The General Nursing Council of Zambia

Arising to the Challenge: Zambia Nurses and Midwives Success Story

Responding to Emerging Trends and Needs in Health Care

November 2002
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Purpose

The purpose of this paper is to document the processes undertaken by the General Nursing Council (GNC) to respond to the emerging trends and needs in health care and subsequent results. These results include:

1. Enactment of the Nurses and Midwives Act No. 31 of 1997, that expanded the nurse/midwives scope of practice.
2. Rules and regulations for the Act.
3. Professional Code of Conduct
4. Guidelines on the implementation of the Act
5. Professional Nurses/Midwives regulatory framework.
7. Situation analysis inventory of: number of training programmes; levels of staffing in relation to establishment; qualifications of faculty; continuing education needs; brain drain; equipment; library facilities; transportation; quality assurance needs; and recommendations for streamlining the training programmes.
8. Revised Registered Nurses Curriculum
9. Revised Registered Midwives Curriculum
10. A 4 years BSc. in Nursing Curriculum.
Introduction

Pre ECSACON activities

Since the adoption and implementation of primary health care (PHC) as a strategy for providing equitable, accessible and affordable health care in Zambia, the challenge to the nursing profession has been to produce clinically competent nurses with skills in management, leadership and research, to provide quality service delivery.

In light of the above, the General Nursing Council (GNC) in Zambia identified the need to have the Nurses and Midwives Act No. 55 of 1970\(^1\) reviewed in the late 1980’s. This was in order to repeal and replace it with one that would allow the nursing profession to improve the quality of nursing and midwifery service delivery though expanded scope of education and practice to meet the changing health care trends and needs in the country.

Various meetings and consultations were held with nurses, government and NGO service organizations, Ministry of Health (MOH), policy makers and other health-care professionals to solicit for support in the revision of the Nurses and Midwives Act of 1970 as well as to verify the perceived expanded scope of practice for the nurse/midwives.

With the introduction of the Health Reform in 1992, the nurses created a forum for generating mechanisms for responding to the health reforms. The results of this forum contributed to the content of the Nurses and Midwives bill of 1995.

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\(^1\) The Nurses and Midwives Act and the Medical Aid Societies and Nursing Homes (Dissolution and Prohibition) Act No. 55 of 1970
A copy of the bill that was later to become the Nurses and Midwives Act No. 31 of 1997 was submitted to the MOH and Ministry of Legal Affairs (MoLA) in 1995, for formatting into legal language. However no action was taken from both ministries. Further consultative meetings with representative from MOH, MoLA and GNC were held to address the concerns pertaining to the disparities between the actual nursing practices based on demand at service delivery level and those outlined in the Act of 1970. In addition, these consultative meetings also addressed other health providers’ concerns such as the perceived infringement on their mandates. Lastly these meetings also served the purpose of bringing other stakeholders into the discussion for the review of the act.

A delicate issue for the GNC at this time was to balance/manage the mounting pressure from the nurse/midwives bodies to move the bill on one side while on the other side other health care providers had concerns regarding the expanded scope of practice of the nurse midwife.

Terminologies used in the Act of 1970 were inappropriate for the 1990s. For example, the registration of different levels of nursing and midwifery was streamlined so that the enrolled and registered levels were to be differentiated by the period of training as opposed to titles and respective types of registers and rolls. As the consultative meetings progressed, intensive advocacy activities and interactions at national, commonwealth regional and international levels to sensitise the nurses/midwives and other stakeholders was going on. The benefits at national
level were a confirmation that the GNC were on the right track and thus continued their momentum.

After the resolution of the issues, the bill was then sent to MOH who in turn sent it to the Cabinet for approval. Unfortunately it was during this time that nurses went on strike over poor conditions of service. This caused retardation in the process as the MOH withdrew its support for the bill until the issues with the nurses were resolved. Eventually the grievances were sorted out with the interventions of the GNC, ZNA and MOH, and the bill was finally presented to Parliament. More lobbying was done with the parliamentarians for their support prior to the bill’s readings. As a result the bill was unchallenged during the normal three readings and was passed as the Nursing Act No. 31 of 1997.

Up until the signing of the Nurses and Midwives Act on 20th December 1997, by the Republic President, extensive lobbying continued, to counteract stiff opposition still being encountered on issues pertaining to drug prescriptions and vacuum extractions. For the Act to become operational, the MOH had to sign the Commencement Order that gave it the effective date. Prior to issuance of this order however, ministerial changes occurred demanding more advocacy at ministerial level. Taking advantage of the ministerial changes, more opposition from other health disciplines was encountered in relation to the proposed expanded scope of practice and control mechanisms. A three days workshop in which issues of contention raised by stakeholders were addressed. Results from the workshop included re-wording and removal of some of the provisions e.g. vacuum extraction. These amendments were submitted to the MOH. On March 7th 2001 the commencement order was signed, effective 9th March 2001 against the
original act that included amongst other practices drug prescriptions and dispensing, vacuum extraction, and insertion and removal of devices. Drafting of rules and regulations relating to nursing and midwifery practice followed this. These will be submitted to the MoLA for drafting of statutory instruments.

In late 1998, guidelines for implementation of the Act were developed and circulated by the GNC to the stakeholders including the MoLA to convert them to rules and regulations. The guidelines cover registration of nurses and midwives; registration of private nursing colleges; issuance of diplomas and certificates; professional practice of nurses and midwives (including insertion and removal of devices, carrying out vacuum extraction and drugs prescription and dispensing); registration of nursing homes and agencies and professional conduct of nurses and midwives. A professional code of conduct; a form of control, was also produced and submitted to MoLA. However MoLA requested that the guidelines be changed to rules and regulations for them to have a force of law.

**Impact of ECSACON on nurses and midwives in Zambia**

Zambia has been a founder and active member of ECSACON since the college’s inauguration in 1990. The GNC Registrar attended ECSACON workshops in Harare and Gaberone (August 1977 and February 1998 respectively) that formulated the scope of practice, standards for education, practice and core competencies.
The lessons learned and products from these workshops were shared with the GNC staff and other senior nursing staff. Lessons included an understanding of the harmonization\(^2\) of basic nursing and midwifery education and practice in the East, Central and Southern Africa (ECSA) region, the requirement for member countries to adapt the elements contained in the regional regulatory framework at country level while revising standards of nursing education and practice.

Given Zambia’s proven efforts to have the Nurses and Midwives Act enacted, it was identified as one of the advocacy pilot countries and participated in regional and country advocacy skills training alongside Lesotho and Uganda.

**Advocacy**

Advocacy training was undertaken at both regional and country level. In August 1998, while waiting for the signing of the commencement order for the act to be implemented, two representatives from Zambia (GNC and University of Zambia, Department of Nursing) attended an advocacy skills training in Nairobi, Kenya. The purpose of the training was twofold on the regional level. The first being to empower participants with advocacy knowledge and skills, and

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\(^2\) The harmonization process is a quality improvement initiative responding to ECSACON’s mandate to strengthen the contribution of nursing and midwifery to the delivery of quality health services and care through improvement of nursing and midwifery education and practice.
secondly to form an ECSACON Advocacy Core Team that would spearhead advocacy activities in the three pilot countries, to facilitate the implementation of the harmonization initiative.

On the country level, the main advocacy issue was centered on the new Nurses and Midwives Act No. 31 of 1997, that had broadened the scope of practice for nurse/midwives and thus posed a challenge to the profession, stakeholders and other health care providers.

A second in country training targeted at key nurses and midwives and attended by 13 nursing professionals from Lusaka, Kabwe, Ndola, Kasama and Kitwe was conducted in July 1999. The purposes of this second training was to equip nurse/midwives with advocacy skills that would lead to the signing of the Commencement Order for the Nurses and Midwives Act and strengthening the coalition and networks for implementing health related activities in Zambia. Both training sessions were conducted by the Center for African Studies (CAFS) and funded by PRIME/Intrah. The concepts for advocacy were applied in developing messages for varied target groups and situations.

It was necessary for the GNC to acquire advocacy skills to not only have the act enacted, but also to raise financial support for implementation of its activities. The GNC has insufficient funds to support its activities from government grants and annual license (renewal fees paid by nurse/midwives) over which it has control in terms of the amount allocated to it by the government and the timely release of these funds. However, GNC receives annual licence-renewal fees for nurses and midwives.
In compliance to the work-plan developed following the second training, the GNC familiarized nurses and midwives on the Act and the ECSACON Regulatory Framework.

The Professional Nursing and Midwifery Regulatory Framework for Zambia

The rationale for the regulatory framework was to strengthen nursing and midwifery education, practice, management and leadership, and research for improved quality care in response to increased disease burden, old and emerging communicable and non-communicable diseases particularly STDs, TB, HIV/AIDS, malaria and increase in maternal and infant morbidity and mortality.

The regulatory elements contained in the Zambia “Professional Nursing and Midwifery Regulatory Framework” are: the scope of nursing and midwifery practice; standards for nursing and midwifery practice, core competencies, core content for nurses and midwives, and standards of nursing and midwifery education. The framework describes the minimum acceptable parameters for professional nursing and midwifery practice in homes, workplaces, schools, public and private health facilities and in the community. In addition, it serves as a yardstick for evaluating the quality of care and enhances the contribution of nursing and midwifery to the performance, goals and objectives of the national health reforms. The regulatory framework document also serves to guide policy makers, educators, practitioners, students, researchers and other stakeholders.

The regulatory framework was developed by a diverse group of nurses and midwives, comprising educators, clinical trainers, nursing managers and representatives from MOH,
CBOH, Department of Post-Basic Nursing – University of Zambia, Zambia Nurses Association and international agencies based in Zambia.

**Methodology**

The first step towards developing the country’s regulatory framework was the orientation of GNC staff on the content and application of the regulatory framework prior to embarking on curriculum review. Several sessions were conducted to enable the staff conceptualise the framework, the elements and its application. Once the GNC staff were conversant with the framework, the Training Needs Assessment and Curriculum development group (TNACD), charged with the responsibility of reviewing the curriculum, were the next group to be oriented.

The Regulatory Framework developed by ECSACON was disseminated to all the 27 schools of nursing and midwifery with a purpose of explaining the regulatory elements/framework, the

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3 The TNACD comprises a multi-disciplinary team of representatives from GNC, School of Medicine, Post Basic Nursing (University of Zambia), Chainama College of Health Sciences, Evelyn Hone College, University of...
rationale of harmonization, the role of advocacy as well as ensure that it responded to it into the Nurses and Midwives Act provisions. Each school worked with its hospital site for internal validation, and feedback was submitted to the ECSACON Headquarters in Arusha through the GNC. The GNC utilized every opportunity (meetings/workshops) to empower and sensitise the nurses on the ECSACON Regulatory Framework and the Act. The validation exercise further promoted this sensitisation process.

In the first workshop, October 2000, the application of the ECSACON Regulatory Framework elements to develop the Zambia specific regulatory elements commenced by obtaining inputs from workshop participants (educators, nurse managers, clinicians and other stakeholders). Issues and challenges facing the nursing and midwifery, education and practice were presented as a foundation for discussion. Participants were introduced to practice standards using performance standards as a starting point, bearing in mind that the nursing community was more familiar with these standards. Quality assurance trainers were used as resource to enable the participants become familiar with the development of performance standards and indicators. This was followed by a second workshop in December 2000, to update potential curricula reviewers on trends in health care in the country, regionally and globally. Similar workshops were conducted much earlier in 4 regions. The Zambia “Professional Nursing and Midwifery Regulatory Framework” was developed during the third workshop in December 2000.

**Review of the Nursing and Midwifery curricula**
A situation analysis of all (47) health training institutions was conducted by the TNACD group in April 1999. The needs assessment looked at staffing, staff education, equipment, teaching aids, when the curriculum was last reviewed, etc. The GNC also wanted to establish if they could provide in-service training without having to create new structures. A major finding of the assessment was that most curricula had not been reviewed in 7 – 10 years. Other findings included the popularity of nursing education as a preferred area for further education, followed by midwifery, psychiatric nursing and paediatrics; inadequate library facilities with outdated materials, limited communication facilities – 90% of the institutions had no telephone, fax nor e-mail thus not accessible to information. Other findings were, small enrollment sizes for some pre-service training programmes due to inadequate teaching equipment and facilities, inadequate staffing in particular tutors and clinical tutors (with a deficiency of 50 and 40 respectively), and lack of student accommodation. Of the 47 programmes surveyed, 40% indicated they had access to in-service training programmes in their institutions fifty one percent(51%) of all programmes require staff with at least an undergraduate or bachelors degree qualification. A Rapid Skills Assessment conducted to compliment the Training Needs Assessment further revealed some shortcomings in clinical skills both in the practical areas and in the classroom.

Following the assessments, the GNC embarked on the process to review curricula in order to include major concerns of the public and other health workers on the performance of nursing. The process began with orientation of key staff to the concept of curriculum review and process, over a five-day workshop. During this time, plans for the reviews and the process were agreed upon. Consultative meetings with senior nurses from the three largest hospitals, members of the public and student representatives followed. The outputs of these meetings were agreements on:
• A three-year diploma nurse training program;
• A four-year BSc. Nurse training program;
• Affiliation of nursing schools to the University of Zambia;
• Areas of concern to be added to the curriculum;
• Strengthening of the enrolled nursing schools to include public health nursing.

The next phase was a five-day knowledge update workshop to introduce nurses to new concepts/developments/current trends in health care, including the Health Reform implementation process. The output of this workshop was the compilation of materials for the curriculum review/development. This was followed by the development of the regulatory elements that spelt out the scope of practice and standards for all nurses. References were based on regulatory elements from ECSACON and other countries, the provisions from the Nurses Act and the professional Code of Conduct for nurses. Others were documents on new trends in health care. The regulatory elements guided curricula content development. In January 2001, the draft Midwifery curriculum was strengthened with more focus on community midwifery, and a proposed training period extended to 1 1/2 years as opposed to one year. In February 2000, a draft curriculum for the three-year diploma programme was developed and courses were coded to meet the University of Zambia’s requirements. Also, a generic four-year BSc. curriculum was also developed (during the same period), reducing the BSc. training period for nurses from seven to four years.

Current trends in health care were incorporated in the updated Nurses and Midwives Curricula. Also addressed was the need to update the existing Enrolled Nursing Schools, to strengthen them...
in the area of public health. The curriculum review process for other cadres (Clinical Officers, Environmental Health Technologists and Dental Health Technologists) also started with curriculum review orientation hence the stages of progress are at different levels.

**Development of the Nursing Curricula**

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**Success**

The success of the GNC in its ability to implement the harmonization process at country level can be attributed to:

- Preparation of the curriculum reviewers by educating them on the regulatory framework prior to using the framework to revise the curriculum;

- Moving from the known to the unknown e.g. from patient centred standards to practice standards.

- Using terminology that was applicable and understood by team

- Understanding the concept of advocacy and applying it as demonstrated by their developing their own messages relevant to the target audiences;
• Corporation with other partners because deliverables were evident, and involving them in the process;

• Health Reforms and support conducive environment allows for human resource development;

• Affiliation with other external bodies and institutional collaboration;

• A well documented strategic plan that articulates their vision, mission and activities;

• Ownership of the process
Time Line of the GNC Activities: Regional and In-country
(June 1996 to April 2001)

**General Nursing Council**

**Case study**

**Regional Activities**

- **August 1990**
  - Inaguration of ECSACON

- **February 1998**
  - Gaberone, Botswana
  - Professional Regulatory Framework for ECSA region developed

- **August 1998**
  - Nairobi, Kenya
  - 1st Advocacy Workshop. 3 countries: Zambia, Uganda and Lesotho selected to form the Core Advocacy Team.
  - Professional Code of Conduct for nurses & midwives printed & distributed throughout the country

- **April 1999**
  - Zambia
  - Training Needs Assessment of institutions/ training schools

- **July 1999**
  - Zambia
  - Guidelines for implementing the Nurse & Midwives Act sent to stake-holders, MOH & MoLA to convert them to rules & regulations

- **August 1997**
  - Harare, Zimbabwe
  - 3rd Harmonization Workshop. Examined health issues & challenges of ECSA region & strategised for collaborative regional actions to respond to current emerging challenges

- **October 2000**
  - Zambia

- **December 2000**
  - Zambia

- **February 2001**
  - Zambia
  - Drafts of:
    - I. I. I.
    - I. –
    - The BSc. Nursing Curriculum (4 yrs)
    - II. II. II.
    - II. –

- **December 2000**
  - Zambia
  - Strategic Plan (year 2000 – 2002) developed.

- **January 2001**
  - Zambia
  - 1st draft of the GNC Professional Nursing & Midwifery Regulatory Framework developed
  - Draft of the Midwifery Curriculum (1 1/2 yrs)

- **March 2001**
  - Zambia
  - Commencement order for The Nurses & Midwives Act #31 signed, effective 9th March 2001.

- **April 2001**
  - Zambia
  - Development of Rules and regulations

- **August 1998**
  - Harare, Zimbabwe
  - 3rd Harmonization Workshop. Examined health issues & challenges of ECSA region & strategised for collaborative regional actions to respond to current emerging challenges

- **(?) 1998**
  - Zambia
  - Guidelines for implementing the Nurse & Midwives Act sent to stake-holders, MOH & MoLA to convert them to rules & regulations

- **February 2001**
  - Zambia
  - Drafts of:
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- **March 2001**
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