution.
 - b. The enrolling institution must provide the offering institution with all the relevant material and processes related to the accreditation of the clinical settings.
 - c. The audits are a critical component of risk management³⁴ and must cover all aspects of health and safety.

³⁴ Risk management issues are addressed under Section 6.3.

4 Academic Issues and the Regional Undergraduate Nursing Platform

This section sets out recommended agreements respecting a range of academic issues.

4.1 Academic Policy

4.1.1 Language Policy

The language of instruction, assessment and support is that which aligns with the respective language policy of each enrolling institution.

4.1.2 Academic and Clinical Staffing Policies

4.1.2.1 Allocation of Academic Staff

The offering institution is responsible, subject to the overall quality assurance framework, for allocating clinical instructors, lecturers and part-time lecturers to a module.

4.1.2.2 Staff : Student Ratio

Staff : student ratios vary according to the nature of specific modules (be these academic or clinical).

1. The enrolling institutions will strive towards achieving the desired ratios, as set out by the HSC.
2. As student: staff ratios are module-specific, they should be finalised by each offering institution.
3. A SLE/FTE equivalent should be used by the offering institution as the basis of developing ratios for other academic levels.

4.1.3 Policy Respecting Intellectual Property (Research and Curriculum)

4.1.3.1 Research and Intellectual Property

The principle of collaborative research is well established and applies in the case of the platform (acknowledging that there are revenue implications with respect to subsidy, sale of handbooks, etc.).

1. Where research is module specific, the intellectual property resides with the offering institution and the researcher/s.
2. Where research is related to the functioning of the platform, the intellectual property resides with the person doing that research. The EI is however required to approve the use of the platform.
3. Educational research across the platform will affect all roleplayers. As such, all participating institutions should be part of the acceptance process to ensure the research does not impact unfavourably on any aspect of their work. The intellectual property will reside with the researcher/s and their institutions.

4.1.3.2 Curriculum and Intellectual Property

The programme and module frameworks for the undergraduate Nursing curriculum have been developed by an interdisciplinary team from all participating institutions. Nevertheless module-specific curriculum detail is developed by the offering institution using its own resources.

1. The intellectual property of the programme and module structure resides with the enrolling institution.
2. The intellectual property of the module content (teaching content and mode of delivery) resides with the offering institution.
3. Should an offering institution cease to offer a module, the institution that takes up the module should be provided with a copy of the core material and be supported to set up the infrastructure.
4. The original offering institution must be allowed to continue using its module in any other programme.

4.1.4 Academic Support Policy

It is the responsibility of the offering institution to ensure that all required academic support is in place to meet the teaching and learning requirements of a module.

4.1.4.1 Information and Communication Technology (ICT) Support

1. As a general principle, the enrolling institution is responsible for overall ICT support and the offering institution is responsible for module-specific ICT support (including responsibility for how students interact with and access ICT support services and facilities). There will be times when students need to access the systems of the offering institution when they are no longer on that campus. The ICT departments of the CHEC member institutions need to evaluate these requirements and advise the NAB.
2. All participating institutions should encourage the development of e-learning material (web-based) to support system-independent learning accessible from all academic and clinical sites.
3. Where e-learning is a requirement for a module, the offering institution must arrange for access, for students and staff, to the internet, using its own facilities and in line with its own policies and procedures. The principle of “user pays” for these services is supported.

4.1.4.2 Libraries

The CALICO agreement between tertiary institutions in the Western Cape provides a mechanism for students to access libraries across the platform (although it should be noted that this agreement does not provide the full range of services to all undergraduate students).

1. Undergraduate Nursing students may access the libraries of all CALICO member institutions. However, their borrowing privileges are restricted to the enrolling institution.
2. It is recommended that CALICO considers allowing undergraduate nursing students full access and privileges to libraries across the platform.

3. As a consequence of contractual and licensing agreements, only registered students may access electronic publications (i.e. only at their enrolling institution).

4.1.5 Certification Policy

1. The enrolling institution is the graduating institution, with accreditation from the CHE (HEQC) and funding approval from the DoE.
2. The name of the enrolling institution appears on the graduation certificate.
3. The logos of all contributing institutions also appear on the certificate.

4.1.6 Quality Assurance Policy

Quality assurance is understood to include curriculum development and curriculum implementation and all partners should be equally involved. Under these arrangements, the integrity of Senate and Council responsibilities regarding curriculum and quality assurance remain intact.

4.1.6.1 Levels of Quality Assurance

Quality Assurance (QA) arrangements must take into account the fact that individual modules of the programme are offered by different institutions. Therefore, in order to ensure that adequate quality is maintained for the programme as a whole, QA arrangements must be in place across the platform for the following.

1. Design: this is largely covered by the fact that the programme is designed and approved at regional level.
2. Input factors (e.g. staff qualifications, study guides and supporting materials).
3. Process factors (e.g. student evaluations, student complaints).
4. Output factors (e.g. success rates).

4.1.6.2 Programme Quality Assurance

QA is a requirement of the South African higher education system and accreditation is awarded by the HEQC at the level of the programme. The responsibility for programme QA and associated costs are for the enrolling institution. (Policy guidelines for programme review, as developed by an enrolling institution (UWC), are provided in Appendix F. These guidelines have been accepted by the NTT as a broad framework for programme-level quality assurance of undergraduate Nursing in the Western Cape. It is understood that the document is a framework and is constructed according to UWC requirements. CPUT is at liberty to utilise this document and make any changes it may deem necessary. A policy needs to be developed on this basis, and further detail³⁵ would be required before it could be implemented.)

4.1.6.3 Module Quality Assurance

QA for the module is the responsibility of the offering institution.

³⁵ e.g. i) the actual forms to be used; ii) how analysis of components of the review will occur; iii) how evaluations will be fed back into the system; and iv) how continual monitoring will occur (e.g. provision must be made for quick action if there are negative evaluations).

4.1.6.4 *Facilities Quality Assurance*

1. Both academic and clinical facilities must be quality assured in compliance with the quality requirements of the module.
2. Responsibility for facilities QA rests with the offering institution.
3. Costs incurred for the academic facility are for the offering institution (academic infrastructure).
4. The cost of, and responsibility for, rectifying any problem at a clinical site is for the clinical site.

4.1.6.5 *External Examiners and Moderation*

1. The integrity of the examinations is the responsibility of the enrolling institution, but the offering institution is responsible for setting, marking, moderating and reporting the results to the enrolling institution.
2. The external examiner and moderation arrangements of the offering institution must be approved by the enrolling institution's faculty board.

4.1.6.6 *Continuous Curriculum Review*

This responsibility is linked to programme QA and the enrolling institution is responsible for associated costs.

4.1.6.7 *Student Feedback Mechanisms*

1. It is a programme responsibility (enrolling institution) to ensure that student feedback is obtained across all the modules in a standard format.
2. This must be done per module (offering institution), but consistently across the platform and using the feedback mechanisms of the enrolling institution.

4.1.6.8 *Implementing Quality Assurance for the Platform*

QA reviews for the regional undergraduate Nursing platform should be conducted annually for the first four years of the programme.

4.2 *Academic Administration*

4.2.1 *Applications*

4.2.1.1 Year Book Entries

Entries appear only in the year book of the enrolling institution/s, irrespective of where individual modules are offered.

4.2.1.2 Applications Policy and Procedures

The applications policy, processes and procedures of the enrolling institution apply.

4.2.1.3 Applicant Enquiries

1. Handling applicant enquiries is the responsibility of the enrolling institution, and as such each enrolling institution must provide the necessary infrastructure.
2. The enrolling institution/s must inform all offering institutions, hospitals and clinical sites of arrangements for handling applicant enquiries - i.e. contact details and enquiry processes. All enquiries received by other parties must be redirected via the infrastructure provided by the enrolling institution/s.
3. Contact details are to be included on all marketing literature and materials for undergraduate Nursing education in the Western Cape.

4.2.2 Admissions

4.2.2.1 Admissions Process and Criteria

1. The admissions process and criteria of the enrolling institution apply (including RPL criteria).
2. These are developed by the enrolling institution in consultation with the offering institutions, taking into account the requirements of the professional bodies.
3. The selection process is the responsibility of the enrolling institution in consultation with the offering institutions; the process must be finalised by an agreed date each year so that selection can commence.
4. Determination of enrolment numbers is the responsibility of the enrolling institution, as set out under Section 3.2.7.1.

4.2.2.2 Re-admissions Process and Criteria

1. The re-admissions process and criteria are determined by the policy of the enrolling institution.
2. With respect to the acceptable period for “time-out”, each case should be decided on its own merits, subject to the overall policy of the enrolling institution.

4.2.3 Registration

1. Registration fees and registration administration arrangements³⁶ are the responsibility of the enrolling institution.
2. The enrolling institution decides the allocation of students to modules. Within modules, the offering institution determines placement of students to components of that module.

4.2.4 Assessment

1. Assessment is the responsibility of the offering institution, carried out in compliance with the overall assessment framework of the enrolling institution.

³⁶ The question of student identification and access cards to be issued on registration is addressed under Section 6.2.3.

2. Promotion is the responsibility of the enrolling institution.³⁷

4.2.5 Examinations

4.2.5.1 Examination Costs

The costs associated with examinations are for the offering institution and these should be taken into account when determining the costs of offering a module.

4.2.5.2 Examination Scheduling and Administration³⁸

Examination processes and procedures are the responsibility of the enrolling institution, in consultation with the offering institutions. The offering institution is responsible for all arrangements related to the examination of modules (e.g. acquiring of venues, determination of examiners, setting of papers, and marking).

4.2.6 Release of Results

1. Each offering institution forwards all results (i.e. individual module results as well as academic year results) to the enrolling institution/s.
2. The enrolling institution releases the results in accordance with its policies.

4.2.7 Pipeline Students

In principle, pipeline students do not form part of the new integrated undergraduate Nursing platform. However, the following exceptions apply.

1. Pipeline students who fail the first year in 2004, second year in 2005, third year in 2006 or fourth year in 2007, and qualify for readmission, will receive tuition for their failed subject together with students enrolled for the equivalent year in the new integrated undergraduate platform. Such students then become subject to the rules of the integrated undergraduate platform.³⁹
2. Where pipeline students are enrolled for a module being offered in that year as part of the integrated platform, the two student groups should combine for this module.

4.3 Student Development and Support

4.3.1 Student Orientation Programmes

1. As a general principle, student orientation and induction is the responsibility of the enrolling institution at the beginning of the academic year, with input from other institutions where necessary.

³⁷ Revision approved by CHEC on 9 March 2005

³⁸ Revision approved by CHEC on 9 March 2005 (combination of previous two separate clauses).

³⁹ Revision approved by CHEC on 9 March 2005

2. Orientation to academic teaching sites is conducted by the offering institution as appropriate.
3. Orientation to clinical sites is conducted by the offering institution presenting the relevant module.

4.3.2 Student Counselling Services

1. All participating institutions offer student counselling services; as such, students should have access to support services across the platform.
2. The enrolling institution should make a 24-hour emergency number available to students who may not have access to services at offering sites.
3. The enrolling institution will allocate service providers to attend to “sharps”⁴⁰ and related injuries. However, in an emergency situation the offering institution will provide initial support.

4.3.3 Students with Special Needs

1. The enrolling institution/s will develop a policy for students with special needs if one is not already available. This should cover such categories of need as learning and physical disabilities, financial and social needs.
2. Inclusion and/or exclusion criteria with respect to students with special needs must be catered for in the policy and stated in all marketing literature.
3. It is the student’s responsibility to inform the enrolling institution of any special requirements upon application.
4. During orientation, students must be informed of the types of assistance that are available and who to contact if needed.
5. The enrolling institution has primary responsibility for ensuring that appropriate academic support is provided to students with learning disabilities⁴¹. However, all institutions must have appropriate academic support available for those modules they offer.
6. All institutions have a legislated responsibility to make facilities accessible to physically constrained individuals.
7. Financial assistance must be in line with the policy of the enrolling institution. The enrolling institution must make every effort to include rather than exclude individuals who may have financial constraints; this could be in the form of bursaries, subsidies, etc.
8. Some form of life skills programme should be included in student orientation to assist students to make the transition from high school to tertiary education. In addition, introduction to the use of computers, the use of facilities, language orientation, and like issues, should be addressed by the enrolling institution.

⁴⁰ An injury caused by any sharp instrument, i.e. a needle-stick injury.

⁴¹ RPL is addressed in the selection criteria and in the design of the curriculum. An extended curriculum could be investigated for students with learning disabilities.

4.3.4 Bursaries

4.3.4.1 Existing Bursaries

As pipeline students are to continue their current studies on a teach-out basis, existing bursary agreements will not be affected.

4.3.4.2 New Bursaries

1. Bursars and donors for undergraduate Nursing programmes are to be informed of the pending changes and encouraged to direct future bursaries to the enrolling institutions.
2. A concerted effort is to be made to increase the number of nursing bursaries (PGWC and others) in the Western Cape to ensure sustainable numbers of nurses are being trained.

4.3.4.3 Payment of Bursaries

1. Future bursaries for new enrolments for undergraduate Nursing will only be paid to the enrolling institutions.
2. Enrolling institutions and bursar applicants must accept the terms and conditions attached to bursaries by funders such as PGWC and others.

4.3.5 Student Accommodation

4.3.5.1 Responsibilities for Student Accommodation

1. The enrolling institution is responsible for Nursing student accommodation.
2. This should be managed by liaising with service providers across the platform.
3. The enrolling institution is responsible for residence contracts with students and payment of applicable fees to service providers.
4. Given that capacity to accommodate new Nursing students at institutions is very limited, enrolling institutions should make a high-level approach to sort subsidised student accommodation from the PGWC to accommodate Nursing students. These buildings should then be upgraded.
5. In addition, other accommodation space should be explored by the enrolling institution/s.

4.3.5.2 Student Accommodation During Academic Term and Vacation Periods

1. The enrolling institution must determine the need for accommodation during vacation periods. Ideally these students should be accommodated in residences which belong to (or are acquired from) PGWC rather than institutions (e.g. Disa Hof and Protea Hof).
2. The costs of student transport between residential accommodation and academic/clinical sites, are addressed under Section 5.2.4.

4.3.5.3 Residence Rules and Policy

1. The residence rules and codes of conduct of the owner of the residence will apply.

2. Residence selection and admissions policy:
 - a. The enrolling institution applies its own residence selection criteria, and places qualifying students across residence capacity in the platform as applicable.
 - b. The enrolling institution will do its utmost to find accommodation for students, while acknowledging that accommodation is a privilege rather than a right, and ultimately the responsibility of the student.
3. Residence fee policy:
 - a. While the ideal would be to have standard fees for all residences across the platform, this is not yet practically achievable. Subsidised student accommodation from the PGWC should be sought e.g. Disa Hof and Protea Hof.
 - b. Where additional residence space is made available by any of the institutions, the ruling fees will apply.
 - c. Payment of residence fees: The same policy as the enrolling institution applies to its other students in residences, will apply to nursing students who are in residence on the campus of the enrolling institution or at another institution. .

4.3.5.4 Safety and Security in Residences

A Service Level Agreement (SLA) should be entered into between the enrolling institution/s and the residence service provider. When entering into the SLA, the enrolling institution must ensure that residences adequately provide for the safety and security of students.

4.4 Codes of Ethics and Conduct

4.4.1 Code of Ethics (Staff and Students)

1. Staff should observe the code of ethics of the professional bodies, and of the employing institution.
2. Students should observe the code of ethics of the professional bodies and of the enrolling institution.

4.4.2 Student Codes of Conduct

4.4.2.1 General

1. As a general principle, the student code of conduct, student disciplinary code and student rules of the enrolling institution apply. These must be circulated to all institutions in the integrated platform, for assessment and agreement.
2. The enrolling institution's code of conduct must be applied bearing in mind that code of conduct is covered within the scope of professional regulations and relevant Acts.

4.4.2.2 Academic Sites

1. The rules and regulations of the offering institution apply. The enrolling institution needs to make students aware of the rules and regulations of both enrolling and offering institutions, during orientation. This principle is established under Section 4.3.1.
2. Student (and staff) access to parking, recreational and other facilities at enrolling and offering institutions will be subject to the rules and regulations of that institution and will include the necessary payment where this is required.

4.4.2.3 *Clinical Sites*

Where students are placed for clinical practice, the clinical site's policy applies. This should be explained to students at enrolment and form part of the enrolling contract. These principles are established under Section 4.3.1.

4.4.2.4 *Student Uniforms*

1. There must be a single uniform across the platform, to be worn by students for clinical training.
2. Uniforms must be affordable and durable.
3. Students must be clearly identifiable through name tags indicating the logo of the enrolling institution, their student level (year of enrolment), and a photograph. These can be made to clip on to the uniforms.
4. The purchase and maintenance of uniforms, including related laundry services, will be for the cost of the student.

5 Managing the Affordability of the Regional Undergraduate Nursing Platform

Critical to the success of the common teaching platform for undergraduate Nursing education in the Western Cape is that its financial implications be fully understood and managed. Expectations are that an integrated platform should offer a financial benefit to the region, when compared with the situation (prevailing until now in the region) whereby undergraduate Nursing education is offered separately by a number of higher education institutions.

Accordingly an affordability model for the integrated platform has been constructed.

A first version of the model was developed using the underlying data of UWC (enrolling institution). The model as presented in this document has undergone several refinements, incorporating inputs from experts, the Finance and Administration Working Group, the NTT and the CHEC Board of Directors. Once data from CPUT (enrolling institution) becomes available, a parallel version of the model will be constructed. After this the two versions will be merged into one to represent the final affordability model for the platform.

5.1 Principles of Managing Affordability

1. The affordability model selected for the common teaching platform for undergraduate Nursing is **revenue-driven** - i.e. the revenue due to the enrolling institution is the primary basis for establishing the amount which the enrolling institution/s pays to the offering institution/s, in order to deliver a module.
2. The enrolling institutions also offer modules and so function as both enrolling and offering institutions.
3. The offering institution takes full responsibility for all the arrangements and costs associated with offering a module. The only exclusion is the cost of transporting students to the clinical sites.
4. The offering institution determines its own cost of providing a module. Should the payment for any module be insufficient, the model allows for weightings, fees, enrolments and/or costs to be reviewed, in order to achieve a break-even situation.
5. The model determines the cost of transporting students to clinical sites on the basis of an average cost per student per academic year. The enrolling institution arranges to collect the necessary revenue and to pay costs. Each enrolling institution will decide for itself how best to fund this (e.g. by student fees or subsidy income). The revenue received by the enrolling institution for the transport of students needs to be ring-fenced and a reserve should be built up to provide stability for future years.
6. The student must cover their own transport costs to and from the venue where they will receive academic tuition.
7. Payments from the enrolling institution/s to the offering institution/s will be made when the revenue is received by the enrolling institution/s. This applies to all sources of revenue, i.e. student fees, state subsidy income, bursaries and National Student Financial Aid Scheme (NSFAS) monies.
8. The institutions will jointly agree on an acceptable level of student bad debt in respect of undergraduate Nursing programmes. Any shortfall resulting from a failure by an enrolling institution which fails to manage this level will be for its own account.

9. Graduate outputs are shared in an equitable manner, taking into account each institution's input over the four years of the programme⁴². The NAB will develop an appropriate formula for this allocation.
10. The ratios of the administrative allocation for each enrolling institution are phased in over the four years of the programme (i.e. cohort).
11. Agreement is required as to including, in the revenue stream of the model, the normative funding portion⁴³ of the development grant and the institutional factor.

The conceptual and in-principle functioning of the affordability model is illustrated in Appendix G, Figures F and G. In addition, payments per module are illustrated in Appendix G, Figure J, based on the latest available input data at time of writing.

5.2 Recommended Agreements Respecting Managing Affordability

5.2.1 Uses of the Affordability Model for Planning and Budgeting Purposes

1. The affordability model serves as a planning and budgeting tool for all institutions participating in the integrated undergraduate Nursing platform.
2. Ideally institutions will use the model jointly to discuss alternatives with respect to student fees, student numbers, input costs and module weightings; and to understand the financial implications of these before taking key decisions. These outcomes will determine the allocation of modules to institutions – ideally, for a period of at least three years to ensure stability across the platform (although review will be annual).
3. Once inputs have been agreed, each participating institution can use the model to understand financial and operational implications for itself, and to plan and budget within its own faculty for the modules it will be offering.
4. The model should then be used by each faculty to inform its institution of the implications for the following three to five years, to allow the institution to include these in its rolling plans and longer term forecasting.

5.2.2 Development, Maintenance and Operation of the Affordability Model

1. In the interim, the master copy of the affordability model (based on UWC data) is maintained by the CHEC project team. Once data from CPUT becomes available, the model will be expanded to include this⁴⁴.
2. Each participating institution will nominate one person to take responsibility for the maintenance and operation of the model, within that institution. The institutional representatives will jointly form a task team which can assist the platform in keeping the model updated, modelling alternative scenarios and formulating recommendations.

⁴² Graduate output generates funding from the State subsidy formula. When this is received by the enrolling institution (from 2008 onwards) it will be allocated across the platform on the basis of the contribution of the individual institutions over the four years of the programme.

⁴³ The CHEC Board of Directors needs to decide whether a portion of the normative development grant, if received by the enrolling institution, should be allocated as revenue to the platform.

⁴⁴ Should incorporation of WCCN into CPUT be agreed, it is nevertheless unlikely before 2006. Should an agency agreement be negotiated in the interim, this would not affect the affordability model, as the PGWC will fund the operations of WCCN in this phase.

3. It will be the responsibility of each enrolling institution continually to update the underlying data which provides the administrative costs (related to Nursing) of the enrolling institutions.
4. CHEC will take overall responsibility for the master version of the model. However, once the institutions have agreed the key inputs (via the task team), each institution will receive a copy of the model for its own planning purposes. Should an institution wish to change any particular key input, this would need to be done through the task team and approved using the governance and management structures established for the platform.

5.2.3 Student Fees

1. The enrolling institution is responsible for setting student fees.

5.2.4 Student Transport Policy and Arrangements

5.2.4.1 Clinical Transport (in Academic Term)

1. Costs of clinical transport (in the academic term) are to be calculated on the basis of transport departing from, and returning to, the enrolling institution.⁴⁵
2. The costs are to be calculated as the average cost per student per academic year.⁴⁶
3. The costs of clinical transport in the academic term will be for the enrolling institution.
4. Each enrolling institution will decide for itself on how best to fund clinical transport costs (e.g. via student fees or subsidy).
5. The amount to cover cost of clinical transport per student will be allocated to each student, irrespective of whether the student uses this transport or not.
6. Students will not be reimbursed for using their own transport.
7. The database for the financial model will include the details of all clinical sites in the platform (distance and capacity), but only those being used in a particular year will be included in the calculation of clinical transport costs in that year.

5.2.4.2 Clinical Transport (in Vacation Periods)

Required clinical practice time will extend into vacation periods under certain circumstances.

1. The costs of clinical transport in vacation periods will be calculated per student.
2. The enrolling institution will pay for transport of students to clinical sites during their vacation periods, where this is a requirement resulting from platform constraints rather than student performance.

⁴⁵ Illustrative calculations made in arriving at this recommendation have used the 2005 commercial rate per kilometre for a 15-seater chartered mini-bus (<15 passengers use one vehicle, >15<30 passengers use two vehicles). See Appendix G, Figure L.

⁴⁶ See Appendix G, Figure L for illustrative calculations.

3. Where students need to make up clinical hours due to their own deficit, this will be for their own account.

5.2.4.3 Academic Transport

1. The student pays for all transport to and from academic sites, as he or she may require in terms of the curriculum.
2. If an offering institution needs to transport students to another site for logistical or any other reasons, these costs are for the offering institution.

5.2.4.4 Communicating Student Transport Policy

1. Principles and policy respecting student transport should be clearly set out in the student handbook and registration documentation.
2. Policy must be explained to students at registration and must be a condition of enrolment.

5.3 Implementation Issues for Managing Affordability

1. The interim affordability model uses the underlying data of UWC (enrolling institution). Once data from CPUT (enrolling institution) becomes available, a parallel version of the model must be constructed; and the two versions merged into one to represent the final affordability model for the platform.
2. Some key underlying data of the model can only be finalised at a later stage:
 - a. HEMIS⁴⁷ credits per module must be finalised.
 - b. The details of sites to be used for the clinical component of the programme must be finalised.
 - c. Agreement is required as to including, in the revenue stream of the model, the normative funding portion of the development grant and the institutional factor.¹¹ (see Section 5.1 point 11)
 - d. Agreement on the underlying assumptions, inflation, pass rates, and weightings used in the model is needed.
3. Subject to agreement of the recommendations in this interim document, institutions need to appoint persons responsible for keeping the model updated and applying it in their institution; and a task team of institutional representatives needs to be established.

6 Operations and the Regional Undergraduate Nursing Platform

This section sets out recommended agreements respecting a range of operational issues.

6.1 Planning and Budgeting

6.1.1 Working Capital Requirements

The CHEC Board of Directors will discuss and agree how costs related to the set-up and roll-out of the new curriculum in its first four years are to be recorded by, and allocated across, all participating institutions, and how such costs might potentially be reclaimed from DoE. (These costs are not included in the affordability model.)

⁴⁷ Higher Education Management Information System

6.1.2 Planning and Budgeting Process

1. The decision as to student intake (enrolment numbers) resides with the enrolling institution/s, in consultation with the offering institutions and PGWC, in line with prevailing policy prescriptions. Enrolment numbers should be decided on an annual basis and must be communicated to the platform by end March each year, for the next academic year. Further details are set out under Section 3.2.7.1.
2. The enrolling institution decides the allocation of the number of students to modules and informs the offering institutions accordingly by October of each year, for the following academic year.⁴⁸
3. The data (with respect to allocation of students to modules) should be processed in the affordability model to derive forecasts. The enrolling institution supplies forecast data to offering institutions, so that they can prepare their respective budgets. The enrolling institution conducts a review in November of each year, and forwards a revised version of the forecast data to offering institutions by the end of that month.
4. Final figures based on actual enrolments are to be provided to all participating institutions by the end of January each year.
5. The uses of the affordability model for planning and budgeting purposes are set out under Section 5.2.1.

6.1.3 Management Information Systems (MIS) and Reporting

6.1.3.1 HEMIS Reporting

1. The offering institution forwards all relevant Higher Education Management Information System (HEMIS) data to the enrolling institution/s as and when required.
2. Each enrolling institution needs to develop and put in place a system to obtain this information from the systems of the offering institutions (this cost should be seen as a set-up cost).
3. Each enrolling institution is responsible for arranging audits of the full system and for submission of this data.
4. The offering institution will not register the module on its HEMIS/SAPSE⁴⁹ systems (it will carry the code of the enrolling institution/s)⁵⁰.

6.1.3.2 Transfer of Management Information

1. High-level MIS reporting will be done via the HEMIS system as set out above.

⁴⁸ Within modules, the offering institution determines the placement of students to the components of that module. See Section 4.2.3.

⁴⁹ South African post-secondary education

⁵⁰ The revenue received by the offering institution from the enrolling institution will be treated as third-stream income directly to the faculty.

2. Programme-specific information for the departments of Nursing will be collated by each enrolling institution and then shared across the platform.
3. The enrolling institution needs to establish a reporting framework and communicate this to the offering institutions, so that they can provide the required information.

6.1.3.3 *Historical Nursing Student Data*

Each participating institution must archive its databases, as each is responsible for its own historical information.

6.2 Facilities Management

6.2.1 Facilities Maintenance Costs

1. Costs incurred for the routine maintenance of facilities used to offer undergraduate Nursing modules will be for the institution which owns the facility (usually, the offering institution).
2. Depreciation costs will be for the institution which owns the facility.
3. Facilities set-up costs form part of the consideration under Section 6.1.1.

6.2.2 Venues Bookings

The offering institution will be responsible for the required venues bookings. In order to facilitate this, the enrolling institution should inform the offering institution as early as possible of the number of students per module.⁵¹

6.2.3 Student Identification and Access Cards⁵²

1. Primary student identification should be issued by the enrolling institution and students should have these cards available at all times.
2. For special requirements at the offering institution, the offering institution must make special arrangements for the student to access these services, in line with its policies and procedures.

6.3 Risk Management

6.3.1 Health, Safety and Security of Staff and Students

6.3.1.1 Staff and Student Health and Safety

⁵¹ Note that offering institutions may negotiate across the platform for teaching sites – see Section 3.2.8.2.

⁵² There are complexities associated with this issue. E.g. Dentistry students in the region have two separate access cards, one issued by UWC and one by US, as no one card functions at both universities; UCT is unable to issue student cards to students who are not registered at UCT, as this database informs many of its management and HEMIS systems.

1. The health and safety of staff is the responsibility of the primary employer (institution).
2. The health and safety of students is the responsibility of the enrolling institution.
3. The enrolling institution must ensure that residences adequately provide for the safety and security of students. For further details see Section 4.3.5.4.
4. Insurance cover for students is the responsibility of the enrolling institution (both policy and mechanism of funding). See Section 6.3.2.
5. Responsibility for health and safety equipment for the presentation of a module (for both staff and students) is the responsibility of the offering institution for that module.

6.3.1.2 Staff Safety and Security

The employer (institution) has a legislated responsibility to ensure the health and safety of its employees (e.g. in terms of the Occupational Health and Safety (OSH) and Compensation for Occupational Injuries and Diseases (COID) Acts.

1. The contracting employer (institution) must administer appropriate risk management measures to ensure the safety of its staff.
2. The contracting employer (institution) must ensure that sites not under its direct control are in good standing under the terms and conditions of the OSH Act.⁵³
3. Adequate provision should be made for the provisions of the COID Act.
4. Special attention should be given in respect of hazardous biological agents and “sharps⁴⁰” and related injuries.

6.3.2 Insurance and Indemnity

Aspects of personal accident, liability and short-term insurance cover must be addressed by participating institutions.

1. Personal accident insurance cover *for students*⁵⁴ is the responsibility of the enrolling institution (policy and mechanism of funding). Personal accident cover for *permanent and part-time staff* is the responsibility of the primary employer/institution. *Visiting lecturers in their personal capacity* are deemed to be self-employed and therefore responsible for their own personal accident insurance.
2. Liability insurance cover must be maintained by the enrolling institution⁵⁵. Where liability insurance clauses pertaining to communicable diseases (e.g. HIV, hepatitis) require prior screening, this is also the responsibility of the enrolling institution. Students must register with the relevant professional body (which covers aspects of liability).
3. The offering institution arranges and funds short-term insurance cover for equipment and facilities used in the academic training of nurses. Where an institution owns equipment which is used at another institution’s site for the training of nurses, the owning institution carries the primary insurance costs and this is recorded as “off site” equipment.

⁵³ With reference to clinical sites, see Section 3.2.9.6.

⁵⁴ i.e. when students are on academic or clinical sites for purposes of study, or are using transport provided by the enrolling institution or the offering institution.

⁵⁵ Bursary students are classified as supernumerary by clinical service providers, and not as employees.

6.4 Human Resource Management

6.4.1 Staff Teaching at Other Institutions

1. Irrespective of where they teach, staff are fully employed by the primary employer (institution) and as such the conditions of service of the primary employer apply.
2. For instances of individual guest lecturing or part-time teaching, the existing conditions of employment for work outside of normal work (variously referred to as “buitewerk”, “private work” or “remuneration for work outside the private sector/RWOPS) apply.

6.4.2 Part-time Academic Staff

Where a participating institution employs or utilises part-time academic staff, the existing conditions of service and accreditation of the employing institution apply.

6.4.3 Reimbursement of Travel Expenses

1. Individuals must be re-imbursed for expenses incurred by undertaking activities, including clinical activities, related to the platform and this will be done by the institution which employs them.
2. Compensation should be determined in the financial agreement between the enrolling institution/s and other participating institutions.