FOREIGN NURSES ‘TRICKLE IN’ – EIGHT TIMES SLOWER THAN LOCALS LEAVING

Only 78 foreign-qualified nurses were registered to practise in South Africa last year, mainly because of poor compliance with application requirements and an inability by war-torn/dysfunctional African governments to verify professional qualifications.

These were among the reasons provided by Linda Hlaisi, manager of the South African Nursing Council’s (SANC) Foreign Workforce section, for the congealing trickle of badly needed foreign-qualified nurses into this country. She was responding principally to complaints by frustrated nurse applicants holding official foreign refugee status.

By contrast, the annual exodus of South African trained nurses seems to be, even on the most conservative estimate, at least 8 times that of the foreign-qualified ‘influx’. The nursing council’s own database shows that between January and April last year (just 4 months) there were 659 applications by locally trained nurses to have their training record and certification sent to a foreign country. The database is currently being updated and the annual potential exodus will probably triple once all the 2006 figures are in.

While this does not mean that all these nurses will leave the country, it is an indicator of intention and the only known ‘outflow’ measurement tool available.

What we have
As of 4 January this year (2007), there were 196 914 nurses of all professional categories registered with the SANC. Of these, 101 295 are registered nurses, 39 305 are enrolled nurses and 56 314 are auxiliaries.

From interviews with the Nursing Council’s Information Technology and Foreign Workforce departments, Izindaba estimates that the registration of foreign-qualified nurses represents less than a quarter of all the foreigners who apply annually. Hlaisi said that since she started her job in January 2005 she had recorded 388 foreign-qualified nurses who were either successfully registered or ‘in process’. She was unable to state the percentage of applicants who had met all the local requirements and been registered with the council.

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Staff shortage warnings ‘ignored’
Clow said the government had been warned of a looming staffing crisis ‘for some years now’.

The situation had deteriorated to such an extent that ‘we’re short at entry level and we’re losing at the top end’. ‘We also don’t appear to have a coherent plan of re-skilling and up-skilling those currently in the system to develop their careers – they’re too short-staffed to release people. We’re so busy crisis managing now that we don’t see that in 3-4 years’ time we’ll have a crisis of nursing leadership,’ she added.

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Pat Mayers, a senior lecturer in Nursing and Midwifery at UCT, said that the Western Cape was training and producing just over a third of the province’s public service nursing requirements.

“We’re hopelessly under – it’s got progressively worse since the amalgamation of training facilities and the offering of voluntary service packages (an affirmative action tool introduced in 1994),” she said.

The problem was aggravated by the introduction of the 4-year professional nursing qualification which meant that the first ‘batch’ of current nursing students with advanced skills would only come on stream in 2008.

Mayers’ students include several from Malawi and Botswana, some of whom have been waiting over 18 months for limited nursing registration. ‘We send them home well qualified with some practical experience. I’m sure the SANC can speed up the registration process for locals and foreigners alike because everyone is desperate for staff and/or experience,’ she added.

Community service won’t impact much

Clow doubted that compulsory community service for nurses would make much difference ‘because nurses have always been close to the people anyway, unlike doctors’. She believes that community service will mainly impact in addressing staffing imbalances between provinces.

Yet hundreds of apparently qualified refugees continue to queue up for painfully slow registration at the SANC. Refugees from several African countries with full legal refugee status and applying to have their foreign nursing qualifications recognised in this country, reached the end of their tether in October last year. They formed a 200-strong Refugee Nurses Network (RNN) that has petitioned 15 influential bodies, from the Presidency to the Human Rights Commission, claiming they have ‘jumped through all the hoops’ only to be hobbled at the final ‘verification’ hurdle.

Also unhappy with the Nursing Council are private nursing hospitals that are being forced to recruit overseas because of nursing shortages here but are facing long delays in local authorisation and accreditation. This results in loss of interest by foreign prospects and can cost human resource managers up to half their original recruits.

Last year Medi-Clinic waited over 9 weeks after allegedly being reassured by the council that its processing of their 60 Indian nursing prospects would take just 1 week. Hlaisi said Medi-Clinic had provided the required documents ‘only in dribs and drabs’. She said the council gave all applicants ‘very clear guidelines’ of requirements for successful registration. Delays nearly always came down to the applicant failing to provide enough data for proper verification of their original foreign qualification.

This was particularly difficult where African countries were war-torn or government institutions shaky. ‘I might look like I’m not doing anything, but I’m bound by a situation where people cannot give what I need to register them. I feel so bad that I think I must go and look for another job. It’s terrible. I can register these people overnight but it will cost me my job,’ she complained.

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No consistency, say refugees

The RNN claims that the council has spent over a year ‘allegedly communicating’ with the Democratic Republic of the Congo but says their nursing schools and council have told them they had no record of any such attempts. They claim that the 10 Congolese nurses previously registered to nurse in South Africa were allowed to work based on identical procedures and information furnished. They believe the 50 now awaiting registration are being ‘purposely blocked’.

There is a South African embassy in the Congo and a Congolese embassy in South Africa, why not use them to solve the verification problem? We are experiencing an attitude of xenophobia,’ charged Charl Nganza, the president of the RNN. Hlaisi responded that the RNN itself had admitted that requesting verification from the Congolese government could ‘put their lives at risk’.

She said the RNN, represented by several top human rights bodies, had agreed at a meeting in November 2006 to draft a safer, more efficient verification procedure which it had ‘yet to bring to us’. Hlaisi said she had no Congolese nursing qualification literature with which to compare the SA Nursing Council’s own nursing...
The hoops foreign-qualified nurses need to jump through include providing certified copies of original documents, a letter of intent, a CV, a letter of support from the National department of Health Foreign Workforce Management Programme, a certified copy of their passport, an evaluation certificate from the South African Qualification Authority of the applicants’ qualification, certified copies of professional qualification certificates, a valid licence to practise from the regulatory body of their country of origin, and proof of payment for the non-refundable fee of R375 per qualification.

If they manage all this, a panel of evaluators matches their qualification to equivalent local qualifications. If this succeeds, they then write the Nursing Act exam, which, if they pass, enables them to apply for registration of their qualification.

Only at this stage do they fill in a verification form for authentication by their home nursing council.

This costs an additional R364.