

APPENDIX A



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Ethics Committee

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ETHICS APPROVAL OF PROJECT

This is to certify that the next project was approved by the NWU Ethics Committee:

Project title : A historical perspective: Private nursing institutions in South Africa 1946-2006	
Student : E Kotze	
Project leader : Prof Hester Klopper	
Ethics number:	NWU-00036-09-A1
<small><u>Status:</u> S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>	
Expiry date: 2015/02/15	

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance. The formal ethics approval certificate will follow shortly.

Yours sincerely

Me. Marietjie Halgryn
NWU Ethics Secretariate

APPENDIX B

28 June 2010

██████████
Gandhi Mandela Nursing College
Durban

Dear ██████████

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby wish to apply for permission to conduct a research project at The Gandhi Mandela Nursing Education Institution. I am a student at the North West University (Potchefstroom Campus), registered for the degree D Cur (Historical Research) and have to write a thesis as part of the degree. The title of the thesis is:

A historical perspective: Private Nursing Education Institutions in South Africa: 1946 to 2006

The project was approved by the North West University Ethics Committee.

The objectives of the research are to explore, describe and record the history of private nursing education institutions in South Africa. The development of the more significant role players associated with the private hospitals will be dealt with in particular. For the purpose of the study, three private nursing education institutions will be included.

A historical research design and qualitative, explorative, descriptive, contextual, research approach will be applied. Explorative research involves the exploration of the phenomenon to divulge its core elements. A descriptive study design aims at finding more information on a topic within a particular field of study. In this study the topic and context will be identified private nursing education institutions in South Africa between 1946 and 2006. The purpose of the study is to preserve the history of the development and contribution of private nursing education institutions including the Gandhi Mandela Nursing Education Institution between 1946 and 2006. The study will be presented as a chronological narrative report.

Data collection will be done by means of document analysis as well as individual interviews with information rich individuals. Interviews will be recorded and a verbatim transcription of each

interview will be made. Data analysis will be done by narrative and document analysis. Triangulation will be used throughout to ensure trustworthiness.

The history and development of private nursing education in South Africa will be described in a chronological narrative report. Recommendations based on the findings will be made for research, education and practice.

For more information pertaining to this research, the researcher may be contacted at one of the following numbers:

Office: 018 468 7700 x 2399

Home: 018 4691247

Cell: 082 324 4058

Fax: 086 605 3964

Thanking you in advance.

Yours Sincerely

F J KOTZE
Ph D Candidate

APPENDIX C

1 February 2010

The Registrar
SANC
PO Box 1123
Pretoria
0001

Dear XXXXX

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby wish to apply for permission to access documents at The South African Nursing Council archives as part of a research project. I am a student at the North West University (Potchefstroom Campus), registered for the degree D Cur (Historical Research) and have to write a thesis as part of the degree. The title of the thesis is:

A historical perspective: Private Nursing Education Institutions in South Africa: 1946 to 2006

The objectives of the research are to explore, describe and record the history of private nursing education institutions in South Africa. The development of the more significant role players associated with the private hospitals will be dealt with in particular.

For the purpose of the study, three private nursing education institutions, of which all are accredited by the South African Nursing Council. Permission will be obtained from each nursing education institution to access relevant documents. The project was approved by the North West University Ethics Committee:

A qualitative research design and an explorative, descriptive, contextual, historical research approach will be applied. Explorative research involves the exploration of the phenomenon to divulge its core elements. A descriptive study design aims at finding more information on a topic within a particular field of study. In this study the topic and context will be identified private nursing education institutions in South Africa between 1946 and 2006. The purpose of the study is to preserve the history of the development and contribution of private nursing education institutions between 1946 and 2006. The study will be presented as a chronological narrative report.

Data collection will be done by means of document analysis. Data analysis will be done by narrative and document analysis. Triangulation will be used throughout to ensure trustworthiness.

The history and development of private nursing education in South Africa will be described in a chronological narrative report. Recommendations based on the findings will be made for research, education and practice.

For more information pertaining to this research, the researcher may be contacted at one of the following numbers:

018 468 7700

082 324 4058

Thanking you in advance.

Yours Sincerely

F J KOTZE
D Cur Student

HC KLOPPER (Prof)
Director: School of Nursing

APPENDIX D

UNSTRUCTURED INTERVIEW

PRIVATE NURSING INSTITUTIONS IN SOUTH AFRICA: A HISTORICAL PERSPECTIVE

1946 TO 2006

Dear participant

Thank you for agreeing to take part in the study.

The purpose of the study is to record the history of private nursing education institutions in South Africa between 1946 and 2006.

When was this institution first accredited and what was the motivation for establishing the NEI within the company?
Who were the key role players and what was the role of each?
Where was it first located if not in the same place today?
What was the model of education and how did it develop over the years?
Which learning programs were offered and could you give an overview of the expansion over the years?
How many learners were registered at the first intake and what was the growth over the years?
From which areas do you draw enrolments?
What was your throughput in 2006?
What would you describe as the biggest achievement of the NEI?
Who were/are your strategic partners?
Biggest the challenges that you were facing?

UNSTRUCTURED INTERVIEW

PRIVATE NURSING INSTITUTIONS IN SOUTH AFRICA: A HISTORICAL PERSPECTIVE 1946 TO 2006

Dear participant

Thank you for agreeing to take part in the study.

The purpose of the study is to record the history of private nursing education institutions in South Africa between 1946 and 2006. Gold Fields Nursing College

When was the affiliation agreement between NWU and GFNC first established and who were the key role players?
What was the purpose and scope of the agreement?
How did the college develop over the period up to 2006?
Describe the strategic partnership between the NWU and GFNC?
What were the challenges that were faced by the college?
What were the achievements of the college with regards to nursing education?
Describe any special events of importance

APPENDIX E

VOLUNTARY INFORMED CONSENT

PRIVATE NURSING INSTITUTIONS IN SOUTH AFRICA: A HISTORICAL PERSPECTIVE

1946 TO 2006

I, _____ hereby declare that I am willing to voluntary participate in an interview for the research project on a: *Private Nursing Institutions in South Africa: A Historical Perspective 1946 to 2006*. I also give permission to the audio recording of the interview. I am aware that due to the nature of the study my identity may be revealed.

I am aware that I will be allowed to withdraw from the study at any time, should I choose to do so. The ethical considerations applied in the study was explained to me by the researcher.

Naam: _____

Signature: _____

Date: _____

Witness 1:

Witness 2:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

APPENDIX F

TRANSCRIPTION OF UNSTRUCTURED INTERVIEW ON THE HISTORY AND DEVELOPMENT OF THE GOLD FIELDS NURSING COLLEGE

14 JULY 2010

<p>F: Ok good morning ladies then and thank you again for agreeing to take part in this uhm study on the history of the private nursing educations institutions in South Africa, and as you can see its between 1946 and 2006 and uhm the time frame that was decided on is specifically because of the background information on Gold Fields Nursing College. Uhm that it was started in 1946 so uhm that is, is basically where the earliest evidence that could be found and then uhm we decided to 2006 just to have a cut off date certain time period. Uhm some other institutions are also involved in this study but most of them are a bit younger than than this, uhm also the the study looks at uhm at the nursing education institutions who are linked to private hospitals. So it it is not including the independent nursing education institutions. Uhm. Those are the criteria and uhm then also that it must be accredited by the Nursing Council and that it must have uhm as accredited program either the uhm Enrolled Auxiliary Nurse Course, the Enrolled Nurse Course, the Bridging Course or the 4 year Diploma Course and then Post Basic courses. So according to that this institution meet the requirements uhm permission was given by dr Rabada I'm not sure if you have received the return.</p> <p>E: Not yet</p> <p>F: Not yet I spoke to him</p> <p>E: Ja but because I did talk to him and he said that he was going to send and the second time he promised but he hasn't but I will keep on following up</p> <p>F: I spoke to him on Monday again and I told him that I actually do need a written uhm confirmation I need that as evidence for my for my study also. So ja hopefully we will get it from him. Ok ladies, the interview is really going to be very informal so you know I want you to feel relaxed and we can just have an informal kind of conversation. You do have the the questions for the unstructured interview as you see there and just to give us a little bit of guidance uhm and these are the points that I thought was important to actually be able to reconstruct the history of the development of the institution. If there are any of those questions that you feel that you cannot give uhm information on then we can uhm leave those questions</p>	<p>1946 to 2006</p>
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E: Ok

F: and we will concentrate on the ones that you feel you can give the the biggest input and then as I said uhm I do have other people that I will interview that can fill in those gaps.

E: Ok

F: Uhm the document review is also just a very short list of the documents that uhm I would like to get either copies of or transcripts of uhm for the verbal information that you do get from the participants need to be verified with the documents, the documents have a special process also that they need to be verified also to make sure that it is authentic, that it is the truth you know and all those kind of things. So if it will be possible at all for you to to uhm give me access or maybe copies of these uhm documents that we have on the list and you know something else, any other maybe photos maybe ... uhm maybe student records anything that we can use because a I think that to make it a bit more interesting to add some photos of maybe where it started what it looked like uhm and even the people who were the key role players uhm during the development of of the institution uhm those documents uhm you can forward it to me if you are prepared to give me copies of those or otherwise I will then I I can come back at some stage to make the copies or copy it either by means of photographs or uhm handwritten

E: Ok

F: Uhm you know in the archives I know that protected documents that you are not allowed to uhm excuse me to make copies and things like that but I don't think any of your documents may be subject to those conditions

M: All that files what we uhm the the uhm the old students that register where did we put that ones?

E: That's that's the issue because we were looking for them some time back I think around the death of mr Nojaja. I think they wanted wanted some information I couldn't get those unless but maybe we didn't have enough time but we will look ja

F: There were some in that cupboard

E: Uh

F: Ja but anyway. Ok right uhm the first question then was you know about the inception of the Institution when was it first accredited and what was the motivation for the establishment of the nursing education institution within the company?

E: Ok uhm I managed to go through some of the documents that I found there so I had a little bit of information that I justI basically found that something about the college was established around 1946 but then when I looked at this eh I was a bit unless if the information that was there was basically after this 1946. Because that is where it talked about the establishment around 1946 which I think it should have been 1956. 1946 not 56 ja and which says that now that was when it was established

M: Was that not maybe when we aaa joeg

F: If if I can you know its is a bit awkward

E: ja 1946

F: The letter that the letter that was sent to me by the nursing council that time when we arranged the the celebration uhm stated that it was 1946 all the evidence that I found personally was also from 1956 but then it was under a different name

E: Oh

F: So those those information should still be uhm excuse me be somewhere you know if you need to maybe you can request the council to send that but I can recall that that there was a letter sent from the council which stated that it was uhm in 1946 it was established under the Simmer and Jack Mine Hospital and it was in Denotter

E: Ok

F: Well part of the study as I say will be in the archives also so I'll have to go to the nursing council to get

E: the accounts

F: To get the confirmation there and I may then come across some documents in the archives that can proof that

E: Ok

F: But if it is if the date is not right then you know we'll have to change the

	<p>date accordingly</p> <p>E: Ok</p> <p>F: All right</p> <p>E: uhm Is that eh does that answer the question that maybe eh is there some things that</p> <p>F: Uhm I don't know if you have any uhm information on the motivation what was the reason for the establishment of the nursing education institution under the company in the</p> <p>M: Was that not firstly for uh uh, uh black males? Most..</p> <p>E: Basically the motivation of that was basically to provide the ... training for the uh uh nurses ja for the company for that time that was the reason and they concentrated more on them because at that point it was only males uhm, that's what was happening.</p>	
	<p>M: Because why said blacks specifically offered that uhm that uh get that batched who stated specifically for the black males.</p> <p>E: Yes Schools or that</p> <p>F: Ja Black male nurses Ja</p> <p>E: like that Ja. Uhm schools that mite</p> <p>M: Ja</p> <p>E: and and I gather also from uh particular document that they said basically that when but I don't know with later your remember you said to us it was under Simmer and Jack.</p> <p>F: Uhm</p> <p>E: and then later that's when they move to Lesley Williams</p> <p>F: that right Ja ja okay, okay uhm any key role players and what was the role of each that you are aware of</p> <p>E: Uh I am aware of curtain people I think of a Professor Olga Venter</p> <p>F: Uhm</p>	

E: Uhm or Mr Dr John Nojaja

F: Uhm

E: Mrs or I don't know maybe if she is is still Mrs Hettie Medoensa
Uhm

F: She also got a title as Doctor

E: is it okay Doctor the Medonsa that's good

F: Ja

E: and they who else uhm Mrs Mabuya, Thandi Mabuya

F: uh uh

E: uh Mrs Erika Kotze

F: Uh

E: uhm who else Mrs uh Dlomo

F: Ja

E: I just mentioning the names maybe we will came to their roles
Later

F: Ja

E: who else may I be thinking of Mr Steve Terblance who else there is
people that I cannot remember any other Magda that remember from
those old people

M: What about uhm Heather

F: Papadopoulos

M: Ja Papadopoulos that she play uh

F: Ja ja you know she was more in a clinical facility

M: Ja

F: but I am not sure if an earlier staid that she of if she was involve so
that is something that we can follow up

E: Uh I think so that is what we can get from Mr Steve Terblance

F: Ja

E: Ja

M: and then Mr Van der Bank

F: Ja uhm he was also H ne?

E: I don't know him

M: he was also?

F: H van der Bank Hugo

m: Ja I think so

F: Hugo and the Breakfast

E: o Ja Breakfast

M: Ja

E: are you gone also be able to talk to him?

F: Yes I've uh uh made an ar an tentative appointment with him

E: Okay

F: same time I will seeing the three ladies of so we planning on to getting the three of them together and then have a combined

E: Ja

M: because uh I think he will give you more

F: Yes

E: more

F: Yes Ja Ja. Yes Ja I also think he will be

E: a keen he must be actually one of the first students

F: Yes Ja Ja. Ja I I know I realized that he must have a rich

E: Uhm ye

F: Information Ja

M: what about uhm the GFTS people

F: Ja

M: uh who was that? uhm Mr Louw that not

E: that's not Mr dit is Professor Louw

F: Ja

M: From head Office

F: Ja uhm can you recall that Doctor that Doctor Pitchell

E: O doctor Petschell

M: Ja

F: remember the those years the first time that they wanted to closed the College that Dr Pitchell actually assisted in writing proposals and things and he was also on the College Council and senate at same stage

M: Ja

F: uhm you know so maybe one could still get hold of of him also

M: Is must this be in the company?

F: No, No. Any, any

M: what about uh, Professor Greeff

F: Ja uh Ja

M: because she play a major role

E: because she moves from and also be the moderator al the

curriculum

M: Ja Ja

E: but then she was also the head of school of Nursing

M: Ja Yes

E: Yes Okay

F: Okay okay and I was also thinking in terms of Kenny Mohafa

M: Ja

F: you know because of their involvement in the funding and and that
Uh

E: Okay

F: Ja

M: Erika I want to phone somebody

Facilitator: Ja

M: u he was a tutor

Facilitator: Uh Uhm

M: in the uhm in the college Mine College

Facilitator: Ja

M: Very long time ago he is now in his eighties

Facilitator: Uh

M: Uh Mr uhm Hans van Staden he've got a book

Facilitator: Okay

M: and I I going maybe probably seeing him on Sunday

Facilitator: Okay

M: he is in Parys

Facilitator: Okay

M: whereby there was something in

E: in the book

M: in the book not much but that's an old uh uh I thinking a little bit
of a history

Facilitator: Hum um

Facilitator: That could be very useful

E: um um useful

Facilitator: you know a specially uhm if there is some information
because ja you know I'm really very concerned about a gap where uhm
you know what happen if there is little evidence on 46 to 56

E: um 46 to 56 ja um

Facilitator: what happened to that the the document and everything you
know

And if one would be able to get any information and even after uhm that
you know uh because if you look at the age of all the people except
Professor Louw who's also know quite advance in his years but the
others we are all almost the same age you know like around fifty between
fifty and sixty

E: um um fifty or sixty

Facilitator: so all of us or most of of the people can give you information
for that period of time but then before that

E: but if

M: because he was like I said he was uh trained in the Mine and then
putting in as a tutor somewhere long

Facilitator: um um

M: and so I think maybe he can

Facilitator: Ja um ja

M: because it is a Mining College maybe it that

E: you know who I'm thinking of also is I'm thinking of Mr Ncluvo

Facilitator: Yes Ja

E: Ja I'm thinking of mr Ncluvo

Facilitator: Ja

M: and Matanga

E: who?

M: Matanga

Facilitator: Mr Matanga

E: Mr Matanga yes

Facilitator: Ja He was also

E: Yes

Facilitator: Yes Ja

E: he was also Ja

Facilitator: Okay

E: and when you look and I think at Mr Ncluvo he more older so he might have been year before me

Facilitator: Yes

E: Mr Matanga and them

Facilitator: Okay. Yes Ja

M: Leon is still working here

E: and he is still here Mr Ncluvo

Facilitator: Okay yes Ja

M: and Leon is still working night superior

E: so so then we can get his full contact details for you

Facilitator: Okay so Ja

Facilitator: Okay know you see their I've got a lot of of people or possible sores of information which one could contact to verified or to fill in the gaps

Interviewee1: the gaps yes

M: If I got time know I'll phone him

Facilitator: Okay

E: Um

M: uhm and then I will tell him you will contact him

Facilitator: Ja sure

E: Um

Facilitator: if if he is willing to

M: he is in Parys

Facilitator: Ja I mean I can go there for a morning and quickly see him and so that will be great because really you struggle to get the information

M: Ja and maybe he can have also maybe photo's or something

Facilitator: exactly ja that's right. Ja thank you that will be very use full, uhm okay. If you think in anyway any uh you know if you think of other people that you that you might uhm be able to contribute you know you please you know you please drop me a line or an email and say you've got sinner this and that uhm and then we can that it does not mean that all of them will be contacted but gives you the window.

E: in case you need to full in the gaps and who can go to step on

Facilitator: Ja Ja. Okay, okay, right, uhm okay uhm

M: eastern or Durban

Facilitator: I cannot tell you exactly where it is

M: Ja but but

Facilitator: is in Kwa Zulu Natal

M: Is it or because I was just thinking maybe somewhere it

Facilitator: or is it in the eastern Transvaal or its in that side

M: because of he came from that uh from uh Eastrand

Facilitator: uhm

M: as far that's

Facilitator: Ja

M: Hans it on that Eastrand side somewhere

Facilitator: East Rand uhm okay. I am not sure exactly where the location of this place but I'm thinking it was in KwaZulu Natal I thought it was close to Vryheid somewhere there but I have to go and look up the

M: but I hope that he can give you something

Facilitator: ja ja okay Ja then the next question is where was it first located if not be the same place as it is today

E: Ja I think it that where it said it was firstly located in Denotter or something like that

Facilitator: um Ja

E: I don't know how to pronounce that but I sow that the word is Dunottar

Facilitator: Okay I know the college was moved a lot have you've got any recollection of how it was moved a round

E: E they said in 1969 it was then moved to Lesley Williams memorial Hospital

Facilitator Um

E: then it was remember

M: where was that previous Hospital was it Denotter and the it became to

	<p>Lesley</p> <p>E: Lesley ja</p> <p>M: uh Ja o right it was not in that old uh uh Goldfields hospital before they build Lesley Williams</p> <p>E: no Lesley was older than if I could remember</p> <p>Facilitator: Goldfields West</p> <p>M: Ja but it was an old building before they build Lesley Williams</p> <p>E: it was moss just down here the mountain it was still Lesley Williams</p> <p>M: we must go and look that display in front if there is not something</p> <p>Facilitator: okay ja ja</p> <p>Facilitator: and maybe Steve will maybe give more information</p> <p>E: on ja because I just giving something that I 've read from the books</p> <p>M: Ja</p> <p>Facilitator: Ja Ja I means this was you know before any of as actually joint and Ja. I know at that stage it was down in the dun gent</p> <p>E: Ja</p> <p>M: before they move to the to the uh GFTS</p> <p>Facilitator: Okay</p> <p>M: uh it was there in the eighties</p> <p>Facilitator: uh</p> <p>M: uh I know Hettie said they moved its plus minus ten years</p> <p>Facilitator: uh</p>	
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M: when I start working

Facilitator: Okay

M: that they are at GFTS so

Facilitator: okay

M: Hettie will give you that specific detail from when did they move from here to there uh GFTS

Facilitator: um to their Ja Okay

M: because she was part of that

Facilitator: um um

M: but after also

Facilitator: Ja okay and then it came back to Lesley

E: um

Facilitator: what was the date

E: E

M Two Thousand

Facilitator: Two Thousand

E : Two Thousand and one

Facilitator: two Thousand and one

E: um

Facilitator: okay

M: so that is this is the uh geographical

Facilitator: Ja

E: um ye it looks

Facilitator: Ja ja that is right ja

M: you don't what the Administrative changes

Facilitator: ja

M: or just also

Facilitator: that will also ja that will also came out ja

E um ja out

M: so then actually then its two thousand there's then Health

Facilitator: ja

M: and the we must find out which date we moved back to GMBLA

E: yes

M : administrative

E: Two Thousand and six

Facilitator: Two thousand and six yes

E ; two thousand and six we moved to GFBLA

Facilitator: Ja that's right um uhm

E: at lease my time is

M: that is the only administrative

E Ja that administrative party

Facilitator Okay

E: and then move back two thousand and nine

M: nine

Facilitator: two thousand and nine. Okay and then the model of education

and then the development of the model of education over the years

E: I think I understand but I just want to you you to the clarified a little bit so that we don't go because I felt of how the education process though that what was and

Facilitator: Ja

E: who was trained

Facilitator Yes

E: but I was not if I answer the correctly

Facilitator: Yes uhm you know and and also was it like a block system

E: Or who

Facilitator: or was it an a Prentiss system was it you know uhm

M: I Think it was

Facilitator: or Education

M: always an apprentice

E : an apprentice

M : uh uhm if we look if I must say not two same as the artisans and that but it's a type of a prentissist and we still have it uh the only thing that I've think that was big change that was then outcome base what we really could not apply uh totally

Facilitator: what was your view on that Evelyn?

E: I'm confused

Facilitator: Uh Uh Tell me what you have there's then we can clarified

E: no no what I what I basically though of when you talk about the model of education and how it developed over the years to me it was like uhm okay who was trained specifically who was it looking for over the year and how did it developed like for example started mainly concentrating I don't know if we previously basically stating training the Mine main many people and then it moves over the year mainly to

practically the private learners you know.

Facilitator: That good that's part of it Ja

E: I was not sure but I think is so.

Facilitator: Ja Ja I think it all falls in complacently

E: Oh

Facilitator: so what you were thinking was correct, what you are saying is on the right track, okay

E: Ooh okay ja

Facilitator: so

E: because I think from when it started like we said previously it was mainly for the males and those that are employed but as we moved to the late eighties ne

M: No it was 1998

E: Yes

M : uh it was the first private students isn't it 1998

E: Yes

M: isn't it 1998 Ja

E: that is then we included the private students and then it started also to included the females ne

M 2: No

E: they started before in 1988

M: the Females starting eighteen some when we did the 4 year diploma

E: 1986 or 88 ne

M: Ja somewhere in 1986 Ja

E: so somewhere in 1986 ja uh

M: employed uh

Facilitator: do you have any recollection of when the first white students
Or where the mixed for the beginning

M: No as far as as far as I know it was first white

Facilitator: Uhm

M: and then it was black

Facilitator: Uhm

M : and then you get a mixed that is how I understood from Arthur

Facilitator: Okay

M: uhm that it was firstly only

E: Uhm uhm

M: white then black because that where that black school

E: en what do you call it Male train school or bantu male school Ja

M: Bantu Male school and it was in Afrikaans and if I not mistaken it
was in Afrikaans ja in Afrikaans

Facilitator: I can

E: you know some time ago back I got some information but can't I try to
look for it during Arthur's death not Arthur

Facilitator: Nojaja

E: Nojaja looking for some information but what I got from the internet was
something about that way its but know I try to look today could not locate
it because

Facilitator: Uhm

M: uhm Uhm

E: I did not save

Facilitator: Uhm

E: because it was basically specifying as to some of those aspects that
we talking about

M: but I think Arthur will be

Facilitator: Ja

M: able to help you

E: Ja full us

M: Steve Terblance Arthur and Nglovu

Facilitator: Ja. Steve and Arthur and ja Ndlovu, okay

E: Uhm uhm

Facilitator: but if I as I say if you came across anything that you think is relevant and could add to uh the information you

E: still Okay send it

Facilitator: could send it to me please ja

E: mail it to me yes

Facilitator: and you know if I have to come back maybe for a follow up then it can also be arranged.

E: Okay

Facilitator: uh so that that you know that it's important for me to get al as much as possible and to cover all or most of the aspects uhm to such an extent that it can be deemed orthenticked and that you know ja okay. Okay uhm the next Question is basically then linked to that one is is as you know the learning programmes that that were offered and also how you know it it the expansion over the years

M I think it started with the auxiliary

Facilitator: uh uhm

M: and that was normally uh uh 3 months ne 3 to 6 months and that was be done at the hospital

Facilitator: Uhm

M: and those day s uh years they got this staff nurse course uh and that was uh ja I m getting confusing with all these.

Facilitator: uh

M: uh staff course whereby they have to do training for two years and 1 year uh was practical then they can been fully qualified

Facilitator: uhm

M uh and then be seen as a registered nurse, that was during that years.

E: Okay

Facilitator: uh uhm

Facilitator: Can you link it to uh specific year 19

M: Know I can talk of experience of my mother right

Facilitator: okay

M: and that was during the four ties starting here in the four ties up to the fifties and I think it was still near to the sixties

Facilitator: Uh Uhm

M: and I can't remember when they start with the three year but that we can get from the nursing council

Facilitator: Ja that Ja

M: Ja, and then in ninety but they will not offer the three and a half year course I think they would not do that because the 3 half year course uh 1975 because I was the 2 group

E: Okay

M: who do the three and a half years

Facilitator: Ja

M: so I think they will have it at the Observatory then the staff nurse

Facilitator: Hum Uhm

E: Okay

Facilitator: Okay

M: and then they will have the diploma the three year diploma

E: but I think with the College in 1986 that's when they started the four year diploma 1986 four year diploma and then in 1990 bridging diploma in nursing that's when we started 1990 and then in 1993 it was diploming community health 1995 it was theatre

Facilitator: Okay

E: ye theatre training in then in 1997 it was primary health care diploma primary care

M: and the enrol course

E: Enrol course

M: it also was in 1997

Facilitator: Ja

M: because Cathy started no it is not 1996

Facilitator: Ja I think it was 1996

E: Uhm 1996 ye

Facilitator: uhm ja the year ja that's was the year when we joint

E: Uhm

M: Ja

E: uh and then included I think just for information that in 2005 we then did the ancillary program 2005

Facilitator: Ja okay

M: so we can actually said everything was uh uhm a sack

Facilitator: Ja

M: and then your ancillary is only

E: only ja

Facilitator: ja

E: none is

Facilitator: Ja, and the first aid training

M: ja

<p>Facilitator: you've got</p> <p>M: uh you will in that book</p> <p>Facilitator: uh uhm</p> <p>M: we've got the first aid training</p> <p>Facilitator: okay</p> <p>M: because of that book was been given to him by who that old guy here who died Eddie oom Eddie gave him that book.</p> <p>Facilitator: hum oom Eddie. Do you want to check your phone Evelyn</p> <p>E: NO, that's the same I will not answer</p> <p>Facilitator: Okay</p> <p>E: I think I will just check in and then respond at the end</p> <p>Facilitator: Okay</p> <p>M: Ja, ja but I think to first it was always there</p> <p>Facilitator: uhm. Okay</p> <p>E: Okay</p> <p>Facilitator: Uhm right okay</p> <p>M: Ohm, How many learners were registered</p> <p>Facilitator: Ja. Ja you know looking at the growth uhm and so on and where did it start and how did it grow uh you know over the years uhm and I know this information may not be available uhm right now and it could be source from the nursing council registers</p> <p>E: Okay</p> <p>Facilitator: and documents especial for the first for first year</p> <p>E: Yes</p>	
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Facilitator: and and uhm and I think you know may be because of of none of us been present at that time it 's maybe one of the questions that you against can the keep

E: okay

Facilitator: and then starting with uhm looking at for for the latest stages

E: Okay

Facilitator: uhm and even if you have to maybe go back to your records to get the numbers and you could then forward those numbers to me

E: O okay

Facilitator: Uhm it will be great if you could assist me then

E: Okay

Facilitator : with those , so I don't know if we can go back

E: okay

Facilitator: maybe as late as for or

E: Okay

Facilitator: ja as 19

E: uhm

Facilitator: ja 1996 maybe maybe later

M: uh

Facilitator: 1998

E: I saw something

Facilitator: the student numbers

M: uh 1997 actually there was uhm 20 students per year group

E: but know

M: plus minus

E: how many of them graduated

E: they might have started with 20 students but did they all graduated

M: uhm those days

E: Okay

M: yes yes because the only thing they have to drop out was personal reasons because you must remember that been getting salary and they didn't pay intuition fees and that

E: uhm

M: so that will be plays a big role in

E: Okay

M: the drop outs

E: Okay

Mr: Listen here it is

M: so we should go back to 1996 or 5

Facilitator: If Ja uhm well if you basically would as a far as possible

M: as far as we can Okay

Facilitator: if it is possible for you to get but uhm I not sure exactly what records are available and if you can't then we you know I can try to get it from the nursing council

E: okay

Facilitator: but I just want to go back a little bit please uh Magda just mentioned the learners status you know saying that they were paid and that I think that it is important information to get is how they were treated as learners uhm

	<p>E: Oh</p> <p>Facilitator: and what benefits and things that they enjoyed and the change from that to the self funding is an important aspect</p> <p>E: important aspect</p> <p>F: ja</p> <p>M: because if we look at</p> <p>Facilitator: numbers</p> <p>M: look at the drop outs uh for the 4 year diploma we started with 20 private students and 5 complete</p> <p>E: uhm</p> <p>M: in the 4th year I know that specifically</p> <p>Facilitator: Ja</p> <p>M: but somewhere know to go back and to get the prove know for that</p> <p>Facilitator: Ja</p> <p>E: uhm</p> <p>Facilitator: but it can still be sourced from the nursing council</p> <p>E: yes</p> <p>M: Ja</p> <p>Facilitator: because ye one can look at and you know one might not be sure maybe available on you in your on site archive those because you had to send a letter of register you had to send completion of training so one could be able to trace that uhm</p> <p>E: it ja and and</p> <p>Facilitator: by looking at your onsite archived documents</p> <p>M: Ag can I just 1976 June Mr J Najaja</p>	
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E: Uhm

Facilitator: my goodness

M: Central Training school West Driefontein Goldmine Company Dear Mr Nojaja congratulation on passing the final examination of the South African Nursing council in reply to your letter on June 1 1976 have pleasure in appointing you as a male nurse at the Lesley Williams Memorial Hospital as from June 1 1976

Facilitator: uh uh

E: So

Facilitator: Ja

M: I just open it

Facilitator: Ja

E: Ja and you when straight to searched

Facilitator: Ja

E: I think that is some of the things that you would definitely would need

Facilitator: Ja Yes

E: uhm

Facilitator: I think so that could very valuable

M: Here is, here is something the results of the final exams for enrol nurses held in Jan 1976 you see that was the staff nurse courses that was also that was enrolled it was been stated

Facilitator: Ja remember the enrolled courses was, was changed

E: uhm

Facilitator: and to new regulations came out and that's why we had this thing of before 19

E: uhm ja 1996 ne

Facilitator: 1993

E1: 1993 yes

Facilitator: Ja that' s was when the regulation change so you may have some staff nurse training and records before that and then course after that

E: I think that's when the time remember it was called that's when the staff nurse

Facilitator: yes

E: and know later that's when 1993 that's when it went on to the enrol nurse

M: here it said the enrol nurses held final exam for enrolled in Jan 1976

E: uhm Uhm 1976 enrolled

Facilitator: I'd think it was always the enrolled they will called staff nurses but it was never an official title of staff nurses

M: let me also go and check on my mother's certificate

E: what's written

M: Ja what is written there

Facilitator: ja

M: this is know quite interesting

E: Interesting ne

M: Ja Ja

M: but here it's said

Facilitator; ja okay

M: sorry know I'm in thing that I mustn't been in

Facilitator: Ja okay

M: here is something G Bachelor

Facilitator: Ja you know Mr Tereblance refer to Mrs. or to ms Bachelor who was hum

M; she was the tutor

Facilitator: she was the first tutor or principal of the nursing college or nursing school at that stage

M: and that is this letter is dated in 75

Facilitator: 75. Ja

M: but alright she was maybe the first sister but maybe not the first uh female student

E: student uh hum

Facilitator: No I think she was maybe one of the first tutors ja sister tutors

M: Ja. Ja

Facilitator: okay

M: here is Mrs Burkes your application regarding the teaching sister position that is 1973

Facilitator: uh uh okay ja so you see we can get a lot of information

E: information from that file ja

Facilitator: from that and follow-up

E: hum hum

Facilitator: on that uh

E: hum

Facilitator: So Magda could you maybe give us a little bit of uh you know as I say the status of the students nurses from 1996 when we you join the

company what was the status then and how it has changed from then to know

M: that was 1997 I join the company in 97 uh

Facilitator: okay

M: uh and then all the students that basic student s who were employed

E: employed getting a salary

M: they were getting a salary they was treated as employees they've got medical funds uh and they contribute to the uh pension fund they been stayed in the Mine accommodation s they been transported from there uh uhm

E: home accommodation transport form their classes to the hospitals

M: Nurses' home accommodation to the different hospitals so and to the crosses so uh everything was been paid for them they didn't paid they getting

E: including the meals when they were on duty ne

M: ja they getting meals they also getting there hum there books was been given to them al there textbooks and ja so they will fully employed

E: employed hum

M: uh person employee

Facilitator: Okay

E: but, but it didn't necessarily mean when they were recruited for training there were taken from their employees

M no ,no I applied they've applied

E: uhm

M: know I'm not sure at that stage Erika does Anglo sends students?

Facilitator: I was just going to ask that you know if I recall there not for the basic

	<p>M: not for the 4 year</p> <p>Facilitator: not for the 4 year course</p> <p>E: for the community</p> <p>Facilitator: for the community they did send for the bridging they've did send</p> <p>E: uhm uhm</p> <p>M: ja but for the enrolled</p> <p>Facilitator: for the theatre was</p> <p>M: was, was only employed</p> <p>Facilitator: no not the enrolled the four year course</p> <p>M; ja but remember</p> <p>Facilitator: but at that stage at that stage the enrolled course was dormant</p> <p>Interviewee 1: hum</p> <p>M: it was only 1996</p> <p>E: only the deformed</p> <p>Facilitator: it was only after that when Cathy joint the company that it was revived or you know or introduced or and and ja I can't remember exactly what the if the enrolled but they</p> <p>M I think there was from Anglo</p> <p>Facilitator: there should have been Ja</p> <p>E: and also ja if, there was if I remember at that point was they've started in 96 to 97 when I came here in 97 there were enrolled 's that were basically employed but hospital that were part of the students</p> <p>M: Ja</p> <p>E: hum</p>	
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	<p>M: Ja the first groups was al 96 97 all the students was employed</p> <p>E: hum</p> <p>M: and then we must just found out if the enrolled' s who's the, the was not maybe also Anglo</p> <p>Facilitator: okay</p> <p>E: Okay</p> <p>M: because they could be from Anglo</p> <p>E: Okay</p> <p>Facilitator: contact Rallie Meyer and ask</p> <p>E: and ask</p> <p>Facilitator: surely she would know exactly what happened</p> <p>M: Westvaal hospital</p> <p>Facilitator: Okay there's a hospital in westvaal</p> <p>M: 1973 8 February the following is a draft slivers for the enrolled and training and nursing assistance</p> <p>Facilitator: but that uh Anglo had their own school at some stage</p> <p>E; uh</p> <p>Facilitator: Ja</p> <p>E: which was at the Westvaal</p> <p>Facilitator: Ja</p> <p>M: and at that was the West Rand</p> <p>Facilitator: Western Transvaal the</p> <p>M: something like that</p> <p>Facilitator: nursing school or something like that</p> <p>M: here is there curriculum</p> <p>Facilitator: uhm</p>	
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M: practical clinical

Facilitator: Ja

M: syllabus for nursing assistance send to Dr Smit so I wonder if they didn't start in 1973

Facilitator: Ja I'm not sure about that but we can follow that up to because that is an important partnership that I think you know that one should also hum mention

M: Ralie

Facilitator: Yes Ja with Rallie and them the Anglo partnership

Facilitator: Ja okay right Okay Magda just to came back to the stages

M: sorry sorry Ja

Facilitator: hum so 1998 it change to the self funded learners ne

M: Ja

M: 1998 and 1999 we still have employed student plus self fund so they were in the 3 4th year they were still employed and they phasing out and then 1998 we start with 20 if I m not wrong I think there was 20 private students

Facilitator: Okay what is the name of the institution where they were transfer to those who

E: Ann Latsky

Facilitator: I cannot recall that name Ja okay

M: but that was the second group ne that was the 1999 group, you must remember

Facilitator: Ja Ja

M: that was the first private group

Facilitator: Yes

M: was they wrote their final exam that is the Daisy and the Posha's group

Facilitator: uhm Ja

M: and then 90 the second private group uh, uh in there because it's know 1999 wrote the second year ne

Facilitator; hum

M: so that 1999 2000 and then when did we came over here

E: 2001

Facilitator: 2001

E: it was not that group but

M: no yes but

E: 2001 when we was here to Ann Latsky

Facilitator: we were here already

E: it was in 2002 I remember |I was here when we phasing them out I remember 2002

Facilitator: Ja

Interviewee 1: and they started in Ann Latsky in 2003

E: Erika doesn't the private students in 1999 the first group

Facilitator: I not sure I cannot recall the date exactly I know it was around there

M: because there was one year that we did not have an intake

Facilitator: that we did not have an intake ja okay

M: we must just check on the completion of training

Facilitator: Ja

M: who Constance uh that is that big five the group of the big five you must just check Ularia uh what is Ularia's Surname

E: uh

Facilitator: Mdingazwe

E: were they not in Dunka's group

M: No no

E: that was the group after

M: Luleka

Facilitator; Luleka's was still one of the employed those who had all the benefits of everything

E: then it was the group then be after when Luleka's group was already in there were a group that came after that ne

Facilitator: ja ja

E: hum

M: so then we must look on the computer when does Ularia

Facilitator: Ja when she registered

M: when she registered and then

Facilitator: because she was in the first group

M: that was the first group

M: you got info on that ne

Facilitator: ja hum

E: but you know what I

M: in 1998 or 1999

E: that was the information that was on the disks because I ask Jurita on the system we did not have anything for 2003

M: listen it must be 1999 because I join this company in 1997

Facilitator: 1999

M: and 1997

Facilitator: it correct

M: the end of 97 they started with the Acorns and that movies

Facilitator: why I recall 1999

M: 1998

Facilitator: is it when we started giving student numbers

E: hum

Facilitator: and I can distinctly remember creating student numbers starting with nine nine da da

M: it was in 1999 so

Facilitator: ja

M: then that was the first group not 1998

Facilitator: ja you right

M: 1999 then that is the Ulaira group

Facilitator: ja

M: right and if I not mistaken only 5 completed

Facilitator: completed in that four year period

M: that and the reason was uh uh mostly financial

E: it's the group of Bovungana I remembered know

M: Ja

E: because they dropped in out in out

Facilitator: ja

M: Ja, and the its 1999 then 2000 it that group it was 2002 they wrote there second year and then they go to 2002

E: go to 2002

Facilitator: Okay

M: when must I write all

Facilitator: NoNo is not necessary to write everything down I recording it so everything you say I'm just making a few notes

M: o right

Facilitator: to jog my memory and for stuff that I would need to follow on up you know but for everything is recorded you really do not have to uhm I'm asking Evelyn because for stuff that you know you can cross check or try to find

E: Okay I just write it down so that I don't forget

Facilitator: Ja okay

M: listen Banthu school

Facilitator: uh

M: Lectures given by doctors since inception what is inception meant?

Facilitator: start of

E: start

M: of the Banthu school 1972 January 1973

Facilitator: uh

E: we've got a lot of work to do

Facilitator: Ja yes there is actually a lot and I you know we were preparing for this and we were thinking what is the best to do first look at the documents then the interview interview going to the documents and I think working thru the documents will give you information that you need to contact the people

E: to follow up

Facilitator: again and asked them

E: and I think ja you starting with the information it will help you to verify some of the information

Facilitator: you will definitely

E: what happened what is new then you can follow-up

Facilitator: that is right Ja

M: Yes

Facilitator: Magda Please

M: Listen here the salaries of the Bantu male nurses in 1972 I recommend that the salary scale must increase to R80.00 per month as from the 1st of September 1972

Facilitator: my goodness

E: and by that then the value of that R80.00 was so much

Facilitator: Ja

M: I've my first was uh uhm R90.00

Facilitator; uh

M: so they did not get so much of an increase so

Facilitator: no

M: January '76, January 1976 I got R90.00. All right sorry

Facilitator: Ja but that is interesting information you know and it's good to see the stuff is here so ja, as you say

M: it was really

Facilitator: Ja

M: something ... where it was employed here by our Gold Fields West Bantu hospital

Facilitator: that was

M: what was that name (54:48)

F: I can remember that the Council once sent a letter for... to come for an inspection and they still used the name for the bantu hospital and people were so upset because it was, I mean in the late 1990's.

E: ja...

F: and they still had that name on their records. Ja. So, Ok. Right. So at the moment, Evelyn the number of learners that you have at the moment? Or let's go back to 2006...because we are not looking at this year, we are only looking at 2006, if you have got that information please.

Interviewee 1: I did not basically... Jorieta made me some copies, as I said...let me just go...2006, I wrote it somewhere...

F: ok, if you don't ...

E: Ok, 2006 they were, finally...124, those were people who graduated. But when you look at it, out of that the BC, bridging course was 35, The enrolled was 70 and the theatre course was four. And the ancillary was 15.

F: ok, do you have this information maybe backwards from 2006?

E; we do have it but we didn't compile it in that manner. But I can do that for you.

F: or in any way that you have it available. Please. I I can take that information with me please.

E: then I can give you this. Because this is basically our graduation program...

F: ok, thanks. Then from that I can compile it.

E: the 2006 is the only one that I have here. The others I don't have here.

F: ok. 2006 will do. Thank you very much. Ok, Uhm... Magda, Evelyn, it's before your time... the, uhm, the partnership with Empilweni...

M: that started in ... that must have started in 1999, because if we look at '98... It can may be start at '98...end of 98. Because of, 97 they want to close the college, 98 Olga start to get some... uh... uh, uh, places where we could be employed, she started working on all that...

E: What was the partnership all about?

M: that was... we took 300 Empilweni students and we did the administration...

E: oh, now I remember, now I remember...

M: and they worker in our medical station and the hospitals.

E: I remember I was here in the hospital

F: it was a combined effort or training intervention where Empilweni registered, no Empilweni recruited the learners and they did the theory, The learners were registered under the name of GFNC and the practical was done in our facilities and the admin was done and a certain fee was paid over to the nursing college...

M: I think it was a R1000.00

F: and that was done twice, for two years so there were two intakes

M: I think it was, 97' it was, then all these things started, and '98 it think it was finalised, and I think they started working in 99.

F: but they, there should be the files were kept by GF, so it must be here somewhere and even if you look at eh Council results, because they were registered as GFNC learners. So you know, those results came to the college, so we can verify that by looking at that. But that was kind of an initiative to... and that's where the cash cow thing came from. Because Olga always referred to the cash cow that would make the money and with less input, and you know generate some income to sustain the college at that stge. Ja.

E: this is from far.

F: there was a lot of effort put in to ensure the survival of the college. People were very passionate about sustaining the institution and not letting it go, and you know, that I think is something...

E: and Thanks to those people, because if you look at now, you know, where would the college be if it weren't for those people?

M: ja because that is also then part of your things, ja.

F: yes I think that is an important event or point in the history, you know to point out these people who were really passionate and all the efforts that were made to, to assist and keep the place going, you know... and there professor Greeff was also involved in that at that stage, You know she was also campaigning and advocating.

M: Mr Mantanga passed in 1972.

F; okay, good. Can we move on please, I am just checking the

time...because...

M: ja I must also go...

F: and then...From which areas do you draw your enrolments?

M: that is now geographically?

F: yes.

M: Eastern Cape, Limpopo,

E: Mpumalanga, North West, Free Sate,

M: KwaZulu natal

E: yes!

F: so basically, all of the provinces except the Northern cape and the western cape?

E: ja. Those are the places where we are still lacking.

M: all right then: Foreigners

E: Foreigners like Lesotho and Swaziland. Uh hm.

F: ok, good. Any more information on that? Why those specific areas? Why... you know...?

E: I think if you look especially form Mpumalanga and uh, Limpopo, I think basically it's because there are no institutions of higher education there. There are, but basically in Nursing they prefer the said. Because in Limpopo when you look at Nursing, it is the University

M: there is a nursing college in Giyani

E: yes in Giyani. But they are doing D4, not the enrolled.

M: I think also spread by mouth by ex learners...

E: uh uhm. Word of mouth. I think a lot of them, what is mentioned by a lot of learners, they do actually come for the quality. They don't come, the amount because we tried to look at the prices. We found that we are not cheaper than all of the colleges but I think from what they have seen form their colleagues, that is why they prefer to come this side.

F: Magda you wanted to say something about the eastern cape?

M; Uh, Our combined effort with the, uh, with the mines, with the miners

coming from the eastern cape...

F: labour sending areas...

M: ja, ja...

F: ok. Then the current throughput? Basically I think we have covered that in the previous...but, ja. Okay. What would you describe as your biggest achievement?

M: I think biggest achievement is our pass rate of the students...

E: I think also it is the sustenance of the college from when you look at where it comes from in 1946 to now... uh; I think that is an achievement. Yes.

F: Magda, if you say the pass rate, can you elaborate on that please?

M: Actually, if we first attend, I want to say, we can say we've got between a 90 and 95%. And in some cases 100. And then they write the second attempt and then they pass.

E: and the dropout rate from that is very low, less than 1%.

M: ja. And then the dropout rate is not due to problems in the learning, it is always personal problems.

E: especially financial.

M: ja. Uhm

F: right, okay then. Evelyn mentioned the sustenance of the institution for such a long period... what do you ... what would you say was actually the reason why it was able to survive, you know to function for such a long period of time?

E: I think you have already mentioned one of the reasons, which is basically the passion from the people who were here, who tried everything to make sure that the college basically survives.

M: and from head office, because on that stage head office was really always behind us. The university...

E: the university as well has been supportive, ne?

M; ja.

F: okay. Anything else?

E: and I think also the motivation of the tutors at the same time, because

if...despite all the troubles or all the problems they don't ... because if it was in other institutions I believe people would resign and say: I am just going. So I think they were really passionate and motivated to say: we will remain here until we know exactly what to do with the learners and all that.

M: ach and I wonder if the students, you know, they did play indirect a role. We want to finish the students, uh you know.

F: okay.

E: a sense of responsibility, I think also from the tutors. You feel responsible that you cannot just leave the students.

M: ja it actually goes back to the tutors.

F; okay. Any other achievements that you want to...?

E: I think also it is being...the achievement of moving from being a nursing school to being a college; it's one of the biggest achievements. And looking at the same time, Gold Fields is the first private nursing college in SA. That is one of the achievements.

F: ja? What about the community projects? Don't you ...was there not outstanding achievements?

M: ag ja we can say Rudo Home based Care. And it is still going and it is still looking good.

E: yes...

F; okay, what role was played by the nursing college in Rudo?

M: The foundation of it. It was already...somebody had the passion to start it, but when the college got involved, they started getting them funding from the government and got the community involved. Uh, so I think for the foundation of them, ja.

F: And the involvement up to 2006?

E: Ja I think also with the involvement of it we did we mention it? Whereby the eastern Cape, TEBA?

F: you just alluded to TEBA, but we haven't got any details on the TEBA project.

E: because there was training provided by Gold Fields on the... Home Based Care if I remember correctly.

F: On the home based care...ja?

E: in Eastern Cape...

F: I personally have a lot of information that I will add here,

E: Ja, I don't have much detail but I remember something...

F: Okay then. Who are your strategic partners? Were and are your strategic partners?

M: Ach, firstly I think all the mine companies. Anglo health...Anglo Gold they used to be and Beatrix, and Gold Fields as well. Obviously.

E: and then Wilmed Park. DoH North West and Gauteng...

F: Was DoH part of the picture before 2006? Did they join before then?

E: no, 2007. They joined later

M: But we had a partnership there because we placed our students in the hospitals in North West, Klerksdorp and Carletonville

F: that's right, you're right. With the clinical facilities

E: Midwifery and Sterkfontein for the psychiatry and Fochville, uhm... Nursing Council, that's a big one. Did we have the SETA students before 2006? No. The learnerships came later. NWU.

M: Hi we did it not a long time ago and now we are stuck.

E: but remember now we are also trying to think backwards and not after 2006.

M: then Empilweni.

E: ja, Empilweni.

F: uh Hum. And I think HASA also because HASA was always a body that we could turn to for advice and assistance, information and things like that.

E: Hm.

F: okay, right. Anything else on your strategic partners?

E: Uhm.

F: TEBA, I think TEBA also

M: ok let us start by saying SANC, where we were accredited, the all the mining hospitals, then Private hospitals, then the DoH, the government

hospitals...

E: I wonder if we couldn't say the bigger community, because a lot of our learners come are private, from the community.

F: the chamber of mines because the COM sponsored two groups of employees from the government to be trained in Primary Health Care. Olga was still instrumental in that. That was also a partner ne? And CSI? Kenny's department.

E: Okay.

M: laughter

F: Okay. What is the biggest challenge that you are faced with?

M: survival. Financially and

E: Financial survival of the college

M: uhm, my point of view it is quality versus financial things.

E: quality versus quantity;

M Ja.

F: why do you say that?

M: due to uh...less staff...short staff

F: let me just take you back to 2006. Remember we are looking at up to 2006 and not at the current situation.

M: o, ja. Yes but I think still, financially...

E: ja it sustainability it's still there...

M; keeping the doors open.

E: but if you look at the quality versus quantity, it's still there. When you look now, the college has to survive and to do that we need bigger numbers of learners. Wouldn't that have been maybe possibly a factor in the quality that we produced? We cannot tell, only the community can tell us. But up to now we didn't have any...

F: What about clinical placements, is that not a challenge?

E: Ja that is s challenge because we cannot also, for survival, it another issue. It has been I think also. If we don't have enough space for

placements it affects the numbers we can take.

M: was it also not the changeover to OBE?

E: and also, clinical placements, I think it can be in the sense of placements like we said for the number of learners, but also in the assistance that we get with regard to learner accompaniment and that. Because it had I think for years, even before 2006, it hasn't been good in other institutions.

F: Uhm. Anything else? anything in general that you want to elaborate on or...bring ...?

M: NO, I think that was the biggest challenges. I don't think ...

F: Learners strikes?

E: I was thinking of that, the Eularia group...learner strikes...ja

M: But we didn't have it. We really didn't have learner strikes.

F: one day they attempted a sit in but it...

E: it wasn't really effective.

M: Student...Student satisfaction, can that not be a challenge?

E: I think also, one of the challenges would be like I said, the finance part was that on the college side but also for the students, the finance part for the learners, they had to pay their own fees, and remember now that we said learners would drop out ...

M: ja that is...you are right.

F: retention...

E: ja, uhm, retention especially due to finance.

F: ok anything else?

E: I can't think of anything...

M: o, ja, ja....

E: wat nou?

M: Buildings, the demonstration room...that is a big thing.

F: infrastructure?

E: yes. Infrastructure. Physical facilities. It has been a big challenge. If you

look at it, over the years, from 2000 and what... 2002

M: it was 2000

E: we were moved up and down...even with the simulation labs we were moved up and down

M: our things and the boxes, if you say move they will jump in on their own!

E: moving to simlab in Libanon, and all that, back it was one of the big challenges that we had.

F: what, what, I am just thinking back to one of the experiences that I had, is that the fact that you try to manage an academic institution in a mining environment.

M: ja, ja, ja.

E: I think it s one for the challenges, in a mining environment, also in an education part, that people in the mining don't understand. Laughter.

M: no I think you are right.

F: I can still recall that it was said to me: Your biggest problem is that you want to run an academic institution in a mining environment. And you know, I was blamed for trying to do that. And what else?

E: and there is nothing you can do because that is what you need to do. It said.

M: and that includes then what you said the education

E: Its academic, its business, its health, it's you know, it's a combination of all that you have to bring in one, and it becomes a big problem for other people.

F: I recall from my personal experience, that time when we had to bring in the self funded learners, it was quite difficult to make the paradigm shift from being a cost centre to change into a profit centre. And to understand that, you know, if you don't go out for business you won't generate income and you won't be sustainable. That was a big problem to get the mind shift of all the staff in the college in the new frame and business orientated mind shift.

E: that was a big challenge.

F: and you sometimes wonder... if people are still back there.

E: I think over the years there has been movement, but there has not been total shift. So it is, yes there has been movement but there is...not...

M: all right...

F: and also, excuse me Magda for interrupting you, but to have a balance between compassion and understanding and looking at realistic business principles, you know, on the other hand. To get to an in between where you can basically have a balance, where you can still have compassion for the staff and the students especially but also have looking at, you know this is what I need to have, the facts of running a business.

M: ok, hits is before the self funded students came in, a big challenge was, financial support to equip a demonstration room in the GFNC college, but whereby GF paid a lot of money and build big nice simulation labs for companies outside GF. But within our own college it was a...Because I remember when I demonstrate, blood taking for example, then I go to one ward and I take a webcol, other ward, a needle. Because there was not money available for...

F: Because the budget did not make provision for certain aspects of training. And there was limited input into the budget at that stage. There was really limited, limited input at that stage and now management. No management.

M: There was another problem...when did they actually said you were the principal? That was the other problem, challenge was... All right, and that is going into that mining, academic into a mining environment. There were lots of things there. For example, they can't understand the requirements from SANC. And now I talk about staffing. They don't want...

F: and structure

E: uhm, structure

M: they don't understand...because they said it's not necessary for a principal and a vice principal.

F: and at some stage they the HR officer/manager was regarded as the principal of the nursing college. And when the Council then came for an accreditation visit, they actually gave an ultimatum to say that: should you not appoint a principal, this place is going to be closed. And that was just before Hettie left, 97, somewhere there.

M: no it was not 97...98, 99, and 2000, somewhere there. And then they had 2 vice principals, for a long time.

F: ja for a long period...

E: you and Happy

M: when did they... was we still at GFTS when they start with the principal and vice principal?

F: yes. We were still there. I can't recall the exact date but we were still there.

M: that is when Hettie left.

F: ja Hettie left and then they appointed a principal and vice principal.

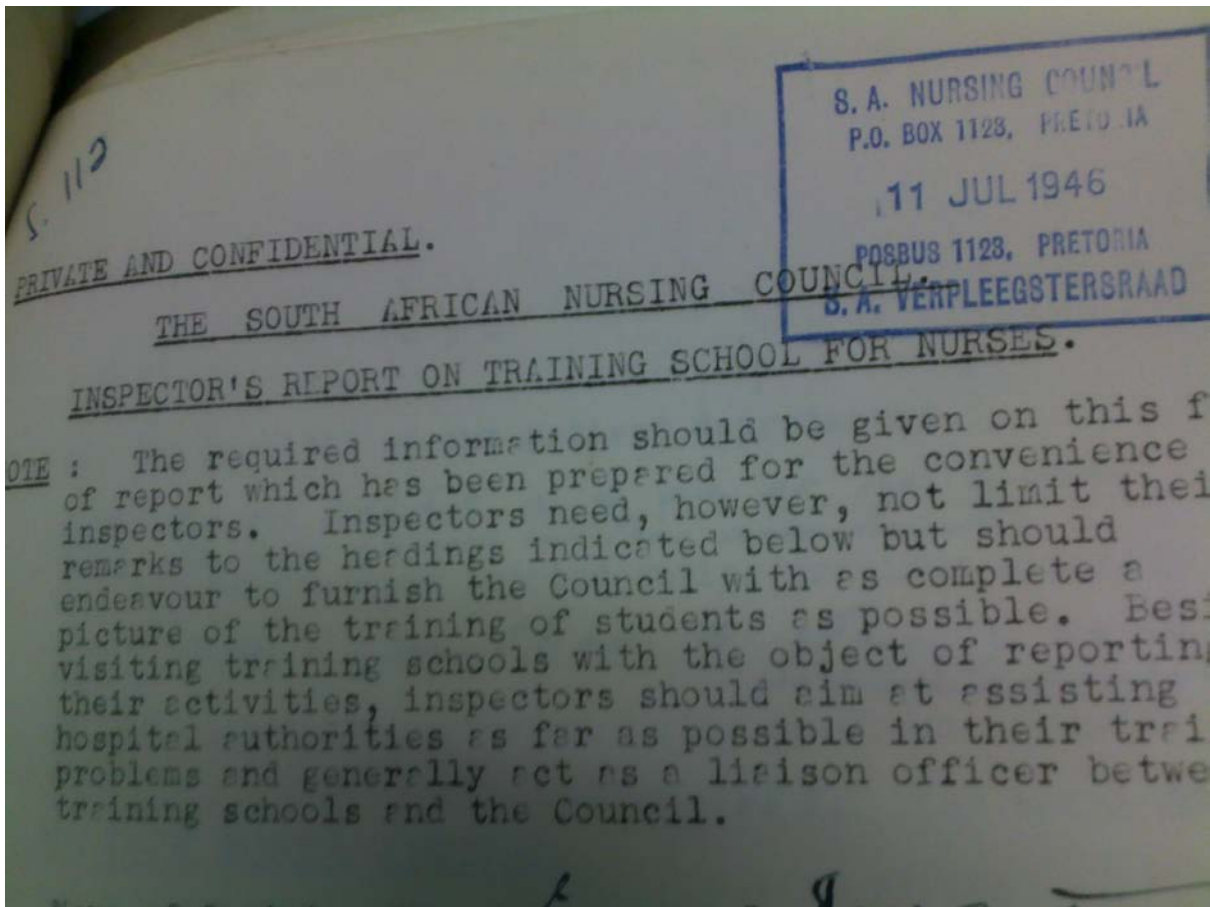
M: but that was a big challenge, I want to say for that period, to be able to demonstration, do a good job with absolute limited budget. It was also office space, I think that was a big challenge, was the space for offices.

F: you know what I remember now Magda is that project in the Eastern Cape. In Lusikisiki, where they opened a school there and the Nursing College and there was funding, I am not sure but I think from Kenny, from CSI and the college assisted them with curriculum development and so on to get their program going.

M: I just saw now, on Monday a photo that Johan has taken when we came back from the inauguration, the opening of that school...and Snoopy was still there. And Snoopy was. Oh, Arthur was always...

F: But thank you very much ladies. I think we have covered a lot and I got a lot of information from you. And if there is anything else that you can think of or want to add, please feel free to contact me or email me. Thank you very much then.

APPENDIX H



APPENDIX I

	<p>Agrief GFNC 1 Dunnottar</p> <p>This is Erika Kotze, it is Wednesday, 10 November 2010 and I am at he SANC archive in Pretoria tostart working ont he archived documents on the history of PNEI in SA. Mrs Blackie was exteremely helpful in retrieving the files form the archive sndf evrething is piled uo in the Boardroom. There are 26 files, no 36 files to be scrutinized and I think it is going to be quite a daunting task. I have decided to start wihth he files on Gold Fields Nursing College, there are 7 volumes.</p> <p>File number 1 starts at 1952, so I will have to chack if there is anything older that goes back to 1946 as we thought initially the college was started in 1946. The documents are well preserved, yellow and old but in a good condition.</p>	
	<p>The first document in the file of Gold Fields is an Inspectors report on Training School for Nurses met n datum stempel 11 Julie 1946. So it is confirmed that for 1946. There is a letter on the letterhead of Simmer and Jack Mines Limited Native Hospital.</p>	
	<p>According to the file the number of student nurses in training is 7 and all of them registered with SANC. The resident medical officer on the staff is Dr ET Clifton and Drit looks like Perinque or something like that Peringueyzc or it could also be ...no zc if you look at the handwriting further remarks re the staff in hospital of the hospital is that they had one unqualified nurse assistant and 25 native orderlies there is no qualified sister tutor on the staff students ummm....something their lectures at the Germiston Hospital ok student nurses receive their lectures at the Germiston Hospital. General remarks regarding suitability, qualifications and cleanliness of nursing staff in so far as training of student nurses is concerned - the remark is the superintend who only took over the hospital six months ago is very keen and most..... aaaaah..... to make ... words not legible to make the best of the training of the nurses. He agreed with me that the unique ... no ... it looks like unique of the student nurses is ... aaah oh it must be the technique of the student nurses is exceedingly poor and general impressions with him is to be brought about improvements that great improvements will be improvements will have to be brought about in order to train the standard to raise the standard of training. From what I have observed and something that is illegible again looks like, sorry can't read that word that so it may ,no its not so far that he want he... registered staff is very suitable so far as assisting with the training of student nurses.</p> <p>The outline: The arrangements for lectures to students: Lectures are all attended at Germiston. The arrangement for tutorials and demonstrations: Tutorials and demonstrations are all attended at Germiston Hospital. Arrangements for bedside teaching by ward sisters and doctors: Bedside</p>	

teaching is given by the doctors and male nurses according to superintendent but I doubt whether much is done in this direction.

Are you satisfied that the training of students is carried out satisfactorily and is the syllabus fully covered? If not, state shortcomings: The training of students in the wards is far from being satisfactory. The nursing technique is most unsatisfactory but I am satisfied that Mr. Basson with the assistance of Dr. Clifton is doing all he can to improve conditions in the hospital. Suitable lecture room is not available.

Items: blackboard: no;

skeleton: no;

anatomical diagrams: no;

models of all parts of the body: no;

reference books: no.

The following items of equipment available in the lecture room for demonstrations:

Bed: no;

Complete set of bed linen: no;

Bandages: no;

Dressings: no;

Lotions: no;

Medicines and drugs with measure glasses: no;

Syringes of all types: no; preparation trays for operation and examination: no;

First aid appliances: no;

Dressing instruments: no; Utensils: no; Urine analysis set: no.

Attendance register kept in respect of lectures: Registers are left by the nursing sister by the sister tutor of the Germiston hospital.

Student records accurate including illness and leave. Those registers are specially drawn by the mine and are satisfactory and accurate.

Students medically examined annually: Student nurses are only examined after they have assumed duties and then only when necessary. No registers are kept. No typhoid vaccines are given and immunisation is done either.

Are the students methodically transferred from one department to another during the course: The superintendent only assumed duties here in January of this year, and he is unable to tell me what was done by his predecessor as no records were kept. The students receive adequate instruction in practical cooking. Instruction in practical cooking is given at the Germiston hospital.

Students receive lectures in dietetics: Yes, by the sister tutor, Germiston.

General remarks regarding the hospital:

Buildings: Really primitive buildings except for one ward which was put up six, except oh, it looks like except for one ward which was put up six years ago. For the entire hospital there is only one bath available for patients. This bath is in the sluice room. The whole hospital will be rebuilt in the next six to

seven months.

Are students satisfactorily housed and fed?

Student nurses make their own arrangements for their board and lodgings. They as a rule live in boarding houses on the mine and in Germiston.

What facilities for recreation are available to students?

No recreation facilities on the hospital premises but various forms of sports are available to them on the mines.

Any further remarks regarding matters which you consider of interest to the council in so far as the training of student nurses generally are concerned.?

From the many traces left behind it is pretty obvious that the training of the student nurse received prior to Mr Bassons appointment have been exceedingly unsatisfactory. Dr. Clifford with Mr. Basson's assistance has done a great deal of cleaning up in the hospital but there is still a tremendous amount to be done and there is no evidence that the training of the nurses has improved at this stage.

Then the last page is the summary of your impressions regarding the available facilities for training of nurses and the efficiency with which such training is carried out.

All student nurses received their lectures at and demonstrations at the Germiston Hospital. Many types of medical and surgical cases are admitted to the hospital and student nurses should gain a good knowledge in these branches of their work, but with the poor equipment available it is impossible to even try and teach them the correct technique of nursing. The plan of the new hospital has been drawn up and it is estimated that the building will be completed by the end of this year. It is almost impossible to teach student nurses under the present conditions as the place is so dirty and poorly equipped. Conditions are generally unsatisfactory and I fail to see how any nurse could be satisfactorily trained in this hospital under the existing conditions. I would like to recommend that the recognition of this training school be withdrawn as I doubt that they would improve much. Emily Looks like Scholtz, dated 19 June 1946.

So it seems as if the first ...inspection that was done at the hospital.....Simmer and Jack Hospital was not very good due to the poor conditions of the services. The SANC reference number for this hospital was "S 112".

Inspection of training schools for medical and surgical nurses Simmer and Jacks mines native Hospital and this report is dated 22 January 1952. The number of beds 224 65% Bed patients. 10 it is non-european males in medical 105 surgical 96, daily occupied beds 62.2 for medical. 47 no 74.7 for surgical. Then infectious beds non-europeans number of beds 23 average daily occupation 12.4. Number of operations performed previous calendar was 1316 minor and 168 major. Casualties treated during the previous year 4217. Average daily attendance at the outpatient department 12. They have 4 male medical wards with 105 beds, 4 wards male surgical 96 beds and infectious cases 3 wards of 23 beds.

Students in training: first year – 1, second year – 1, third year - 2 , fourth year – 1. Total of 5 students.

Number of medical officers on staff – 3. One senior medical officer; two assistant medical officers.

Names of the nurses: Christoffel Johannes Basson – registered mental nurse and surgical and medical nurse and he is the hospital superintendent.

Christiaan Johannes Claassens – registered mental nurse and surgical and medical nurse in charge of the surgical wards. He is the assistant hospital superintendent.

Dudley Richard Honey: Registered surgical and medical nurse, staff nurse in charge of reception, casualty and theaters.

Christiaan Hendrik Boshoff – Registered surgical and medical nurse, staff nurse in charge of medical wards.

There is a letter accompanying, oh no this is not accompanying, this is another letter from the native hospital, PO Box 192, Germiston, dated 3 November 1950.

To: The Registrar, The South African Nursing Council, PO Box 1123, Pretoria.

Dear sir,

In reply to your circular, MS18/MI.19 .

No lectures are given at this hospital by either medical practitioner or teaching male nurse. All lectures are given at the WNLA Ltd Native Hospital by various medical practitioners and the teaching sister appointed by the Chamber of Mines, for that purpose. Demonstrations only are given by a qualified male nurse at this hospital, signed by the hospital superintendent Basson, and SANC received this on 6 November 1950.

I may have to also contact Chamber of mines if they have any documents in their archives.

Document dated 17 October 1952 , The Hospital Superintendent, Simmer and Jack Mines Native Hospital, PO Box 192, Germiston.

This is on hours of duty, student medical and surgical nurses and student male nurses.

The council considered the returns of hours of duty of student nurses submitted in terms of circular no 5.52 of 28 February 1952 at it's recent meeting. It was resolved that the regulation be not relaxed in respect of day due to hours. Training schools are required to report on this matter on 30 June 1953 giving full reasons if the hours of the duty still exceed the number laid down by the regulations. As regards night duty, council resolve that the regulations be relaxed. Training schools to be permitted to employ student nurses on night duty for a maximum of 60 hours per week. This matter will be reviewed in 2 years time and training schools are required to submit a report on 30 Des 1954.

If by that time it is still found impossible to comply with the regulations regarding night duty, detailed reasons must be given in the report. In this connection it is to be pointed out that council has decided that the phrase "8

hours of duty” shall include 30 minutes which may be given off for refreshments. but shall not include mealtimes. Yours faithfully, WJ van Schalkwyk, Registrar.

Then there is a letter dated **3 Aug 1953** from the hospital superintendent,
Dear madam

Hours of day duties

I have to draw your attention to my letter dated **17 October 1952** I should be pleased to receive the report called for in paragraph two of my letter. Your attention is also directed to the definition of the phrase “8 Hours of duty”.
Signed by WJ van Schalkwyk.

Registrar of the Nursing Council.

Another correspondence from: The Council. to The Native Hospital.

Dear Sir,

With reference to your letter dated 3 August 195 I must inform you that all pupil male nurses are doing 8 hours shifts on day duty in this hospital.
Signed by Basson, Hospital Superintendent.

Letter from The Council, to The Superintendent of the Simmer and Jack Native Hospital.

Dear sir,

With reference to my letter, dated 17 October and subsequent correspondence, I should be pleased to receive full details of the day and night hours of student nurses. If the regulations are not complied with, full reasons must be given. Mealtimes are regarded as off duty but not but only that portions of teatime in excess of half an hour in all per day or night may be taken as off duty.

Please reply by 30 November.

Van Schalkwyk.

So there was a lot of communication on hours and hours and duty.

1955: still on hours do not comply with the regulation return day???used in the regulation period of 24 hours . regulation to both day and night duty. If you are unable to comply with ?????that student nurses shall be on duty for not more than 8 hours per day when on night duty. You should please furnish me with full reasons for this.

LA Hovè.

On behalf of the Registrar.

Then there's a letter from the hospital again. 12 Jan 1955, that they have now change the hours of night duty. Students are now complying with the regulation.

The medical training school is Ok, there is a notice that the training school is due for a inspection.will be informed as soon as possible. The name of the inspector and the date of the inspection. In the meantime I shall be pleased if you complete the attached form and return it to me at an early date. Signed by van Schalkwyk, and this letter was dated 22 April 1955.

State number of authorized posts for students o k this is then the inspection report. Let me go to the beginning of the report. Inspection of training school

Simmer and Jack Mines Ltd. Number of beds - 224; male beds: medical - 104; surgical – 96. Daily occupied: medical - 87% and surgical 72% or 72. Maybe that's beds and not percentage. They don't say its daily number of occupied beds for previous year. OK and then the infectious Beds - 27, of which 7 are occupied on a daily basis. All Non- European and all male. Operations performed - 1547 major operations. Casualties treated – 4337. Daily attendance at the out patients – 10.

Lectures by doctors: preliminary - 48; and final 93.

No lectures given by tutors.

Teaching sisters – preliminary – 70, final - 100.

Non nursing teaching staff: preliminary - 8 and that is first aid.

The arrangements for demonstrations and clinical instructions to student nurses; two hours per week demonstrations in lecture room, two hours per week clinical instructions in wards and 6 hours per week in lectures. Mr Honey, Mr Lease and Sister Bachelor. Ok so there is a first reference to sister Bachelor, which I will try to correlate to with what Steve said.

State outline of scheme for the transfer of students from one department to another during the course of training: Pupil nurses are rotated as required. Male medical – 3 months; male surgical - 3 months; casualty and out patients - 3 months; theatre - not less than 200 hours.

Stock normally allowed per patient: pillowslips – 4; sheets: long – 3; sheets: draw - 2 blankets – 2 ; towels for bath – 4.

Registered nursing staff per hospital: superintendent is 1 European, tutors no Teaching sister- 1 authorized and 1 in actual. 5 staff nurses of which 4 are actual so in so in total there are 6 authorized posts and 6 actual. I wonder why the hospital superintendent is not indicated under authorized.

Registered students in training: first year – 1; second year – no ; third year - 1; fourth year – 3; fifth year – 1 . Total of 6.

Number of authorized posts for students - 6 male.

Full time or part time medical superintendent is the hospital superintendent is a male nurse. Medical officers are three full time position.

Signed by Basson.

Then there is a letter addressed to Miss. J. MacLate, 15 Majorca Court, Cavendishroad, Yeoville, Johannesburg.

Dear Miss. MacLate

Inspection of Simmer and Jack Mines Native Hospital.

There's a form 90A/N55 completed by the person in charge of the training school at the report form. I should be pleased if u would return from EC98M55 as well as your report. Miss Northard Inspected this school in 1952 and reported as follows. **This is the one and only mine hospital that is training students as students should be trained.** This is significant information. **This is the one mine hospital that is training student s as students should be trained. The training is most satisfactory excepting that students are in charge on night duty with trained nurses on call only. This is the one mine hospital that should retain recognition as a**

training school. It is well organized and the theatre in this hospital is most outstanding. Theatre technique and all arrangements are excellent. Signed by van Schalkwyk. This letter was dated **21 May 1955**.

Then there is the inspection report. Date of inspection: 1 June 1955, and that was even before I was born. The bed establishments: male medical – 104; male surgical - 96; infectious beds – 24. Total: 128 Medical beds and 96 surgical beds. Still total 224. Occupation: daily average occupation: medical - 87; infectious - 7; surgical – 72 medical total is then 94 out of 128, and surgical 72 out of 96. Average occupation - 166. ???Registered nurses: 6 male student nurses. 1 first year; 1 third year; 3 fourth year; 1 fifth year. Total of 6.

lectures in anatomy and physiology are given at the WNLA Central Hospital. I will have to check what that is. And in nutritional and cookery either there or at the Domestic Sciences Training School in Johannesburg. Senior syllabus and clinical teaching and test are done at the hospital. The part time sister tutor is on the staff who lectures are medical and surgical nursing and teaches and supervises nursing procedures. There is sufficient clinical material to provide good nursing experience. Great interest appears to be taken in the instruction of the students and clinical teaching is evidently given daily. Knowledge of the process of the patient progress of the patient seems to be good and the control of drugs is satisfactory. The defects in the building, particularly the lack of water laid onto one of the medical wards in the old part of the hospital and the inadequate sluicing facilities in the sanitary annexes were discussed. As far as can be judged on inspection I consider that probably the student male nurses must receive a good training within the limitations, which are considerable of this type of training school. Signed by J. MacLate.

There is a hand written summary of the inspection report which correlate with the typed report which I have just read. There is a follow up letter from the registrar, L.A. Hovè on behalf of the registrar, requiring about the inspection.

I am directed to refer you to my letter of 26 July 1955.....which was a date 1 June was the inspection and the letter or the report.... there is no date stamped on the report so I am not sure exactly what the date of the report was, when the report was written. Anyway I am directed to refer you to my letter of 26 July 1955 with in connection of the inspection of your institution in its capacity as a training school for male nurses . I shall be pleased to ascertain if the matters referred to have been rectified.

Your's faithfully, L.A. Hovè.

Then there's the reply from Native Hospital, dated 15 Nov 1955

In reply to your letter of the 11 th instant I wish to inform you that the matters referred to in your letter??? has been rectified. Signed by the acting senior medical officer, L.C. and I'm not sure what that signature.....its difficult to read, it's not Basson, it's someone else..... its also not Clifton. Let me just go back to the previous list of the names of the staff, wait hereI think I have skipped this part.

Going back..... the full report on the inspection of **1 June 1955** of the Simmer and Jack Mines Hospital. It's in the file. It indicates a hospital, recognise as a training school on its own. One lecture demonstration room, no study room. There is a blackboard, there is a articulated skeleton, a few anatomical diagrams - but a full set at WNLA. Models of all parts of the body – no, but a full set again at WNLA where many lectures are given. Separate equipment available for demonstration - yes. Seldom used, as practical demonstrations are done in the wards. Registers kept in respect of lectures by doctors – yes. Registered nurse – yes and there is Mrs. Bachelor is indicated there. Non nurses, like dietition domestic science school . Registered nurse demonstrators by registered nurses - yes. Registered nurse and ward OK . First - registered nurses teaching – yes. Registered nurses, ward sisters, male nurses – yes. Non nurses - first aid demonstrators - yes. Written tests by doctors – yes. Registered nurses teaching – yes. Practical or clinical tests. Registered nurses, registered male nurses daily doing rounds. Satisfactory records kept of each student service including illness and leave. Yes each student has individual record cart. Students medical examined and x-rayed in terms of the regulations – yes. Students x-rayed once a year at Chamber of mines hospital. Once in hospital.

What are the arrangements for the instruction of the students in the practical cookery. The course in nutrition and cookery is given at the WNLA Hospital or at the Domestic Science Training School in Johannesburg. Facilities available in the wards theatres and other. The sterilizing of equipment. Sterilizers steam on surgical side, Electrical, medical and theatre.

Water hot and cold, Winchester brought from theatre with cold sterile water for ward use. In theatre sterilizers bowl???? instrument water hot and cold pressure, electric sterilization adequate. In other departments nothing indicated. Is the sterilizing equipment adequate and are the correct principles of sterilization taught? Equipment appears adequate. Ward sterilizers have unhinged lids and it was suggested that hinged lids would be more efficient and convenient.

What are the sluicing facilities for Bedpans, urinals, sputum mugs: soiled linen and nursing utensils are?? both inadequate. What is the ply?? of nursing utensils? Adequate. Surgical instruments and appliances – adequate. Teaching of students in regard of the following satisfactory - writing, reading and giving of reports – yes. Staff work in three shifts. A written report is given with each change over. Reports inspected were satisfactory. Controlled drug storage and drug record keeping and charting, especially habit forming drugs.- yes. Habit forming drugs kept in locked cupboard with key on person of charge nurse. Records were satisfactory. Good control also of anti biotics and sulphonamides.

Taking, recording and interpreting doctors orders? Yes, all staff on duty go round with medical staff. Students also write up each case histories and daily

progress reports on patients. Setting of medicine trays, keeping of lists and administration of medicine – yes. Trolleys taken to wards... lists seen were well kept. Care patients clothing and valuables? Centre kit store with adequate records. This department has few problems and most patients are in there simple working outfits.

Hospital economy: I was informed that the financialstrain ..no..the financialthis hospital is such that economy is more than adequately stressed. The financialis s t r u i .. I'm not sure, looks likestrick..... structuring.... struck something instrui.... I was informed that financial stringency of this hospital is such that economy is more than adequately stressed.

Urine testing: Control of reagents for urinalysis - urine testing is done in a laboratory which is not a ward annexe to which patients do not have access. Reagents are not under lock and key but would not appear to be a danger in these circumstances.

Temperature taking: Tray satisfactory, charts reasonably well kept.

Is the nursing equipment well cared for in a hiegenic way or method? Apparently so far as can be judged.

General remarks regarding the hospital buildings: State of cleanliness of wards in all departments and ancillary services in relation to training: Parts of the hospital are very old that in very and not a very good state of repair. In spite of this standard of cleanliness the standard of cleanliness was good. The sluice rooms are not well equipped, having only a slophopper type of fitment with no special facilities for flushing of bedpans and urinals. A 30 bedded medical ward in the old section of the hospital has no water laid on inside the ward. Then there's a word I can't read. According to the hospital's own report the stock of linen oh its linen seems low. With this stock I doubt if the beds are normally as well equipped with linen as they were at the time of inspection.

Any remarks regarding other matters which would be considered of interest to the council regarding the training of students. The hospital, with a daily average of 87 medical, 72 surgical and 7 infectious cases, has good clinical material for training. There is an admission room and a 10 bedded admission ward, with special resuscitation facilities and outpatients are seen every afternoon. The theatre work is not extensive and I query the figure of not less than 200 hours theatre experience given in the training school report. Probably the explanation of this figure is that it shows only the actual operating hours over a period and not the rest of the time spend in preparation and cleaning the theatre and in routine theatre work. Students in the surgical wards prepare the cases and go to the theatre with them. They are taught the instruments, towelling, checkings and all theatre work, including autoclaving. The hospital is fortunate in having the part time

services of sister tutor and the students have a good deal of clinical teaching from the medical officers who appear greatly interested in the training of the men. Within the limitations of this type of training school I think the students probably receive a good training. Signed on 18- 6- 55 by J. MacLate.

The summary of this report was been read just before I read the report.

Dated 21 December 1955. To the senior medical officer, Simmer and Jack Mines Native Hospital.

Dear sir, Your letter of the 15 Nov in connection of the above matter was noticed at the recent meeting of the executive committee of the council. That's not the letter that I wanted to read... there is a following letter 17 may 1956.

The hospital superintendent Simmer and Jack Mines Native Hospital. Dear Sir, I am let to believe that your hospital is no longer training student male nurses. Could you please advice me whether this is so and whether any students are present in training. Yours faithfully, L.A. Hovè.

Then there is a reply on this letter from Simmer and Jack Mines.....to the Registrar:

dated 18 May ..sjoe...1956. That was quick. I wonder how they got the letter so fast. In reply to your letter of the 17 May, I wish to advice that we do not contemplate closing this hospital as a training centre. At the moment we have one student who has passed his final examination and will complete his training in September. In the near future we are lucky to engaged at least two student nurses for training. Let it go. It is handwritten in red pen and it must be somebody at SANC who wrote in "let it go".

Now we come to a letter on a new letterhead.

New Consolidated Gold Fields Ltd. is the letterhead and this comes from the Medical Department, Chief Medical Officer L.S. Williams. And this must be the personafter which the Leslie Williams Hospital was named. This letter is dated 14 May 1957. (03:24:26)

To the Registrar, Dear Sir, I submit this application for permission to organize a school of nursing between four of our hospitals. At present our nurses training school is attached to the Simmer and Jack Mines Hospital, Germiston. This hospital is a registered training school. Would it be possible for these students to gain further experience at three of our other hospitals namely, The New Consolidated Gold Fields East Rand Native Hospital; The Sub Nigel Ltd, De Notter; The Lesley Williams Memorial Hospital, West Driefontein, Carltonville and The New Consolidated Goldfields West Rand Native Hospital, Lebanon Goldmining Company Ltd. Lebanon. Simmer and Jack Mines Native Hospital has 224 beds, the Lesley?Lester? Williams Memorial Hospital 200 beds, the New Consolidated Goldfields East Rand

Consolidated has 304 beds and the New Consolidated Goldfields Wes Rand Native Hospital has 216 beds. The combined beds of these 4 hospitals present a wide variety of medical and surgical cases, which would provide adequate material for the training of student nurses.

The proposed system of training... of nurse training. We are primarily interested in training young men who possessed matriculation certificate, but are willing to except suitable candidates who only possessed a standard 9 certificate of education. The students will undergo a 3 month period of formal instruction for the preliminary training school attached to the Simmer and Jack Mines Hospital and the tutor will assigned the successful candidates.... students to the training hospitals for specified periods to gain practical experience under clinical supervision. During periods at the various training hospitals the students will write a monthly test paper, which will be posted to the respective hospital superintendent by the group nurse tutor. In addition, about 12 visits will be made to various clinics and social agencies. A type of block system will be followed with students, spending 7 – 8 months of the training time in attendance at the Nurses training school, attached to the Simmer and Jack Mines Hospital for formal instruction and approximately 30 months in clinical instruction and ward experience to be allocated between the four training hospitals. The rest of the 24 months training period would be devoted to vacation Leave. At present the block system of nurse training is being used very successfully at the Simmer and Jack Mines Hospital. The education program will be under the control of the group tutor who is a registered and experienced nurse tutor.

Post graduate education. Early next year we hope to hold an intensive course at the Simmer and Jack mines hospital for the senior charged nurse employed by this group. The course of training will provide for some preparation in the social science in the general principles and methods of Nursing education and administration.

The legal aspects of nursing administration, professional ethics and human relationships. It is anticipated that the charged nurses who will attend the course will be fairly well equipped to assist in the training of student nurses, both as clinical instructors and clinical administrators. Trusting that you will submit this application to the South African Nursing Council for their favourable consideration. I am yours faithfully, E. T. Clifton. O k so it was written by dr. Clifton and not by dr. Williams. It was send to dr. Williams who was the chief medical officer then.

Then ... there is a reply to this letter again there is ...it seems as if this two go together. 3 July 1957. Your letter dated, 14 May 1957, was considered by the executive committee of the council and it ... at its recent meeting. I was directed to inform you that no decision can be taken without an inspection of the hospitals concerned. Due to the fact that the new nurses act has just been passed and due to the fact that the council meets during September, it

will not be possible to undertake the inspection before the last quarter of this year. By Van Schalkwyk.

Then there is a document EC47S57. To The New Consolidated Goldfields Ltd. Application for approval of a school of nursing. Copy of the letter dating 14 May. Received from the Chief Medical Officer. I submit this application to commission to organize a nursing school. O K .. this is just... looks like The same letter. But this was ...retype by the council. It was not on the new Consolidated letterhead. I'm going to take a photo of this document. Correspondence dated 28- 10- 57 and it is Consolidated Goldfields Training school for male nurses. The registrar of SANC.

Dear sir, In future will you kindly addressed all correspondence dealing with the above training school and student nurses to the sister tutor. Thanking you, Yours faithfully, G. E. Bachelor. And this letter was received by the council 29 October 1957. I wonder how they got the correspondence to the council so fast. Then there is a letter from the Nursing Council, dated 4 Nov 1957. Confirming that miss Nothard and the registrar will inspect the hospitals concerned on 5 and 6 Des 1957. I will let you know in due course of the place and time of meeting on the first day . By van Schalkwyk.

Then there is another letter. In reply to your letter of the 28 October. I regret to state that your application can not be granted as correspondence must in term of the regulation be addressed to the person in charge of the training school. That may have been ?????in reply to the letter of sister Bachelor.

Here is a new also a document on the new consolidated letterhead. To Van Schalkwyk, Registrar, Pretoria. Dear Mr. van Schalkwyk, Thank you for your letter, dated 4 November. I note that miss Nothard and the Registrar will inspect the four hospitals on 5 and 6 Des. Will make preliminary arrangements. By dr. Clifton.

Then there is again a follow up letter on 14 December 1957. To The Chief Medical Officer, The New Consolidated Goldfields. Dear Sir, With further reference to your letter, 14 May 19???. I have pleasure in informing you that the council has granted the application with effect from the 1 January 1958. The council was informed that all students would undergo an initial period at Simmer and Jack Mines Hospital before posting to the other hospitals. Please let me know whether Mrs. G. E. Bachelor is designated as the person responsible to the council. Yes....great....

And then here is a report by Miss C. A. Nothard. Inspection of the Simmer and Jack Native Hospital, Sub Nigel Native Hospital, West Rand Native Hospital, Lesley Williams Memorial Hospital, ..Native Hospital. The hospitals were inspected on 5 and 6 December 1957. Dr. E. T. Clifton, chief medical officer of the New Consolidated Goldfields Ltd. was present at the inspection of the Simmer and Jack, and Sub Nigel Hospital, and dr. P. Smit from dr. Clifton's office was present at the inspection of the West Rand and Lesley

Williams Memorial Hospitals. Mrs. G. Bachelor, tutor, was present at all the inspections. The Simmer and Jack Hospital is at present a training school for European male nurses. Recognition of the Sub Nigel and West Rand Hospitals as training schools for male nurses was withdrawn in 1952. The Lesley Williams Memorial Hospital is a new hospital. The Sub Nigel and West Rand Hospitals have improved beyond recognition. The hospitals are all well equipped and organized. The medical and nursing staff are all keenly interested in the training of students. The excellent kit books and thermometer trays used at these hospitals need special mention. The habit forming drug books were not always properly kept but this matter will be attended to. The students will undergo an initial period of training at the Simmer and Jack Hospital before they are posted to the other hospitals. Mrs. Bachelor will be responsible for the training of the students and there would not appear to be any doubt that practice and theory will be satisfactorily supervised and the training will be uniformed. It is recommended that the application of the New Consolidated Goldfields Ltd. see??? EC47S57 is granted with effect from 1 January 1958. Then the report is on the back in Afrikaans. They went to a lot of trouble to do reports both in English and Afrikaans.

Then there is an acknowledgement from dr. Clifton. Your letter dated 24 December has been received. I am very pleased that the council has agreed to my application. The council was correctly informed that all students will undergo an initial period of training at the Simmer and Jack Hospital before posting. Mrs. Bachelor is designated as the person in charge of the training school. And this letter 14 January 1958. So this confirms Mrs. Bachelor as really the first principal of the Goldfields nursing school, or whatever the name of the school was at that stage.

Here is information from the tutor chief medical officer Rand mines Ltd. 17 August 1959. So there is no evidence of communication since 1958 to and that was January 17 August 1959. Dear sir, Your letter of 30 July 1959. I have to inform you that the councils resolution of which you were informed in my letter of 20 June 1958, has been amended as follow. At the following preamble that the following qualifications be accepted for enrolment, pending the promulgation of the regulations for the training and examination of auxiliary nurses and auxiliary midwives. Delete the words : "only certificates already granted" after the words "native females". It has also been resolved that the period during which holders of this certificates may be enrolled on application after the promulgation of the regulations for the training and examination of auxiliary nurses and auxiliary midwives pre limited to one year. Unfortunately it is impossible to say when the regulation for the training and examination of auxiliary nurses will be published. The council has completed the proposed regulations. They will go forward to the minister next month. On promulgation of the regulations, hospitals who wish to train auxiliaries will have to apply to the council for recognition. From the

application received from a native male orderly it would appear that he can neither read nor write. The council cannot enrol a person as an auxiliary who cannot read or write one of the official languages, and it has been decided that native orderlies and native females holding the Rand Mine certificate of competency will be required to submit proof that they can read and write one of the official languages. The enrolments granted prior to this decision will have to be revised. That will take some time.

And then there is a post script to dr. Clifton. Coffee??? for your information. I will ask the executive committee of the council to consider the case of Francois Jacobus Pieter Venter. This may unfortunately take some time as the full council meets next month....not for box...

Letter dated 2 November 1962. The sister tutor, Consolidated Goldfields training school for male nurses. To confirm our telephonic conversation of yesterday. Mrs. Freedman?? Will arrive at Germiston station from Pretoria at 9:16 am on the morning of 16 November. She will spend the night of the 16th in Johannesburg and will continue the inspection on the 17th. Your co-operation re transport ext. Is much appreciated. Typed by G. Fryer, on behalf of the Registrar. Interesting that they used transport train to travel to schools for inspection.

The next document is the first copy that I find in the file that actually has got the Nursing Council logo. It seems to be like a letterhead kind of. The others were copies but none of even the inspection reports have the Nursing councils logo. This is again the Simmer and Jack Mines Hospital in Germiston. Still aware?? non white male patients - 93. Medical - 97. Surgical..... Average daily number of occupied beds: Medical - 56; surgical - 69. Casualty has got 12 now, so it's 105 under medical; 97 under surgical; infectious beds - 22, of which in average daily number of occupied beds is 15. Number of operations performed during previous calendar year was 912...913 sorry. Number of casualties treated during previous calendar year - 2351. Daily attendance at out patients - 107. What lectures are given during the period of training to student nurses? By doctors: first aid - number of lectures - 8. Anatomy and physiology -25. Medicine and infectious 26 plus 10. Surgery - 28. By tutors: Elementary nursing - 60 plus 50 prac. Dietetics???-24. Anatomy and physiology - 60. Hygiene - 20. Medicine - 35. Infectious fevers - 25. Bacteriology - 8. Bacteria medical - 10. Mathematics - 10. Surgery - 80. Non nursing staff: first aid demonstrations - 8. Registered nursing staff, hospital superintendent - 2 - all white. Staff members - tutors - 1. Teaching sisters - 0. Charge nurses - 6. Total of 9. Enrolled auxiliary nursing staff - non white 4 . And the actual of 3.???? The staff complement for non whites: general section for non whites: registered nurses - white - 9. Non white - 0. Enrolled auxiliary nurses, white - 0. Non white - 3. Midwifery section: obviously nothing dated into anything there. Registered student nurses in training: First year - 3, and all of them male. Second year - 6. Third year - 7. Fourth year - 2. Fifth year - 0. Total: 18.

Authorized posts for student nurses – 24 white males. Number of medical officers on the establishment: fulltime – 2; part time – 1. Signed by G.E.Bachelor. and the signature looks like the General Electric logo. This must be a copy .. no...this is another the information is slightly.... Oh this is the information for the Lesley Williams Memorial hospital. O k and there the had medical – 68. Surgical – 132. Beds: occupancy of medical – 53; surgical – 90; infectious beds – 50 of which 14 was daily occupied. O k nursing..... that is basically all that is on this document.... Staff component of 11 white .. staff of which 1 is the hospital superintendent, charge nurses - 9, staff nurses -1. Authorized auxiliary nursings ?????not involved with this auxiliary - 42 non whites and they only had 13 appointed. This was completed by Mrs. Bachelor. I would like to get something on this Mrs. Bachelor...I wonder how I'm going to get that.....maybe face book. Then there's the Goldfields Native hospital Number of beds: Medical – 65; surgical - 97. Occupancy: 47 – medical; 77 - surgical; infectious 32 of which 8 were occupied. Then staff complement of 5 one superintendent 4 charge nurses 8 staff nurses non white female, 8 non white staff nurses of which 7 was occupied. Then e a enrolled auxiliary nursing 22 posts authorized for non whites and they had 9 in actually fault. Authorized posts for student male. So still at this stage they had only male students. Goldfields East native hospital, De Nottor. Number of medical beds – 138; number of surgical – 138. Occupation for medical – 65; surgical - 96; infectious beds – 28, of which 15 were occupied. Staff: there is a medical superintendent, assistant medical superintendent... ag hospital superintendent , assistant superintendent - 11, charge nurses – 9, but there seems not to be authorized, so only 2 posts authorized but 11 actually fault of which 1 is a staff nurse, and a non white staff nurse. Enrolled auxiliary nurses, non authorized actual have got 6 non whites in service. And here authorized posts for students: 24 males – and white males. So still at this stage it was white male training only. There's still an issue about the hours. There is a letter from sister Bachelor who enquires about the hours which..... between 2 pm. And 6 pm, or 10 pm. And the reply is that these hours 2 to 6 may be recorded as day duty and the hours 6 to 10 as night duty, which means that she had to, I think split hours between day and night , because the shifts, I think, were 8 hour shifts, which was not necessarily according to those time slots.

Letter from the Nursing Council to The Chief Medical Officer. 28 November 1960. Oral and practical examinations; General nurses and general nurses, male. In terms of the revised regulation for the training and the examination of nurses, GNR 1013 of the 8 July 1960 and the revised regulations for the training and examination of general nurses male GNR 1014, 8 July 1960, the following examinations have to be conducted amongst others. The Intermedia examination which shall not be conducted within the wards of a hospital and which shall be one of practical technical procedures on the subjects First aid and basic nursing procedures. This examinations shall be

held twice a year during the months of January and August and may continue during the months of February and September.

The oral portion of the final examination. This examination shall include one practical procedure which shall be conducted in the ward of a hospital and on a patient where ever possible. This examination shall be conducted twice a year during the months of March and September and may continue during the months of April and October. The council has decided that centres for these examinations be established at the following places: Then there follows the Cape Province, Natal, Orange Free State, Transvaal, Southwest Africa and New Consolidated Goldfields, Simmer and Jack, males only. This decision is ????? subject to the following conditions: The council may at it's discretion, establish additional centres, abolished any centre, decide that a centre be not established at any particular place, for any particular examination. The purpose of this letter is to require whether your compony will make the following facilities available for the conduct of the examination at the Simmer and Jack Mines Native Hospital, whom, with at least 4 beds and the equipment necessary for carrying out the procedures described in the syllabus, a room in which two or more candidates can be examined orally at the same time, dummies or patients volunteers. It would also be necessary to designate a nurse at each centre with whom the council can make the necessary arrangements for each examination and who will see that the necessary accommodation, equipment, ect. are available. The council should be pleased if your compony would permit it if such nurse a honorarium of 10maybe whatever per day for the duration of each examination. 10/- ek weet nie of dit sent of pennies of wat is nie.(Erika, dis sjielings). The first intermedier??? examination will be held in August 1961. It is anticipated that there will be entries for the final examination in March and September 1962, but the numbers will be negligible. In March 1963 there will be a considerable number of candidates. In view of extensive arrangements which have to be made to put the new system of examination into operation a reply on 28 February 1961, would be appreciated. Signed by the, Willem van Schalkwyk, Registrar. So there was a change then in the regulations which I think I must also try to get a copy from. And this one is an inspection report on the New Consolidated Goldfields Ltd., Lesley Williams, Simmer and Jack, Goldfields East Native Hospital, Goldfields West Native Hospital, Training school for white general nurses. O K , this is the report by Freeman, held on 16 and 17 November. So this is the report of the previous documents that was reviewed ... of which I gave the beds and everything. O K They let ??? let's start here. Dr. E T. Clifton , Chief Medical Officer of the New Consolidated Goldfields Ltd., and Mrs. G. Bachelor, sister tutor, were present at all inspections. On the day of the inspection there were 19 male student nurses in training. Authorized posts for student male nurses – 24. Most of the training is given at the Simmer and Jack Hospital. Three months are spend at the Goldfields East Hospital, De Nottor; two months in medical wards, and one month in the unit for infectious cases. Three months at

Goldfields West Native Hospital surgical wards, three months at the Lesley Williams Memorial Hospital, one month in theatre and two months in surgical wards. The tutor, Mrs. Bachelor, has her headquarters at the Simmer and Jack Hospital, and visit the three other hospitals once a month and supervise the procedures done by the student male nurses in the wards. Charged nurses also supervise the practical work in the wards and give demonstrations weekly. The students spend two months in the PTS – block; two months in prelim. One month in the second year, one month in the third year and one month final revision. Are tests are?? given monthly between blocks? In the four hospitals there are 32 involved non-European male auxiliary nurses. Several of the registered male nurses work in the X-ray departments when required. They have been trained to do diagnostic radiography. Records of student services have not been kept since 1958. The Hospital Superintendent keeps a change list which shows the various departments in which the students have worked. Confidential reports are kept in ... personal files. Lectures and demonstrations are recorded in registers which are kept in the lecture room. The tutor ?????? intend introducing a new service chart, hence the reason she discontinued making entries on the old cards. I discussed this with the tutor and dr. Clifton and they will see that all the details of training from 1958 are collected and entered on the old cards. The hospitals lecture rooms and demonstration rooms are well equipped. All departments appeared to be well organized and great interest is taken in the training of the male student nurses. At the Goldfields West Native Hospital, the drug book shows that 100mg ampoule is sometimes used to give 50 mg . I was informed the balance is stored for future use in the drag cupboard, after covering the top of the ampoule with cottonwool. The 50 mg. to be used, is drawn up into a syringe which has no measurements marked on it.

Now the letterhead changes to Goldfields of South Africa Ltd. and it is dated 1 December 1960 and this is acknowledging the letter on oral and practical examinations in which they confirm that they will be pleased to permit your council to pay a honorarium of 10 per day to a senior nurse designated to make the necessary arrangements for each examination. You will please note the change of the name of the compony from “New Consolidated Goldfields” to “Goldfields of South Africa”, and it comes from dr. Clifford??? So they have made the facilities available for the conduct???? of the examinations at the Simmer and Jack Mines Ltd. Native Hospital. So there was the change in the nae of the compony, Goldfields of South Africa. It does not actually indicate the name of the school as such.

Letter from Goldfields of South Africa Ltd., 9 January 1961. I am receipt of your letter of 6 January, indicating the resolutions of recent meeting, of the executive council in regard to the inspecting of our training school. I wish to ensure the council that the records of students training have been brought up to date satisfactory. The records are now being kept. The method of using

a dad a da the drugs was stopped, and expressly forbidden. Nou is hier weer 'n document van Goldfields South Africa, 28 – 3 – 62. En hier is name van studente en dit is nou die eerste keer wat ek regtig name van studente in hierdie leer kry. I wish to inform you that the following students nurses were given annually leave, in the 13th and 14th month of their training: M. C. Rostou? A. B. Labuschagne, J. M. van Niekerk, D. J. van der Merwe, J. Richards, W. Swanepoel, H. Richards, N. H. Grobber, D. Kritzinger. Being the only tutor on the staff, I find it difficult in the first year to fit in the block periods, staff the wards and to comply with mining regulations. If I appear?? Appeal??? to you to condemn this error. ha-ha. Mrs. Bachelor. En hier is 'n brief waarin die raad dit dan Application has been granted in respect of the students listed in your letter. En dan sê hulle net die regulasie moet toegepas word vir die ander studente. Hier is 'n brief van suster Bachelor aan die raad: 2 – 8 – 62, en dit gaan oor noodhulp sertifikate. Dit sê dat sommige van die kandidate wat inskryf vir die verpleegkursusse, reeds in besit is van noodhulp sertifikate en dat sommige van hulle silver medal with bar demonstrate certificate..... S A Red and general certificate noodhulp diploma wat 'n drie jaar diploma was, Gold medal S A Red Cross oh O K en mense met cross?????? En dan het die raad gereageer daarop deur te sê dat hulle nie vrygestel kan word van die noodhulp kursus nie en dat hulle dit weer moet herhaal. Dis nou nogal snaaks. Hier is nou 'n document wat 'n inspeksie vir of training schools for medical and surgical nurses and training schools for male nurses en hierop is die naam aangedui as "Goldfields of South Africa Training School for male nurses, Simmer and Jack Hospital" O, dis die inspeksie vir Simmer and Jack Hospital en ek dink hierdie statistiek is, ek weet nie of dit regtig meer belangrik is om meer daarna te kyk nie. Ek is bang ek mors meer tyd deur al hierdie goeters se besonderhede op te neem. Wat ons wel gou-gou na kan kyk is die hoeveelheid periodes Deur dokters : bakteriologie - 4; medical nursing – 20; surgical nursing – 20; anaesthetics – 4; special subjets – 8; unconscious patient – 2; neurology – 4; first aid – 8. Lectures by tutors: History ethics nursing – 8; anatomy physiology – 60; hygiene – 50; nutrition – 10; practical cookery – 8; diet therapy – 12; T and P of nursing – 100; bacteriology – 4; medical nursing – 60; surgical nursing – 35; neurological nursing – 8; unconscious patient – 2; thermal ward demonstrations – 100; operating theatre -12 . Nou het die studente opgegaan na 30 – en dit is white males, only.

Dan is hier ook 'n brief van die Goldfields West Native Hospital. En hierdie een is dan seker van die Goldfields East Native Hospital en die Lesley Williams Memorial Hospital wonder wat gaan hier aan so hier is nou maar weereens kennisgewings van inspeksies wat gedoen gaan word. En hier is 'n ander een al vier hospitale, en dit is nog steeds Bachelor, dit is nog steeds Goldfields of South Africa Training school for male nurses. Dit lyk hulle het op daardie stadium amper die naam na willekeur verander. Goldfields of South Africa Training School for male nurses. Hier is dan 'n verslag van die Raad, "Condensed report in respect of the preliminary

examination for general nurses and general male nurses and midwives in October 1962. En dit gee maar basies net vraag 1 tot 5 en dan is daar net name van hospitale vir 'n vraag vir 'n ander keer. Ek weet nie, dit sê nie vir my veel nie.

Hier is dan nou weer 'n verlag van die inspeksie wat uitgevoer is deur miss. Nothard 17 en 18 Mei of 28 Mei, weet nie of datum korrek is nie 1963. Training school consist of Simmer and Jack Mines Native Hospital, Goldfields East Native Hospital, Lesley Williams Memorial Native Hospital, Goldfields West Native Hospital. Mrs. G. Bachelor, the person who was in charge of the training school, was present through out the inspection. Dr. E. T. Clifton, group medical officer, was present at the inspection of the hospital. Dr. P. Smit was present at the inspection of hospital C and D, which were Lesley Williams and Goldfields West. The records of lectures and demonstrations are well kept. Simmer and Jack: following shortcomings were noticed and the person in charge of the training school was asked to attend. Habit forming drugs register ?????????? are not particularly entered ?????and signed. One ???? was found. Report books: the registered nurses only initialled the reports written by the students. Kitbook entries are only initialled. Theatre swabs are not checked with the second person before and after the operation. The training school is well organized and the group medical officer, medical office and nurses and take keen interest in the training of the students. Then there's the detailed report for the Simmer and Jack Mines Native Hospital en in Afrikaans staan daar "Simmer en Jack Myne Naturelle Hospitaal"Verplegers ... he he he... Goldfields van Suid-Afrika Bpk.; Simmer en Jack Myne Naturelle Hospitaal, Germiston; Goldfields Oos Naturelle Hospitaal, De Notter; Lesley Williams Gedenk Naturale Hospitaal; Carltonville; Goldfields West Naturelle Hospitaal, Westonarea; Groepsopleidingskool vir blanke algemene verplegers. Verslag oor die inspeksie: ha ha ha ... so hier is maar net 'n opsomming van die hoeveelheid beddens, hoeveelheid pasiente, ens. Dan daai gedeelte het ek reeds gelees. Die van van die dr. wat ek vroeër nie kon sien nie, L. C. Peringuey. Dr Sonnenfeld, miskien was dit die een wat ook die ander briefie geteken het, dit is by die hospital in Dunnottur. Peringuey is by die hospitaal in Germiston. Dangerfield is at the Lesley Williams hospital en Oberholtzer by Westonarea, so dit was die Goldfields West. Hier is 'n mnr. Taute ook in Westonarea. 18 Junie, o dit is net die brief wat aan mnr. Taute gestuur was.... En dan was hier 'n briefie wat sêwaar is hy nou laat ek hom net gou kry Dr. Clifton, We would like to thank you for the excellent arrangements which were made for the inspection of the training school. We are most impressed by the keen interest taken by the medical officers and registered nurses in the training of the students and this fact was noted with pleasure by the executive committee of the council. Dated 18 June 1963. So dit was ook hoog aangeskrewe daardie tyd as jy so kyk na die terugvoer. Dan is daar 'n navraag aan suster Bachelor t.o.v. die bevindings van die habit forming drugs , die report books, die kit books, en die theatre. En die

brief is beantwoord deur dr. Peringuey, who ever... want sister Bachelor was away for sometime . Sê dat die veranderinge gemaak is. Aaaahhhh hier is nou 'n sertifikaat . Goldfields Of South Africa Ltd., Training school for male nurses. Simmer and Jack Hospital, Germiston . This is to certify that, name of candidate, has complied with the requirements for the reward of the preliminary hospital certificate at the Goldfields of South Africa Ltd., Training school for male nurses. The above candidate has followed and completed the prescribed course for the preliminary training and has carried out the procedures and clinical work related there to. This is a very nice certificate ... first of it's kind... dis nou 'n brief aan die raad en nou is dit sommer die Central training school for male nurses. Dit kom van suster G. E. Bachelor, I can't se the date but the date stamp from the council is 30 October 1963 and it is with regards to circular no 32 of 63. Enclosed is a hospital certificate which is presented to the student nurses after passing the SAN council preliminary examination. Interesting that the name is changed again Central training school for male nurses. En nou.... Goed ja..... laat ek net gou hierdie brief lees brief van Goldfields of South Africa Ltd., 20 July 1964. Goldfields of South Africa Training school for male nurse , Simmer and Jack Mines Ltd. The above school is centred at the Simmer and Jack Mines Native Hospital, Germiston. The Simmer and JackMines Ltd., has now seized mining operations and the hospital will be closed very shortly. It is proposed to move the training school to Goldfields East Native Hospital, the Sub Nigel Ltd., De Nottor, and preparations are in hand to make provision for rooms for lectures rooms, demonstration rooms, ext. This hospital is already registered with your council for training purposes .Mrs. G. E. Bachelor will remain in charge as the group sister tutor and the Lesley Williams Memorial Hospital, West Driefontein and Goldfields West Native Hospital , Lebanon, will also be used as training hospitals at the present. It is proposed to reopen the Robinson Deep Ltd. Native Hospital and at a later date your council may be requested to consider registering it for training purposes. I shall inform you as to the actual date of the transfer of the training school in due course and I shall be pleased to have your comments if you so wish, on this proposal. By Dr. E. T. Clifton.

Dan is daar 'n brief van die Registrateur wat gedateer is 10 – 8 – 64. In reply to your letter 20 July, I am directed to inform you that the transfer will be in order. So daar het die verskuiwing dan plaasgevind. En hier is nou weereens 'n briefie van Goldfields wat nou somer weer die Central Training school for male nurses is. Change of address. I wish to notify you that the Goldfields Training School for male nurses has been moved to the Goldfields East Native Hospital, as from 1 September 1964, and the address is now Vlakfontein Goldmine Compony Ltd., P.O. Box 22, De Nottor, East Rand. From Bachelor. Hier is 'n brief van die raad aan die Medical Superintendent, gedateer 12 November 1964. With reference to previous correspondence regarding the issuing of hospital certificates council resolves that because it has been found hospital certificates being issued to persons who do not

qualify for registration enrolment are abused. Council suggest that training schools issued hospital certificates only to persons who qualify for registration or enrolment, that hospital certificates be endorsed ????? to the effect that they do not signify that the holders are registered or enrolled with the council. The training schools be requested not to issue certificates in respect of the preliminary and intermediate examinations. The individual training schools be requested to submit draught copies of the hospitals certificate they proposed to issue, that if it is they intended to issue certificates of merit, draught copies of the proposed certificates be forwarded to the council for comment. So hulle het toe al probleme daarmee gehad. Hier is dan 28 Desember 1965, let op die datum: 28 Desember, Hulle het daai tyd nog gewerk. Hospital due for inspection 1966 En hulle het nog nie die statistieke gekry nie ... dan is hier nou die vorms wat voltooi is. Dit is .gedateer 16 Februarie 1966. En nou begin dit by Lesley Williams Hospitaal: 99 medical; surgical – 125; occupancy for medical – 85.52, surgical – 115.47. en dan is daar infectious 26 beds with occupancy of 17.05?? 70,05?? Nou begin hulle met non whites, o nee .. dis auxiliary nurses, dis nie students nie, sorry..Waar's die studente goedgekeurde poste? Authorized posts for students ... hiers niks ingevul nie. O K hier is Goldfields West Native Hospital : medical – 68; surgical – 114; medical occupancy – 61; surgical – 110; infectious beds – 33; O K dan is hier staff.... Weert nie of ek dit rerig nodig het nie. Student posts, dis nie aangedui nie...ek dink dit gaan net op daai een wees ... van die Goldfields East, ja daar's hy ... Goldfields East Native Hospital, De Nottor: 66 – medical; surgical – 137; 50 beset vir medical; 95 beset vir surgical; infectious – 75 beddens waarvan 45 beset is. Dan is hier hulle ... in die lesings weer ... Lesings deur dokters: bacteriology – 4; medical nursing - 20; surgical – 20; anaesthetics – 6; special subjects – 8; care of unconscious patients – 2; urology?? – 4; first aid – 8. Tutors – History of nursing ethics – 8; anatomy physiology – 60; hygiene - 15; nutrition – 10; practical cookery - 8; dietary????? – 12; and demonstrations T and P of nursing – 100. ????? ology – 4; medical nursing – 60; surgical nursing 35; urology – 8; unconscious patients – 4; clinical demonstrations – 100; operations and tutor tech – 12; aantal poste vir studente – 30; male white, all white. Registered students in training: first year – 11; second year – 6; third year – 2; fourth year – 4. Total – 23.

Goldfields East, Goldfields West Lebanon and Lesley Williams hospital inspeksie, 13 en 14 Junie 1966. Hospital recognized as a training school on its own. Two lecture rooms, one demonstration room. Records were satisfactory, medical examination was done, lectures yes yes everything was done. Charge nurses and tutors visit the wards ????? during clinical instructions and demonstrations of students . Students are taught the correct principles regarding writing and reading and giving of reports – yes. Control of drugs, attention to wastage not signed in Goldfields East Hospital. Orders signed with initials only??? Die ander goedjies is reg. Theatre technique: these are ????? in clinical central sterilizing units. Students work in

the temporary unit at the Lesley Williams Hospital. Checking of swabs is gedoen. Sluicing is adequate, staff ????? adequate, infectious linen adequate, instruments???? apparently adequate, so dit lyk of dit darem O K was. Dis 'n handgeskrewe verslag deur miss Freeman. Hierdie remarks was net hier: there is an excellent central sterilizing unit in this hospital. All the work is done by orderlies, and not by the students. Students ?????????? require a few instruments occasionally for small dressings in the ward. Clinical instruction is given in the wards by charge nurse and the tutor. There are 8 enrolled auxiliaries on the staff. They do not take part in the training of the students. Records well kept. That was Goldfields West Native Hospital. And at the Lesley Williams Hospital. Students work in a clinic away from the hospital a few hours each morning when working in the out patient department. There are 12 enrolled auxiliaries on this staff . there's a small sterilizing unit attached to the theatre. This is a temporary arrangement, as the section of the building in which the sterilizing unit was situated was condemned and is no longer occupied. The students work in this unit. The doctors signed all???? for habit forming drugs. All other ones are initialled. Included in the list of instructions to the staff, which is hanging on the wall, is the surgical ward duty room? Rule? And one there's one in which it is stated that nursing council requires the medical staff to use their full signature when ordering habit forming drugs . Otherwise the orders may be initialled. The document was dated 1957. Students working in theatre for one or two months . New orderlies welcome???? New hospital should be completed by the end of this year. The present one has been condemned. Nou toe nou.....ja ... en dan is daar weer 'n brief wat navraag doen oor die issues wat aangespreek moes word. Nou is hier 'n brief van Goldfields Aout Africa Ltd., wat onderteken is deur dr. P. Smit, as the chief medical officer, waarin hy die raad bedank vir die inspeksie en vir die goeie manier waarop dit gedoen is. 'n Brief van suster Bachelor waarin sy die raad versoek om die pos te adresseer aan die suster Tutor and not the medical hospital superintendent , as this only causes only confusion and does not reach the right department . this arrangement was made in 1958, but somehow or other is now adays overlooked. En dis 'n problem wat ons later van tyd nog steeds met die raad ondervind het

. Nou is hier 'n baie interessante briefie van suster Bachelor af en hy is gedateer 13 Februarie 1969. Dear Sir, I have to advice that from 1 April 1969 it is the wish of the compony to change from white male nurse training to Bantu male nurse training. The facilities for training will be exactly the same as at present. The only difference being that the central school will be situated at the Lesley Williams Memorial Hospital, Carltonville and not at the Goldfields East Native Hospital, De Nottor. The training school will still be recognized as the Goldfields of South Arica Ltd., Central training school for male nurses. I would like to point out that mr. P.J. Le Grange, who failed his final examination in November 1968, and who is not illegible??? To write until July 1969, will still be on our books as a student nurse until he passes

his examinations. This will also apply to any failures in March 1969. The two junior student will most probably continue their training elsewhere but they will be leaving before the change takes place. Hoping this will meet your approval. Signed by G. E. Bachelor. So this is where they started bringing in the black orderlies. Then the reply letter of recognition, 25 – 2 – 1969. Your letter of 13 February 1969 – it is noted that as from 1 April 1969 the training school will train non white general nurses, males, instead of white. That the training school will continue to consists of the Goldfields East Native Hospital , Goldfields West Native Hospital, and the Lesley Williams Memorial Hospital. That the training school will be known as the Goldfields of South Africa Central Training school for male nurses. That the headquarters of the training school will be situated at the Lesley Williams Memorial Hospital. Signed by the Registrar.

Then there's a letter dated 12 March 1969. Transfer of the Male Nurses Training School. The company has postponed the transfer of the above training school for a couple of months, so will you kindly address all correspondence to the addresses usual . I will notify you immediately the move takes place. From Bachelor????? Then change of address, dated 11 August 1969. As the above school is moving, note that all correspondence in future to be addressed to: The Group sister tutor, Goldfields male nurses training school, Care of West Driefontein Goldmine company Ltd., Private Bag, Carltonville. By sister Grace Bachelor. And that You are informed that the hospital is due for inspection as a training school in 1970..... Brief van Vlakfontein Goldmine Company. With regards to the Goldfields East Native Hospital, De Nottor. With reference to your letter, dated 2 January, which was the previous letter ha ha ha informing you of the inspection That You are informed that the above named hospital was closed on 30 September 1969, and the building sold to the Provincial Administration. Consequently your forms are returned here with. Right, so in spite of sister's Bachelor's letter, informing them of the change of address, they still send the correspondence on the 1 January 1970 to the wrong address. What does that tell you? And then..... here is the letter. Sending to the right address, 15 January ya..... Inspeksie vorm vir die inspeksie van 12 Januarie 1970 deur die Raad op Verpleging. Nou word hier gekyk na Lesley Williams Memorial Hospital, Goldfields West Native Hospital. Goed, Lesley Williams se beddens was, 177 – Medical; surgical – 151; daily average of patients was medical - 160; infectious – 29; surgical – 78. Nou wonder ek waar is die hoeveelheid infectious beddens, want dis nie hier aangedui nie. En dan in die Goldfields West hospital, was daar 99 – medical; 146 – surgical; medical occupancy – 69; infectious – 30; surgical – 141. Total – Lesley Williams - 177; 151; 160; 29; 78 – same as above, same. Nou is die number of operations performed during during the previous calendar year : Lesley Williams: major operations - 490; minor – 4630; Totaal – 1520. (Erika, dit kan nie wees nie – tel op en kry 5120) Goldfields West; major – 940; minor – 9751; Total – 10 691. Attendance at the casualty and out patients : previous calendar year for

Lesley Williams, look just listen - 21 356. 22 1 356??? And Goldfields West – 3025. All lectures, demonstrations given in terms of the council's guide was yes. The registered nurses employed : male white – 22, at Lesley Williams; and at Goldfields West – 14 males white; two white females, nee dit was die poste goedgekeur en die actuals 15 en 14 en twee females. Auxiliary nurses: 10 male non whites by Lesley Williams hospital. Die hoeveelheid studente in training was almal non whites en dit was 13. Die authorized posts was 30.so hulle het dieselfde hoeveelheid studente behou , maar hulle het ook gegaan van wit studente na swart studente, net soos wat Steve vertel het.

Hier is nou 'n brief gedateer 13 Februarie 1970. En dit gaan oor die nuwe regulasie. Will you kindly clarify the following points: conditions for the approval of nurse training schools. We only have male patients in our mine hospitals and we only train male nurses. Will this be approved as before by the council according 2.3 or does it necessitate a special application? The regulation stipulate the amount of night duty, set leave and annual leave only , therefore do the minimum and maximum hours of duty per week rest with the employing body? Do I have to notify the council when a student has exceeded the sick leave allowed per annum or will this only reflect on the final examination entrance form. Will the June 1970 preliminary examination only be set on the natural and biological sciences, or will first aid and hygiene be included? I ask this question because of the transfer of the present students from the old to the new regulations. In the guide of lectures 1b natural sciences do I understand that 30 teaching periods must be allocated to physics and chemistry , or is mathematics included in this number? If not, where does the latter figure in this? Weereens sister Bachelor.

Nou is hier 'n briefie weer van Goldfields , 5 Februarie 1970. Transfer of the students to the new regulations. Kindly transfer the following bond to male nurses to the new regulation as laid down in your circular 1 of 1970, dated 5 January 1970: M. A. Molefe; Z. I. Myeni; S. J. Nglovu; S. E. Nklonbela; S. M. Pakela; E. D. Putani; M. V. Wakalesa; S.S. Vanqua. And the following who's registration fees has been send but for whom I have not conformation up to date: Mpo, Pruzant, Silvana, Songoco, Wanda, Clement Mpo wat vandag nog deel van ons is, Pruzant Stanford, Silvana Nelson, Christopher ???????, Cecil ????? Wanda, en mnr. Nglovu, wat ek dalk ook nog in die hande kan kry.

Briefie van die raad 24 – 02 – 1970 wat die oordrag bevestig. Hier is 'n antwoord op die brief wat sy gestuur het. Recognized schools do not reapply. Yes, but if the council considers hours of duty to be unsatisfactory, section 10 f of the nursing act empowers it to take action. Three .. no.. but attention is directed to regulation 9 3 - preliminary examinations for candidates will remain in training under the old regulations will be set as in the past.????? Candidates who transfer will be required to take their examinations under the revised regulations . Naturally, this does not apply to candidates who had

already passed the examination under the old regulation, prior to transfer. At least 30 periods should be given to each of these subjects: applied physics and applied chemistry. Mathematics necessary for the understanding of applied physics, should be taught under the subject. It must be emphasised that the number of teaching periods suggested by the council is the minimum.

Letter dated 8 May 1972. From sister Bachelor. I hereby wish to make application for the recognition of the Goldfields of South Africa school, as a training school for non white auxiliary nurses males. The hospital is already recognized as a school for non white regular nurses male. If the application is granted it would be appreciated if you could see your way clear to back dated the recognition making it effective from the 1 September 1970. The reason being that we have had students in training since that date as difficulty is found in getting students with the standard 10 educational certificate. En dan is hier 'n reply van die raad, 12 – 05 – 72. To reference to your letter, 8 May 1972. You are informed that the Goldfields of South Africa training school has been recognized as a training school for non white auxiliary nurses, males, with effect from 1 September 1970. Following are enclosed regulations regarding roles for student ; regulations for the course of the certificate for enrolment as a student auxiliary nurse ; regulations regarding the conduct of enrolled auxiliary nurses, which are constitute in improper or disgraceful conduct; the guide regarding the qualifications of lecturers and demonstrators and the minimum number of teaching periods and circulars. And there is a number of circulars 22 / 51; 16 of 59; 1 of 62; 34 of 62; 16 of 63; 28 of 65; 17 of 66; 14 Of 67; 19 of 67; 4 of 69. And then forms, application for enrolment or re enrolment a student auxiliary nurse , notification of termination of training. Application for admission to the examination; notices of completion of training and records of training. Dan is hier 'n opvolg briefie: Application for recognition as a school for nursing assistants. You have admitted dated 15 – 11 1972. You have omitted to submit to a training scheme as required in the foot note of circular of 38 of 72. As soon as the scheme is received, your application will receive further consideration. Please note that counsellors resolved that not more than 20 days of the period of training, 100 days may be devoted to full time theoretical instruction. We have also admitted to indicate a date from which the required recognition to be granted. Nou toe nou dis snaaks. Nou is hier 'n briefie van Lesley Williams hospital. Hulle doen aansoek vir vorms. Nou is hier weer 'n brief vir 'n inspeksie – en dit is Desember 1972. Statistiek ingegee vir inspeksie – 12 Februarie 1973. Goldfields of South Africa. The Student and pupil nurses working both the Lesley Williams and Goddfieds West hospitals . O K . Dan het ons nou Goldfields West Bantu Hospital. Number of beds: medical – 115; surgical – 131; occupancy for medical is 91; infectious – 71; surgical – 126. Operations – 9951; out patients – 45492 – a growth from the previous stats. Lectures are given. En dan is daar die statistieke van die aangeskrewe algemene verpleërs werksaam in algemene

afdeling: mans – 13; vroue -2; goedgekeurde poste – maar daar is net drie...
o nee, dis net nie-blank, 'skuus. Blank; mans – 13; vroue – 2; nie-blank:
mans - 3; vroue – geen. Wat hulle werklik gehad het ; blank – mans – 11;
vroue – 2; nie-blank mans – 3; vroue – geen. Ingeskrewe hulpverpleegsters
– nie-blank -6 mans. O K en dis Goldfields West: Die verpleegstudente in
opleiding was non white student nurses – 26; and pupil nurses – 21;
authorized posts – 50. Die beddens by Lesley Williams Hospitaal – medical
– 240; surgical – 264; medical occupied – 157; infectious – 8; surgical
occupied – 178; operations – 2526; out patients – 10101. Staff : white male
– 8; female – 18; dis nogal 'n verandering van suiwer swart na wit female, ag
suiwer males na females en daar is 1 nie-blanke. Auxiliary nurses : 15 -
males, non white.

Dan is hier 'n regulations of conduct . regulation 935 of 63; 1022 of 66; 1260
of 68; en dit gaan oor blood transfusions. As I read it, 4a is contradicted by
b1 in this that a nurse who is allowed to put up an intravenous infusion , if
she changes to blood, is in fact starting a blood transfusion. This regulation
can be abused. Please send me the new regulation for general enrolled and
assistant sisters , which I understand , has just been published. Die
inspeksie verslag is regtig eintlik niksseggend. Daar is nie veel waaroor ek
opgewonde raak nie.

Dan is hier 'n aansoek 13 – 01 - 1975. Will you kindly send me regulations
and the guide to lectures and demonstrations to be given to nurses during
their diploma in clinical care, administration and instruction. I would
appreciate it too if you would send me forms of application and details to
register as a school for this course. Reply 21 – 01 – 75. As requested in your
letter 13 - 01 - 75, enclosed, please find a copy of the regulations and the
directive regarding the qualification of lecturers and demonstrators and the
minimum number of teaching periods for the diploma in clinical care
administration and instruction. There is no prescribed application form for the
recognition of a hospital as a training school. You should merely submit your
application if you can comply with the requirements.

Letter dated 4 July 1975, from dr. P. Smit, Chief Medical Officer. With
reference to the regulation for the course for the diploma in general nursing
for registration as a general nurse, published May 2? May/June?, 1975., I
wish to have clarification on the conditions for ??? at schools. Goldfields of
South Africa has a training school, situated at the Lesley Williams Memorial
Hospital and Goldfields West Hospital. Our other hospital also participates in
the training of students. The way I read the conditions asset out in the
gazette, Hospital superintendents or male matrons, are required to be
registered a male nurses , which they are, and to have additional
qualifications of nursing education, plus a qualification in nursing
administration. None of my hospital superintendents have this additional
qualification. Our sister tutor in charge of the hospital at present is sister G.
Bachelor, and she has registered general and midwifery and nursing

education qualification but does not possess a qualification in nursing administration. We have in the past designated sister Bachelor as head of the training school, as she keeps all the registers, reports and records of our students at her head office. I would like to make application for our training school to continue operations with the present staff, and if you wish to discuss this with me, I shall be pleased to come to Pretoria. I would like to know whether our two hospitals which are involved in the practical training of the nurses, must be registered separately or whether they can be registered together with the training school run by sister Bachelor at the Lesley Williams Memorial Hospital. And the reply 14 – 7 – 75. And now they are using two reference numbers - S - 112 and S - 557. En dis die eerste keer date k dit raak sien. ja. with reference to your letter 04 July 1975, I have to inform you that the regulation only refer to the person in charge of training . The hospital superintendents are therefore not involved. Permission that the person currently in charge of your company's Central training school for male nurses to continue in that capacity is granted. This approval will be reviewed from time to time. The arrangements presently in existence in regard to training of nurses at the above mentioned schools, may also continue unchanged.

En briefie 31 – 7 – 75. Applying for permission to commence training for the diploma course, under the revised regulation before 2 November 1975. En dan is daar 'n brief wat gedateer is, 6 – 8 – 1975, waarin permission granted to commence training for the course for the diploma, for registration as a general nurse under the revised regulation. Hier is nou weer name van studente. I wish to transfer the following students to the diploma course under the revised regulation : Bopeka; Dumani; Foloti; Gaje. Mafu; Makupu; Menze; Muhape; NTombini; Petu. En dan is daar bevestiging dat hulle wel oorgedra is, 15 Augustus.

Nou is hier weer'n briefie vir 'n inspeksie . Ek sal nou net wil sien wat het hier verander. Lesley Williams Hospitaal 1 – 1- 75 tot 31 – 12 – 75. Number of medical beds – 255; surgical – 216; infectious – 28; TB – 5; and the occupancy: medical – 128.58; surgical – 129.66; infectious – 1157; TB – 2.4; operations – 911; out patients – 7862; ek wonder hoekom het dit nou skielik so baie afgekom? Authorized posts: whites. Females – 16; males – 6; ek wonder of dit verkeerd om is, dalk nie. Non white males – 11. Actual white females – 12; males - 6; non white males – 11. Enrolled nurses: non white males – 11; nursing assistants, non white males – 45; number of students in training, non white – 41; number of pupils in training : 9. So, number of pupil assistants in training – 6. Almal male, almal non whites. En nou het die studente hier ook bietjie meer geword – 56. O K . en dan hier is die Goldfields West Hospitaal se statistiek: medical – 87; surgical – 126; infectious – 18; TB – 15; dan die average daily number of patients for the previous year; medical – 90; surgical – 52; infectious – 7; TB – 3. Operations – 1874; out patients – 7739. Snaaks dat dit so baie verander het.. General nurses, enrolled nurses ;

non white males – 6; enrolled nursing assistants ; non white males – 14; geen studente poste nie. Die studente poste was almal onder Lesley Williams. Dan is hier weer 'n circular, 1 of 75, and circular 12 of 75. Kindly let me now whether the above resolution can be interpreted in the following manner: the registered nurse may give 10cc of 2%, 20cc of 1%, 40cc of ½% of local anaesthetic. Can student nurses be taught to give local anaesthesia and suture wounds under b of circular 1-75. Being a mine hospital under whose control do we fall? I shall appreciate some clarity on this point. Ek dink ek moet daai regulasies prober lees sodat ek kan verstaan waaroor dit gaan. Student nurses must be taught the administration of local anaesthetics and suture wounds. Circular is quite clear provided that provided that the dosage shall not exceed 20ml, with an anaesthetic concentrate not exceeding 1%. So haar interpretasie van die ding was heeltemal verkeerd. O K dis file no 1. Nogal 'n klomp inligting.

Inspeksie verslag 10 Junie, lyk soos 1978. 1976. En dit is nou vir

Skool vir algemene verpleegsters of verple of verpleërs. En die inligting is maar redelik dieselfde. Two lecture rooms, one demonstration room, library, one laboratory bench. Lesley Williams Memorial hospital, Goldfields West Hospital, Lebanon, Goled..... something hospital. Wat nou hier aangeheg is, is dat die hoeveelheid studente in training is students in training; male – 41; pupils in training – 9 males; pupil nursing assistants – 6. Nog steeds dieselfde as wat dit op die vorige een was. En dit was nog steeds suster Bachelor. Hier is nou 'n, nutrition, mental health, food handling, visit the hospital or restaurant kitchen. lysie aangeheg van visits and lectures, preventive and promotive health, Johannesburg city health department. Lecture on services, TB - clinic, child health, immunisation Venereal diseases, family planning, home visiting, rehabilitation centre, health education in general, sewerage disposal works, West Driefontein at Carltonville. Dairy farm – Niemand?? Dairy depot – Clover. Rand Water board – Suikerbossie purification plant. Underground visits West Driefontein Goldmine. Westward Lee Perth institute.?????Baragwana hospital; physical therapy, occupational therapy, theatres and recovery room, neurological department, urological department, paraplegic unit, paediatric unit, ENT of E&T department, CSD St. Johns Ophthalmic???????Hospitals, CMR infectious diseases hospital, post mortems and forms.

Chamber of mines letter. Suturing the wounds and administration ... O K Nou is hier 'n brief, 23 – 08 – 1976. With reference to your letter, 5 July 1976, I have to inform you, that the hospital where your training school is situated, has not been recognized as a training school for nursing assistants, as the Lesley Williams Memorial hospital has been recognized as such. If you are therefore designated as the person in charge of the training... nou weet ek nie, O K let me first read this letter, as nursing assistants at the latter hospital, all letters relevant to the training, must be signed by you, as the person in charge of the training at that hospital and not

at the first mentioned hospital. In your capacity as person in charge of training of nursing assistants at the Lesley Williams hospital, I have to inform you that the certificates of completion of training forwarded in respect of Mavuzu Mzimini and Matjili, are not acceptable. I enclosed a guide to enable you to correctly calculate the details of training under paragraph C 12, of the enclosed photostatic copies of the notification of the completion of the training in respect of these pupils. It will be appreciated if you will furnish??? me with the certificates of completion of training which comply with that requirements .

Hier is 'n brief weer van Bachelor wat antwoord , nee, 3-8- 22 of the above to hand ? Mr. Visser, ja..... wasarin sy verduidelik ... Present, all training as you know of nurses, diploma and enrolled in the group hospitals, Lesley Williams, Drie Fontein, and Goldfields West, has fallen under Goldfields of South Africa as the recognized training school, with myself as designated as person in charge of training. From July 1976, the board of management, handed the training of assistants over to me in order to get all training under one management. In the light of this, I now wish to withdraw the Lesley Williams Hospital as the School of Training for Assistant Nurses, and to apply for this category to be included with the other two under the existing systems .Training School, Goldfields of South Africa. Categories of training: Diploma enrolled assistants for male nurses, black. Person in charge: Group Sister Tutor. I have the write???you of this now being in order. Will you kindly accept all pupil assistant applications for registration as effective from July 1976. Correct certificates of completion will be in order. Thank you for your co-operation. En dan bevestig hulle dit daar. Goed. Ag, vader, nou is hier 'n gestyryery oor hoeveel circular copies gestuur moet word.

Letter from Gold Fields, dated 10 February 1978. Appointment of Mrs. R. Louw. I will be retiring on 28 – 02 – 78 and wish to inform you that as from 1 March 1978, Mrs Rosalie Louw, DED Rand, DAD Rand, will be in charge of the Gold Fields Training School. I wish to thank you and your staff for all your co-operation and assistance during my term of office, which I have always appreciated. From Grace Bachelor. So she retired 28 February 1978. And it was then noted by the council and then Mrs. Rosalie Louw registrar....letter to the registrar 16 – 06 – 78. Dear sir, Due to changing staff needs, we are now going to train enrolled nurses again. Kindly send us registration forms, examination forms, completion of training forms, termination of training forms, as we no longer have any of them.

Dan is daar weer 'n inspeksie ... en hier is nou 'n brief gedateer 21 – 03 – 79. We have a black registered male nurse, working in our training school while he is doing B. Cur? Education through UNISA. He also has a psychiatric diploma. Since we only have one tutor post in this school we would like him to take charge when the opportunity arises. Would you please let me know your requirements regarding his qualifications. Will he be able to teach anatomy, physiology especially or do you require that he undergoes

further training in these subjects. Doctors will be available to give some of these lectures if necessary. The school is currently training diploma enrolled and assistant nurses . and this is from Rosalie Louw.

Hier is nou 'n nuwe inspeksievorm inspeksie document wat bietjie anders lyk... Gold Fields of South Africa, Central Training School, Male nurses, Wes Driefontein. En dit is vir ... watter hospital? Kan nie eintlik sien vir watter hospitaal dit is nie ... daar staan net Central Training School. Beddens: 203 – medical; surgical – 223; infectious – 19; TB – 56. Medical daily number of patients for previous year – 81 000 oh .. 81.75% Surgical – 121.47; infectious – 1.27; TB – 60.35 of 16.35???? number of operations performed - 4378; casualty and out patients – 116442, so dit het nogal geweldig opgegaan. Dan die poste – authorized white females- 4, males – 5. Non white females – 0; males – 28. Actual white females – 4; males – 5; non white males – 28. Enrolled nurses – 11 non white males; auxiliary nurses – 37 non white males. Students – non white males - 8; pupils non white males – 17; pupil nursing assistants – 24 non white males. Dan hier agter by die practical family health ; Kutsong Clinic, Soweto Clinincs, een dag, mother and infant, ook dieselfde. Toddler and pre-school child Kutsong, Soweto. School child and adolessant???? the working adult ???????? station of West Driefontein Gold Mine. Bejaardes – eintlik is daar niks nie. Personnal, on highiene personnal one month presentation???? with new recrutes. Environmental: organized visits to public health department, Johannesburg , Rand water boards, abattoir Carletonville, sewerage works, dairies, dairy farm, bakery, compounds of neighbouring mines housing schemes. Of education dressing station. Nutrition, visit to kitchen compound complexes of West Drie or neighbouring mines. District nursing: one day Soweto Clinics accompanying our visitors on nursing rounds and Kutsong health visitors when possible. Control of communicable disease, one month of dressing station experience. New recrutes vaccines immunisation Kutsong and Soweto Laboratory experience own hospital???? Extra institutional curative services one month specialist hospital modela (module???) during third year. One week physiotherapy own hospital. Sighned by Mrs. Louw. So dit was by Lesley Williams Hospitaal , hoofsaaklik.

Hier is nou die antwoord op die qualifications. Teaching of anatomy and physiology. In reply to your letter dated 21 March, I have to inform you that in terms of the directive, the following persons may teach anatomy: the tutor medical practitioner, registered nurse. At least 30 periods of instruction shall be given by medical practitioner or tutor. Medical practitioner physiologist tutor person with at least one university course in physiology registered nurse.

Nou is hier weer 'n inspekteurs verslag , 23 - 08 - 79. Goldfields Training Centre. Letter Group[Training Centre nursing. Goldfields of South Africa Ltd., 11 – 02 – 1981. Dear Sir, We would like to inform you that the name of our school has been changed from Goldfields or South Africa Ltd. Central

Training school for male nurses , to Group Training Centre Nursing, as it appears on our letter heads.

Hier is 'n brief van die Raad aan Mev. Louw, 12 Junie 1981, With reference to the application by the above named for the enrolment as a pupil nursing assistant. And the letter is on behalf of or in connection with Maria Mabusu. I wish to advise that your hospital is not approved for a training school for female pupil nursing assistants. You will therefore have to apply for such a prevail before the above named can be enrolled as such. D. J. Minnie. Dan is die reply van Sister Louw, 02 – 06 – 81. The above named work at the married quarters for 15 years doing nursing duties with no qualifications at all. We decided that we have to train her as a assistant nurse to give her some qualifications. Part of the training is being done on females and children at the married quarters clinic under supervision of registered nurse and midwife the rest of the training. May we please have your permission to continue the training which she commenced on the 06 February 1981. She will be the only female trained by us.

Undated letter received 02 June. Wish to advise that ?????????????? for enrolled black female nursing assistant ??? dit het darem maklik gegaan. Please note that the Lesley Williams and Goldfileds West are both included in the returns that were send to you training centers.

Nou weer 'n inspeksie wat gedoen is 01 – 01 – 81 tot 31 – 12 – 81. Beds: medical – 132; surgical – 269; infectious diseases – 33; TB – 40. Average daily number of patients: 154 – medical; 119 – surgical; infectious diseases – 4; TB – 19. Operations – 2116; casualty and out patients – 93495. Authorized posts: white female – 4; white males – 4; non white males – 38. ?? ?? Enrolled nurses: 12 – black males; assistant nurses: 42 – black males. Students: non white males – 14; pupils in training - 13 males; pupil nursing assistants in training – 42. Die ander goedjies is maar almal dieselfde as die vorige.

Dan is hier maar weer net 'n inspeksieverslag vir 82. Nie veel inligting nie. 'n Versoek om adres veradndering 13 – 02 – 82. Dan is hier 'n gelukwensing met die training program, die netheid van die hospital. Weer 'n inpeksie. Hier het hulle darem elke jaar nog inspeksie gedoen . Dit is goed gedoen. Nog steeds Rosalie Louw 1982. Ok hier is haar resignation – 25 – 01 – 1983. We wish to inform you that Mrs. R. E. Louw, has resigned from her post as sister tutor ?? ?? has been transferred to Johannesburg , and that Mr. J. M. Mojaja, is now in charge of the school as from 01 January 1983. Hy is geregistreer as Algemeen en phyc? Dan is hier 'n brief van Mojaja. Goldfields Group Training Center nursing is approved for the training of the following: Black males, pupil nursing assistants - 6 months; enrolled nursing course - 2 years; diploma in general – 3. Wish to apply for the approval made available for white males. So hier kom dit terug na white males toe in 1984.dan is daar 'n brief van die raad 12 – 04 – 84, waarin dit acknowledge

word, so toe is daar weer white males. Diploma in general nursing, certificate for enrolment as nurse, certificate for enrolment as nursing assistant. Inspeksie, Mojaja het hier 'n brief, vorm ingevul en hier is die statistiek. Registered students in training: 48 – non white males; no ??? pupils, and no pupil auxiliary nursing or nursing assistants. Hierdie goedjies is maar dieselfde.

En hier is nou die eerste keer 'n training program – dit lyk vir my dis die een jaar diploma – net hier sien – training program ja. First year , second year, third year. First year – social science, social care, mental health care, anatomy, nursing science part one, preventive and promotive health, principles of professional practise, micro biology, parapsychology and pharmacology, applied by physics. Second year: social science, social care and mental health care, physiology, applied chemistry, micro biology, parapsychology, pathology and pharmacology, preventive and promotive health care and family planning, nursing science and Art II?????. Third year: social science and social care, nursing science and Art III???preventive and promotive health care and family planning, Introductory Midwifery. Studente in die non white males – 47; no enrolled nurses; 24 - nursing assistants.

Nou is hier 'n brief van Goldfields Training services , 17 July 1987. Recognition as a training school. At present our school has approval to train black and white male nurses for the following courses: Diploma and general nursing certificate for enrolment as a nurse, certificate for enrolment as a nursing assistant. I hereby apply for the approval to be extended to include Coloureds, Asians and females in all four population groups , thus making our school fully integrated. Signed by Gericke, Group Training Officer. Reply from the Nursing Council, 06 – 08 – 87. The Training Centre is now recognized as a nursing school for all races, females and males, for the following courses: The Diploma in General nursing Certificate for enrolment, certificate for enrolment as nursing assistant. Dis nogal interessant, ek het nie altyd geweet dat mens aansoek moet doen om verskillende rasse te doen nie.

Hier is nou iets, O K , hier kom ons nou, lyk vir my, hier kom die vier jaar kusus nou in. so die aansoek lyk vir my vir die 4 jaar kursus. Hierdie brief was ook nou al 100 keer hierin gewees. Hier is nou die aansoek kom dit my voor om die 4 jar kursus aan te bide. Hier is 'n brief aan die registrateur. O nee dis net 'n adres verandering waarin die posbus adres verander word na die Group Training Officer, Goldfields Training Services. Hier is 'n brief 28 – 12 – 1987 aan die Registrateur, Goldfields Verplegings Kollege, en dit is van Sterkfontein, die Departement Gesondheid. Hierdie departement is genader deur bogenoemde college . ons het ?????????? fasiliteite van Sterkfontein hospitaal en ?????rehabilitasie sentrum vir praktika opleiding te benut en waartoe daar in beginsel toestemming verleen is. Dit is gedoen 04 – 01 – 88. Potchefstroom Universiteit , Registration of the Goldfields

Nursing College. Enclosed please find the following: a contract signed between Goldfields Nursing Services and the Potchefstroom Universiteit vir Christelike Hoër Onderwys. ??????? of the college council and college ?????the curriculum. Letters of approval from various authorities for the ?????talization of clinical facilities. Signed: Prof.???? de Villiers.

Dan is hier 'n brief aan Prof. de Villiers, Submission of curriculum and application for the approval of Goldfields College of Nursing . Goldfields training Services management would appreciate if you could submit the curriculum and application letter to the nursing council for the approval of Goldfields College of Nursing in order to offer a course leading to registration as a nurse, General psychiatric and community and midwife. Signed by Mojaja and Gericke. Then there is a copy of the agreement Prof. Swart, ek wonder of ek al die goed moet lees. Volgens die ooreenkoms is daar voorsiening gemaak dat daar a college council saamgestel sal wees consisting of a chairman , assistant manager personnel ????? of Goldfields of South Africa. Two members appointed . Hier is die curriculum wat uitspel al die goedjies . daar is 'n brief van ??? hospital wat aansoek doen vir pediatrie met wifery gynaecology training. Kutsong clinic, practical training at Kutsong. Structure of the college council constitution of ????? and so the first meeting was held at the South African Nursing Council offices on the 05 November 1987. And the agenda was on the structure of the college council and senate. Constitution of members of the college council and senate, college council committees, student affairs, disciplinary committee, management committee, personnel selection committee, structure of the contract between the University and the nursing college, appointment of the members of the local authorities and department of health respectively on the college council and senate and ??? health care.

And then there is another document , O K , so dit is alles rondom die 4de jaar kursus wat geïmplimenter was, of regtig die kollege state wat gekry is dan in hierdie goedjies wat hierin is 05 November 1987. Brief van die raad, onderteken deur K. G. Gericke , dateer 22 Maart, lyk vir my soos 1990, gestuur deur J. M. Mojaja, aansoek vir goedkeuring van die oorbruggingsprogram . Submission situation analysis and curriculum. Nou sal ek graag .. hier lyk vir my ...is nou nogal 'n verslag wat damn new ??? kan wees. Report Goldfields College of Nursing , 07 and 08 March 1990. Hier is 'n klomp goed wat deurgetrek is wat ek nou nie weet hoekom nie, wonder of hier 'n ander verslag is, O K hier is iets anders , Goldfields College of Nursing was approved as a school for the diploma in 1986 in association with the Potchefstroom Universiteit vir hoër Christelike Onderwys. During 1985 and its clinical facilities were sub campus of the Western Transvaal College of Nursing . nou dit klink nie vir my reg nie ... At the time of approval the college and Goldfields training division which is the administrative head office, through which the college functions undertook to provide the

	<p>hardware and suitable infrastructure, which was lacking in terms of the requirements of their ????ment , dis 'n lang verslag, ek dink ek moet dalk eers hier stop . dit kom voor of daar van 1990 af baie probleme was by die college, die aansoek vir die registrasie van die oorbruggingskursus is afgekeur. Hier is 'n inspeksie verslag , 07 en 08 Maaart 1990, deur mejj. Bierman en de Wit wat nogal baie inligting bevat wat lyk vir my 'n bietjie negatief is. Lyk of daar probleme was met die implimentering van ddie 4 jaar kursus. List of problems associated Lesley Williams Memorial, Goldfields West Tsepong,?? The Curriculum previously approved by M. Muller, the relevancy to Goldfields is questioned. Pupils entered the exam , who is in charge of the course, how is the curriculum going to be adapted to Goldfields evaluation instrument. ??? exams with council moderation can they cope? When do they wish to commence? Dit is van die vrae wat gevra is. Dan is daar a letter van die council 11 – 06 – 90. Before the mentioned application can be considered, you will have to submit the following information. No reference was made to the entrance exam in ethos. I would like to know whether you intend to hold this examination. The name and qualification of the person in charge of the course, how is the curriculum going to be adapted to Goldfields of South Africa Ltd., in evaluation instrument????? The date on which the course is intended to commence. Nou is hier 'n afskrif van die evaluation instrument wat gestuur is. For the curriculum to be adapted to the needs of Goldfields of South Africa , more emphasis will be on the introduction to occupational health nursing, including first aid, identification and nursing management of common diseases occurring in the mining industry, common injuries and nursing management there of. Nursing college, person in charge of course, mr. M. J. Mojaja with his qualifications. Dan is hier 'n letter van Goldfield Training Services, by Gericke. The date on which the course is intended to commence is 01 January 1991. With reference to the entrance examination in ethos, please refer to page 26 of the proposed curriculum 10.3.2. Enclosed please find the name of the qualifications of the person in charge of the course , the adaptation of the curriculum to Goldfields of South Africa and evaluation instrument. Dan is hier die curriculum dokument</p>	
	<p>Agrief GFNC 4</p> <p>Gaan voort met dokumente van Goldfields Nursing College. Ek is besig met volume 4. Brief in volume 4, gedateer 09 – 06 1988. Goldfields Nursing College, application for approval as a nursing college, approval as a nursing school, for the presentation for the course leading to the registration as a nurse, general, psychiatric, community and midwife. All races, female and male, in association with the Potchefstroom Universiteit vir Hoër Christelike Onderwys. Letter saying: I must inform you that the above mentioned applications have been approved by the executive committee of my council. I must however request that greater clarity be given concerning the manner in which the different courses are to be examined. Signed: A. Welthagen. Dan</p>	

is daar 'n opvolgbrief, 06 – 09 – 88. Onder dieselfde approval as a nursing college, approval as a nursing school, for the presentation for the course leading to the registration as a nurse, general, psychiatric , community and midwife, all races, female and male, in association with the Potchefstroom Universiteit vir Hoër Christelike Onderwys. My letter, 9 June 1988, refers with reference to the above mentioned matter I wish to advice that as clarity regarding the examination of students following the course has been received, you are free to continue with the presentation of the course. Signed Welthagen. Dan is hier 'n brief vir die inspeksie van die college 1989. Weereens 'n versoek vir 'n adres ... o ek het opgemerk dat die verwysingsnommer van die raad verander het na S1123 , waar dit voorheen net S112 was. Laat ek net sien, dit lyk hy het verskeie verwysingsnommers gehad, want hierdie skrywe is hy S112 S91 S235. Maar hier van Junie 1988 – S1123. Hier is nou nog 'n nommer wat S414 is. Heelwat korrespondensie rondom die inspeksie. Die datum is verskeie kere lyk my verskuif. Toe is dit nou hier 'n brief Februarie 1990, Please note that the inspection will now take place on 7 and 8 March 1990 , and not 17 and 18 April 1990. En dit was miss Bierman en Mrs. De Wit. ???? nominated for the inspection.

Nou is hier dokumente van Goldfields rondom hulle record blokprogram semester eksamens en timetable. Ek sal gou bietjie in meer detail hierna kyk. Hier is 'n timetable vir eerste, tweede, derde en vierde jaar, vir 'n week . O K en hier ook is name aangedui. Mrs. H. Demedomsa, Mr. A. Breakfast, Mrs. M. Nkunjana, Mr. J. Mujaja. Dit was by die eerstejaars. Tweedejaars: Mabuja, Demedomsa, Breakfast. By die derdejaars: Nkubuli, Nkunjana, en by die vierdejaars, V. van Eede en J. Mojaja. Hier is 'n blokprogram wat oor 'n jaar strek van Januarie tot Desember. O K dit is die verklaring, M – medical, S – surgical, D – day duty, N – night duty, C – college, CH – community health, CS – casualty, P – pediatrics, EX – exams, L – leave, DS – dressing station, T- theatre, OB – obstetrics, PP – professional practice.

Dan is hier 'n document wat eksamens aandui, wanneer eksamens gedoen word, first, second, third, fourth year, met al die verskillende vakkodes, en datums waarop die vakke, hier is ook datums vir die vraestelle wat na die eksterne modurators moet gaan, wanneer hulle moes terugkom , ens. Ek probeer 'n foto daarvan neem, ek weet nie of dit gaan uitkom nie, ek dink dis 'n biejie klein. Miskien moet ek hom maar dalk sal hy groter wees op die rekenaar as dit oorgedra word na die rekenaar. Ons kyk maar ons hoop maar vir die beste. Ek weet nie of dit regtig so belangrik is nie, maar in elk geval hier was dit opgestel , hier is datums waarop dit gedoen sou word, en dit is eerste en tweede semester ingesluit. Dan is hier 'n document, o dit is 'n timetable, dit is net 'n ander document, maar basies dieselfde inligting as op die ander een. Hierdie is deel van die lyk vir my inspeksieverslag – ek wil net gou gaan na waar die inspeksieverslag begin ... hier begin hy ... Nursing College in association with the university, Inspection of the Training School. Dit gaan oor vier seksies, general facilities for clinical learning opportunities,

organization of theory and practice and in lectures???. Goldfields Nursing College is die naam aangedui. Die adres, Goldfields Training Services , P. O. Box 3146, Vaalbloem???. Principal is Mr. Mujaja , J. M. Facility presently still at Lesley Williams Hospital, in the process of moving to the training centre. Goed so op daai stadium was die college nog by die hospital en besig o moor te skuif na GFTS. Hier is dan committees of the governing body en daar is 'n annexure???? Hierdie is lyk vir my die college council. Die senate bestaan uit die prinsipaal, tutors, representatives from the university TPA local authority. Curriculum development. Syllabus ?? committee is concerned with the program content. They recommend changes to curriculum committee where there is only one tutor representing nursing. The principal, who teaches one of the subjects is not a member of the syllabus committee. Examination committee for publishing results, include moderator and university . No formal committee exist for discussion of technique of question setting. Dan, hier is, wat is hierdie ... Programs offered, four year course . Number of students for each year of study. First year – 10; second year – 12; third year – 10; fourth year – 5; total of 37 students. And 1990 was, ekskuus tog?? First year – 10 plus 1; second year – 10; third year – 12; fourth year - 9. Candidates failed nursing, passed bio physics and anatomy and physiology. Dan, programs presented outside the association pupil nursing assistants en daar is 53 studente volgens hierdie document. Come from medical stations presently , 5 candidates presently doing the old course only arrived this month March. Curriculum still to be developed . Examination system . Hierdie twee is veronderstel om aan mekaar vas te wees, daai een hoort eintlik by die een. Dit gaan oor examination system en dit dui aan die jare waarin dit aangebied was. Fundamental nursing science , ethos and professional practice . JO dietou gaan my net bietjie probleme gee. Inspeksie verslag, Goldfields Nursing college, 7 en 8 Maart , dis daai verslag waarvan ek gister ook gepraat het, dit sluit nou die hospital se goedjies in. Hier is a summary of problems identified at the Goldfields College of Nursing. Curriculum inappropriate , unrealistic and imbalanced in favour of the social and biological sciences over teaching. Teaching staff lack of knowledge with regards to curriculum development. Inadequate clinical expertise i.e. nursing skills. The principal requires assistance to develop the necessary management and organizational skills to fulfil the expectation of the position he holds. Communication existing channels between head office university and hospital either ??? not use or used informally and inappropriately with detrimental effects on the student training. Students, small number of students a non availability of sufficient posts after completion . Clinical facilities: attitude and ignorance of registered nurses with regard to their own role and function. Poor standard of nursing care especially in the areas infection control , availability of written policy , effective record keeping , supervision . University liaison. A lack of changeable evidence of monitoring of academic standard of the program apparent over prescriptiveness by the

university representative. The validity of students actually having achieved the program objectives and competencies as spelt out in R 4 – 5 in spite of having a more than adequate exposure in terms of hours is doubtful . Recommendations: The urgency and extent of the problem and implications there of should be conveyed to Goldfields College of Nursing, Potchefstroom University and the Goldfields Training division. Head office: curriculum should be adjusted and submitted for approval to the college senate and send??? prior to the further implementation for the present intake of students. Clinical facilities at Lesley Williams Hospital should not be used for the placement of students until the necessary steps have been taken to ensure a safe environment for the students and evidence of this is made available to the council. The concern be express that the risk and consequences to the patient care if the present situation continues. Staff development with regard to professionalization which was suggested during 1986, but not followed up be implemented and evidence of this be available prior to students being allocated to these areas. Medical and superintendent of the hospital under whom the medical dressing station fall, being informed of the hazards associated with nurses functioning under section 38a of the nursing act without appropriate authorization. ??? emphasised the accountability of registered nurses as independent practitioners. Re ab of rehab ???? evaluation of clinical facilities be done prior to the placement of students to these areas. During the feed back session to the college staff, hospital staff and head office representative, university representative could not be present. Problems and findings were presented systematically and discussed. The response was most positive and those persons of present????? were in full agreement with the findings. The representative from Goldfields Training division, who is also a member of the college senate, expressed appreciation for the insight which he gained during the visit. His main concern was the non cost effectiveness of the training program. The assurance was given by the Goldfields college that every effort would be made to correct the problems and that the council would be kept informed of developments.

Change of location of nursing college, and telephone numbers , Goldfields training services. 18 April 1990. Please take note that the Goldfield Nursing college has moved from the Lesley Williams Hospital as from 1990 – 04 – 02, now located at Goldfields Training Services Pty. Ltd. P.O. Box 3146, Vaalbloem, Tel no. list of the numbers. The names was J. Nseningwani?????, for midwifery; R. N. E. Muklunbuni????? G.N.S.A 3 and 4.????; A. M.Breakfast, G.N.S.A. 2, physiology, biochemistry; H. Demendosa, G.N.S.A. 1 , anatomy and biophysics; J. Mojaja, principal in sociology; H. Makene Mohogo????, psychiatric nursing; T. A. Mabuja, community health and psychology.

Hier is nou weer ‘n inspeksieverslag en dit volg nadat dit voorgelê is aan die raad. Inspection report was discussed at the resent executive committee

meeting. Council has expressed its serious concern with regards to the training of students at the college and urge you to give your immediate and urgent attention to the matters highlighted in the report. Dan is dit maar net weer van daardie wat hier uitgelig word. Lyk vir my hier is 'n ander verslag aangeheg wat bietjie verskil van die vorige verslag. Sekere gedeeltes is uitgehaal. Brief van Mnr. Mojaja, 09 Augustus 1990. During its recent meeting the executive committee of the council decided to request you to make available a copy of the annual report of your nursing college according to the availability there off. It would be appreciated if you could comply with this request. We are looking forward to in this way keep in touch with your activities and progress. En dit kom van A. C. Beard.

Hier is nou weereens 'n curriculum en dit lyk vir my na 'n curriculum vir die bridging course, nee dit is tog 'n 4 jaar curriculum..... dit is die hersiene lyk vir my, nee wag dit is bridging dit is gedateer 20 November 1990. K. de Wit en Potgieter . dit was 'n aansoek vir die bridging program en dit was not approved because of the problems related to the inspection conducted on the 07 and 08 March??? The curriculum for this course . the application for the approval of the Goldfields Nursing College to offer the bridging, was not approved because of the problems related to the inspection conducted , oh O K on the 07 and 08 March, however, the curriculum for this course was approved. Goldfields Nursing College has decided to with hold the intake of students for the 4-year diploma program for 1991 to give them time to correct the problems, there for requested the re inspection with the view ofcommencing the bridging program in January 1991. The new principal who has been appointed to commence her duties in January 1991, has already been involved in some of the major changes which have taken place. The clinical facilities of both Goldfields West and Lesley Williams Hospital were inspected. En dan volg daar 'n verlag rondom dit wat vir my beter geyk het as die vorige. Hierdie ene dis die bridging program, wat nie goedgekeur was nie, hierdie is nog steeds bridging, dan is hier O K die aangepaste curriculum lyk vir my rondom die 4de jaar kursus wat toe wel goedgekeur is, nadat daar veranderings aangebring is. Uitnodiging aan mev. De Wit to be the guest speaker at Goldfields Nursing graduation ceremony, on 8 February 1991. En dit was approved en hierdie brief is gestuur in Januarie 1991.

Hier is dan nou 'n brief wat gedateer is 9 April 1991 waarin dit sê, Application for approval as a school for the bridging course . above mentioned application was approved represpectively as from 01 January 1991. It must be noted that the examinations for the course will be conducted by the council. And then there is the inspection report.O K . brief wat gestuur is aan die raad 25 Oktober 1991. Adapted curriculum for the 4 year comprehensive diploma. Adapted curriculum as discussed with mrs. Venter during August 1991. The filosify has been written for the Goldfields Nursing College. It was corrected by prof. L.J. van der Walt, at the PU for CHE. Clinical facilities have been adapted to the facilities utilized by the college.

Stage objectives were correlated with the curriculum and the spectrum organized in 2 year groups. Program outline: summary of the program outline given . The examinations and papers to be written have not been changed . The periods for each subject have been adjusted to comply with the minimum as stipulated by the regulation. Ineteraction management – 20 periods; management principles included in the first stage. First aid .. first aid Red Cross mining included in the curriculum, ranging farom elementary to gold medal. Nursing management and professional practise implemented in the third stage theory examination in the second stage of the third second semester of the third stage????? Practical examination in the second semester of the fourth stage. Mental retardation change from third stage. Theory and examination in the fourth stage. Midwifery 320??? Second semester of third stage . Midwifery 420 in second semester with theory and practical evaluation . The adapted curriculum has been tabled at the college senate meeting held on 24th instant and accepted as correct. Dit is geteken deur H.R. Smiley. Dan is hier weer ‘n brief aan miss Val Woodward. Pediatric learning experience. The pediatric learning experience at the Goldfields Hospital is focussed on the sick baby clinic, primary health care clinics, and to a lesser degree in the hospitals as the following statistics indicate. Daily visits and treatment at the clinic a minimum of 114 babies and children per day. Admission at Lesley Williams Memorial Hospital average of 8 babies or children per week. Students of ???? pediatrics nursing experience at Tsepong in the high risk baby ward, premature baby ward and room in approach . On previous occations the students were placed at Tsepong Hospital for the pediatric clinical experience with the numbers of their own students in the wards and clinical accompaniment of our own students . The effectiveness of this placement is questioned. The following proposal is put forward that the Goldfields Nursing College students are accommodated at the Goldfields environment pediatric clinical experience. Trust this will meet with your approval. Smiley again.

Hierdie is dan nou die curriculum vir die diploma leading to registration as a nurse, general psychiatric community and midwife. Die document is hersien en dit lyk aansienlik anders as wat dit voorheen gelyk het. Ek wil net sien of hier nou enige aanduiding is van personeel. Academic staff: 1 principal, 6 tutors , hy’t nie mooi uitgekome nie. Hierdie document is aangeheg aan die brief wat ek nou-nou gelees het aan die raad, t.o.v. die pediatric learning experience sowel as die verandering eaan die curriculum. Die brief 13 – 12 – 1991 waarop die voorstelle aan die 4 jaar curriculum goedgekeur is, sowel as die veranderinge van die clinical facilities. Goedgekeur. Dan is hier ‘n brief aan die raad, gedateer 02 Januarie 1992. Curriculum for the diploma and community nursing science. Here with application to approve Goldfields Nursing College as a school for the diploma in community science. Enclosed, please find proposed curriculum designed as per directive regarding regulation 276 as amended by regulation 2558. Candidates are employed by the mine medical stations and hospitals in an accomprehensive primary

health, community health care approach. As from 02 December 1991 Goldfields of South Africa Ltd. was registered by the Dept. of National Health and Population development as a organization rendering a health service under section 38a of the nursing act. 1978, act 50 of 1978. Geteken deur Gericke. En O K hier kom Olga Venter se naam nou as college prinsipaal op die document voor. Ek wil gou net teruggaan – sien – op hierdie document is daar nie aangedui of Olga al die prinsipaal was nie. Dis die aangepaste curriculum. So Olga het hier iewers begin as prinsipaal 1992. Dan is hier 'n goedkeuring, 21 – 02 – 92. Approval of the curriculum for the diploma in community nursing science. Permission to conduct the examinations on behalf of the council. Your letter of 02 January 1992. The above application was approved by the executive committee meeting of the council.

Ek het 'n document – inspection document, Nursing College, Goldfields Nursing 1992, where the principal, indicated O. M. Venter, professional qualifications, M. Cur, B. Cur Ed., Admin, Diploma General Nursing, Diploma Operating room Nursing, Diploma Community Nursing. Diploma Midwifery, Senior Instructor Sertificate Red Cross, Goldmedal Sertificate Red Cross, still with the association with the Potchefstroom University for the basic program leading to registration as a nurse, general community nursing science, and midwifery. Then there is the college council. They ??? three meetings per year. Committees of the council. No committees ad hoc. Personnel selection on Goldfields criteria college takes part and set criteria. College coun – senate meetings. Clinical committee. Examination committee, syllabus committee, curriculum committee, management committee, student selection committee, and the composition of each committee as indicated. Students posts available – 10 per year, number of students per study year – first year 9; second year 5; third year 0; fourth year 14. The numbers of students according to Goldfields Mining, needs 1991 no intake. Surgical accommodate new principal. students that failed second and third year are enrolled at SANC???? as auxiliary and enrolled nurses. These categories are then placed in hospitals and medical stations. This exercise enables the college to provide quality nursing categories in all dimensions. Then for the bridging???? once intake minimum 10 students, oh minimum, O K. study year 1 – 10 students; study year 2 – 8 students; and then they've got the distance package. Again according to the needs of the Goldfields Hospital, implementing a distance education package 6 months prior to students intake. This enables students to upgrade knowledge, scissors???? Criteria for selection and uplift standers in the hospital. Students registered for supplementary basic programs and this is the community nursing science, within the?? ???? Association agreement 15 students per year. Student numbers according to clinical learning opportunities and professional nurse allocation from affiliated Goldfields Hospital and medical station. Students from Kutsong and Bekkersdal kliniek. Distance education modular approach with one day a week compulsory theory. Extra contact according to student

needs, continual follow up in clinical environment by the subject tutor. ????? clinical accompaniment by the tutors to learning facilities. Environmental health , hygiene. occupational health obtained within mining environment. No enrolled nurses. No first basic programs , no short courses. Teaching staff: 1 principal, 6 tutors, 2 clinical co-ordinators at the Goldfields Affiliated Hospitals, also involved within service or senate can't vote co-ordinate back???? Hier is die name van die dosente: dis dan O. M. Venter wat die prnsipaal is en sy is huidiglik besig met 'n doctorate Phil, A. M. Breakfast, second year of the four year course GNS bio physics , first aid,; Demendosa, M Cur, besig met studies in M Cur,; T. Mabuja, J. Mujaja, J. Sumanji, A. Sterkenburg, en sy was in die bridging course, sy was ook besig met 'n M. Sumanji was besig met 'n B.A. Cur. Hier is 'n oorsig van al die toelatingsvereistes en al daai goed. Dit is 'n lywige pak – ek gaan copy. Inspeksieverslag 18 November 1993. Geadresseer aan Mrs. Venter. Inspection report was recently discussed at the executive committee of council and a Photostat copy is attached for your attention. The council would like to congratulate Mrs. Venter, the college staff and the staff of the two hospitals for the achievements made since the last inspection. Signed by K. de Wit. Aansoek gedoen, Mei 1994. Examinations on behalf of the council, Goldfields Nursing College, Diploma Community science supplementary. Refer to regulation 7, dated 8 January 1993. I hereby wish to apply for renewal of approval to conduct the examination for the diploma in community nursing science supplementary. The moderator for the above mentioned course is Dr. P. Carl, of the PU for HCE. Signed by K.G. Gericke. Then there is an application, dated 20 September 1994. Curriculum clinical nursing science, medical and surgical nursing, operation theatre nursing science regulation 212, a draft copy of above mentioned curriculum for approval. The proposed date for insepction of the course is 1 March 1995. The selected students are undergoing a distance learning package prior to commencement of the course. Signed by Gericke and it was O. M. Venter, principal, Goldfields Nursing College, who submitted this. Brief van die raad aan die college. 21 November 1994, waarin Dr. Carl aangestel word as die moderator vir die community nursing science. Ook 'n brief aan Dr. Carl, waarin sy aangestel word as moderator vir community nursing science. Hier is dan 'n brief van die raad, gedateer 05 December 1994. Discrepancy between theoretical and practical marks in the examination for the first year bridging program held in October 1994. It has been noted that in the case of most of the candidates for the above mentioned examination from your school, the marks allocated for the practical portion of the examination were more than 19% higher than those obtained for theory. This is a matter of concern to the council, as it may indicate that proficiency in psycomotor??? skills only is evaluated and this is not supported by cognitive skills. For the purpose of the council, examination regulations, the practical portion of the examinations means a portion consisting of a practical examination which may include an oral examination and also include marks obtained in a

system of continuous assessment. You are earnestly requested therefor to review the examination policy views by your school and make any adjustments required so as to ensure that the cognitive psycho motor ???? are appropriately evaluated in determining the mark which is submitted for the practical portion. Thank you for your co-operation in helping that the standard and validity of the examination is maintained. signed by M.M. van Loggerenberg.

Hier is die approval for the post basic program in medical and surgical nursing science, operating theatre nursing science, 06 Maart 1995. With reference to your letter, dated 20 September 1994, the above mentioned application has been approved by the executive committee of the council during its meeting held on 30 January 1995 and 01 February 1995. The executive committee furthermore noted that the examination would be conducted in association with the Potchefstroom University.

Hier is 'n brief aaahh, hier kom ons nou by die curriculum of the Goldfields Nursing College. Curriculum: Primary health care, nursing facilitator short program, wat deur Olga ontwerp is. The overall objectives van hierdie curriculum refers to a philosophical orientation of the program and encompass a nursing ?????? within a primary health care approach and I was the registered nurse to participate in ethical decision making and moral reasoning, integrate the fundamentals of nursing and his/her personal, professional task with the philosophy of primary health care, demonstrate into personal skills, apply communication skills with regard to interpersonal intergroup and intersectoral co-operation. Handle first level management, apply the principles of adult education, apply ???? ideological principles. Handle the acquisition storage and issuing of medicines safely and within accordance with legal requirements and apply clinical skills in the management of minor complaints, common illnesses, specific to the area of practise. Dit is 'n 6 maande kursus, nie minder as 160 ure nie. Drie akademiese jaar kursusse. 120 40 minute teaching periods of service dynamics, pharmacology and clinical nursing. Hierdie kursus is dan goedgekeur, 08 Augustus 1995 Application for the above mentioned course has been approved by the executive committee of the council at its meeting held in July 1995. O K dan is hier briefies na die raad toe gestuur in 1996 waarin bevestig word dat dr. Carl die moderator is vir community nursing science en Mrs. E. Vorster from Potchefstroom University moderator for the operating theatre nursing science. En dan primary health care nursing facilitators course, J.P. van den Heever, van Potchefstroom universiteit moderator. Hier is 'n brief 13 Junie 1996. Curriculum R212 community nursing science with the specific field of study, Primary health care nursing facilitator. Hier is 'n aansoek 01 Augustus 1996. Course leading to enrolment as a nurse, government notice R2175 with 19 November 1993. Approval is hereby requested for the curriculum of the above mentioned

course to be presented at Goldfields Nursing College as from 01 January 1997. This curriculum has been approved by the SA nursing council to be presented at the West Rand region school of nursing, which was affiliated with Goldfields Nursing college. Prof. Venter, the principal of Goldfields Nursing college, was closely involved in the development of the original curriculum. The facilities to be utilized will be the same, as the students will be drawn from the same hospitals. As for the other two courses offered by Goldfields college, namely Diploma in general nursing, the bridging course and then the four year course. Due to financial aspects, the course will no longer be presented at West Rand region school of nursing . To accommodate the need in our area it was decided by the management of GFT to present a course at the Goldfields Nursing college. Curriculum enclosed. Brief van 12 Augustus 1996. Course leading to enrolment as a nurse. Government notice 2175 of November 1993. Your correspondence of 01 August 1996 refers council was informed by West Rand Region school of nursing on 01 March 1996, that training would be discontinued as from January 1997. For the correspondence dated 11 April 1996, stated that Porf. Venter was negotiating taking over the course offered of West Rand Region school of nursing. Council has not been notified that this training has since been taken over. Inform the council in writing of the take over of training by the Goldfields Nursing College. Forward written consent to the council from West Rand Region school of nursing to use the curriculum. For administrative purposes it is also important that the council being informed of the facilities. So daai brief was basies seker 'n antwoord hierop, hoewel wat is sy datum, 1 Augustus en daai brief is 12 Augustus. Hier verwys hulle ;nou in ;hierdie brief na daardie oornam. Dit is 'n brief, 23 Augustus, O K nou hier – hierdie brief is deur Hettie??? Demenomsa gedikteer of geskryf, We intend to present above mentioned course as from January 1997 as requested in our letter, dated 01 August, subject to approval. Regarding the clinical facilities we intend to utilise the following instetutions: Goldfields West Hospital, Lesley Williams Memorial Hospital, Western Deep Levels Hospital, ??? Bekker and Kutsong Clinics. The afore mentioned facilities have been accredited by council as clinical facilities for the comprehensive diploma as well as the bridging course leading to the registration as a general nurse, on 31 – 12 – 1991, and 27 – 03 – 1991, respectively. The only change ??????? the philosophy, will be nursing college. The nursing college an institution established under regulation 425 and the nursing act no. 50 of 1978 as approved by the nursing council as a training school for basic and post basic programs. Then there's a copy attached from the West Rand school of nursing, what? Region – West Rand Region school of nursing. We refer to your letter, dated 12 August. Wish to advise that we give consent to Goldfields Nursing college. En hierdie brief is 20 Augustus 1996 gedateer. So dis toe Ralie-hulle se skool toegemaak het en oorgevat is soort van deur – ja – Goldfields. O K dan is hier 'n skrywe wat , 25 September 1996. Application for approval the post basic course in community nursing science,

primary health care nursing facilitator, en dit was goedgekeur, 30 Julie 1996. Die moderator, E. P. van den Heever. Kan nie onthou of ek haar al ooit ontmoet het nie. Nou is hier weer 'n kennisgewing vir 'n inspeksie , 14 Januarie 1997. Daar is 'n versoek om die datums van die inspeksie reschedule , omdat daar nuwe klinieke in aanbou was , so dit was goedgekeur. Nou's hier 'n brief 03 Februarie 1997. The unified nursing education system for South Africa. After studying the circular regarding the above mentioned issue , and an in depth discussion of the Department of PU of CHE, Goldfields is in agreement and under writes the comments submitted to your department, by the university. We would however like to emphasize the following issue: It will not be enough after the first two years for candidates to obtain a diploma as a registered generic nurse. We underscore the proposal of after three years as registered nurse. Be assured of our good will and participation in positive change. So hierdie verandering is al in daai tyd voorgestel 1997. Moet tog kyk of ek so 'n circular kan opspoor in daardie verband. Goed hier is dan toestemming gegee, Goldfields Nursing College application for a transfer of the course leading to enrolment as a nurse , from West Rand region school of nursing, to Goldfields nursing college. The above mentioned was approved at the council meeting in September 1996. Hierdie brief is eers geskryf in Maart 1997.

Hier kom nou iets van St. Elizabeth's Hospital wat in 9 April 1997 ???????? find a copy of send from St. Elizabeth Hospital for your information. Ek kry nie enige afskrif van die brief nie, ek kry ook niks verder nie. Weer 'n inspeksie, 1997 – 5 en 6 Junie, O hierdie was die voorval met die hospital, Goldfields West hospital, wat verkeerdeliki benaam was en hier teken die raad dan apologie aan, 30 Mei 1997. Jaaaaaa, faxed letter dated 23 May 1997. Its here with acknowledged the South African internursing coucil???? Wishes to apologize profusely for the improper manner in which your hospital has been addressed in a letter to you on 15 May 1997. Unfortunately the information was taken from an old record in our office. The council would like to assure you that this will not occur again. I trust that my apology will be accepted . toe het hulle nog die hospital, ek dink, the Goldfields West Bantu of Native Hospital genoem en daar was 'n groot opskudding daaroor. Hier is nou die report, 5 en 6 Julie se report. Goldfields Nursing collge. Current number of students for each course: nou verstaan ek nie baie mooi, o ja, vier jaar course: 55 students; bridging course – 27; community nursing science – 37; medical , surgical, nursing operating theatre – geen; community nursing Phd facilitator, daar was 38; short course Phd facilitators – geen; enrolment as a nurse – 17. Comments: a well organized college with up to date curriculum??? For the programs presented. The college seems to have a remarkable contribution towards the development of the disadvantage communities as evidenced by its involvement in ?????? program as well as its involvement in Lisikisiki Lebombo??? Ect. The staff component is rich in quality and diversity. The students receive adequate support systems whilst in the clinical units. Clear and focussed guidelines are available for wards

staff student objectives and expectations when in the wards. However, serious attention must be given to the following aspects: the staff management structure does not represent the staff population, nor does it reflect the population of South Africa. This is composed of one population group. The above mentioned need to be addressed. The college must develop its own mission which reflect its specific purpose. En ek dink nou amper, ek is nie seker of hierdie nou was nadat ek en Hettie as visie-prinsipale aangestel was nie. Kom ons kyk gou of ons iewers iets kry van die staff resources.... O K die is die staff compliment. Four year course, general nursing - Lombaard, Demondonsa ; midwifery- Mkeza ; psiciatry - Mojaja ; community - Senengwani ???? en Kotze; biological sciences – Gloma Keza; social sciences – Mojaja; post ???operating and theatre – Botha; PHC ???facilitators – Nklapo en Kotze. Other - Blouman???community nursing science – Erasmus ; bridging – Breakfast; ???? – Henderson. Leadership – Olga lyk my was in daai tyd nog daar , haar naam is nog hier agter op de lys. So dit was toeek en Hettie visie-prinsipale was, Thandi was toe nie meer daar nie. O K hier is 'n brief , 05 Junie 1997. Application for approval, St. Elizabeth Nursing school as a sub campus of Goldfields Nursing college for the diploma in community nursing science. With reference to your letter, dated 08 April '97, ref. no. S396. Regarding nursing school at St. Elizabeth Hospital at Lisiki Siki??? We are in the proses of developing and upgrading the training facilities, specifically for nursing at St. Elizabeth Hospital, and they will accommodate a group of tutors at Goldfields nursing college, in order to give them in service training and computer literacy???? The workbook study guides and margins are be developed and reproduced by St. Elizabeth Hospital in conjunction with the nursing college. Goldfields nursing college wqill be setting the standards and developing the examinations for the school in Lisiki Siki????? As set out in the collaboration agreement with Potch University. Should aquired any additional information. And its Olga. Group nursing manager, principal, Goldfields Nursing College. Hier begin eki nou briewe skryf. FJKRD. Daar is 'n brief van dank aan die council wat geskryf is , O K dit was Hettie, gedateer 09 Junie 1997, We would like to take theis opportunity to extend our thanks and appreciation to the team from the council who visited our college and related facilities on 05 and 06 Junie 1997. We found the inspection te be informative and the comments to be instructive . it was a pleasure to have the team and we are looking forward to the next visit.en toe is daar 'n antwoord van die raad. Many thanks for your letter 09 June, the only time training schools write to the council that inspections is when they have complains. It was refreshing to receive a letter of appreciation and the council is pleased that you took the trouble to write. Wat nou nogal weer 'n goeie ding is ne. Olga het ook geskryf en sy het dieselfde antwoord gekry. En nou kom die , O K dis 'n brief wat geskryf is aan die South African Medical Dental Council, en dis nog ek wat die brief geskryf het. Accreditation for the training of emergency care personnel???? Hier het ;ons aansoek

gedoen om die kursus aan te bied en dit was basies die Mining emergency Medicare course was developed according to the specific needs of mining industry. En dan is hier afskrifte van die Mining emergency care program vir die ??? teams curriculum practical record. En wat is hierdie? Official report. Ja hierdie was weer 'n ander trippie wat nie baie goed afgegaan het nie. Hierdie is die study guide curriculum, study guide in practical record . ek kan nie presies onthou wanneer die kursus begin aangebied is nie, ek moet dalk???? by Vaal Wes??? gaan sien, om weer te probeer uitvind hoe dit gebeur het, waar , hoekom nie hier ingaan nie, vertel my net dit????? Daarsy ssjoe. Nou goed nog 'n???? brief aan die council September 1998 . aansoek om St. Helena Hospitaal goed te keur as 'n kliniese fasiliteit vir alle programme. St. Helena Hospitaal het saamgesmelt met Goldfields Ltd. Mines en dit was deel van die maatskappy en dit was die rede hoekom daar begin is met opleiding by St. Helena. Dan is hier 'n aansoek vir Evander Goldmines Hospital. Situasië analise, en hierdie was nogal deur ou Welcome Mtustuma???? Gedoen. Gestuur na die Raad op verpleging . hier was ook 'n Robinson Private Hospital and Evander as well as the primary health care clinics on the premises to belisted as clinical facilities for placement of students for all curriculae offered at Goldfields nursing college. Soooo Robinson was ook ingesluit op daai stadium. Robinson en Evander. Hierdie brief van 21 September , nee 18 September 1998. Navraag van die raad Oktober 1998, of die primary health care nursing facilitators course nog aangebied word. Dit was die ses jaar kursus. Hier is 'n versoek vir kort kursusse. Occupational health, physical examination, treatment and care. Oktober '98. Hereby wish to apply retrospectively???? for the listing of the above mentioned courses as short courses from 01 March 1993. Attached please find the curriculum for the diploma and community nursing science based on primary health care approach R276 of the above mentioned courses for modules. Special reference to marginal 3, community health problems con. General disease conditions and occupational health nursing . En toe het hulle gesê daar moet twee aparte curriculums voorberei en submit word om te oorweeg. Dan Hansen en Evander was goedgekeur 17, 18 November 1998 as kliniese fasiliteite. St Helena en hulle is ook approved. St. Helena, December 1998. Confirmation dat hierdie kort kursus primary health care nursing facilitator nog aangebied word. Dan is hier net weer 'n briefie wat na daai occupational health and physical examination kyk. Sê curriculums moet submit word . Duration of course , person responsible for theoretical and clinical accompaniment, program timetable, spread of theoretical and clinical learning opportunities,???? data program, evaluation system policy formative, evaluation summative, evaluation clinical areas to be utilized. Hier was weer 'n brief vir die verandering van die adres. Hier is dit deur my geteken, Maart 1999. Geteken F.J. Kotze, namens L.H. Wienand. En het ons tog nie gesukkel nie. Hier is 'n brief. 'n aansoek vir Carltonville Hospitaal as 'n kliniese fasiliteit nog gestuur Maart 1999, aansoek deur mev. F.J. Kotze. Kort kursus was nie geakrediteer nie, omdat

die SAKWA goed toe gekom het en dit toe nou ingelei??? Ingelyn??? Moet word die SAKWA. Die Carltonville Hospitaal is goedgekeur. O nee wag 'n bietjie, hy's acknowledge, nog nie goedgekeur nie. Hier is hy goedgekeur 18, 19 Mei 1999. Fochville Hospitaal is ook voorgelê. Ons het daai tyd baie hard gewerk aan clinical facilities. ??? for approval for extended clinical facility for ??? private hospital en dit was June 1999 waarop hulle toe gevra het vir 'n ooreenkoms of onderneming van Fochville hospital dat hulle wel bereid was. Harmony Hospitaal goedgg... clinical facilities for Goldfields nursing college, 27 September 1999. Harmony Hospitaal aanbeveel college tutors ????????? O K Harmony, O K hierdie een is Fochville, goedgekeur, November 1999, of eintlik 26, 27 Oktober 1999. Harmony hospital is weer hier, wat gaan nou hier aan, O K Haarmony Hospital approved November 1999. Dan is hier 'n brief circular, 18 of 99, transformation of nursing education and training of South Africa. This is to enquire if we could still commence with the intake of students and pupils for the bridging and enroled courses for the year 2000. Could you possibly give us an indication of the year that the phasing out of these courses will be completed. I am aware of the workshop??? And all the related consultations containing????? to this matter, but I would like you to give us a date to which we could work towards. Demedonsa. So dit is al meer as 10 jaar terug dat die bridging sou uit fassier. Hier het ons dan nou 'n ding van die Noordwes Provinsie , Goldfields Nursing College , Klerksdorp Tsepong Hospitaal kompleks . toestemming is gegee dat hulle, dit was Desember 1999, aangepos na die raad toe. Creditation of above mentioned health services and extended clinical facilities for Goldfields Nursing College. We have been using the maternity and gynaecology departments in the past but want to extend it to all the departments. Hier is 'n antwoord op Hettie se navraag. Transformation of nursing education and training in South Africa. The wording of the paragraph referring to phasing out of the programs of enroled and nursing auxiliaries was not strictly correct. What the council decided in principle was to phase out those two courses . however the courses remained in force until the necessary consultation has taken place. At this stage therefor no date has been set. Medivaal Hospitaal, Vaal Med, Nou is hier Medi Vaal Hospitaal, situasie analise, aansoek vir kliniese fasiliteit, Placement of students, pupils for curriculae offered at the Goldfields Nursing College, en dit is gestuur 03 Maart 2000. Medi Vaal Hospitaal, O K dan is daar navraag oor die kliniese fasiliteit vir programme waarvoor dit gebruik sal word, hoeveelheid studente, name en kwalifikasies van die persone wat sal die kliniese begeleiding doen. Hier is dan die antwoord daarop. O nee wag 'n bietjie – dit was die approval for extended clinical facilities ???Vaal Metropolitan council, 10 Maart 2000. ???Vaal staff development and training department which is ?????? version ?????????? nurses to professional nurses ??????

Agrief GFNC 5

Die tyd toe St. Helena geakrediteer was , was die begin van die ooreenkoms met Empongweni Education??? En dit was hier in 1999, laat ek net gou kyk of ek dit weer kan sien. Dit was Fochville, ja, St. Helena 1998. Desember 1998. So dit was toe ons begin het om met ;Empongweni saam te werk. Nou is hier 'n brief wat geskryf is aan deur die raad op verpleging in April 2000, faks van Dr. A.A. Basson. Complaints from the above mentioned group of pupil nurses . I would like to give you the following information: dan gaan dit oor die goldfields nursing college for enrolment as a nurse, allocated St. Helena for clinical learning . They ????? the facility for clinical learning in experience not employing the pupils in its service. The managaement of St. Helena hospital is under no obligation to pay the pupils for clinical learning experience . pupils are super numerary and not considered part of the workforce. Private students not employed in student posts by the company. All of them were aware of this fact on commencement of the course, signed a study contract, acknowledging the fact that the college will not provide transport, accommodation, the clinical facilities not employing them or paying their salaries. Pupils were main aware of the tution fees payable for the course , also acknowledge the fact that the contract signed on commencement of their training . students are expected to do 40 hours per week clinical practica to comply with their requirements of SANCT. Clinical experience are obtained through working in shifts as well as four weeks of night duty. All these issues were addressed. Hier het ons insetsels gegee vir die nursing act. Goed nou is hier terugvoer. Application for extended clinical facility Med Vaal , Lekwafa??? Goedgekeur is 16, 17 Mei 2000 . nou is hier weer 'n akreditasie gedoen, dit was in Mei 2000. Hier't hulle gevra vir inligting . Klerksdorp hospital, navraag oor die number of students, qualifications, persons responsible for clinical accompaniment Klerksdorp. Die antwoord is G20 . Goldfields Nursing collge will do clinical accompaniment. En toe is hy goedgekeur 8 Junie 2000. O K hier is nou daai briefie, Interem registration of existing qualifications on the National qualifications framework, 13 July 2000, waar die goedjies dang e submit is na SAKWATU?? For interim registration. Klerksdorp Hospitaal is geakrediteer, 8 November 2000. Quality promotion visits ????? die outjie James??? Kotze, Demenomsa, Krause. Medi Vaal community Hospital which belongs to Vaal Med, O K hier is geen ... recomen...scientific?????consistantly maintained and reflected in the patients records ?????communication .Patients records to be in English, as the candidates are trained in English due to the difficulty which was experienced by students trying to read and interpret reports written in Afrikaans. Clinical facility Fochville hospital , Med Vaal, Carltonville Hospitaal was ook geïnspekteer, Fochville, Kutsong community centre. Goed hierdie was die ding waar die kwessie was rondom die posisie van die prinsipaal , want hier was daar net die twee visie prinsipale wat Demendonsa en Kotze was, wat is hierdie, dit is so, Kotze, Botha, Breakfast, Dlomo, Henderson, Lombaard, Nklapu, dit lyk my dit was al. Mojaja was ook nog daar. Hier is

Nkuchowa,????? want hy was toe, dink ek maar net 'n clinical accompanist. Dit was die tyd watr ons hom gebruik het as 'n clinical accompanist. Op die stadium was die syfers: four year program – first year 15; second year 14; third year 0; fourth year 15. Community nursing science, nee bridging course – ffirst year 26; second year 15; enrolment as a nurse – second year 22; total number of students 104. Kan nie onthou wie't hierdie ding gedoen nie. ??????die outjie????James, Benso lyk dit vir my, Benso. Ja hier is dit , Bingo, ja dit is reg, Mrs. M. Bingo, council member K. Peterson, die outjie ????? en James, Kotze, Demedonsa, vise principals, J. Watson, University. Approved programs, student numbers , four year programs 44; bridging 41; enrolment 32????? Post basic last intake was in 1997.?????? The restructuring of the company due to financial problems students are no more employed by the company private. ?????? contribute to the survival of the college. College fund benefits the college in the following ways: Part time lecturers salary, college pool car port, Corporate social investmentfund ?????? educators salaries. College is in the process of re curriculing the four year, therefor there weill be no intake for the year 2001. Primary health care maybe recommenced during 2001. Extention of clinical facilities process of exploring the West Vaal and Free State Private Hospital. Merger of Goildfields and General Nursing corporation . By Goldfields and General Nursing corporation, my goodness what the hell is that??? Gen Cor, dit is nie General Nurs..... CSI sponsored to clinics in Kutsong. Health talks given to local schools, students were involved in the development of self care, instrument homebased care, ??????? for the centre of handicapped children. Concerns: Head of college human resource manager, is not a nurse educator. Exclusion of the following : stake holders, community, students, non academic staff. Lack of internal quality control measures, lack of the recommended reference books and journals, midwifery psychiatry, lack of formal agreement to use Potchefstroom library, student absentees and punctuality is ??? problems specially for the candidates who pay for their tution. Academic report, support record not available. Irregular clinical accompaniment: Welkom and Evander students are accompanied once in three months. Consolidation block in availability of a timetable. All approved curriculae are overdue for reviewal. Evaluation tools critical points appear to be punative. Affairs??? Need to be reviewed without lowering the standard. Monthly tests to be written. Problematics, students have to travel long distances on the days of their tests. Lack of evaluation of professional growth. Discussion with students verbalised positive attitudes regarding their studies. Students concerns: Punative evaluation instrument, critical points irregular clinical accompaniment by nurses educators, Welkom and Evander. Monthly tests which are to be written at Goldfields college, students experience transport problems as such, do not perform well. College to inform council with regards to the meganism put in place in order to address the above mentioned. By concern 1 by end of March, concern 2 and 3 by end of April, concern 4 by end of July, and concern 5 by end of January.

Concern 12 by the end of July. Dit was 20 November 2000.

Nou is hier Anglo Health. Anglo Health aansoek gedoen Oktober 2000 vir akkrediasie vir hulle fasiliteite vir die 4 jaar kursus vir die oorbruggings kursus course listed as enroled nurse , primary health care and operatingroom theatre. Anglo Gold, Westrand, Western Deep Levels, Westvaal Hospital, and Free State Ernst Oppenheimer Hospital. 2001. Terugvoer gegee aan die raad, t.o.v. meganismes to control absen?????. Additional clauses has been included in the study contract with student, making provision for the extention of training. At an additional cost, which will be detemend pro rata depending on the number of days. Students are aware that absentees are ?????? permission is regarded as a bridge of intraining according to SANC regulations. Absenteeism is included as a serious affence in the disciplinary procedure of the college, and this will be regarded as a serious offence, may be result in them expulsion of the student who does not comply with the code of conduct. System for reporting absentees at clinical facilities has been implemented. College draft in a profile on absentees for each individual student which will provide instantanious information on these. Days absent will b e deducted from annual leave granted to the students.

OOOOHHHH, Elizabeth Wieland . hier is professional advisors uitgenooi na Graduation ceremony, 2001, en sy het dit nogal erken. K. Peterson, Your Letter dated 23. The office appreciate your time as response commended on the meganismes you have put in place to control the problem. Mrs. James not be able to attend the graduation ceremony. Hier is die structure of clinical demonstration wat gestuur is, consultation and remedial records is gestuur. Bridging course . brief aan die raad gestuur 21 Junie 2001. Verwys na Government notice 683, bridging course wat 'n matrieksertifikaat moet hê vra dat grade 10 equivalent certificate geïmplimenteer moet word. Certificate for enrolment as a nurse . letter of recommendatio n from the employer to clinical reports. Hier is die feedback vir die quality promotion where the concerns was address. Cconcern the main power structure . College was been adjusted to meet the requirements as set by the nursing council . Stakeholder involvement, provision was made for participation of various stakeholders community students, non academic staff, ????? of quality control, process of implementing the izeone??? 9000 – 2000 accreditation. Library additional reference books were ordered, still negotiating for agreement to use library in Potchefstroom , extending local library facilities. Concern 5, absenteeism was submitted. Academic report was submitted, regular clinical accompanymt , appointing a parttime accompanymist, consolidation block formal timetable, renewal for your course submitted to PU for CHE . Valuation to critical by ?????? monthly tests ?????? procedures stil being explored , valuation professional growth en al daai goed is aangeheg as appendixes. Nou 30 Julie 2001. Clinical fasilitie, Anglo Gold, Westvaal, West Rand, was approved. Hier was weer 'n navraag vir

Ernst Oppenheimer, sub campuses. Application for sub campuses September 2001, St. Helena en Westvaal, Free State, Health service area, Anglo Gold, Wimpie du Toit, wat's hierdie Nabaneza??? Nou O K dit was die eksamen sentrums waarvoor ons aansoek gedoen het by ST. Helena, Westvaal wat afgekeur was, omdat dit meer koste implikasie vir die raad sou inhou. O K ... hoekom is die goed hier? O K nou hier is dit Mei 2002, Change of address, Goldfields Nursing College, Change in the physic and postal address as from 27 May 2002. Physical address will be on the premises of Lesley Williams Memorial Hospital. Postal address, P. O. Box 968. Dit was wanneer die college weer oorgeskuif het na Lesley Williams toe. Nou wat was hierdie course for enrolment, ????? Gold, Driefontein. Sir Albert Medical Centre, August 2002, Hier is 'n situasie aan die mediese ... watter een is die, want dis 'n Afrikaanse, o , dit moet Wimed Park Hospitaal wees, situasie analise vir Wilmed Park Hospitaal. September 2002. En daar's 'n aaaansoek, o hier is een van Ernst Oppenheimer ook, ai tog hierdie Oppenheimer, en hy was, Wilmed Park was geakrediteer, eerste vir die bridging, November 1998, nou hoekom het ek hom vroeër gemis? En toe is hier nou 'n September 2002 en hierdie aansoek dink ek was nou, ag jissie dis nou 'n deurmekaar spul, Oppenheimer is ook ingstuur, dis Wilmed Park, O K hier het ons aansoek gedoen , kursus vir verpleegkundige, ingeskrewe verpleegkundige, oorbruggingskursus en operasiesaal , en dit was in 2002. Wilmed Park Hospitaal. Gaan noun a volume 7 van Goldfields Nursing College file, en dit is nou al amper 12 uur, op die tweede dag. Weer 'n kennisgewing t.o.v. die adresverandering 2003 aangeheg, 2002 Mei is die kennisgewing . die raad het definitief 'n problem met uhm, adresverandering. En Oppenheimer is nog steeds aan die gang 2003. Ek kan nie eens onthou of ons Oppenheimer eers regtig , ja wel, hier was hy 12 Maart 2003, is hy geakrediteer, Sir Albert Medical Centre en Oppenheimer. Situasie analise vir Fochville Hospitaal teater Maart 2002, Krugersdorp teater, dieselfde tyd 2003. Krugersdorp, Fochville, application present????? Vra hulle weer vir ekstra inligting. Dan is hier an agreement tussen Netcare Training Academy en Goldfields Nursing College vir die plasing van die teater studente. Agreement, copy van die agreement is hier in. hier is 'n situasie analise van Krugersdorp Privaat Hospitaal, omdat die raad nie blanket gee nie. Hier is kennis gegee aan die raad ag, wat's die datum van hierdie brief, Desember 2003. This is a notification that the college is in the process of phasing out the above mentioned learning program. Transferred to ????? Nursing College of the current first and second year learners have been negotiated . the transfer will be effective as from 4 January 2004. The current third year learners will be given the opportunity to complete their ffinal study year at our college and no further intake will be taken for the time being. Completion of training for the relevant learners will be forwarded to you in due time. en dan het hulle dit acknowledge. En dit was in Maart 2004. Late registrasion T.B. Green . O K daar is net 'n payment. Wilmed Park geen antwoord gekry nie. Weer navraag gedoen oor Wilmed Park, Wilmed Park,

weer 'n vraag gewees. Dan is hier 'n brief ingestuur aan die registrateur. Unauthorized use of documents, Vunzu Denze Nursing School.???? Came to my attention that the above mentioned institution has applied for accreditation and has submitted documents as required by SANC . I have to believe that the documents that were submitted under their name has been source from the Goldfields Nursing College without proper authorization. I would like to make an appointment to discuss this issue as a matter of urgency. Dan is hier weer 'n brief oor die phasing out, 20 April 2004, tweede en derde jaar studente were transfer to Ann Latsky on 3 January. The termination on du du du???? Was the finishing of the course. Accreditation, I have not O K dis nou weer Fundu, Funzy, I have not received the response from you on this issue stated in the above mentioned letter. I regard the matter as urgent. I would like to discuss it with you in person. Weer 'n akreditasie van Gold f ag Wilmed Park, weer ingestuur, hierdie Wilmed Park was ook omtrent 'n sage. Anncronn. Hier is 'n situasie analise vir Anncronn. Linda van Schalckwyk, en weer eens Wilmed Park Hospitaal, antwoord van die raad. Receive from the above mentioned letter is herewith admitted. Curriculae 2175 of Goldfields Nursing College, and Pfundu Ndenze Nursing School were compared to check the similarities is was found not the same. JAAAAAAAAAAAAA dis nou maar net so. Ag ja dan was daar maar net weer 'n brief oor ou Pfundu en sy goed. Curriculum application form, code of conduct, structure clinical guidance, progress block program. Ja dit was ook Hier is nou die eerste keer in al die goed, briewe Maart 2004 vir registrasie van studente. First year enroled, second year enroled, ek wil sê dis nie ek wat daar geteken het nie. O K dit was studente wie se goed ingestuur is, maar teen eksamentyd nog nie geregistreer was nie. Tohawky?? 2004 nog steeds gesukkel met Wilmed Park Hospitaal, Anncronn is ook ingestuur, September 2004, Nog dokumente van Wilmed Park . O K nou is hier Sunningdale, situasie analise, Sunningdale Hospitaal, gestuur 2004, Dis weer briewe, T. Fourie, sy was definitief in favour of Nklokotzi???? Ek is seker sy was baie, sy was Ja sy het omtrent die goed geswaai om die ou siel te pas. 2005 Februarie, kennisgewing, Nursing college is taken a pro-active approach in developed system to ensure that professional nurses be able to meet the requirements of CPD. completed the pilot study on CPD as it will become a pre requisite for professionala nurses to retain Life long learning. The nursing act. Proposed system was piloted from June 2004 to August 200? At Lesley Williams Private Hospital. Want to discuss it with the council but they never even responded. Oh en hier het hulle nogal. Hulle response was net, Council has not finalised the above proses being left???? Uiteindelik kry ons approval for clinical facilities for Wilmed and Anncronn op Februarie 2005 na honderde briewe wat heen en weer gestuur is. Hier was 'n laat registrasie van kandidate, Thea, oorbruggingskursus, weer 'n Sunningdale , 2004. O K nou is hier 'n briefie, approval of registration Goldfields Nursing College with the South African Nursing Council. Thank you for your assistance with the above mentioned

matter. However I want to ask if this information could be forwarded to the Goldfields College as soon as possible, as our head office has set the date for the information to be presented to the legal department . the deadline is set for 23 December 2005. Please could you inform me in time if you will not be able to meet this deadline and we could not expect information to be ready. Umaluzi ??? department of education registration 25 October 2005. According to all private nursing education institutions must apply for registration as a further education training institution with the department at Umaluzi.??? It would be appreciated if more information on the requirements for such registration ???? could be provided. Is it necessary to follow the Umaluzi citation?????? Whatever the information the learning program is submitted is ????????? between Umaluzi and SANC with regard to quality tution?? Should your college also apply council and learning programs on ???? of level six???????? In affiliation agreement du du du.Goldfields...wat is hierdie... information of registration , College of St. ... information as requested, Sunningdale, approved May 2006. Mei 2006, format van analise verander Sunningdale ingestuur, Wilmed Park ingestuur, vra vir hoeveelheid plasings, want hulle O K nou hier is 'n brief, application for the registration of Gold Fields Business Leadership Academy as a private further education and training institution. Ag moenie weer afgaan nie, want my batterye is amper pap, Thank you for submitting the application for the registration GFBLA as a private further education and training institution. The department for education would like to express its appreciation of your submission and views as you willingness to work with the department to provide quality education. the application will be screened to determine the completeness of the required information. The outcome of the screening proses wil be communicated. The department wish to make you aware, given the great number of applications received, there may be a delay in communicating the screening outcome. Must insure that submits its application to Umaluzi, should you wish to contact Umaluzi. Contact details are as follows: ... en dan is hier 'n brief van Danny Dee security Projects, the College Master, After meeting held with Gold Fields special investigation unit in July, we have realised that there is too much ignorance and undermining in the findings of the corruption matter that involves the irregularities in the writing of the 2006 bridging course final examination , written in March 2006. The Goldfields Nursing college in which they want to run the investigation in this manner will not suit our requirements, after spending so much time and money in our investigation. Also feel that it is ????? the image of the college by not disrupting the graduation scheduled. This matter involves students who are in their final year bridging course . Should the graduation proceed, students will be out on ??? faciities could easily disappear results. Illegal passes obtained by most of the students have to be declared void and will make sure that the South African Nursing Council declare the results as invalid before the schedule until the matter is properly finalized. We are fully aware that the graduation means to sertificate which ensure students of their pass, give

	<p>them the right to be employed by higher positions which will also be hazardous to the hospital service by the students will be postponed . We will therefor handle this properly on our own way, make sure that we reach the bottom line. We will follow up the other examinations to make sure that such corruption does not happen again. We would like to thank you for the response you gave to us in this matter. Hlangoti En ja, enclosed please find a copy from Danny Dee security projects. Self explanatory the Goldfields protection services for the investigation required a statement in order to register a case. The investigator failed to file a case</p>	
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GFNC Transcription of archive comments

Date:

The South African Nursing Council

EXAMINATION CERTIFICATE

This is to Certify that

STEPHEN FREDERICK TERBLANCHE

has passed with Honours
in the final examination for

GENERAL NURSES (MALES)

which was conducted by the Council under
the provisions of the Nursing Act, No. 69
of 1957 on the

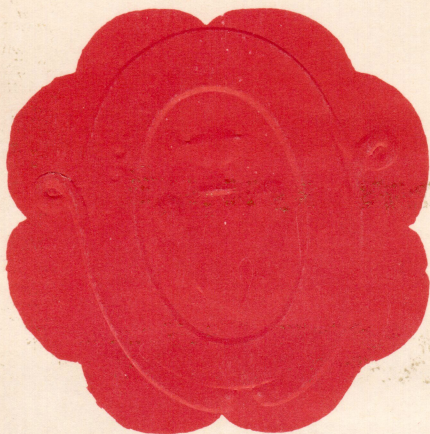
13TH MAY, 1959

DATED at PRETORIA this 29TH day of

MAY 19 59

W. J. van der Walke

REGISTRAR



The holder of this certificate may practice only if currently registered
with the S.A. Nursing Council.

APPENDIX K
Interview NTA

S: So uhhh if you look at if you look at here – so let's go past all the messages and whatever – it doesn't have a page number on unfortunately.

F: Okay

S: So, so in – what I did was I just globally said prior to 98, cause what happened prior to 98 - the training was run at the nursing at the hospitals, remember, and so various hospitals were allowed to register as a training school and mainly offered the programme leading to registration as an auxiliary. It was Milpark, Krugersdorp, Jacaranda, St Augustine's, Christiaan Barnard and Green Acres – were, were the main hospitals that registered as training schools.

F: Okay, yes

S: And so they ran that ENA programme

F: Ja, Ja

S: When that started I, I, I haven't been able to determine and so I don't know if that can be picked up from the SANC point of view as a training school ... uhm ... and then and then on the 3rd of July 1989 the first bridging programme started, so then we were accredited ... uhm ... from for at the what we now call our Johannesburg Campus, the Auckland Park Campus, okay, and then ... uhm ... what we did with the KZN group, they were actually students of the university of KZN - we were almost like an agent for them and then eventually we broke away from that and accredited them as an independent college.

So, so it's quite, it's quite - I'm not a 100% sure ... uhm ... the PE campus then was our last campus that got accredited which was in only in 2000 ... uhm ... in 2000 but we saying that ... uhm ... the Port Elizabeth campus was a sub campus of the NTA Cape Town and then the ... uhm ... the PE campus in 2003 got accreditation as an independent resident. Cause all 5 of our campuses are accredited independently ... uhm ..., so, so, how, how however ever I don't when I when I thought about it, I don't have in this thing when the Pretoria campus actually became accredited.

Now if you look at this – if you - and you are really welcome to skryf all over the book I won't lag and I won't be offended – or if you want stickies or markers or something - if you look at this, ja, this story, scroll back one - this lady Maggie Parlino - she was the college principal from when the college started in 1989. So she wrote up this bit for us and it

gives us quite a nice history ... uhm ... and detail ... uhm ... so she may be somebody else if you if you if you decide that this is not enough information that you need - to be able to try and get hold of her – Tory’s got her contact details, her most recent contact details, cause she did this for us ... uhm ... probably in about September October last year – she wrote this up - and she in fact gave us these photos ... uhm ... so it gives quite nice ... uhm ... and you know like even there she refers to like the Roux commission ... uhm ... the Mount Grace commission, warra warra warra and you see the contribution of the private sector with regard to --- ----- investigated in one of the proposals which was raised ... uhm ... private sector and that is a SANC document of 1990. The Mount Grace commission further recommended that there be a 1:1 ratio registered nurse to enrolled nurse, private sector’s role must increase by means of formal cooperation agreements ... uhm ... the mission of Clinic Holdings, so there is a little bit more why they did it.

Was the ----- to consumers, based on recommendations from the various commissions and reports and the admission the top management of Clinic Holdings decided during 1998 that there is a need to contribute to the national needs of private training.

Nursing: the development in the area of nursing training was in harmony of Clinic Holdings.

Claim: the role of the private sector was seen as complementary to these ----- So there is quite, a ... uhm ... Ja so you see, right at the bottom, she talks about – I reworded some of it – but primarily work was done in 1998 by the establishment of Clinic Holding Nursing Education ... uhm ... which eventually became Netcare Training Academy.

Therefore, so that is why this one this one works quite well. Because what happens is - first it was Clinic Holdings, then remember Netcare buys it out and then it becomes Netcare Training Academy, and then we changed the name to Netcare Education in 2007. Therefore, this is essentially the same organisation. We have tried to change the name, Nursing Council still have not done it. I mean there’s like, I took out my file again– I think it’s from 2007 - I got 11 letters that I’ve sent to them.

I now just informed them that we are now practicing and that, but you know what the problem is, we have to now have to get accredited with CHE and they say that we don’t exist on nursing council’s database which was still recorded so I wrote to Mr ----- a letter saying that they now compromising my business and if he doesn’t do something about it, I’m going to sue Nursing Council, it is ridiculous.

*One of the independent schools in Oudtshoorn had the same problem.
The - She was just phoned by the Department of Education, saying that*

on Monday, they send the police they closing down the school because she not FET registered, and then you know it was also a name changing thing and the documents was submitted to SANC and it was never forwarded to the education committee by the professional advisor, so the process did not follow the correct -----

But I got letters back from SANC that say it will be submitted to the next committee meeting, and then and then I never get any kind of reply, so I mean it is completely bizarre –

So, so but just from an historical point of view then, it is quite important - it was Clinic Holdings Limited and it was then called the Nursing School or whatever the case is - Clinic Holdings ... uhm ... Education Department of Clinic Holdings, and then it becomes Netcare Training Academy when Netcare buys it out.

You see that was the same kind of thing that happened to Afrox, you know, starting with Afrox and then becoming Life and so on, so Ja,

Then like the post-basic courses was accredited in 1997 ... uhm ... Cape Town campus starts in 1998, and 1999 ... uhm ... this one, Cape Town was registered with SANC as an independent college, then Green Acres in 2000 as a sub campus and then in 2003, I've got nothing in here about Pretoria Campus now that I look at it.

Does the - you said that all the sub – all the campuses are registered as independent (it all got an S number) so it would help me if you could give me those reference numbers then I can, you know, verify and check for their files in the archives.

You want to just write them down

Yes I write them down

So that's the Joburg campus – you see at SANC it is still NTA ... uhm ... Johannesburg campus - S1407, and then the Pretoria campus - S1588, KwaZulu Natal campus, they may call it the Durban campus, I don't know what they've called it - S177, and then, I think they've called it Cape Town campus - S1587, and then they call it the Port Elizabeth campus - S172.

So we changed it obviously to the new provinces -----

Okay - and ... uhm ... Ja, okay so the dates for each one of these will be in this -----

We can do it for you. So the Johannesburg one was July 1998, that one

Okay that one ja, okay and bridging course there KZN - Okay that is the

one you said was with the university.

Initially, but then KZN ... uhm ... I tell you now ... uhm ... then in 1996 if you look at that column, SANC approved basic nursing programme leading to enrolment as an ENA ----- training campuses are no longer hospital based course.

okay ja

So remember we started running bridging but then they move that one through there, then the next column 1997 approved the basic, the EN programme ... uhm ... and then the short courses additional post basic qualifications the post basic qualifications also then approved, so that was trauma, ICU and ... uhm ... anaesthetics.

Emergency and anaesthetics, okay

... uhm ... then in August 1998, that's the first group of ENA in Cape Town, and then the following year they get the EN and the bridging programmes as well, post basic diplomas 1999, okay, and then we did the listing of all the 6-month courses ...

1999 – you were busy 1999

... uhm ... and then 2000, it's where Green Acres starts, but no it is where PE campus is a sub campus of Cape Town, 2002 we started our surgical tech course, but anyway - and then 2003, PE becomes an independent campus and then we redid all of our basic programmes so we reaccredited – ENA, EN, bridging, and then this, in fact 4 post basics, we have anaesthetics and recovery as well ... uhm ... there ... uhm ... then we started the NDP ... uhm ... I don't know if you need to know about the private, registering as a private FET then with Department of Education.

That happened more or less 2006, isn't it? 2005

No we did our application end 2006 we only got the final approval now this year –

I am only looking at up to 2006, so if it's beyond that, its fine -----

So that gives you quite a bit idea of that flow and then as I say then this report by Maggie is quite detailed ... hum ... and she tell you how many staff, what programme -----

It's a very nice book, very nicely set

You know so she got quite a lot of detail of everything that the first students, then she clustered it in sort of three to four years, new programmes introduced, so she's got specific detail around that time, quite a lot of specific detail there ... uhm ... and then also if you just go to you see each campus got different things so we try the campuses of - you might be to read through details and pick up some titbits or whatever the case is.

Gauteng Northeast – I do not think there is anything in here, she only – this new campus manager only started in the same year so she could not have background history on it.

Okay

This lady that writes this ... uhm ... this article, Astrid Engelbrecht, she was our first gold medallist at the Pretoria campus, so she might even be able to give us some – she's working at Pretoria East hospital at the moment - that one - page 36 ... uhm ... and then the next one is KZN and here they've got some nice stuff about historical stuff ... uhm ... because again they ran like this 1967 there was a school, 1957 St Augustine's - I don't know how much older – remember St Augustine's is nearly 100 years old - the nuns used to run and do the teaching whatever, but I don't know when they started that training.

You know, Ja, I have to go back to this thing to see ... uhm ... because what we decided is to look at ... uhm ... these who actually contributed and then merged into what the school is today. Was it a private hospital then?

It was ... uhm ... it was ... uhm ... (*missionary?*) catholic mission hospital. I don't know the history about the hospital much at all.(Ja, okay)

Okay, this lady, Ann Watson, will know a lot about the detail of ... uhm ... KZN ... uhm ... the other one that knows a lot is this lady, Sue Bloom, ja you see here it says this little old lady were trained ----- 1912, and turned a 100 years and they did a whole big ceremony for her in 1984 so I am sure she's not alive, but this lady is still working for Netcare - Sue Bloom.

Then the next one is just her own rendition but she has left us anyway. Karin ----- she started the campus and she would you know she has given quite a lot of detail here of what and how many students and all that jazz.

This is interesting, you know, because this is information that you do not find on the council file, I think they keep that in a separate department, but the files that I got from the archive, do not have this information. Okay.

You see we've got quite a lot of stats in terms of – I've got very good and accurate states from 99, the stuff before that is a bit anecdotal – because this kind of information has never really been collated - I'm not sure what kind of detail you want from that. And then Eastern Cape, this lady is been the campus manager since they started, so she is still there as well so she will give you quite a lot of detail if you need – or additional information – she hasn't put it in bullet form – but she's put, you know, number of staff ----- and whatever.

... uhm ... and then – so, so remember what we've done from a structured point of view, as much as it might have started at the hospitals, it then went to the colleges, plus a sub campus ... uhm ... and then and then what we - and this was plain nursing programmes, nursing only, then in 2002 we added the techs – the surgical techs or IDP's or whatever, and our clinical engineers and we teach them on our premises, and then in 2005 - what we did, we changed the structure completely, so we have a general manager, which is me, and then we have a nursing faculty and then we have ... uhm ... management development, well that's nursing ----- management development, and then generic skills development and then ... uhm ... all the ad hoc kind of stuff, catering training because we do through City and Guilds and that kind of thing, we sponsor things, in nursing we now got 5 campuses, so its, we call it Gauteng Southwest, Gauteng Northeast, KZN, Western Cape and Eastern Cape, okay, and then at all 5 campuses we are accredited for ENA, EN, bridging and then at the moment for the R212 for the post basics we do ICU, theatre, trauma – ... uhm ... okay ICU we do in Joburg, Pretoria and KZN, theatre we do at Joburg and KZN and in Pretoria and trauma we do in Joburg and KZN, and we don't do it at PE or the R212's ... uhm ... and then we do what we call 6-month in-service programmes – we got 16 programmes that we run - for some are for RN's, some are for EN, some are for ENA. The only ones I do for ENA is theatre skills, what we call theatre skills and anaesthetic and we call it elementary theatre skills, elementary for the EN we do ICU, theatre, trauma, paed, maternity ... uhm ... also ... uhm ... we do all of them and then RN's obviously we do – I just try to think what are the other ones we do ... uhm ... infection control ... uhm ... and then we do paed cardiothoracic and then we just started an RN ... uhm ... medical and surgical programme, so we run - of these we run about 380 students per year, 350 - 380

And that is for your employees, your own staff

No, not all of them, the majority are, but for example Bara send 25 students to do the anaesthetics course ... uhm ... in PE and Western Cape we train – the majority of our students are government students, so they come from the four or five government ----- . We train just about all of their basic students as well, in Western Cape we also got quite a large government contingent which may shift a little bit now because they reopened colleges, but at the - up till now we had quite a large number of them. And then lots of other private like Melomed Group and that kind of thing - so it depends on who needs what, but we do a lot of work for the Bisho Government ... uhm ...

Ja, so from a structure point of view, that is more or less what it looks like now. So, so, so the difficulty is our management development we are in the process for example of getting our unit manager and our clinical facilitator development programme accredited with Services SETA ... uhm ... and then these generic skills depending on which SETA it needs to be, catering is with City and Guilds in London, so you know this is the workplace skills plan stuff - so from a structured point of view ... uhm ... you know if Nursing Council comes to inspect, we show them that, and we exclude the 6-month programmes because they no longer list them, if ----- SETA come to look, we just show them the EN, in fact we don't get any ENA we only get 2 EN, so big deal, so it depends if the DoE comes, it depend on which programme they wanting to do, if it is FET its only these two, bridging is not accredited with anybody at the moment because they've kicked it out, R212s we finalise with CHE at the moment, so ... uhm ... ja

So that, I don't know if that answers (*Ja Ja*)

Basically you know ... uhm ... was there a nursing service manager or HR you know, and this maybe a little bit blurred because of the development and the training schools being at hospital level and then becoming one, ... uhm ... but is there anybody that you could ... uhm ... remember that actually said let's put this all together as a nursing college or -----

It think that information from Maggie ... uhm ... gives a little bit of the information, it really was the executives of Net ... at the time Clinic Holdings, who was Norman Weldman ... uhm ... Bernie Hurwitz who was the CEO of Clinic Holdings at the time (*just say that name again*), Barney Hurwitz, I think she does talk about him ... uhm ... you see and then when you look at her period here 1989/90, the nursing manager was Sue Hamilton and then she also talked - the two occupational educational people ... uhm ... but I mean that was because the the at the time Clinic Holdings executives were prepared to support it and pay for it, to do that kind of thing, so, so I think that those were sort of the main

the main people there.

... uhm ... and you see even going into the house at Milpark, I mean that hospital ... uhm ... management team must have given them permission to do that ... uhm ... and then they went to Garden City or to Milpark, so ... and then in 1998 they moved to the nurses res of that rehab hospital, it used to be Cottesloe Hospital or whatever and that is where they still are now, ja

I think that is the only, so you would have you would have Sue Hamilton, Barney Hurwitz, Norman Weldman ... uhm ... and then Maggie ----- from 1998 – and Mickey ----- they must have started the same time, don't you remember Mickey ----- she must have been around for a long time, but she is now retired...

I know Maggie, you know, but I don't know Mickey

Ja, so I mean that is the only ones I can think of at that stage, but then obviously ... uhm ... once Netcare took it over, it was Jack Shevel who was the CEO ... uhm ... Eileen didn't really - Eileen was the nursing manager, but she did not really have anything to do with it, because it was Maggie and then I took over from Maggie ... uhm ... in 2000, sort of 1999 to 2000, so so then it was not really anybody else ... uhm ... I mean obviously it was a sustained thing in terms of Mickey paying prepared to pay the money into it, but I mean so in terms of the roles that they played it was difficult to really say.

Ja, It it it seems, if you look at the information at the council, its basically you know when the new or the the course for the nursing auxiliaries was was announced and a lot of hospitals applied to become schools to do that, and as with the development of the qualifications, you find that the schools added the programmes, ja so, the schools expanded according to the regulations and qualifications that which which should be ja

Then the location – where

I think -----some information It depends on the five campuses will tell you, like Karin has given quite a lot of detail about where they started and where they moved to and the PE campus as well, so those are all in there ...

And ... uhm ... could I contact these people if I need some more info ----

Yes absolutely yes absolutely no no whatsoever - just trying to think what the KZN one is the difficult one because the people that were, the

one lady that were there for the longest that I knew has emigrated I don't even know where or how to get hold of her ... uhm ... but if you speak to Ann Watson and Sue Bloom they would be able to give you some information there, okay

What was the model of education ... uhm ... what do you mean by model?

You know ... uhm ... was there a block programme or a block system and how was it, was it I think most of the these schools had like a 20 ... uhm ... days or something like that theory and then the rest of the training and that's for the nursing auxiliary and the rest was practical or was it you know did you have a different approach of of maybe 6 months in theory and 6 months in practical and that ...

I just want to look what she says here ... *they also find this* - students 8 hours a week, ja okay

I know that this will always run, and even when Maggie was there, they always run that integrated kind of model where you do some theory and prac but not ... uhm ... it's always sort of been either - some programmes were one-day release programmes per week and some programmes were a one-week block or a two-week block or a - it depended on the region and it depended on the hospital will do, so I don't have that specific information but maybe Karin has said something about that, because it would have been the same across the country. Classes were presented on a one day per week basis, no clinical facilitators were appointed, therefore all clinical accompaniments was done by the staff of the college – you see that was in 99.

So ja, certainly it looked like most of it was done on either a 1-day release or one week sort of kind of programme. Currently we do things slightly differently ... uhm ... for example, the PEN1's or the auxiliaries, we will bring them into block for 6-8 weeks and then we do about a 4-week simulation lab period and then we put them in hospital, and then they go onto a one-week block release system, but just that initial period to get them better competent in some terminology and to be able to do some basic procedures and ops so that they are a little bit more useful when they get to the hospitals ... uhm ... and then in total all our students all the basic students get a total of 504 hours of college, so that is max, that is a total of 12 weeks, that includes the SANC exam and then the PEN1's get ... uhm ... 8 weeks of simulation, the PEN2's get 6 weeks of simulation, so that is broken up now throughout the year and then the bridging students get – the 1st years get 4 weeks, and then the 2nd years get 4 weeks but that 4 weeks is specifically for their management module, so the bridging 2's get 4 weeks for advanced ...

uhm ... sort of procedures and all that jazz, but the bridging 2's get a 4-week period so that the manager of modules can be better facilitated and managed. The post basic students ... uhm ... get probably about 9 weeks of college, you know the R212's, and then what they get is structured clinical workshops ... uhm ... where you would do ventilators, ECG's, X-rays, blood, you know that kind of proce ... those kind of things ... uhm ... and then they also get what we called structured clinical practical or structured clinical activity time ... uhm ... about 12 hours per month for 9 months of the year, because then they on leave, then they are away, whatever, so it averages out, but I mean those are structured specifically, so that you can minimize the problem of students saying that they don't get time for facilitation, and so it is built into their training programme, so I can say we have brilliant ----- from the hospitals, we don't have a problem with that ... uhm ... and then the post basics, their nursing dynamics is usually done in a consolidated block and then what we do with their researches, we do that separately and we structure that ... uhm ... very specifically so they get a 3-day teaching period just on research, then they get ... uhm ... sort of facilitated days where they work on developing their proposal – the proposal goes through our research committee for approval, then they get more structured days so that they can get the systems for pulling together their data, analyzing it and putting their report, then they submit a written report which also get externally moderated, and then they do a presentation of their research.

Is the research project per individual, or -----

No we do syndicate groups at the moment purely because the research competence and abilities is so weak that to get each individual one to do it, is almost impossible ----- programme, so we find that they get extended, so also what we've done with the post basic programme, we run a nursing dynamic – you can run it as a ----- model and then do the speciality ----- so the students can select to do their post basic programme over one year or 18 months. So they can do the the research module as a 6-month module, and it stands alone ... uhm ... or they do it as an integrated within one year and we found that there are not a huge amount, we thought we had much more, but not a huge amount are opting for the 18 month kind of module, but there done it

Ja especially the operating theatre, it is such a loaded programme -----

Across the board, it varies, it really depends on their academic competence and the ability to to manage that cause they manage their speciality, they pass that but they fail the nursing dynamics, because they fail the management component and they fail the research

component, so we've created a very much more structured ... uhm ... process for the research and we had significantly better success with it.

And yesterday we had 9 groups of students presenting their research, just in the Gauteng region, and it was awesome, it was really, it was a very good success, and also I mean remember the lecturers capacity as well from the research point of view has always been weak, so we built in the same person that teaches around the country one person teaches the research around the country, because we found that otherwise there is too much inconsistency. That person is also been capacitating the lecturing staff, so yes there are some of them that are doing masters, but not necessarily enough of them to be able to facilitate the students as well. So we've spend quite a lot of time in work on that, because from a CHE point of view, also you just need to improve our research out there, so we have done it like that and then we also run what we call a writer's retreat – so we spend 4 days where you bring whatever data you got, stuff that you've collected, and then in fact we use Eloise and then she facilitates it, writing an article.

Start with the title, then take your stuff and you write the title, and then you have to some literature review, we spend six hours did that, so we did it over a 4-day period, by the end of the four days we had 20 people that had a very good rough draft of an outline of an article and then you know they could just work on it, and in 6 weeks the submitted it so we could try and get something published - so I mean there are ways to do that quite easily ...

*I think that is a very good approach ----- (works like a bomb)
make people feel save and*

We brought in nursing managers, infection control specialist, etc so each one had their own thing ... uhm ... but because you could debate it in a group, it is not a scientific article, we absolutely acknowledged that, but it is certainly not enough to go into ----- forum publication or nursing update or something along those lines ...

I always think, you know, there is so much happening in the services, and people don't write it up, because they don't think it is important, and when you talk about writing articles, they immediately think of the formal research process for degree purposes and that puts them off completely, you know

Okay then the other big thing in terms of our education model is that ... uhm ... in 1999 no - ja 1999, 98/99 was the first time that Netcare appointed full-time permanent clinical facilitators appointed at the hospitals specifically for the support of the students and then we created the system whereby we say there must be one facilitator for permanent

staff for the duration of that and post basic students and basic students and we use that now for the last 8-10 years and it works extremely well. So so where the lecturing staff were always responsible for the clinical facilitation because we increase our numbers so dramatically, it became impossible so ... uhm ... we added that ... uhm ... component, so we've got probably about 160 clinical facilitators – 150/160 clinical facilitators in the business at the moment

What is the number of students that you intakes

We do 3 intakes a year, not all campuses always do all three, but on an average we do three for the basic programmes, for the post basic programmes we do one intake per year, for the 6-months courses we do two intakes per year.

... uhm ... the KZN campus is the only campus that have got, no KZN and PE campus are the only campuses that have got SANC numbers attached, which are hugely ... uhm ... problematic ... uhm ... but all the other three campuses don't have, so we take whatever numbers we can and we still work on ratio - one student per three beds in use as your total student complement, and then you can divide it up between different programmes, so if you got a 500-bed or a 400-bed hospital, you know, you can have 130 students in total of whatever category, whether they are self funders or own employees, or 18.2 or government students that are placed there, so each hospital knows exactly what their total numbers are.

If the hospitals occupancy is low, then we will reduce those numbers obviously and in some occasions our very large hospitals, the 5 big big hospitals - Green Acres, Unitas, Pretoria East, Garden City, Milpark ... uhm ... they will take slightly more students than the one in 3-beds simply because they got such high levels of efficiency - very high level of occupancy, they've got a very big clinical facilitation department ... uhm ... you know for example Union Hospital will have about a 100, no Garden City will have 130/150 students so and they 7 or 8 facilitators, so they again we watch that carefully - we make sure that there isn't extension of number into unrealistic kind of things, so so we use that as recruit - that will tell us more or less how many students we can run. At the moment we run about as an average about 2000, as an average per month not the number that are registered ----- we register about 3200 students per annum at our five campus of which 350 are on the 6-month courses ... uhm ... so 3000 students across the country ... uhm ... these stats on the table will give you specific detail, there is our averages per month registered ----- uhm ... in terms where is that stats ----- can't find it

So if you ... uhm ... 50 oh 52 ----- you see if you take if you take 2010 which is the proposed year - our numbers are slightly lower than what they were in 2008 ... uhm ... not for any good or bad reason at all but if you add them together, so thats say 750 and 750, 1500, 2100, ja, 2400 students also ... uhm ... there you can see 2172, 2716, so so those are those are you see that is our proposed numbers but our actual numbers are much higher ... uhm ... so the 2009 numbers are a much better trend, although we have not increase our numbers this year, because I think we are at a bit of a capacity point and we are waiting to see what happened with the new qualifications and stuff ----- its unfair to the students, so so so that is where our numbers are sitting ...

And when did you start taking in the self funded nurse, because previously it was only for Netcare employees.

Self-funders we started - I have to try and check that it was either 2004 or 2000 and, it was before Linda even started here, it was either 2003 or 2004 but I can try and check that for you ...

Okay. I think that was that was that is a milestone you know, an important thing that happened in the history

... and the unions complain, and we we we we ... uhm ... are always completely oversubscribed, we've got massive waiting lists ... uhm ... we never had a problem, and yes, obviously some students have financial problems, but what we've done in terms of our self-funding model, is we say anybody who is in first year, so whether you're an EN, ENA, or a surgical tech or anything in first year, you pay your full fees, okay, and you get no remuneration, then in 2nd year we take the top 25% per hospital, not per class, not per --- per hospital, get what we call a gratuity, so it is not a salary or a wage, the students are not employed by us, they remain independent, completely separate, they get paid a gratuity. Then in 3rd and 4th year, so in other words bridging, we give it to 85% of the students, they get a gratuity - so they still pay their full tuition fees, they still pay their own textbooks and their uniforms, but they get a gratuity.

The reason we introduced the gratuity was twofold; one was to assist them marginally, it is not a massive amount of money, but secondly what we then do, we sign a contract with them that they'll work for us afterwards, so we've created an inherent employability for those students without ... uhm ... abusing them in any shape or form. Also they can obviously work overtime once they're bridging students because they're registered as EN's and they can earn some kind of money in any case, but so the only reason we got 85% because we have

a natural number of students that say I don't want a contract, my father is paying or my granny is paying, I am financially fine, I don't need the money, so we don't, so for example at the end of last year, now, at the end of 2010, even although the top 25% is what we prescribed to the hospitals, we actually achieved 39%, so 39% actually got --- the hospital feels that they can afford it and they want to, they will play it and for the for the 3rd and 4th years we actually achieved 92% ... uhm ... and so those that don't want it we actually get a physical letter from them saying we're declining your offer of gratuity, so mean nothing that in itself speaks for itself, so the students still pay their fees and their books and their transport and everything else, but you know there is the counter point of sort of trying to assist them with that kind of...

But I think it was 2003 – we took our first numbers in. At the moment we sit probably at about anywhere between 46 and 48% of our 3000 students that are self-funders, so that is a very large percentage. Because we are training for so long, the majority of our own employees are trained - if you look at our PEN1's, the number of our permanent staff at PEN1's, its ... uhm ... small - in PEN1's we have about 700 students in total ... uhm ... and probably 40 are our Netcare employees because they just – they are all been trained, those that want to be trained, or that could be trained with criteria, to enter have sort of been there, so we have very small numbers of our own employees at that point. It turns around a bit for the bridgings, what happens, the hospital will employ them also because of Nursing Council's 9-month delay between when the results come out and the student getting registered, some of the hospitals employ those enrolled, those PEN2's that would have gone over as bridging 1, so we don't lose them and then obviously the students are desperate to complete ...

And, and and ... uhm ... of these people you say they sign an agreement that they will work for the company, how many of them do you then actually employ – all of them or are them some of them -----

Very few that would leave, and we don't have the exact figures of that, we trying to do a trace to try and see how many of those actually then get absorbed, because some of them get employed after EN, and then some of them in fact get employed after bridging 1. It is very difficult to determine then how many, so but but certainly there are very very few, because the reason I would know that is because we let them pay us back if they leave beforehand and we track those that that leave, because we flagger on our HR system, that gets build into her ... uhm ... conditions of employment and then it comes down every month, so if she then resigns, so she owes us x and then we would know and that numbers are small, very small, it is a small percentage - maybe 5 or 10% maximum, because again, when they qualified they can do 6/5 courses

with us, they can do the one-year programmes with us, so there is a very long career path in terms of what their options are, so those numbers are really low. It is not high at all.

I was just wondering if if you, if the company got the capacity to actually employ all of those or you've got like a surplus which is send out to -----

No we don't, we don't, certainly at this stage that capacity all along. In PE ... uhm ... we place a lot of our self-funding students in the government hospitals which they obviously sign an agreement with and we do the clinical facilitation and supervision of those students in addition to the government hospital stuff ... uhm ... and a large percentage of them get employed by Netcare and then there are some that then choose rather to work for the government, so we never had students that are not employed - that I am aware of, we never have any students that don't have find employment.

Even though it may not be within -----

And even if they choose to leave Netcare, then they still manage to find employment, so there is not that situation of a surplus sort of we say to them okay go find yourself a job. Netcare's average vacancy rate is been up to this year, it sat at around 22% across you know all levels – this year it is down to about 17% and we think it is just because people are like leaving and they're the breadwinners and hanging on to their job, but still I mean, you know if you look at the number of bridging students we pushing out ... uhm ... say 400, and we've got a staff complement of 20 odd thousand of which the nursing staff is about 11 000, you know 400 out of 11 000 is not big - so no we have had problems with that.

In terms of expansion over the years, I mean these numbers will reveal that. In 2007 we ranked up our numbers quite a lot, because we just decided that in fact you needed to get better efficiencies and so we increased our numbers – we wanted to go to 4 000, that was our aim ... uhm ... and obviously there is a constraint in terms of capacity, the college ----- so we sitting at about 3 500 at the moment, so there was quite a big increase in student numbers at that time...

How many learners were registered at the first intake?

It was 26 bridging course students and then you must maar decide what the growth was. I mean in terms of bridging students, you know, in in well for 2010 it was 800 no 600 odd, if you looking at first year bridging, so 26 was the first year bridging ... uhm ... so if you looking at the bridging course here, there is no first years in 2010, and I can give

you the actuals for 2010, but these are the proposed numbers.

But that was only 26 bridging that was all that we ran, if you look at what we now run, and I give you a and I'll give you a – and I'll give you like a pivot table which will show you our current students numbers...

That will be great, because this is a bit difficult to find from the council. As I said they may have a different file, you know where you will find this, but the files that I've been working through up till now, don't really shows...

No they won't show that kind of information – no they won't.

So okay, and then well obviously with your campuses all over, you draw people from all over the country. Do you maybe ... uhm ... recruit from a specific province if the campus is like Western Cape, do you draw from the Western Cape area mainly...

Ja, mainly. I don't think that we draw across provinces particularly; because we would get - I mean PE draws probably a little bit more some from Northern Cape, but some must go to Western Cape. but we don't necessarily actively go and recruit there when ... uhm ... and then Gauteng Southwest ... uhm ... we will maybe get students from Mpumalanga and Northwest, ag Northeast Campus, you know Pretoria campus, will get from Mpumalanga, Limpopo ... uhm ... Northwest sort of province a little bit, depending on where the student want to travel to class. You must remember they practice in our hospitals, and then be able to either move them to come to one of those hospitals, but we've got one in Rustenburg. So we've got a reasonable spread ... uhm ... Joburg is maar mainly Joburg ... uhm ... maybe the Vaal, but you know from a provincial point of view - no, so it is not really ... Joburg won't recruit from Durban

Yes ja, actively, but you won't also reject somebody based on -----

No they come from wherever they want to, it is not our problem. When we when we register them for SETA, depending on their residential address obviously we will re-register but we say they their home address is Northwest Province, but in fact they training in Southwest, so or Gauteng, or whatever, so we do it that way.

Current throughputs (this year's throughput: I can give you)

Basically 2006 you know (oh 2006) I said current but I'm actually only at 2006, ja

I have to look that up, can I see if I can get find it quickly. You must shout about your time, if we going to slowly or

No I think we are making good progress - if you are comfortable, I don't want to delay you because you said that you have -----

----- have been cancelled, I have another one at half past 11/11 o'clock, so it is actually fine ...

Can I look at this book that you've got here

Ja, sure it is a fabulous book ----- is brilliant, she's from UJ

You see in 2006 we only had 1 100 students, basic students ...

1100?

Ja, it was the next year -----

But still if you look at starting with 26 bridging students and then increasing to that 1100 – it is actually quite good

I'm sorry it is not 1100, it is 2200 ...

Okay

(stem is te ver in die agtergrond om uit te maak wat sy sê – tesame met heavy agtergrond geraas)

No, it's up to 2006

The overall average is about 10% that dropped out ----- about 16 -----

Ja, basically the numbers that completed - that successfully complete

So, in 2006 ----- 12% extension rate which means we rewritten or whatever and then pass and then 11.2% that ... uhm ... did not complete so they dropped out ... uhm ... only 1.3% failed - so it is 8,6 % get through the course, 11,2 that don't complete and 1,3 that failed

Okay, which is quite good

Ja ----- is that all you need?

Ja, thank you. I think that's okay. I'll ... If you know I maybe want some more information I will contact you again because we also want to look at the contribution you know in general to the training of the nurses in the country

You see, we work we work on an average in the following way: PEN1's we have an average of about 16% if I take the 2002-2004 period, PEN1's is an average of 16, PEN2 is an average of 13, bridging 1 an average of 12 and then bridging 2 probably about 3 or 4 %, post basic about 20% ... and we use, ja bridging is about 6% sorry and post basic is 16, askies.

We use that when we do our projections, when we calculate numbers, so we use --- I must say the the, ja I suppose it evens out - its more or less about that numbers, and the pass rate of those that enter the exams is about 96%, which can describe as the biggest achievement. It's all relative hey to what you want ...

We'll anything - that can be more than one -----

I mean I think the fact that we got a national footprint of independent colleges that contribute significantly to numbers and the second thing probably is ... uhm ... is our clinical facilitator model, and then our quality management system ... uhm ... and certainly the financial viability and model, we don't run at a loss

I was going to ask you now if is it a cost centre or is it a profit centre

Well it is relative, because what we do is ... we we as Netcare Education, I introduced the system ... uhm ... I think we started it in 2002, just after I got here, because when I got here, the college was running at a complete loss, it's said it becomes ... it's ridiculous, so and what was happening not all hospitals were participating in the training. So the big hospitals would take students and then the small hospitals wouldn't - and when they qualify then they steal them so what we did we introduced a levy per bed system - so each hospital pays the same amount of money but it is then worked on a number of beds and we calculated against what our costs are. So we look what the revenue we get from our self-funding students, and then our second stream of revenue that we get is from Netcare from the hospital division.

They pay a levy per bed to me as the education department, and whether they send a student or not they pay the money - all hospitals ... uhm ... and it also calculated on the number of beds in use and not ... uhm ... it's not in in really extreme cases I will adjust one hospital because they're at a really - they are really running at 30% occupancy or for

whatever reason, but the norm is that everybody pays that levy so at that levy covers mainly and for that levy I then tell them how many students they are allowed to have, okay, and then ... uhm ... we manage our costs and things extremely – so our financial function is centralised, our campuses don't many – they are obviously operationalise it but our function is run centrally, we do monthly ... uhm ... each campus get a finpack, they have to report into it, so the financial management of the stuff is quite tight, and they are responsible for generating their own revenue as well,... uhm ... we only used one centralised bank account, there is no cash at the campus, if a student loses her bank card, it gets paid into a central bank account, brings proof of her payment and then she can get another student card or whatever the case is – so we don't have a problem with that kind of of situation.

The payroll is obviously managed appropriately, but we obviously fall into the same norm of what Netcare does, Payroll is certainly one of our biggest expenses and then leasing of premises is a very big cost driver ... uhm ... and so we turned it around to ... Netcare will still see it as a cost centre, because when they manage - when they look at managing the cost - what they look at in terms of the spend, the training spend, is that they look at the training spend of ... uhm ... the workplace skills plan, they look at what then levy gets paid into Netcare Education - at the moment it sits about 24 million ... uhm ... uhm they look at how much money we spend training students for the management development costs there ... uhm ...and then they also look at the money that we spend on bursaries - and the bursaries we we we we - Netcare gives undergraduate students at ... uhm ... various universities bursaries and then we also give our own staff who are doing a post basic or postgraduate programme which Netcare Education does not run, so if they want to do oncology, midwifery, renal whatever they can do it at the university or masters or whatever the case is, so we will pay - so when Netcare looks at the - whether it is a cost centre or a profit centre, they want to see a break-even across the entire education spent.

If you looking at the colleges alone, they are a profit centre ... uhm ... we probably, ja comfortably a profit centre – so, so that that it would depend on what you what you looking at - the only reason - if they took away the levy it would be a cost centre because obviously we don't make 24 million profit, certainly not, but but so so so they pay for that levy and then we've got a second levy which is regionally managed, so it is not per hospital ... uhm ... to run the 386-month per student, so so that is the investments in saying if you are working in a speciality area you must get some foundation of training, we will pay for that and then that levy also get paid to me, and that is about 1½ million or so.

So, so I don't know what I don't know what answer you need

No, I think that explains it. For interest sake, these other departments, do you also get the levy from the hospitals for the programmes -----

No this is calculated into your workplace skills plan, and the amount of money that you budget for your training and the management development is also added into there, although a lot of hospitals will do additional management development programmes or leadership programmes - management and leadership programmes ... uhm ... so like Pretoria region we running a leadership programme for 25 for their, fairly junior registered nurses, but in order to get them ready for unit manager and shift leaders or whatever, so that's not – they didn't budget that in their workplace skills plan, but they paying for it additionally, so they've then pay me - 911 wanted a specific programme which they hadn't put into their workplace skills plan but then they pay me. So they pay me like a normal service provider, they don't get that for free. If the hospital division wants something in project management, I run a 2-day project management but then do a presentation, pass or fail, but then I bill them.

Ja and those are run at a very very low margin - the additional ones, probably 3-5% profit – it's really just - because we use external facilitators. Management development is not - none of the facilitators are Netcare employees, so you pay them as a consultant. So we don't really make a profit on them - we certainly make no profit on the generic skills training, and that is computer skills training, soft skills, nursing in-service, CPD, all of that kind of thing ... uhm ... that is about 32 million been spend on that.

Are all the Netcare hospitals accredited as clinical facilities or – all of them ...

Yes – all of them – I don't think there are any that are not - even the new hospitals - Blouberg is just now recently being accredited, Alberlito is accredited - so ja at the moment all of our hospitals are accredited certainly, and some from the trauma, ICU and theatre vary a little bitt, it depends whether they were part of that process, but certainly all of our hospitals are accredited for the basic programmes.

Did you ever submit or submit or consider the 4-year programme - in its previous format

No. No ... uhm ... in 2003 we did a full revamp of all of the programmes and accreditation and all that, in 2006 we sort of toyed with the idea of going the 4-year route, but because of the amount of drama and hassle that the other providers were having ... uhm ... we just - at that point, remember in 2007 I said we increased our numbers - we took

a strategic view, we either increase our numbers and introduce what we can and spend our time and energy on getting that system organised and better than spending two or three years trying to get the 4-year programme ... uhm ... curriculated for the facilities accredited for, etc - so we decided not to, and then also the whole thing of the private provider registration came up ... uhm ... and we were busy doing that – all that kind of things - so we took a strategic view not to. It was debated, a lot of the lecturing staff wanted to do that ... uhm ... and you know we just decided that we absolutely not going to - simply because it was not happening anywhere else either, and as much as we like to be leaders in a lot of the things, sometimes you must fight the battles you can win.

No, it is too much time and energy. We certainly were not prepared to do it as an agent of a university or something, you know. We are definitely are not prepared to do it on that basis. Ja, so no we never did ...

Okay ... uhm ... you said that your quality management system - can you tell me a little bit more about – you know why do you see that as a big achievement...

Well I think that in the last 3 years, because of the CHE kind of thing, what we've done is ... uhm ... we've spend literally 3 years trying to put in place all of the requirements that link to the CHE's 18 criteria and we we started with with as if we knew nothing – and so we went through the entire thing, so we done a revamp of every single policy procedure aligned it to the criteria, structured the detail around it, put in place the appropriate systems ... uhm ... I think being able to achieve quite extensively a standardisation of quality and content and processes across all 5 campuses, which which is an extremely extremely difficult thing to achieve, because each campus wants to do their own thing, and when you look then again the policy that you thought you have, have been changed, where that is now eliminated.

Last year in April we brought in an external consultant to do an assessment for us of that. She gave us a whole lot of ... uhm ... recommendations around where we were at. At that time it was thought very much ... uhm ... sort of process driven and not very integrated from her opinion, and then in August of this year, we repeated that audit with her and she has been an auditor with the CHE, so she knows what she's looking for. And then certainly there are still problems and you know recommendation that she made, but certainly the shift has been dramatic and we can certainly see it now in terms of standardisation of branding of ... so if a student moves from one campus to another, there's almost no problem at all, it might miss a timing on one block or

two blocks, if a client phones and says what must I do to register, it is exactly the same for all 5 campuses ... uhm ... and then we we we track and monitor those quality indicators.

So we've created a quality dashboard, align to what we think are ... uhm ... the most important of the criteria, although what we do is we squeeze some of the criteria in so we do teaching and learning and assessment and promotion as one, research as one, community engagement or stakeholder engagement, and then we do CRM customer relations, we do ... uhm ... it's a financial kind of thing, because obviously the finances are quite important component for the CHE.

So it is around - also then what it allows you to is to link into the balance scorecard, which I don't think other people other education providers do and then also what we've done we've created a very extensive competency framework for educators which I don't think anybody else in the country has got ... uhm ... and it takes 10 or 11 competencies - I don't know if I can put my hand on one that I can show you a hard copy of this, obviously we did ----- and so from a ... uhm ... and then we run a skills audit against that competency framework, so so for every single category of lecturer, you've got a competency...

This is the 2004 version, obviously it's been updated, gets updated every year, updated it this year, but that will gives you a good idea what it looks like

So ... uhm ... we've got a career path framework and it is linked to the levels of work ... uhm ... model, and so we have a junior lecturer, senior lecturer, HoD or subject matter specialist, campus manager ... uhm ... what we've included now is we have an academic head – a national academic head - and then we've got regional managers as well, so it has increased a little bit, and but everybody has two interpersonal competencies, but then you either below expectations or meet expectations that normal ratings go but then say for a basic or a junior lecturer – business alignment, technical – so that is what they get, some are technical, some are interpersonal, so each one will have detail around what it means and what the key actions are then they get scored against that.

So for example - that is a basic lecturer, but the campus manager would have, you know would have different things. What we've added into these now is the research one and we added project management in and we added - so it evolves –but I mean - and we've been using this since 2004. So it is quite extensive ... uhm ... this is the regional manager's competency framework which was done in 2009 ... uhm ... so you will see she's got a whole lot of other things, she's got PPP's, leadership,

managing people, customer focus, financial management, project management, technology enablement. She must be able to do risk management, governance, environmental scanning, etc.

So it's quite extensive and then each one obviously has a criteria, so it doesn't matter whether you're regional manager at the coast or inland or whatever, that is what you get evaluated against, and then that gets tied into our balance scorecard – which is at the auditor at the moment but I show you my rough you ----- See this was all the files ----- audit, so that is why it's all sitting here, we're just finished the – where is the scorecard – it's a purple file – o here it is ...

So this is the, again this is the evidence and the data against - it gets audited by our auditors so you know you can't exactly put the - so this is the one that we now just had signed off by the auditors ... uhm ... but for example - so this was the final copy that we send in now this year.

So so then what we do in terms alignment, we would have the normal measurement criteria for what a normal balance scorecard has, so business processes, learning and growth, customer ----- and financials, and within that we got what we called Netcare's pillars – operational, efficiency ----- transformation, growing with passionate people, and then and then you create what are your specific things, so its managing bad debt, retention of student, ----- rate, so we would measure the throughput rate, sitting at about 88 - so it's that kind of - and then each campus contributes to that ... uhm ... so each campus gets its individual score card ----- workings, because if ----- scorecard is an average 92, and for me to say she must achieve 93 is quite difficult, where if Eastern Cape's throughput rate is 70 - for them to get to 85 is much quicker, but then so we do the gateway is that each campus have to achieve certain things, and then we say nationally what that must be – is it combined or consolidated – so that is all directly to the ----- got the quality indicators ----- you see we talked about that, quality which are our core focus, we look at service, value for money for the students, innovation, attitude, Netcare alignment – but our quality dashboard - those are the main components that we looked at, but then what we do is we say okay teaching and learning - there is the CHE criteria, but then for us what we do is we – find you a better example – this is a working document - say teaching and learning, then we saying what is the purpose of monitoring and evaluation, what are the goals and priorities, and then we say what are the quality and then we measure all our qualities against effective measures, efficiency measures and impact - so we say what are the success criteria, what are the indicators, got feedback – qualifying rate, pass rate, what are your results, what are your measurements, criteria so we send baseline target ----- and then do we have existing evidence for that, for example ... uhm ...

employable students ... uhm ... normal national comparisons – so what we do we compare our results to national overall SANC results and we say are they better or worse ... uhm ... and then what is the source – is our balance corpse ----- so we have a whole lot of detail around, you know like post basic stuff, the whole thing – what you'll do, how you manage it ... uhm ... and our aim for next year is to increase our amount of ----- so it is very clear, and that is our quality management system and that is what we manage with all of the campuses, and obviously it gets tied into our business plan. So that why I say our policy management system is quite comprehensive...

You mentioned also stakeholder engagement and ...

We did a very extensive analysis - I've got quite a nice visual diagram of that but that is on my computer, because what we looked at was legislative partners – maybe I must just print it ... uhm ... because we looked at internal stakeholders, legislative stakeholders, you know, other kind of partners, etc et, ... uhm ... but I suppose the obvious one in terms of our strategic partners is Netcare - as a company rather than a division - and then it depends on what you're looking at - is it regulatory bodies is it regulative bodies, is it ... uhm ... because -----

What is your policy on students who fail the examinations – do they have to pay back - or and how many opportunities do they get for re-examination...

----- standards

Okay

Look at these ----- 2006 version

Yes ja ja please - okay thank you

Ja - okay so from our perspective when we did the stakeholder analysis, we looked at it in terms of the nursing division, so what are the legislative – this was the 2007 version, so it might be slightly different, but I mean fundamentally, so you would need to add DoE *and CHE* – it is DoHET now but then you universities, industry departments ... uhm ... and we also managing the universities – then from Netcare - the hospital division, MediCross, and within the health care it might be ----- ---- you see what I saying, it is very difficult to ----- but that is what we use.

For our NDP thing is very similar but why I add this here is because obviously it's the SETA - the SETA kind of component you see there

we brought in the council of higher education but I mean ... uhm ... all divisions – PPP's, PPI so I mean it's fairly ----- so I mean, you know then you can talk about ----- within Netcare you got internal stakeholders, external stakeholders, nursing stakeholders, education stakeholders, so you know – which is your more strategic ones – it depends on what you need them to do - round that basis...

And you – Wits Univerist, KZN - are those the universities where you have bursaries for the - or are their other universities -----

No, the Wits university and KZN university, we had the liaison agreement for our post basic programmes but we no longer have them with KZN - we have consolidated it all to Wits. The bursary students are at ... uhm ... UP, UCT, UKZN, Northwest University, University of the Free State ... uhm ... we don't have at Wits, we don't have at UJ any more ... uhm ... I think that is the ----- this is our nursing bursaries

And the bursars also sign an agreement that they will work in your facilities -----

Ja, once they have completed their community service, but the numbers are smallish, it's 40 per year or whatever

But I mean every little bit helps ... and I think it is much more cost effective to do it this way than do a 4-year programme

Doesn't help us much ...

The governance ... uhm ... of your of the nursing education institutions, you know with regards to - is there a college council or you know a council, a senate, academic maybe, or a ----- board or something like tha?

We've got a system that looks like this

You can do it on the ----- and is it the same for all the campuses

... uhm ... whatever - so for the post basic programmes, ever since we've run them, we've always had a senate and a council ... uhm ... and that reports to Netcare - so it has been always in existence - for the R212's - since inception.

Then since 2009, we've run our basic programmes, so it is not - I mean Wits comes to this meeting, it doesn't then stay, but we continue to run our basic programmes through senate and council, the same kind of issues or problems, reporting financials, etc etc, but because of the CHE,

a senate is now called a Subject Assessment Board, and that is a Programme Assessment Board, okay and then ... uhm ... so this is nursing, now that is CHE, so all of our programmes go through something, so when this 6 months programmes, the 3-month enrolled, the NDP programmes - they all go through ... uhm ... a system

For the R212 programmes – because its KZN, Joburg and Pretoria – we now just with Wits university, KZN will fly up for those meetings, but they will report into that structure - belong to - we do teleconferences and whatever, exam committee, etc and obviously we've got the appropriate external moderation which is a laugh a minute, because we are better than what they are - it's ridiculous, it's so irritating ...

So so we do the external moderation in any case - we don't do external moderation for the nursing – for the SANC programmes, but we do do our own internal moderation. We run through our own internal moderation and we write for example we write a national test so everybody writes the same test on the same day across the country so that is also part of our standardisation - not all the tests are national tests, they do two – one prac and one theory, one then the rest are - we do an annual planner which says by this time you must ahve covered that - you could then do them whenever you want to, but by the time we do the national test, you must have covered this theory and this prac - so we do that - that gets fully moderated - moderators report the whole tootie ... uhm ...

And then and then we have an academic committee, it is not a board because it's not from a private sector point of view, it's not a board meeting, it's an academic committee ... uhm ... we also from a governance structure have a ... uhm ... so this council sort of reporting to that, then we have the research committee which deals with clinical -----, commissions as well as then other, you know the basic research goes to that committee, etc etc and then there is the bursary committee as well...

When it comes to workplace skills plan for the different hospitals - do you as the Netcare Education has an input into those workplace skillsplans?

100% - so so it works a bit both ways - what we do from a workplace skills planning point of view is ... uhm ... show you our flowchart as well ... uhm ... because I'm be doing it for 5/6 years, we generate a course or programme list of what we will accept of accredited programmes, because otherwise what we found was happening ----- so we generate a list but the hospital can apply, so if they didn't have something and they now want to do flower-arranging, they can apply

then we run it through our accreditation system, then the person gets put on to what we call a provider list, because we need to manage the -----
-- what the cost is, and then and then and then we do it like that - we do a lot of road shows, and teaching and discussing within to the region, we do HRs together, we do nursing together, etc and then you know but this year we need something on clinical governance, this year we need something on ----- course analysis, this year ... that's fine, then we just accommodate and work from that as basis

And then also what we do is we've got a bit cleverer, what we also do is we pre-populate current students so that they don't get left off, so anybody whose is in PEN1 we will populate into the hospitals ... uhm ... remember we have to collate all 54 hospitals into one thing, so we pre-populate the current students, if they're first year going into second year or even if they failed, then they are at least on that list already - we also pre-populate our PEN2's onto bridging 1, and then the hospital decides okay ja we can leave all of them or they will have a better idea, or we leave - we may take the name out but we leave the space, so we pre-populate the current students and projected numbers for the following year.

But then the hospital adds the first years and post basic cause we don't have those - because we then don't know who the hospital wants to send the first years. That is complete by June - now, we submit it, and we now know we now know already 90% - maybe some changes, but we essentially do it like that, ja. But for things like the nursing ... uhm ... in-service or conferences or ... uhm ... ACLS or all of that jazz - it's all on our list, and so they would be able to - and because we work on one system, our HR system, if it goes to x hospital, so it comes to my hospital, I can open it and I can put in Shannon Nell, it will pull through all my detail - my race my age, my sex, the whole tootie - so there is no manual input of that so there is no mistake in terms of that data, because when you then when we then when I sit and finally sign it off, I have to be able to look at, from a transformation point of view, how many of these people are in the right categories, if they're not, it goes back to the hospitals - sorry you can't do that, you first proof this this , so so there is a period of backwards and forwards, but it's very strict at the moment, I mean we learnt very expensive and very hard lessons, but I mean we do we - it takes us probably like four months to get the whole thing completely ----- cause remember when we submit the workplace skills plans for Netcare, it's for Mediacross, it's for 911, its for ----- care, its for all the divisions that come through so ... uhm ... you have to hare op jou tande om daai ding uit te sorteer.

And then every year SETA change the template. It's not like you can give the hospital the template - so we we we make them submit in a

certain format and then our ... uhm ... shared services guys will put it into the SETA format. Sso this is more or less how we do it - this is an ongoing process...

That is excellent you know - one can see that the education - Netcare education is really a strategic part and that is something that I'm still struggling to get -----

We forced it – we forced it a little bit, because we said why must HR be responsible for the workplace skills plan when it is an education function, and so as much as it is driven and done and - but the key pulling together of it because it is around the planning, it's an education function, it must fall under the education head. So the people that do the work are the HR managers – not me – not my colleges - they don't do it - it is the HR department that do it, but in that structure where HR's PI have a head, we call it the HR Development and Transformation Manager - he is responsible and then he has a skills development facilitator, but they then reporting to me – with a dotted line into HR.

So you know where did it like that. Also what was happening, the leadership stuff was managed by HR - what does they know about an education programme – how to assess, who is the moderator, how do you collate marks, what do you do what do you do creating a research publication - so once a year we will – we've just produced our publication now. We put together a publication of what research have been done in the business, so so it's it's articles by doctors working in Netcare and then the integrated projects of all our management development programmes - must be anybody - must have got over 65, and then we do the abstracts of anybody who got higher than 75 - this is all the R212's programmes, and then anybody that has higher than 75 we put in their entire text article, and then ... uhm ... a list of sort of the programmes, the a... the research that is still, that's currently happening at the moment ... uhm ... which will then come through as its going along, so I mean what does HR know about putting something like this together, so we put something like that together every year and publish it and circulate it within the hospital.

If they want the full article, they sourced it from me. So what we did we said we moved from being a nursing college to be an edu - and that's why we changed our name from training academy, because the training connotation was also not necessarily the most appropriate and we do formal education and we do do training, but the skills training must become an education competence, and so it took probably about two years to convince them to do that ... uhm ... and what helped - our HR head left and when that person left, it was easier to shift it, because the new person who came in hadn't really had a choice, because by then we

already taken the ownership of it.

So it is around how you position yourself. We not gonna become a corporate university because that's gonna be impossible, but certainly if you if you ... uhm ... contributing to such a significant amount of what happens in the business, then somebody has to take accountability – look at all the issues with it as well, but you learn to figure those out as well.

But I mean it's the same as you know we just run two very big RPL projects. We've taken all of our HR and Payroll people through getting them RPL'ed for IR practitioners or Payroll practitioners - and we just employ RPL provider who then did it, we facilitated it, etc but got them qualified. Point is HR are not gonna do that ... uhm ... you know if you want to develop a new programme, all these 6-month programmes – whose gonna develop it, the nursing managers can't develop it, so yes I'm not saying that we work very very closely with them and very integrated with them, but at the end of the day somebody have to take the responsibility for that kind of function and you need to decide what is that function and where does it sit, how do you influence it... so that's what we do...

I mean it is not difficult to do - at the end of the day its quick to do –

What I find is you know a lot of resistance because these people has doing things for a number of yours and they think it is their domain and now when you want to clarify, they don't want to let go... and ag ag ag ...

We know all of that, because as well - I don't report to Eileen, I report to the HR director -----I see and meet Eileen 27 times more than what I ever see the HR director, but fundamentally when you actually look at where its suppose to – structure, it is in HR development - that is where it should be ... uhm ... and so when we got that sort of alignment right, it changed quite a lot of the ability.

Nobody produces any figures or stats or claims that we have trained anything unless I signed it off ... uhm ... because you know everybody was making you know, we are the biggest trainer in the country - we not - we train a large number but we are not – you know - the large universities and colleges whatever are in some cases bigger than us - we not – Highveld Care trains a large number of students as well, but it's not - so - I just stopped all of that kind of nonsense - it's absolutely ridiculous. You have to report what is the fact or the truth, I'm happy with that, but you can't make these clever statements that ... uhm ... makes you look good but is not truthful, when somebody comes to audit it – I've got no nothing – I don't even know somebody had published

that. Nobody talks about education and training on my behalf – if I'm not there, they can't, they don't, not Eileen, not the HR – they don't do that, when we have union negotiations and I'm not there, they must just wait until I can get there ... uhm ... so its its you have to just have a thick skin ...

I want to ask you about community involvement, community projects from the education perspective

What we do is each campus has to do at least two projects as a target and three projects as a stretched target, and they have been selecting their own projects ... uhm ... sometimes we do it in collaboration with one of the hospitals that are close by, its better ... uhm ... sometimes we do it with one institution but each year of students contributes ... uhm ... so it is a bit a little bit variable ... uhm ... what we've done for 2011 in our new balance score card, we've actually said that one of those three projects must be an education-based project.

It must be either teaching kids to do something or whatever – doesn't have to be teaching them to read or write – but it must have an education kind of component to it, and then the second thing that we brought in from last year already was ... uhm ... the green sort of approach

So again they had to, for this year they have to literally just do four things – they could do anything they want to - all of them obviously, in fact we said that they have to do paper – because you know paper for us is a huge thing, so we de the reduced through recycle principles ... uhm ... you know they did paper, water, electricity and ... uhm ... we didn't do tin cans because we took that off the list - oh printer cartridges ... uhm ... and I mean it's amazing how much money you save etc etc.

Say for example one of the campuses has now done a combined project where they saying it's the going green plus it's the ... uhm ... community project is that they do a vegetable garden that the students maintain ... uhm ... in a community which is very close to where they live, and those vegetables or whatever crops come off, goes directly into that community. So we do a lot of that stuff ... uhm ...

You know when the strikes were on we pulled all the students out of the classes, they went into the various hospitals - so you know we could put into the hospitals about 800 people. Okay we had to then reorganise their class time, but I mean it was not a difficult thing. We have a very clear disaster management process - if something happens it comes to me. We got a very clear way in which – so we know at any one time how many students are in the class, how many we can pull out, what

year they are, where they need to go to – so we got a lot of that stuff in place.

And then your biggest challenge that you are faced with ...

Currently versus earlier. I think the earlier one was the costing of the thing and that is when we introduced the levy per bed and the self-funders, because if you're in a business and it's not the business's core function then you are seen as a cost centre and they want to close you down every three weeks ... uhm ... and then they threaten you and then you have lecturers in a toestand and all that jazz and I have just decided --- lots of that, no lots of that - every time they want to cut they want to cut the training ... uhm ... but but I think that because Netcare has made this strategic commitment, they completely stopped doing it, because to see this ---- I have to - you have to - be prepared to commit to ... uhm ... you know a guaranteed kind of situation.

I can't have you sitting at a board meeting saying oh well we will cut the training, it is unacceptable, the training is a cost of doing business ... uhm ... and you know so I must say we haven't had any of that for 7 years, 6-7 years at all - absolutely none when the rest of the hospital division cuts, I get a similar ----- and they like what went wrong here, well my good business plan ----- but it's that kind of argument ... uhm ... ja

I think it was that and the another big challenge is the nursing council ... uhm ... completely completely non non whatever – they do nothing whatsoever to try and support you, to try and consider new innovation that you might come up with, they ... uhm ... dictate numbers with no criteria, when you appeal that kind of thing it takes three years before you get any – so for me it's not only a frustration, but it is a completely inhibitory kind of component and the fact that they set the exams at such a shocking shocking shocking standard, the problem uhm I'm not saying we don't have problems, and I'm not saying you know, but I think that they are - its way overdue that they should stop been doing the exams - for me that is hugely problematic.

I would say that - I don't have challenges with placing students in the hospitals ... uhm ... the facilitation – I mean you have the odd isolated case but as a general rule we have really really good buying, we have very good ... uhm ... response from patients, we don't have a problem with patients not wanting students to be looking after them, we don't have issues with ... uhm ... getting students ... uhm ... our facilities are really really ... uhm ... I mean the college facilities and the hospital facilities are good, the health and welfare SETA is a laugh - we have money outstanding from 2002/2003 - so if you are not a big company that can carry the cost, you could be bankrupt.

Their administrative and logistical processes are a nightmare, their workplace skills plan is – ja you need a full time person to trace them to get your mandatory grants, never mind your discretion grants paid - so those regulating functions are cumbersome, they are hugely time consuming (*not enabling*) completely disabling ... uhm ... so you know the CHE process is been much more constructive, you could track your application online, you get a response quickly, they give you very clear dates when you must reply, what date the meeting gonna be, if they don't have a meeting they let you know before the meeting that it was cancelled and so at the moment that CHE has been of the best – the best of the whole lot.

I think that they don't know what they are looking at when they look at the healthcare provider – because it's new, but I mean it's not the end of the world; there is a lot of standard things that can fit in. I think the other issue is the ... uhm ... in terms of the future challenges, is the competition we generate for universities, because if we CHE accredited, we can run masters and certainly we are aiming to run masters ... uhm ... and so I think that it's an interesting dialogue – when you say to them can we join FEDUSA, no we can't, so don't you think it's time that FEDUSA change their constitution, because it should not be nursing institutions; it should be higher education institutions – and so you see the resistance already and they like we will overrule you - so that is an interesting landscape.

And it depends you know - the prime minister says one thing at the moment in terms of what we gonna do, and the new nursing strategy and I don't know what not versus the qualifications – so what do we do, are we gonna expiring in 2010 ag 2012, or extend it again – so that for me is more than a challenge. You can't get on with the business that you can do what you need to do when you got this prolonged protracted years and years and years of decisions that keep getting changed...

It is interesting to see the correspondence on the files at SANC you know where institutions has applied for certain programmes to be accredited – and then it said moratorium placed on and the period that has actually lapsed from them and still – 7, 8, 9 years and there is still now answer ...

And again, if you are a small organisation, a small provider, a small education provider, you get killed because of that kind of thing, you can't continue to function ...

If you look at the time also that it takes for them to accredit a provider, you know (ag its completely ridiculous) and their expectations of what

you should have in place when you put your application in to and maintain that for 18 months while you can't do any business (it's completely unrealistic) as if they really have an understanding of what it takes to run a business

No they have no idea, none whatsoever

Anything else that you want to maybe add ...

I think in terms of the private sector providers – because that's what you looking at -----

I'm looking at those linked to a hospital crew - not the independent ones - it's only these ones

I think that they key to getting it right, is your relationship with the hospital side because if you don't have that a 100% sorted, then that hospital can ... uhm ... almost sabotage your processes and if you don't have the appropriate facilitators, and if you don't have the relationship where if they think in fact you shouldn't be teaching this, you shouldn't be teaching that, that you don't do that - its problematic. I think that's the one thing, then the other one big thing from a private provider thing is the marketing and ... uhm ... positioning is very different to government college – government college will exist because they exist, whereas in a private sector you have to be able to comply to a position and fight for your space in the sand, and it cost you, so your cost of doing business is much more or is increased because of the additional kind of components that you have to comply to - that nobody else has to comply to ... uhm ...

And so they come and inspect you when they themselves are not complying to what you now have expected to comply to, and ... uhm ... I think a lack of insight of those kind of regulators of the understanding of a private component. I'm not talking about the basic principles of the education side, that's ... uhm ... I think that the difficulty also in terms of trying to improve the amount of ... uhm ... collaboration you can do between the private groups is very very difficult, because people, because you have to be careful of the anti-competitive laws and so as much as you want to collaborate, you sometimes are forced out of that collaboration because it can be seen as colluding - which is bizarre - when in fact there is a lot of generic kind of components and you would have benefit by doing a collaborative kind of arrangement, but you get kicked out of that kind of system because of the perceived or the perception of colluding and you know company secrets and all that kind of nonsense, so it's quite difficult ...

Did you ever experienced the lack of understanding from management with regards to the academic issues in education

I don't think a lack of – I don't think I really experienced issues but what what - I've made it my business is that I teach them as much as I can. So if I have a nursing managers meeting, I teach them something new about academics side of things all the time, so and so do my regional managers, so we will teach them about what is assessors, why is it necessary, where does it fit in, because all of our clinical facilitators have to do assessor training, because they not all nurse educators but they have to do that training. So we spend a lot of time doing – and I suppose it is linked to our marketing, so we talk about it as customer relations, we talk about our students as our customers and so the hospitals run a project for the last two years about how do you change the attitude towards students to see them as customers, especially because we have the self-funders. So that is a nice way to start it - and then the integration of understanding what the students need is much better.

We also spend a lot of time with them in terms of saying okay these are the procedures that the first years are doing, are you happy with that, do you needs different ones, and then when we work on the standard - on the assessment tools, somebody from the hospital, not only the clinical facilitator, usually the unit manager will come onto that meeting as well. So we've moved – I mean there are obviously some issues that will happen, but I think over all it hasn't. I mean Eileen has a good understanding what the requirements are, although she doesn't ever claim to know the psychological models of learning, but I mean she will then defer or refer to me, so that is not a problem, or to the campus managers or whatever ... uhm ... so I think that it has been a conscious thing because training the nursing training is such an inherent thing for such a long time, that people see it as part of their norm and their job – it's not - the unit manager knows that is what your job is, so that is not foreign what you trying to introduce.

We also always done a lot of pharmacy training, basic pharmacist, post basic pharmacist, pharmacists themselves get placed with us to do their internship with us, we do placement of radiography students, we do placement of physio student ... uhm ... all of the emergency departments run formal M&M meetings, and academic ward rounds – so there is a very very strong ... uhm ... sort of culture of learning and and and within the organisation, so I don't think I experience half of what some other colleagues do which I'm aware of that they experience ... uhm ... not at all –

But again the counter point to that is that you have to deliver and if you

don't deliver, if Eileen phones me now and she says how many students you have in the college now, I have to give her that answer now, not in 4 weeks time - so I spend a lot of time when we do stakeholder management is to say to them: what are your expectations of us as a division, and we clarify that regularly.

We have big stakeholder meetings and we say to them this is what's happening in education, this is where the new ----- are, this is what the qualification is, what are your worries about, what are your expectations. The document that was send out about the clinical model - we ran a few workshops with people, because they didn't even understand what that said, so the ----- necessarily come up with an alternative, but at least they have a clearer understanding of what people are thinking, so I must say but it very much driven from our side. We also have started a position so that we don't if we have mangers meeting, we listen to what they about to say, but if we want to give education information, we call a separate meeting, we call it an education meeting, so they know they coming to hear about education - it's not a nursing managers operational meeting that we are now trying to plea our case for half an hour - and that works much better, so your position is completely different.

We also got lots of specialist forums: the unit managers, the midwifery, the ICU forums, etc and our HoD's or our CF's will attend the most appropriate one ... uhm ... and again it is about hearing what they saying, these are the problems.

For example Joburg campus we have three intakes a year of four groups of students – that is 12 intakes of students per year. So we do exams 10 months of the year, ----- exams. So the demand of clinical facilitators to participate in the exams is high and so they complain that the facilitators - we also will not allow our facilitator to examine her own students - she has to go to a different hospital - then the hospital complains that she is not there but I say yes you got somebody else whose doing your student - oh okay, they didn't think about it - sometimes it is also about clarifying in advance what that impact of having 400 students is going to have in your business, talking them through it, explaining it, showing it, showing them what the tax rebate is

It's about selling your product at the end of the day ... uhm ... so it is work, but we strategically managed that as part as one of our senior management functions. But I mean ultimately we take responsibility for that – to drive that. If there is a new regional HR manager, we make sure we get five appointments with that person – why do you want five? – well because we go five divisions. We not gonna tell you about all five – tell you about one at a time – oh okay - by the time we seeing them for

the third time, they asking as questions about the first one, but they become aware that we exist, right from the beginning - that is how we do it - so we actively will go and sell that kind of thing within the hospital division. If it's a new nursing manager appointed at the hospital, that campus manager has to see that nursing manager within 6 weeks of her starting ... uhm ... and then the follow up meetings, etc so there is ways in which you manage that better – but it's a round of communication - at the end of the day its absolutely right there – there's no doubt about that

It sounds very good - it really sounds like a big success story to me and I want to congratulate you –

Thanks we had fun – *ja, as long as you have fun* – you know your desk looks like a nightmare, but at the end of the day if you look at it as ----- you look like –

When we put this book together and we thought okay we had our parties in April because of the world cup in July, but we have it printed and issued and sent out, and I mean we had brilliant support from our executive team Richard and Peter and Eileen and all of them - so and when you put it together you think o well maybe in fact it is not all that bad – so you know, it's an attitude thing, and one of our key pillars is about why do you bleed all the time, tell me what your solution is, come up with a new innovation, ... uhm ... look at what we do thats so great and wonderful - so it is to also try and get people to jut that knowledge that they have done well themselves ...

In think it is very important to celebrate your successes

But we certainly make a bigger noise about that at this stage than we done before

Okay, Shannon thank you so much for your time.

You can let me know if there is anything else that you need

I will do that – thank you so much. I also hope that I will come up with something that is worthwhile