



ANASA News

September 2008

From the Chairperson's desk

ANASA continues to strive to meet our objectives of our Vision and Mission Statement. I feel it important to highlight both.

VISION STATEMENT

The vision of ANASA is to be the Association of which all nursing agencies in South Africa are members who are conducting their business in a professional and ethical way, thereby ensuring excellent service to all their clients, commensurate with the interest of the business stakeholders.

MISSION STATEMENT

ANASA strives to be an Association representing member agencies that consistently maintain high ethical and professional standards, thereby ensuring that the acronym ANASA is synonymous with quality care rendered by all its members.

Furthermore, the misconception of our representative status as a statutory body is clearly defined in the first word of the name of our "association" which means a group of people who are organized for some common purpose.

CONTRACTS

The review of the Agency/Nurse and Agency /Client contracts have been completed by Stephanie Vermaak of Deneys Reitz. These contracts will be forwarded to all paid-up ANASA members. **Please be advised that changes in the form of insertions and or deletions to the contracts may affect the recourse one would like in the event of litigation or challenge.**

SPRING BREAKFAST

ANASA once again held our annual Spring Breakfast on the 10th September 2008 at the Centurion Golf Estate. The event was a great success and it provided member agencies a platform to showcase their agencies. Agencies purchased tables and invited their guests to attend this event. Our sincere thanks and congratulations are extended to Madeleen Buys of Inten-Nurse Pretoria who together with the assistance of the events committee which included Marie Jacobs, ANASA Administration Manager, Bongani Mkhwebane of SMab Nursing Agency and Elsa Ackermann of Medi-Nurse. Kevin Chapman of Berea Nurses Institute Johannesburg was our MC and our thanks are extended to him too! Grant Driver provided a very entertaining overview on communication in his topic "Collide or Captivate" which in essence is a vital component in our daily activities. ANASA had the pleasure of facilitating this event for 170 delegates and was overwhelmed with the sponsorship from the following agencies: Berea Nurses Institute Johannesburg, Berea Nurses Institute Pretoria, Charisma Healthcare Solutions, Inten-Nurse Johannesburg, Inten-Nurse Pretoria, Nursing Emergencies, S Mab Nursing Agency, Medi-Nurse, Cybernurse, Unique Nursing Agency, Tshwane Nursing Agency and Nursetec. The financial report pertaining to this event is attached to this newsletter. The ANASA branch of the Western Cape have indicated that they too wish to hold such an event and we wish them every success!

Our condolences are extended to Lettie Muller's family of Klerksdorp Nursing Agency. Lettie passed away recently following a battle with cancer.

CAPES AND SERVICES SETA

CAPES is generally recognized as the undisputed representative body for employers of atypical employees and private employment agencies in South Africa. CAPES facilitates interaction with all stakeholders at the highest level on behalf of its Association Members.

As a confederation CAPES represents the interests of almost 1000 registered Private Employment Agencies in South Africa placing more than 300 000 daily average temporary employees into the South African labour market. CAPES is a proud member of Business Unity of South Africa under the Unisectoral Chamber and engages actively in the standing committees pertaining to Social Policy, Economic Policy and Transformation Policy.

CAPES' membership includes large and small, transformed and transforming, listed and private employment agencies. Given the complexities of globalization, the need for business in South Africa to be competitive, the drive to decrease unemployment and poverty, as well as to develop skills, Private Employment Agencies have a vital role to play and will continue to engage stakeholders in Business, Government, Labour and Society in order to achieve these and related objectives. The Association Members currently engage in either statutory regulation via Bargaining Council Agreements or sector-specific statutes (e.g. the Nursing Act) or self-regulation via Codes of Ethics.

Challenges that face the atypical employment sector is the government/union drive towards providing temporary staff with provident/pension schemes. This has been addressed with government and the unions through BUSA through our representation at CAPES and has provided ANASA members with a platform for negotiation. It appears likely that this will be facilitated in the new year and provides ANASA members with additional challenges in the nursing agency industry.

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CAPES is also investigating the possibility of becoming the representative and legislative organization for all businesses within the labour recruitment sector. CAPES will engage closely with ANASA going forward to look at the many irregularities and non-compliance issues that haunt us. This is of concern for CAPES as it can potentially bring the entire TES industry into disrepute.

CAPES delegation along with Dr Serfontein from the Services SETA is working on a process that should be finalized in the next 12 months. This will include the old IPSC exam as part of a formal education process, which will allow members to obtain up to a NQF7 qualification in Labour Recruitment but will ultimately result in licensing of any person dealing with candidates or clients and further the licensing of the agency itself.

Our representation on the Services SETA Labour Recruitment Chamber has been closely interlinked with the developments at CAPES and is supportive of the negotiations with BUSA.

Liz Fairall of Charisma Healthcare Solutions has retired as Managing Director, a position that she has filled for the past twelve years. Werner Laubscher has been appointed to the position at Charisma. Liz thank you for your contribution to ANASA and congratulations to Werner on his appointment.

Opportunity is missed by most people because it is dressed in overalls and looks like work.

Thomas A. Edison

US inventor (1847 - 1931)

Our thoughts and prayers are with Elize Porter of Unique Nursing Agency who has undergone surgery to her back and we wish her a speedy recovery.

REFERENCE PRICE LIST

On the 4th February 2008 the Director General of Health invited interested parties to make submissions on a Reference Price List, following requests of provider groups this was extended to the 19 May 2008. Due to the non-compliance with Regulation 3 (2) of the Regulations an 8.7% increase has been levied on the 2008 reference price list schedule. Provider groups have been invited to submit additional information that may assist in the determination of a reference price list. Such comments should be made in writing and submitted before 12h00 on the 10th October 2008 to Mr. Siyabonga Jikwana at the Department of Health. ANASA will be submitting comments following ratification by the Exco on the 8th October 2008.

DENOSA

All ANASA members were invited to attend the meeting, which was called on the 1st October 2008 at DENOSA. A Memorandum of Agreement (MOU) was distributed electronically which Ms Liana Grobler, National Industrial Relations Coordinator of DENOSA in collaboration with HOSPERSA drafted in an effort to secure support from ANASA members. Such support included the support of strike action, which has many subsequent ramifications on agencies: It defeats the principles of good business governance and contradicts the basic elements of business practice. As ANASA members derive their income through nurses working agencies cannot justify strike action. It support of strike action by agencies would also sour relationships with clients and could open themselves to extensive litigation for contravening "Service Level Agreements". ANASA members would probably marginalize themselves too as clients would seek the services of agencies that were outside the constraints of the MOU. The bargaining tool of the Ministerial Variation held little significance as the interests of the nurse were catered for. It was concluded that each individual agency was at liberty to sign the MOU but ANASA did not receive a conclusive mandate to enter into the agreement.

South African Nursing Council

A meeting with Mrs. Subedar, Registrar of the South African Nursing Council, yielded interesting and challenging information. As the Department of Health (DOH) had indicated that nursing agencies were still overseen by the SANC this was the first issue addressed. Nursing agencies had become part of the "Health Act" and were therefore excluded from the "Nursing Act". As a regulation had not yet been promulgated by the DOH, Mrs. Subedar suggested that ANASA as a representative organization of stakeholders formulate comments on the 2003 Draft Regulation and submit them to her. ANASA representatives at the meeting also volunteered their services to form part of a working committee that could assist either the SANC and/or the DOH in finalizing the Draft Regulation. However the status quo of nursing agencies remains the same and need to conform to the existing Regulation 32. The incidence of disciplinary action was also raised and Mrs. Subedar highlighted the difference of employment and professional transgressions. Employment issues should be dealt with through disciplinary and behaviour change procedures of the agency/employer and issues that relate to unsafe nursing practice which compromises the public are construed as professional misconduct. Persons convicted of professional misconduct will have their names displayed on the SANC website in keeping with the requirements of SANC legislation. The Scope of Practice of all nursing categories has changed and members are advised to familiarize themselves with the changes. Careworkers were addressed and Mrs. Subedar was of the opinion that they would not form part of the Nursing Act and not part of the Nursing Professions Council. The commission structure of Regulation 32 was also mentioned and we were advised to follow due process of getting the existing Draft Regulation promulgated. Fraudulent receipts were also a concern that was raised and Mrs. Subedar referred us to the SANC website which is proving a valuable tool in confirming panel member current registration. The website is www.sanc.co.za Training of nursing personnel is best achieved through the SETA's and unless the agency is registered and accredited as a training institution by the SANC, the SANC holds no authority.