

**CHAPTER 61:03 - NURSES AND MIDWIVES: SUBSIDIARY LEGISLATION**  
**INDEX TO SUBSIDIARY LEGISLATION**

Enrolled Nurses (Training and Examination) Regulations  
General Nurses (Training, Examination and Student Registration) Regulations  
Midwives (Training, Examination and Pupil Registration) Regulations  
Nursing Council for Botswana (Badge) Regulations  
Registered Midwives Disciplinary and Ethical Regulations  
Registered Nurses Disciplinary and Ethical Regulations

**NURSING COUNCIL FOR BOTSWANA (BADGE) REGULATIONS**

*(section 12)*

*(23rd May, 1969)*

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Interpretation
3. Badge for registered nurses and midwives
4. Sale of badge by Council
5. Registered number to be engraved on badge
6. Manner of wearing badge
7. Loss of badge to be notified
8. Restriction on manufacture of badges, etc.
9. Offences

S.I. 64, 1969.

**1. Citation**

These Regulations may be cited as the Nursing Council for Botswana (Badge) Regulations.

**2. Interpretation**

In these rules-

"**badge**" means a badge such as is described in regulation 3;

"**register**" means the register of nurses or the register of midwives kept in terms of section 8 of the Act.

**3. Badge for registered nurses and midwives**

There shall be a badge for registered nurses and registered midwives which shall show the National Flag of Botswana in colour on gilt circled with a black border bearing in gilt the words "Nursing Council for Botswana".

**4. Sale of badge by Council**

The badge shall be sold by the Council to registered nurses and registered midwives for a price of 60 thebe.

**5. Registered number to be engraved on badge**

Before a badge is delivered to a person to whom it is sold there shall be engraved on the back thereof the number under which such person is entered in the register, and should such person be registered both as a nurse and as a midwife, both the numbers under which she is entered shall be so engraved.

**6. Manner of wearing badge**

The badge shall be worn only when the person wearing it is in uniform and shall be worn pinned to the right upper front of the uniform.

**7. Loss of badge to be notified**

In the event of a badge being lost, its owner shall notify the Council of the loss.

**8. Restriction on manufacture, etc. of badges**

The badge shall not be manufactured, sold or supplied by any person other than a person approved of for that purpose by the Council.

## **9. Offences**

(1) Any person who contravenes regulation 6 or 7 shall be guilty of an offence and liable on conviction to a fine not exceeding P50.

(2) Any person who contravenes regulation 8 shall be guilty of an offence and liable on conviction to a fine not exceeding P50 or to imprisonment for a term not exceeding three months, or to both.

## **REGISTERED NURSES DISCIPLINARY AND ETHICAL REGULATIONS**

*(section 12)*

*(29th August, 1969)*

### **ARRANGEMENT OF REGULATIONS**

#### **REGULATION**

#### **PART I**

##### *Preliminary*

1. Citation
2. Interpretation

#### **PART II**

##### *Breaches of Discipline or Professional Ethics*

3. Breaches of discipline or professional ethics

#### **PART III**

##### *Rules of Professional Practice for Nurses*

4. Professional secrecy
5. Limitation of practice
6. Administration of anaesthetics
7. Dangerous or habit-forming drugs
8. Administration of injections and intravenous infusions, the taking of blood from veins and blood transfusions
9. Records

#### **PART IV**

##### *Trial of Nurses Accused of Breach of Discipline or Professional Ethics*

10. Charge
11. Service of charge
12. Directive to accompany charge
13. Effect of admission
14. Trial by Council
15. Summoning of witnesses, etc.
16. Default or misbehaviour
17. Notice of time and place of trial
18. Presentation of case
19. Council may be legally advised
20. Proceedings on trial
21. Acquittal or conviction by a court not a bar to proceedings
22. Proof of commission of criminal offence
23. Finding
24. Voting
25. Punishment
26. Copy of record may be applied for
27. Appeals
28. Record to be forwarded to Minister

29. Director may submit representations
30. Nurse may submit reply
31. Minister's powers on appeal
32. Reopening of trial
33. Decision to be conveyed to nurse

S.I. 83, 1969.

## **PART I**

### ***Preliminary (regs 1-2)***

#### **1. Citation**

These Regulations may be cited as the Registered Nurses Disciplinary and Ethical Regulations.

#### **2. Interpretation**

In these Rules-

"**Director**" means the Director of Health Services;

"**nurse**" means a person of either sex registered in the register of nurses referred to in section 8 of the Act.

## **PART II**

### ***Breach of Discipline or Professional Ethics (reg 3)***

#### **3. Breaches of discipline or professional ethics**

A nurse shall be guilty of a breach of discipline or professional ethics and may be dealt with in accordance with the provisions of Part IV of these Regulations if she—

- (a) not being registered as a medical practitioner, practises as a medical practitioner (whether or not purporting to be registered) or performs any act specially pertaining to the calling of a medical practitioner (whether or not purporting to be registered) or uses any name, title, description or symbol indicating or calculated to lead persons to infer that she possesses a degree, diploma or other qualification as a medical practitioner, doctor of medicine, physician or surgeon accoucheur, or that she is registered as a medical practitioner;
- (b) advertises herself for professional gain or permits such advertisement, otherwise than by stating her name, address, telephone number, hours of attendance and registered qualifications on or in a board, plate or notice displayed at her place of work or in a simple entry in a telephone directory or other directory;
- (c) advertises any other person (whether or not such person is registered or enrolled under the Act or under the Botswana Health Professions Act) or, except with the written permission of the Council, advertises any project, business, institution or organisation of any nature whatsoever or any product thereof, for any purpose whatsoever or in any manner whatsoever, or permits her name or photograph (whether in uniform or not) to be used in such advertisement;
- (d) wilfully breaks any contract of service into which she may have entered if such break shall conduce to the detriment of the patient whom she has contracted to attend;
- (e) wilfully, and otherwise than in a report or communication to an appropriate authority or official body, reflects adversely by word or implication upon the probity, professional reputation or professional skill of any person registered or enrolled under the Act or under the Botswana Health Professions Act;
- (f) wilfully does or omits to do anything, which act or omission is calculated to bring the Council or any of its members into contempt or disrepute or to hamper the work of the Council;
- (g) misappropriates drugs, however small the quantity, for use by herself or by others or for any other purpose, or misappropriates a prescription for drugs;

- (h) contravenes or fails to comply with any of the rules of professional practice for nurses set out in Part III of these Regulations;
- (i) having been suspended by the Council from practice as a nurse, during the period of such suspension practises as such;
- (j) fails to use or apply due skill, care or attention in the course of her professional duties; or
- (k) commits an act, or conducts herself in a manner, unbecoming a nurse, whether such act or conduct constitutes or involves the commission of a criminal offence or not.

### **PART III**

#### ***Rules of Professional Practice for Nurses (regs 4-9)***

#### **4. Professional secrecy**

A nurse shall at all times observe the following rules of professional secrecy-

- (1) Nurses shall hold in confidence all personal information entrusted to them in the course of their duties.
- (2) Information regarding a patient's condition, treatment and diagnosis shall not be disclosed to anyone without prior permission from the patient or the medical officer in charge of the patient.
- (3) No information of any kind regarding a patient shall be disclosed to the press, any member of the public, or any other person without prior permission from the patient, the medical officer or the hospital authorities.
- (4) No person, other than those directly responsible for the patient, shall have access to the patient's case notes, unless prior permission is granted by the medical officer in charge of the patient.
- (5) No information regarding a patient's condition shall be conveyed to relatives or friends either by telephone or by word of mouth by any nurse unless that nurse has had prior permission or has been authorized to disclose such information.
- (6) It is a breach of confidence to discuss any personal information given to a nurse by a patient, unless it has some bearing on the patient's condition, and this information can only be given to the doctor or to the senior nurse.
- (7) No member of the nursing staff of a hospital shall discuss with or relay to any member of the public any gossip pertaining to any patient, or any other member of the staff so as to bring into disrepute the good name of the hospital.

#### **5. Limitation of practice**

A nurse shall not attend a patient where the required attention falls outside the scope of such nurse's registration, except in an emergency or when a correctly qualified person is not available from any source. In such event the nurse shall forthwith report the facts of the case to the Council in writing.

#### **6. Administration of anaesthetics**

Should a medical practitioner decide that it is in the interests of the patient, a nurse may, on the written or verbal order of the medical practitioner, and in his presence and under his direction and on his responsibility, administer an anaesthetic. Except as aforesaid, a nurse shall not administer an anaesthetic.

#### **7. Dangerous or habit-forming drugs**

In the case of dangerous or habit-forming drugs, a nurse shall-

- (a) keep a register of all such drugs supplied to her and record the name and address of the supplier, the date received and the strength of the drug supplied as well as the total amount received. A separate page shall be used for each drug and strength of such drug;
- (b) record the date, time, dosage and name of the drug given to any person and record the name of such person;
- (c) keep such drugs under lock and key or by such other method of safekeeping as may

- from time to time be laid down by the Council;
- (d) make her register and stock of drugs available for inspection at any time by the Director or his authorized representative or a police officer;
- (e) at once report any loss or theft of drugs to the police, the Director and the Council, giving a written statement of the circumstances of such loss;
- (f) when giving any such drugs, have the drug and the dosage checked by a medical practitioner or a registered nurse or a registered midwife, or in the absence of such persons, have the drug and dosage checked by an Enrolled Nurse or Medical Aide or any other suitable person and ensure that all such persons sign in her register that they have carried out such check.

**8. Administration of injections and intravenous infusions, the taking of blood from veins and blood transfusions**

*(1) Hypodermic and Intramuscular Injections*

A nurse may administer a hypodermic or intramuscular injection-

- (a) on the written order of a medical practitioner or a dentist;
- (b) on the verbal order of a medical practitioner or a dentist, given by the medical practitioner or the dentist personally, and wherever possible in the presence of a responsible witness. Written confirmation of such order shall be obtained from the medical practitioner or the dentist, as the case may be, within a reasonable time. Should such written confirmation not be obtained within a reasonable time, the nurse shall forthwith report the facts of the case to her immediate superior, or the Council, in writing;
- (c) in the absence of a medical practitioner, if her position implies that she is running a clinic, or if she is in charge of a clinic in a Government or mission hospital organization and her duties are supervised at regular intervals. In these cases she may give injections of drugs laid down in a schedule approved by the Council, and no others. The onus is on her to ensure that she gives them in the correct dosage;
- (d) in an acute emergency, when she considers the life of the patient to be endangered. In such a case she shall make appropriate arrangements for the patient to be referred to a medical practitioner at the earliest opportunity if, in her opinion, the patient's life will not be jeopardised by travelling, and she shall submit a written report to her immediate superiors or the Council stating the circumstances under which she gave the injection and the preparation that she used. If she considers that it would be dangerous to move the patient she should, as soon as possible, send a message to the nearest medical practitioner explaining the circumstances of the case, giving the details as aforesaid, and asking for further instructions.

*(2) Intradermal Injections*

A nurse may administer and read the results of an intradermal injection only on the written order and on the responsibility of a medical practitioner. In the absence of a medical practitioner, if her position implies that she is running a clinic or if she is in charge of a clinic in a Government or mission hospital organization and her duties are supervised at regular intervals, she may give injections of drugs laid down in a schedule approved by the Council, and no others. The onus is on her to ensure that she gives them in the correct dosage.

*(3) Intravenous Injections, Intravenous Infusions and the taking of Blood from Veins*

A nurse-

- (a) may, subject to paragraphs (c) and (d), administer an intravenous injection or an intravenous infusion or take blood from a vein only on the written order and on the responsibility of a medical practitioner;
- (b) shall not under any circumstances employ the "cut down" method in the administration of an intravenous injection or an intravenous infusion, or in the taking of blood from veins;

- (c) may, in the absence of a medical practitioner, take blood from a vein either for the purpose of doing investigations that she considers to be necessary or for the purpose of supplying blood for grouping or cross-matching;
- (d) in an acute emergency, where she considers the life of the patient to be endangered, may administer an intravenous injection otherwise than on the written order or on the responsibility of a medical practitioner. In such a case she shall make appropriate arrangements for the patient to be referred to a medical practitioner at the earliest opportunity if, in her opinion, the patient's life will not be jeopardised by travelling, and she shall submit a written report to her immediate superiors or the Council stating the circumstances under which she gave the injection, the time and dosage of the injection, and the preparation that she used. If she considers that it would be dangerous to move the patient she shall as soon as possible send a message to the nearest medical practitioner explaining the circumstances of the case, giving the details as aforesaid, and asking for further instructions.

(4) *Blood Transfusions, Changing of Intravenous Infusions to Blood Transfusions and*

vice versa

A nurse-

- (a) shall not, under any circumstances, insert a needle into a vein for the purpose of a blood transfusion, except on the order and in the presence and on the responsibility of a medical practitioner:  
 Provided that even under these circumstances a nurse shall not employ the "cut-down" method;
- (b) except as provided in paragraphs (a) and (c), shall not, under any circumstances, start a blood transfusion except on the order and in the presence and under the direction and on the responsibility of a medical practitioner;
- (c) may change an intravenous infusion to a blood transfusion only-
  - (i) on the written order and on the responsibility of a medical practitioner, and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner; or
  - (ii) on the verbal order of a medical practitioner, given by the medical practitioner personally, and on his responsibility and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner. Written confirmation of such verbal order shall be obtained from the medical practitioner within a reasonable time. Should such confirmation not be obtained within a reasonable time, the nurse shall forthwith report the facts, in writing, to her immediate superior (if any) or to the Council;
- (d) may change a blood transfusion to an intravenous transfusion only when the container has been checked by a medical practitioner, a registered nurse or a registered midwife and the actual procedure must be checked by a responsible and qualified person;
- (e) may connect up a second or subsequent container only-
  - (i) on the written order and on the responsibility of a medical practitioner and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner; or
  - (ii) on the verbal order of a medical practitioner, given by the medical practitioner personally, and on his responsibility and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner. Written confirmation of such order shall be obtained from the medical practitioner within a reasonable time. Should such written confirmation not be obtained within a reasonable time, the nurse shall forthwith report the facts, in writing, to her immediate superior (if any) or to the Council;
- (f) may connect up a second or subsequent container of blood only when the container

has been checked by a medical practitioner, a registered nurse or a registered midwife and the actual procedure must be checked by a responsible and qualified person.

*(5) Drugs to be used in the event of Anaphylactoid or other Severe Reactions*

A nurse shall ensure that at all times she has available a fresh solution of adrenalin and, if possible, injectable hydrocortisone as well as an injectable anti-histamine for use in the event of anaphylactoid or other severe reactions. When giving injections of sera or drugs known to cause such reactions the nurse shall-

- (a) enquire from the patient if she is sensitive to such drugs or sera and, if she is, shall ascertain from the Medical Officer if the drug shall be given;
- (b) ensure that the patient does not leave the immediate vicinity for at least half an hour and shall check the condition of the patient before she leaves. In the event of the patient refusing to comply with her request she shall record the fact in writing, giving the patient's name and address and, if possible, obtain the patient's signature.

**9. Records**

(1) A nurse shall keep a record of each case attended by her.

(2) A nurse shall retain the record referred to in subregulation (1) for at least three years and shall produce such record to the Council when required to do so in writing.

**PART IV**

***Trial of Nurses Accused of Breach of Discipline  
or Professional Ethics (regs 10-33)***

**10. Charge**

When a nurse is accused of a breach of discipline or professional ethics, the Director may charge her in writing under his hand with that breach and may at any time withdraw such charge.

**11. Service of charge**

The Director shall cause the charge to be served upon the nurse concerned.

**12. Directive to accompany charge**

The charge shall be accompanied by a directive calling upon the nurse charged to transmit or deliver within a reasonable period specified in the directive to a person likewise specified, a written admission or denial of the charge and, if she so desires, a written explanation of the breach with which she is charged.

**13. Effect of admission**

If a nurse charged as aforesaid admits the charge, she shall be deemed to be guilty of the breach of discipline or professional ethics with which she has been charged.

**14. Trial by Council**

If the nurse charged denies the charge or fails to comply with the directive mentioned in regulation 12, the Council shall try her on the charge:

Provided that-

- (i) five members, of whom three shall be registered nurses, shall form a quorum for the purpose of such trial;
- (ii) in the absence of the Director, a member nominated by him shall act as Chairman of the Council for the purpose of such trial.

**15. Summoning of witnesses, etc.**

The Council may-

- (a) summon, to attend the trial, any person whose evidence appears to be material to the determination of the charge;
- (b) administer an oath or affirmation to any person so summoned or who appears to give evidence at the trial;
- (c) order the production at such trial, by any person, of any book or document in his possession or under his control which is relevant to the subject of the trial.

**16. Default or misbehaviour**

A person who without reasonable excuse fails to attend in response to a summons or who refuses to be sworn or to affirm or who fails to answer fully to the best of his knowledge and belief any question put to him which is relevant to the trial or who, when required, refuses or fails to produce any such book or document as aforesaid, or who hinders, obstructs or intimidates any person in the giving of such evidence as may be required of him shall be guilty of an offence and liable on conviction to a fine not exceeding P50 or, in default of payment, to imprisonment for a term not exceeding three months, or to both:

Provided that no person shall be compelled to answer any question which may render him liable to a criminal charge.

**17. Notice of time and place of trial**

The Director shall fix the date, time and place of the trial and shall give the nurse charged reasonable notice in writing of the date, time and place so fixed.

**18. Presentation of case**

The Director may authorise a person to attend the trial and to adduce evidence and argument in support of the charge and to cross-examine any person called as a witness for the defence.

**19. Council may be legally advised**

At the request of the Director, the Attorney-General or a legally qualified member of his staff may attend the trial to advise the Council on questions of law and procedure but shall have no voice in the decisions of the Council.

**20. Proceedings on trial**

(1) At the trial the nurse charged shall have the right to be present and to be heard, either personally or through a representative, to cross-examine any person called as a witness in support of the charge, to inspect any book or document produced in evidence, to give evidence herself and to call any person as a witness.

(2) The Chairman shall record or cause to be recorded the proceedings at the trial and all evidence given thereat.

(3) The failure of the nurse charged to attend the trial, either personally or by a representative, shall not invalidate the proceedings.

**21. Acquittal or conviction by a court not a bar to proceedings**

The acquittal or the conviction of a nurse by a court upon a charge of a criminal offence shall not be a bar to proceedings against her in terms of this Part on a charge of breach of discipline or professional ethics, notwithstanding the fact that the facts set forth in the last-mentioned charge would, if proved, constitute the offence set forth in the criminal charge on which she was so acquitted or convicted or another offence of which she might have been convicted at her trial on the said criminal charge.

**22. Proof of commission of criminal offence**

If the breach of discipline or professional ethics with which the nurse is charged amounts to or involves an offence of which she has been convicted by a court of law, a certified copy of the record of her trial and conviction shall, upon the identification of such nurse as the person referred to in such record, be sufficient proof of the commission by her of such offence, unless the conviction has been set aside by a superior court:

Provided that it shall be competent for the nurse charged to adduce evidence that she was in fact wrongly convicted.

**23. Finding**

At the conclusion of the trial the Council shall find whether the nurse charged is guilty or not guilty of the breach of discipline or professional ethics with which she has been charged and shall inform her of its findings and shall state the reasons for such finding.

**24. Voting**

(1) Subject to the provisions of this regulation, every question to be determined at a trial under these Regulations shall be determined by a majority of the votes of the members present.



(2) In the event of an equality of votes on the question of finding, the nurse charged shall be deemed to be found not guilty.

(3) In the event of an equality of votes on the punishment, or on any question arising after the commencement of a trial, except the finding, the Chairman shall have a second or casting vote.

#### **25. Punishment**

If the Council finds the nurse charged to be guilty it shall proceed forthwith, after hearing any statement or evidence she may wish to make, give or adduce in mitigation-

- (a) to reprimand her;
- (b) to suspend her from practice as a nurse for a specified period; or
- (c) to remove her name from the register,

and it shall inform her accordingly and state its reasons for the punishment imposed.

#### **26. Copy of record may be applied for**

If found guilty, the nurse concerned may, within seven days of being informed thereof, apply to the Director for a copy of the record of the proceedings at the trial including any documentary evidence admitted thereat and the statement of the finding and the punishment imposed and the reasons therefor.

#### **27. Appeals**

The nurse concerned may, within 14 days from the date on which she received the copy of the record of the proceedings, or if she did not apply for a copy of the record, within 21 days from the date on which she was informed of the Council's finding and the punishment imposed on her, appeal against the finding or the punishment or both to the Minister by giving the Director a written notice of appeal wherein she shall set forth fully the grounds upon which her appeal is based.

#### **28. Record to be forwarded to Minister**

Within 10 days of receipt of the said notice of appeal the Director shall forward to the Minister the record of the proceedings at the trial together with the notice of appeal.

#### **29. Director may submit representations**

If the nurse concerned has appealed in terms of regulation 27 the Director may at any time before the Minister has given a decision in terms of regulation 31 submit to the Minister any representations which he desires to make in support of the finding or punishment appealed against and shall furnish a copy of such representations to the nurse concerned.

#### **30. Nurse may submit reply**

The nurse concerned may within 10 days after the date on which she received a copy of the representations referred to in regulation 29 submit to the Minister through the Director any reply she may wish to make to such representations.

#### **31. Minister's powers on appeal**

After consideration of the aforesaid record and documents the Minister may allow the appeal wholly or in part and may set aside or reduce the punishment, or may dismiss the appeal, or may before arriving at a final decision on the appeal remit any question in connection with the trial to the Council with a direction to reopen the trial for the purpose of hearing further evidence or argument or otherwise dealing with the said question.

#### **32. Reopening of trial**

If the Minister directs that the trial be reopened, it shall be reopened in accordance with his directions before the Council composed of the same persons as before on reasonable notice to the nurse concerned.

#### **33. Decision to be conveyed to nurse**

When the Minister has arrived at a final decision on an appeal he shall cause the decision to be conveyed in writing to the nurse concerned.

### **REGISTERED MIDWIVES DISCIPLINARY AND ETHICAL REGULATIONS**

*(section 12(1))*

(29th August, 1969)  
ARRANGEMENT OF REGULATIONS

REGULATION

PART I

*Preliminary*

1. Citation
2. Interpretation

PART II

*Breaches of Discipline or Professional Ethics*

3. Breaches of discipline or professional ethics

PART III

*Rules of Provisional Practice for Midwives*

4. Professional secrecy
5. Limitation of practice
6. Administration of anaesthetics
7. Dangerous or habit-forming drugs
8. Administration of injections and intravenous infusions, the taking of blood from veins and blood transfusions
9. Equipment
10. Precautions to be taken
11. Records
12. Administration of drugs
13. Duties of the midwife during the antenatal period
14. Vaginal and rectal examinations
15. Attendance upon a patient during labour
16. Duties during puerperium
17. Breast feeding
18. Medical aid

PART IV

*Trial of Midwives Accused of Breach of Discipline or Professional Ethics*

19. Charge
20. Service of charge
21. Directive to accompany charge
22. Effect of admission
23. Trial by Council
24. Summoning of witnesses, etc.
25. Default or misbehaviour
26. Notice of time and place of trial
27. Presentation of case
28. Council may be legally advised
29. Proceedings on trial
30. Acquittal or conviction by a Court not a bar to proceedings
31. Proof of commission of criminal offence
32. Finding
33. Voting
34. Punishment
35. Copy of record may be applied for
36. Appeal
37. Record to be forwarded to Minister
38. Director may submit representations
39. Midwife may submit reply

- 40. Minister's powers on appeal
- 41. Reopening of trial
- 42. Decision to be conveyed to midwife

S.I. 82, 1969.

## **PART I**

### ***Preliminary (regs 1-2)***

#### **1. Citation**

These Regulations may be cited as the Registered Midwives Disciplinary and Ethical Regulations.

#### **2. Interpretation**

In these Regulations—

"**Director**" means the Director of Health Services;

"**midwife**" means a person of either sex registered in the register of midwives referred to in section 8 of the Act.

## **PART II**

### ***Breaches of Discipline or Professional Ethics (reg 3)***

#### **3. Breaches of discipline or professional ethics**

A midwife shall be guilty of a breach of discipline or professional ethics and may be dealt with in accordance with the provisions of Part IV of these Regulations if she—

- (a) not being registered as a medical practitioner, practises as a medical practitioner (whether or not purporting to be registered) or performs any act specially pertaining to the calling of a medical practitioner (whether or not purporting to be registered) or uses any name, title, description or symbol indicating, or calculated to lead persons to infer, that she possesses a degree, diploma or other qualification as a medical practitioner, doctor of medicine, physician or surgeon accoucheur, or that she is registered as a medical practitioner;
- (b) advertises herself for professional gain or permits such advertisement, otherwise than by stating her name, address, telephone number, hours of attendance and registered qualifications on or in a board, plate or notice displayed at her place of work or in a simple entry in a telephone directory or other directory;
- (c) advertises any other person (whether or not such person is registered or enrolled under the Act or under the Botswana Health Professions Act) or, except with the written permission of the Council, advertises any project, business, institution or organisation of any nature whatsoever or any product thereof, for any purpose whatsoever or in any manner whatsoever, or permits her name or photograph (whether in uniform or not) to be used in such advertisement;
- (d) wilfully breaks any contract of service into which she may have entered if such break conduces to the detriment of the patient whom she has contracted to attend;
- (e) wilfully, and otherwise than in a report or communication to an appropriate authority or official body, reflects adversely by work or implication upon the probity, professional reputation or professional skill of any person registered or enrolled under the Act or under the Botswana Health Professions Act;
- (f) wilfully does or omits to do anything, which act or omission is calculated to bring the Council or any of its members into contempt or disrepute or to hamper the work of the Council;
- (g) misappropriates drugs, however small the quantity, for use by herself or by others or for any other purpose, or misappropriates a prescription for drugs;
- (h) fails to use or apply due skill, care or attention in the course of her professional duties;
- (i) contravenes or fails to comply with any of the rules of professional practice for

- midwives set out in Part III of these Regulations;
- (j) having been suspended by the Council from practice as a midwife, during the period of such suspension practises as such; or
  - (k) commits an act, or conducts herself in a manner unbecoming a midwife, whether such act or conduct constitutes or involves the commission of a criminal offence or not.

### **PART III**

#### ***Rules of Professional Practice for Midwives (regs 4-18)***

#### **4. Professional secrecy**

A midwife shall at all times observe the following rules of professional secrecy-

- (1) Midwives shall hold in confidence all personal information entrusted to them in the course of their duties.
- (2) Information regarding a patient's condition, treatment and diagnosis shall not be disclosed to anyone without prior permission from the patient or the medical officer in charge of the patient.
- (3) No information of any kind regarding a patient shall be disclosed to the press, any member of the public, or any other person without prior permission from the patient, the medical officer or the hospital authorities.
- (4) No person, other than those directly responsible for the patient shall have access to the patient's case notes, unless prior permission is granted by the medical officer in charge of the patient.
- (5) No information regarding a patient's condition shall be conveyed to relatives or friends either by telephone or by word of mouth by any midwife unless that midwife has had prior permission or has been authorised to disclose such information.
- (6) It is a breach of confidence to discuss any personal information given to a midwife by a patient, unless it has some bearing on the patient's condition, and this information can only be given to the doctor or to the senior midwife.
- (7) No member of the nursing staff of a hospital shall discuss with or relay to any member of the public any gossip pertaining to any patient, or any other member of the staff, so as to bring into disrepute the good name of the hospital.

#### **5. Limitation of practice**

A midwife shall not attend a patient where the required attention falls outside the scope of such midwife's registration, except in an emergency or when a correctly qualified person is not available from any source. In such event the midwife shall forthwith report the facts of the case to the Council in writing.

#### **6. Administration of anaesthetics**

Should a medical practitioner decide that it is in the interests of the patient, a midwife may, on the written or verbal order of the medical practitioner, and in his presence and under his direction and on his responsibility, administer an anaesthetic. Except as aforesaid, a midwife shall not administer an anaesthetic.

#### **7. Dangerous or habit-forming drugs**

In the case of dangerous or habit-forming drugs, a midwife shall-

- (a) keep a register of all such drugs supplied to her and record the name and address of the supplier, the date received and the strength of the drug supplied as well as the total amount received. A separate page shall be used for each drug and strength of such drug;
- (b) record the date, dosage and name of the drug given to any person and record the name of such person;
- (c) keep such drugs under lock and key or by such other method of safekeeping as may from time to time be laid down by the Council;
- (d) make her register and stock of drugs available for inspection at any time by the Director or his authorised representative or a police officer;

- (e) at once report any loss or theft of drugs to the police, the Director and the Council, giving a written statement of the circumstances of such loss;
- (f) when giving any such drugs, have the drug and the dosage checked by a medical practitioner or a registered nurse or a registered midwife, or, in the absence of such persons, have the drug and dosage checked by an Enrolled Nurse or Medical Aide or any other suitable person and ensure that all such persons sign in her register that they have carried out such check.

**8. Administration of injections and intravenous infusions, the taking of blood from veins and blood transfusions**

*(1) Hypodermic and Intramuscular Injections*

A midwife may administer a hypodermic or intramuscular injection-

- (a) on the written order of a medical practitioner or a dentist;
- (b) on the verbal order of a medical practitioner or a dentist, given by the medical practitioner or the dentist personally, and wherever possible in the presence of a responsible witness. Written confirmation of such order shall be obtained from the medical practitioner or the dentist, as the case may be, within a reasonable time. Should such written confirmation not be obtained within a reasonable time, the midwife shall forthwith report the facts of the case to her immediate superior, or the Council, in writing;
- (c) in the absence of a medical practitioner, if her position implies that she is running an antenatal or postnatal clinic, or if she is in charge of a maternity unit in a Government or mission hospital organisation and her duties are supervised at regular intervals. In these cases she may give injections of drugs laid down in a schedule approved by the Council and communicated to all midwives, and no others. The onus is on her to ensure that she gives them in the correct dosage;
- (d) in an acute emergency, when she considers the life of the patient to be endangered. In such a case she shall make appropriate arrangements for the patient to be referred to a medical practitioner at the earliest opportunity if, in her opinion, the patient's life will not be jeopardised by travelling, and she shall submit a written report to her immediate superiors or the Council stating the circumstances under which she gave the injection and the preparation she used. If she considers that it would be dangerous to move the patient she should, as soon as possible, send a message to the nearest medical practitioner explaining the circumstances of the case, giving the details as aforesaid, and asking for further instructions.

*(2) Intradermal Injections*

A midwife may administer and read the results of an intradermal injection only on the written order and on the responsibility of a medical practitioner. In the absence of a medical practitioner, if her position implies that she is running an antenatal or postnatal clinic or if she is in charge of a maternity unit in a Government or mission hospital organization and her duties are supervised at regular intervals, she may give injections of drugs laid down in a schedule approved by the Council, and no others. The onus is on her to ensure that she gives them in the correct dosage.

*(3) Intravenous Injections, Intravenous Infusions and the Taking of Blood from Veins*

A midwife-

- (a) may, subject to paragraphs (c) and (d), administer an intravenous injection or an intravenous infusion or take blood from a vein only on the written order and on the responsibility of a medical practitioner;
- (b) shall not under any circumstances employ the "cut-down" method in the administration of an intravenous injection or an intravenous infusion, or in the taking of blood from veins;
- (c) may, in the absence of a medical practitioner, take blood from a vein either for the

purpose of doing investigations that she considers to be necessary or for the purpose of supplying blood for grouping or crossmatching;

- (d) in an acute emergency, where she considers the life of the patient to be endangered, may administer an intravenous injection otherwise than on the written order or on the responsibility of a medical practitioner. In such case she shall make appropriate arrangements for the patient to be referred to a medical practitioner at the earliest opportunity if, in her opinion, the patient's life will not be jeopardised by travelling, and she shall submit a written report to her immediate superiors or the Council stating the circumstances under which she gave the injection, the time and dosage of the injection, and the preparation that she used. If she considers that it would be dangerous to move the patient she shall, as soon as possible, send a message to the nearest medical practitioner explaining the circumstances of the case, giving the details as aforesaid, and asking for further instructions.

(4) *Blood Transfusions, Changing of Intravenous Infusions to Blood Transfusions and vice versa*

A midwife-

- (a) shall not, under any circumstances, insert a needle into a vein for the purpose of a blood transfusion, except on the order and in the presence and under the direction and the responsibility of a medical practitioner:
  - Provided that even under these circumstances a midwife shall not employ the "cut-down" method;
- (b) except as provided in paragraphs (a) and (c), shall not, under any circumstances, start a blood transfusion except on the order and in the presence and under the direction and on the responsibility of a medical practitioner;
- (c) may change an intravenous infusion to a blood transfusion only-
  - (i) on the written order and on the responsibility of a medical practitioner, and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner; or
  - (ii) on the verbal order of a medical practitioner given by such practitioner personally, and wherever possible in the presence of a responsible witness, and on the responsibility of such practitioner, and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner. Written confirmation of such verbal order shall be obtained from the medical practitioner within a reasonable time. Should such written confirmation not be obtained within a reasonable time, the midwife shall forthwith report the facts, in writing, to her immediate superior (if any) or to the Council;
- (d) may change a blood transfusion to an intravenous transfusion only when the container has been checked by a medical practitioner, a registered nurse or a registered midwife and the actual procedure must be checked by a responsible and qualified person;
- (e) may connect up a second or subsequent container of blood only-
  - (i) on the written order and on the responsibility of a medical practitioner and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner; or
  - (ii) on the verbal order of a medical practitioner, given by the medical practitioner personally, and on his responsibility and provided that the procedure is checked by a registered nurse or registered midwife or medical practitioner. Written confirmation of such order shall be obtained from the medical practitioner within a reasonable time. Should such written confirmation not be obtained within a reasonable time, the midwife shall forthwith report the facts, in writing, to her immediate superior (if any) or to the Council;
- (f) may connect up a second or subsequent container of blood only when the container

has been checked by a medical practitioner, a registered nurse or a registered midwife and the actual procedure must be checked by a responsible and qualified person.

*(5) Drugs to be used in the event of Anaphylactoid or other Severe Reactions*

A midwife shall ensure that at all times she has available a fresh solution of adrenalin and, if possible, injectable hydrocortisone as well as an injectable antihistamine for use in the event of anaphylactoid or other severe reactions. When giving injections of sera or drugs known to cause such reactions the midwife shall-

- (a) enquire from the patient if she is sensitive to such drugs or sera and if she is, shall ascertain from the Medical Officer if the drug shall be given;
- (b) ensure that the patient does not leave the immediate vicinity for at least half an hour and shall check the condition of the patient before she leaves. In the event of the patient refusing to comply with her request she shall record the fact in writing giving the patient's name and address and, if possible, obtain the patient's signature.

## **9. Equipment**

When attending to a patient, a midwife shall have available all the equipment necessary for the proper conduct of her work.

## **10. Precautions to be taken**

(1) When attending to a patient, a midwife shall scrupulously observe the rules of asepsis.

(2) When a midwife has been in attendance upon, or in contact with, a person who is suffering from, or suspected to be suffering from, or who has died from, or suspected to have died from, any septic infectious or contagious condition, she shall, before attending to any other patient, thoroughly disinfect herself and all her instruments and other appliances and clothing.

(3) A midwife who is suffering from a sore throat, or from any septic, infectious or contagious condition, or from any suspected septic, infectious or contagious condition, shall not attend a patient except on a medical officer's responsibility until she is completely free of such condition, or suspected condition.

## **11. Records**

(1) A midwife shall keep a record of each case attended by her in the form of the chart currently used for maternity cases in Government hospitals.

(2) A midwife shall retain the record referred to in subregulation (1) for at least three years and shall produce such record to the Council when required to do so in writing. After three years these records shall be returned to the local district hospital.

## **12. Administration of drugs**

(1) A midwife shall instil protargol five per cent or argyrol 10 per cent as a prophylactic into the eyes of the newborn infant. Protargol and argyrol shall be renewed once a month. No other solution or ointment shall be administered without the written order of a medical practitioner.

(2) A midwife may, if she considers it necessary, administer to the mother-

- (a) not more than 1.20 grms. (20 grains) of potassium bromide;
- (b) not more than 2 grms. (30 grains) of chloral hydrate;
- (c) injections of pethedine totalling not more than 200 mgms;
- (d) not more than 1 mg. (1/60th grain) of an ergot preparation orally or not more than 0.50 mgs. (1/120th grain) of ergometrine by intramuscular injection after delivery of the placenta.

In the case of the drugs mentioned in paragraphs (a) and (b) the administration of the drug may be repeated once only after four hours.

(3) If a medical practitioner is not available, or while she is awaiting the arrival of a medical practitioner, or if the assistance of a medical practitioner is refused by the patient or the responsible member of the family, and the midwife considers that the condition of the patient warrants it, the midwife may-

- (a) in the case of postpartum haemorrhage, administer not more than 0.50 mgs. (1/120th grain) ergometrine by intramuscular injection before or after the delivery of the placenta. The administration may be repeated once only;
- (b) administer 1 mg. (1/60th grain) of vitamin K by intramuscular injection in the lateral aspect of the thigh of the newborn infant in the case of haemorrhage or suspected haemorrhage or after severe asphyxia.

(4) If the patient or the responsible member of the family refuses medicine, the midwife shall endorse the record of the case accordingly and shall obtain the signature of the patient, or of the responsible member of the family, or of a witness. If it is impossible to obtain a signature, the midwife shall forthwith report the facts of the case to the Council in writing.

### **13. Duties of the midwife during the antenatal period**

(1) On being engaged to attend a confinement, which shall also include antenatal and postnatal care, a midwife shall-

- (a) advise the patient to be medically examined at least once during pregnancy;
- (b) advise the patient to undergo a blood test;
- (c) ascertain whether any previous pregnancy ended in an abortion, or a premature labour, or a stillbirth, or whether any other abnormality occurred during any previous pregnancy, labour or puerperium, and, if so, advise the patient to seek medical advice.

(2) If the patient, for any reason, does not accept the advice, the midwife shall endorse the record of the case accordingly, and shall obtain the signature of the patient, or of a responsible member of the family, or of a witness. If it is impossible to obtain a signature, the midwife shall forthwith report the facts of the case to the Council in writing.

(3) Where possible, if the patient is to be delivered at home, the midwife shall visit the patient at least once in her own home. Where possible, the midwife shall examine the patient at least once a month until the 28th week of pregnancy, at least once a fortnight until the 36th week of pregnancy, and then at least once a week until the confinement.

### **14. Vaginal and rectal examinations**

In the case of antepartum haemorrhage, the midwife shall not carry out a vaginal or a rectal examination. In all other cases, the midwife shall not make more examinations than are necessary.

### **15. Attendance upon a patient during labour**

(1) A midwife in attendance upon a patient in labour shall not leave the patient without giving an address at which she can be found without delay.

(2) After the beginning of the second stage of labour she shall stay with the patient until after the birth of the child and for as long thereafter as the condition of the patient or the child may demand:

Provided that the midwife shall stay with the patient for at least one hour after the expulsion of the placenta and membranes.

### **16. Duties during puerperium**

(1) During the puerperium the midwife shall attend the mother and child at least once a day until such time as their conditions are satisfactory:

Provided that such attendance shall be carried out daily for at least five days following confinement.

(2) If it is impossible for her to comply with subregulation (1) the midwife shall endorse the record of the case accordingly, giving reasons why it is impossible.

(3) The midwife shall advise the patient to be examined by a medical practitioner or at a postnatal clinic at least once during the three months following the confinement, preferably six weeks after delivery.

### **17. Breast feeding**

A midwife shall take all reasonable steps to promote breast feeding unless there is medical advice to the contrary.



## **18. Medical aid**

(1) In all cases where illness or abnormality or complication occurs in the patient or the child during the period when the midwife is in attendance, she shall forthwith, in consultation with the patient or with a responsible member of the family, refer the patient to a medical practitioner stating, wherever possible, the reason for referring her.

(2) If a medical practitioner is not available the midwife shall endorse the record of the case accordingly and notify the Council in writing forthwith.

(3) If the patient or the responsible member of the family refuses to consent to the reference to a medical practitioner, the midwife shall endorse the record accordingly and shall-

- (a) obtain the signature of the patient, or of the responsible member of the family, or of a witness;
- (b) if it is impossible to obtain a signature, forthwith report the facts of the case to the Council in writing.

(4) If it is impossible to consult the patient or a responsible member of the family, the midwife shall act on her own judgment, enter the facts in the record of the case and report them fully to the Council.

(5) The provisions of this regulation apply in particular to the following illnesses, abnormalities and complications-

- (a) during pregnancy- excessive vomiting; abortion, actual or threatened; loss of blood; rise in blood pressure; albumen in the urine; puffiness of hands or face or feet; excessive gain in weight; fits or convulsions; purulent discharge; sores of the genitals; deformity or stunted growth or other condition suggesting disproportion between head and pelvis; abnormal presentation after the 32nd week;
- (b) during labour- fits or convulsions; purulent discharge; sores of the genitals; excessive bleeding; premature labour before the 37th week; presentation other than an uncomplicated head; when no presentation can be made out; undue prolongation of any stage of labour; excessive uterine action; foetal distress; placenta not completely expelled 30 minutes after birth of child; rupture of perineal body, or other injuries to the soft parts; if the head does not engage early in a primigravida; multiple pregnancy;
- (c) during the puerperium- fits or convulsions; abdominal distension and tenderness; offensive lochia; rigor with raised temperature; rise of temperature to 100°F for 24 hours, or its recurrence within that period, or a rise of temperature to 99.4°F on two successive days; continuously rapid or steadily rising pulse rate; unusual swelling of the breasts with local tenderness or pain; excessive or prolonged bleeding; pain over the vessels of the lower limbs, especially pain in the calves of the legs; excessive sleeplessness or mental depression; retention of urine;
- (d) the child- injuries received during birth; malformation or deformity (whether endangering life or not); undue feebleness, whether the child is premature or not; inflammation of or any discharge from the eyes, however slight; serious skin eruptions, especially those marked by the formation of watery blisters; inflammation about or haemorrhage from the umbilicus; jaundice; convulsions; neonatal haemorrhage; excessive or projectile vomiting; failure to pass urine or meconium within the first 24 hours after birth; failure to gain weight after the first 10 days.

(6) The midwife shall-

- (a) if the patient is to be sent to medical aid, accompany the patient;
- (b) if the patient cannot, for any reason, be sent to medical aid, remain with the patient and do her best for the patient until the emergency is over.

### **PART IV**

## ***Trial of Midwives Accused of Breach of Discipline or Professional Ethics (regs 19-42)***

### **19. Charge**

When a midwife is accused of a breach of discipline or professional ethics, the Director

may charge her in writing under his hand with that breach and may at any time withdraw such charge.

**20. Service of charge**

The Director shall cause the charge to be served upon the midwife concerned.

**21. Directive to accompany charge**

The charge shall be accompanied by a directive calling upon the midwife charged to transmit or deliver within a reasonable period specified in the directive to a person likewise specified a written admission or denial of the charge and, if she so desires, a written explanation of the breach with which she is charged.

**22. Effect of admission**

If a midwife charged as aforesaid admits the charge, she shall be deemed to be guilty of the breach of discipline or professional ethics with which she has been charged.

**23. Trial by Council**

If the midwife charged denies the charge or fails to comply with the directive mentioned in regulation 21 the Council shall try her on the charge:

Provided that-

- (i) five members, of whom three shall be registered midwives, shall form a quorum for the purpose of such trial;
- (ii) in the absence of the Director, a member nominated by him shall act as Chairman of the Council for the purpose of such trial.

**24. Summoning of witnesses, etc.**

The Council may-

- (a) summon to attend the trial any person whose evidence appears to be material to the determination of the charge;
- (b) administer an oath or affirmation to any person so summoned or who appears to give evidence at the trial;
- (c) order the production at such trial by any person of any book or document in his possession or under his control which is relevant to the subject of the trial.

**25. Default or misbehaviour**

A person who without reasonable excuse fails to attend in response to a summons or who refuses to be sworn or to affirm or who fails to answer fully to the best of his knowledge and belief any question put to him which is relevant to the trial or who, when required, refuses or fails to produce any such book or document as aforesaid, or who hinders, obstructs or intimidates any person in the giving of such evidence as may be required of him shall be guilty of an offence and liable on conviction to a fine not exceeding P50 or, in default of payment, to imprisonment for a term not exceeding three months, or to both:

Provided that no person shall be compelled to answer any question which may render him liable to a criminal charge.

**26. Notice of time and place of trial**

The Director shall fix the date, time and place of the trial and shall give the midwife charged reasonable notice in writing of the date, time and place so fixed.

**27. Presentation of case**

The Director may authorize a person to attend the trial and to adduce evidence and argument in support of the charge and to cross-examine any person called as a witness for the defence.

**28. Council may be legally advised**

At the request of the Director, the Attorney-General or a legally qualified member of his staff may attend the trial to advise the Council on questions of law and procedure but shall have no voice in the decisions of the Council.

**29. Proceedings on trial**

- (1) At the trial the midwife charged shall have the right to be present and to be heard,

either personally or through a representative, to cross-examine any person called as a witness in support of the charge, to inspect any book or document produced in evidence, to give evidence herself and to call any person as a witness.

(2) The Chairman shall record or cause to be recorded the proceedings at the trial and all evidence given thereat.

(3) The failure of the midwife charged to attend the trial, either personally or by a representative, shall not invalidate the proceedings.

### **30. Acquittal or conviction by a court not a bar to proceedings**

The acquittal or the conviction of a midwife by a court upon a charge of a criminal offence shall not be a bar to proceedings against her in terms of this Part on a charge of breach of discipline or professional ethics, notwithstanding the fact that the facts set forth in the last-mentioned charge would, if proved, constitute the offence set forth in the criminal charge on which she was so acquitted or convicted or another offence of which she might have been convicted at her trial on the said criminal charge.

### **31. Proof of commission of criminal offence**

If the breach of discipline or professional ethics with which the midwife is charged amounts to or involves an offence of which she has been convicted by a court, a certified copy of the record of her trial and conviction shall, upon the identification of such midwife as the person referred to in such record, be sufficient proof of the commission by her of such offence, unless the conviction has been set aside by a superior court:

Provided that it shall be competent for the midwife charged to adduce evidence that she was in fact wrongly convicted.

### **32. Finding**

At the conclusion of the trial the Council shall find whether the midwife charged is guilty or not guilty of the breach of discipline or professional ethics with which she has been charged and shall inform her of its finding and shall state the reasons for such finding.

### **33. Voting**

(1) Subject to the provisions of this regulation, every question to be determined at a trial under these Regulations shall be determined by a majority of the votes of the members present.

(2) In the event of an equality of votes on the question of finding, the midwife charged shall be deemed to be found not guilty.

(3) In the event of an equality of votes on the punishment, or on any question arising after the commencement of a trial, except the finding, the Chairman shall have a second or casting vote.

### **34. Punishment**

If the Council should find the midwife charged to be guilty it shall proceed forthwith, after hearing any statement or evidence she may wish to make, give or adduce in mitigation-

- (a) to reprimand her;
- (b) to suspend her from practice as a midwife for a specified period; or
- (c) to remove her name from the register and shall inform her accordingly and state its reasons for the punishment imposed.

### **35. Copy of record may be applied for**

If found guilty, the midwife concerned may, within seven days of being informed thereof, apply to the Director for a copy of the record of the proceedings at the trial including any documentary evidence admitted thereat and the statement of the finding and the punishment imposed and the reasons therefor.

### **36. Appeal**

The midwife concerned may within 14 days from the date on which she received the copy of the record of the proceedings, or, if she did not apply for a copy of the record, within 21 days from the date on which she was informed of the Council's finding and the punishment imposed on her, appeal against the finding or the punishment or both to the Minister by giving

the Director a written notice of appeal wherein she shall set forth fully the grounds upon which her appeal is based.

**37. Record to be forwarded to Minister**

Within 10 days of receipt of the said notice of appeal the Director shall forward to the Minister the record of the proceedings at the trial together with the notice of appeal.

**38. Director may submit representations**

If the midwife concerned has appealed in terms of regulation 36 the Director may at any time before the Minister has given a decision in terms of regulation 40 submit to the Minister any representations which he desires to make in support of the finding or punishment appealed against and shall furnish a copy of such representations to the midwife concerned.

**39. Midwife may submit reply**

The midwife concerned may within 10 days after the date on which she received a copy of the representations referred to in regulation 38 submit to the Minister through the Director any reply she may wish to make to such representations.

**40. Minister's powers on appeal**

After consideration of the aforesaid record and documents the Minister may allow the appeal wholly or in part, and may set aside or reduce the punishment, or may dismiss the appeal, or may before arriving at a final decision on the appeal remit any question in connection with the trial to the Council with a direction to reopen the trial for the purpose of hearing further evidence or argument or otherwise dealing with the said question.

**41. Reopening of trial**

If the Minister directs that the trial be reopened it shall be reopened in accordance with his directions before the Council composed of the same persons as before on reasonable notice to the midwife concerned.

**42. Decision to be conveyed to midwife**

When the Minister has arrived at a final decision on an appeal he shall cause the decision to be conveyed in writing to the midwife concerned.

**GENERAL NURSES (TRAINING, EXAMINATION AND STUDENT  
REGISTRATION) REGULATIONS**

*(section 12)*

*(3rd October, 1969)*

**ARRANGEMENT OF REGULATIONS**

**REGULATION**

**PART I**

*Preliminary*

1. Citation

**PART II**

*Training*

2. Schools of nursing, nursing colleges and training schools
3. Requirements for admission to training
4. Period of training
5. Exemptions from training and examinations
6. Lectures, demonstrations and practical training
7. Syllabus

**PART III**

*Examinations*

8. Examinations
9. First Professional Examination
10. Final Professional Examination

11. Classification of successful candidates
12. Dates of examinations, applications for admission and re-admission and examination fees
13. Examination centres
14. Examiners and moderators
15. Re-assessment of examination answers

PART IV

*Register*

16. Admission to register of student nurses

PART V

*Inspections*

17. Right to inspect and call for information

First Schedule - Requirements for the Approval of a Nursing College Forming Part of a School of Nursing

Second Schedule - Requirements for the Approval of a Hospital or Group of Hospitals as a Training School forming Part of a School of Nursing

Third Schedule - Syllabus for General Nurse Training

S.I. 96, 1969

**PART I**

***Preliminary (reg 1)***

**1. Citation**

These Regulations may be cited as the General Nurses (Training, Examination and Student Registration) Regulations.

**PART II**

***Training (regs 2-7)***

**2. Schools of nursing, nursing colleges and training schools**

(1) No school of nursing shall be approved by the Council unless-

(a) it consists of-

- (i) a nursing college approved by the Council which provides for the proper education and training of student nurses in the theoretical and practical aspects of nursing for specified periods during their course of training; and
- (ii) a training school comprising an affiliated hospital or group of hospitals which has been approved by the Council as forming part of the school of nursing; and

(b) a person who is registered as a general nurse has been designated as the person in charge of such school of nursing, or the matron of each hospital which has been approved as forming part of the school of nursing has been designated as being responsible for all aspects of the training of student nurses attached to such hospital.

(2) No institution shall be approved by the Council as a nursing college unless it complies with the requirements specified in the First Schedule hereto.

(3) No training school shall be approved by the Council unless it consists of one or more hospitals approved by the Council in which male and female persons are treated and which, in the opinion of the Council, is competent through the quality and extent of the material available and the instruction given thereat to train candidates for admission to its register of nurses.

(4) No hospital or group of hospitals shall be approved by the Council as a training school, unless it complies with the requirements specified in the Second Schedule hereto:

Provided that the Council may, in its discretion, approve a hospital as a training school for such limited period or upon such other conditions as it may determine although such hospital

does not comply with one or more of the said requirements if the hospital makes application to the Council and proves to the satisfaction of the Council that it can in all other respects provide adequate facilities for the proper training of student nurses.

(5) In the event of a school of nursing, a nursing college, or a training school, which has been approved by the Council, being found on investigation not to comply in any material respect with any of the requirements relating thereto specified in the relevant Schedule referred to in this regulation, or for any reason not to conduct the training of student nurses satisfactorily, the Council shall have power to withdraw its approval.

### **3. Requirements for admission to training**

No person shall be admitted for training to a school of nursing or to a nursing college or to a training school unless such school or college is approved in terms of these Rules and unless she submits to the person in charge of the school of nursing, nursing college or training school concerned-

- (a) an educational certificate stating-
  - (i) that the candidate has passed the Junior Certificate examination or another examination which in the opinion of the Council is equivalent thereto and which includes as subjects English and, in addition, Arithmetic or Commercial Arithmetic or Mathematics; or
  - (ii) that she has passed the Council's examination, or an examination recognised by the Council as its equivalent, as a midwife or as a psychiatric or mental trained nurse, or as an Auxiliary or Enrolled Nurse with a 50 per cent pass in the Auxiliary or Enrolled Nurse Final Examination, in which last-mentioned case, a recommendation from the Matron of her hospital shall be submitted through her country's Nursing Council;
- (b) a certificate of good health;
- (c) a certificate of good character signed by two responsible persons to the satisfaction of the school or college concerned;
- (d) evidence to the satisfaction of the Council that she has attained the age of 17 years and six months:

Provided that the Council shall have power to grant exemption from any or all of the requirements mentioned in paragraph (a) hereof.

### **4. Period of training**

(1) Subject to the provisions of subregulations (4), (5) and (6), training shall be continuous.

(2) Except as otherwise provided the period of training shall be four years.

(3) A student shall be allowed at least one day off duty per week when in training on day duty, and at least one night off duty per week when in training on night duty.

(4) A student shall be granted vacation leave of absence at the rate of 30 days per year, totalling 120 days leave in all for four years of training; and for a period of training of less than four years, leave shall be proportionately calculated.

(5) A student may be granted sick leave calculated at the rate of 30 days for four years of training and a proportionate number of days in a lesser period of training. Sick leave may be granted at any time during the prescribed period of training.

(6) Additional sick leave may be granted to a student who shall, however, undergo supplementary training for a period equivalent to that of such additional sick leave so that the prescribed period of training is completed.

(7) If the overall period of sick leave exceeds 180 days, the student shall, unless the Council determines otherwise, in addition to undergoing supplementary training as provided in subregulation (6), undergo an extension of training equal to one half of the period of sick leave in excess of the period permitted in terms of subregulation (5).

(8) No recognition of previous training shall be granted if a break in training occurs

before the completion of at least six months of the prescribed period of training, unless the Council determines otherwise.

(9) No recognition of previous training shall be granted if there is more than one break in training, unless the Council determines otherwise.

(10) The period of any break in training shall be made up by an equivalent period of supplementary training so that the prescribed period of training is completed. If a break exceeds a period of six months, the student shall in addition to the prescribed period of supplementary training, undergo an extension of training for a period equal to one half of the period of such break, unless the Council determines otherwise.

(11) For the purposes of subregulations (8) to (10), the expression "break in training" means the absence of a student from her school of nursing, nursing college or training school otherwise than in accordance with subregulation (3), (4), (5), (6) or (7).

(12) The person in charge of a school of nursing, or the matron responsible for student training at a hospital comprised in a training school, shall notify the Council forthwith if a student's training at such school of nursing or training school is terminated for any reason whatsoever and if the student is permitted to resume training shall lodge with the Council an application for the re-registration of the student within six weeks after the date of such resumption.

## **5. Exemptions from training and examinations**

(1) A student who is a registered sick children's nurse on the date of commencement of training-

- (a) is exempted from 18 months of the prescribed period of training;
- (b) is exempted from the First Professional Examination; and
- (c) shall undergo no training in paediatric nursing.

(2) A student who is a registered midwife on the date of commencement of training-

- (a) is exempted from six months training:

Provided that if her course of training in midwifery extended over a prescribed period of at least 18 months she shall be exempted from nine months of training;

- (b) is exempted from the First Professional Examination if she has passed in the First Professional Examination for general nurses and midwives; and
- (c) shall undergo no training in obstetrical nursing.

(3) A student who is a registered mental nurse or a registered nurse for mental defectives on the date of commencement of training-

- (a) is exempted from one year of the prescribed period of training; and
- (b) may be admitted to the First Professional Examination after completion of at least six months of training.

(4) A student who is a registered psychiatric nurse on the date of commencement of training-

- (a) is exempted from 18 months of the prescribed period of training;
- (b) is exempted from the First Professional Examination; and
- (c) is exempted from three months of the minimum period of training to be undergone in general medical nursing.

(5) A student who is an enrolled or auxiliary nurse on the date of commencement of training-

- (a) is exempted from six months of the prescribed period of training; and
- (b) may be admitted to the First Professional Examination after completion of at least six months of training.

(6) The Council may grant such other exemptions as it may deem fit.

## **6. Lectures, demonstrations and practical training**

(1) Except as otherwise provided, every student shall attend a complete course of lectures and demonstrations covering all subjects prescribed in the syllabus in the Third

Schedule.

(2) All lecturers and demonstrators shall possess qualifications approved by the Council.

(3) A student registered at a training school approved in association with a nursing college, may attend at the nursing college for not more than six months during her first year of training and four months during her successive years of training, which periods need not be continuous.

(4) Except as otherwise provided in regulation 5, every student shall receive instruction in, and shall carry out, all the nursing procedures prescribed in the syllabus in the Third Schedule, and shall undergo practical training in each of the following periods, which need not be continuous-

Male Medical	weeks
Male Surgical	weeks
Female Medical	weeks
Female Surgical	weeks
Gynaecology	weeks
Paediatric	weeks
Casualty and/ or O.P.D.	weeks
Theatre	weeks
Infectious Diseases	weeks.

Where there is only one ward combining medical and surgical cases, or medical, surgical and gynaecological cases, these periods of experience may be combined, e.g. where there is one male ward, the nurse must complete a minimum period of 24 weeks in that ward, or where there is a female ward combining medical, surgical and gynaecological cases, the nurse must complete a minimum period of 36 weeks in that ward. The remainder of the time required to make up the prescribed period of training shall be allocated at the discretion of the person in charge of the training school.

(5) Every student nurse who is undergoing her training in a school of nursing shall attend all the demonstrations contained in the Record of Practical Instruction and Experience for the Certificate of General Nursing, in terms of sections 1 and 2 thereof.

## **7. Syllabus**

The syllabus shall be as prescribed in the Third Schedule.

### **PART III**

#### **Examinations (regs 8-15)**

## **8. Examinations**

The examinations shall consist of two examinations during the course of training for General Nurses, namely-

- (a) The First Professional Examination; and
- (b) The Final Professional Examination.

## **9. First Professional Examination**

(1) The First Professional Examination may be taken on completion of nine months of training, provided the student has-

- (a) completed the prescribed lectures on the following subjects-
  - The Natural Sciences;
  - The Biological Sciences;
  - The History of Nursing;
- (b) completed the lectures and demonstrations on the Science and Art of Nursing covered in section 1 of the Record of Practical Instruction and Experience for the Certificate of General Nursing;
- (c) passed the Examination in First Aid, conducted by an approved First Aid Organization or a Registered Medical Practitioner.

(2) The First Professional Examination shall consist of two sections-



- (a) a written paper of three hours' duration covering the following subjects-
  - The Natural Sciences;
  - The Biological Sciences;
  - The History of Nursing;
- (b) a practical examination of 30 minutes' duration conducted by the training school which shall include a test in practical nursing by a Registered General Nurse.

(3) Each section will be marked out of 100 marks and 50 per cent of the marks will be considered as a pass mark. Anything below 50 per cent will be deemed a failure.

(4) A student who fails in either section will be required to re-sit the whole examination again. Candidates will not be allowed to have more than two attempts to sit the First Professional Examination.

#### **10. Final Professional Examination**

(1) The Final Professional Examination may be written on completion of 42 months of training provided that the student has-

- (a) completed the prescribed lectures on the following subjects-
  - The Social Sciences;
  - Basic Pharmacology;
  - Dietetics;
  - The Lying-in Woman and the Newborn;
  - Medical, Surgical, Gynaecological, Paediatric and Geriatric Health;
  - Conditions in relation to all parts of the Body;
  - Therapeutic Procedures;
  - Operating Theatre Technique and Principles of Anaesthetics;
  - Preventive and Promotive Health, including Principles and Technique of Health; Education;
  - Content of Science Principles applied to the Art of Nursing and Special Nursing Skills;
  - Principles of Professional Practice;
  - Ward Management and Teaching;
  - Disaster Nursing;
- (b) received the applied teaching in the Science and Art of Nursing covered in the syllabus in the Third Schedule and undergone the clinical experience prescribed in regulation 6(4);
- (c) had not more than 30 days' sick leave during the course, and not more than 30 days' leave per year during the course.

(2) The Final Professional Examination shall consist of three parts-

- (a) a written part comprising-
  - (i) a written paper of three hours' duration on Medicine and Medical Nursing including Paediatrics;
  - (ii) a written paper of three hours' duration on Surgery and Surgical Nursing, including Gynaecology;
  - (iii) a written paper of two hours' duration on Preventive and Promotive Health, including Health Education; and
  - (iv) these papers will cover all clinical subjects in the Syllabus in the Third Schedule;
- (b) an oral and practical examination of approximately one hour's duration on the Principles of Professional Practice, and Practical Nursing Procedures;
- (c) an oral examination of approximately 30 minutes' duration on Ward Administration and Teaching conducted by a Registered General Nurse attached to the training school concerned.

(3) Each paper in subregulation (2)(a) and each of subregulation (2)(b) and (c) will be marked out of 100 marks and 50 per cent of the marks will be considered as a pass mark. Any marks below 50 per cent will be deemed a failure.

(4) The candidate is required to pass in each paper in subregulation (2)(a) and in each of subregulation (2)(b) and (c) with a minimum of 50 per cent.

(5) On failure to pass the entire examination at the first attempt the candidate may be credited with the part of the examination in which she has passed. All credits are lost after failing a second time. After the second attempt the candidate must have six months' further training and revision in the prescribed subjects for the examination before re-admission to the examination.

(6) Failure in the examination after completion of the said six months' further training and revision shall debar the candidate from further entry to the examination.

#### **11. Classification of successful candidates**

(1) Successful candidates shall be shown as having "passed", "passed with merit" or "passed with honours".

(2) In order to pass with merit in the First Professional Examination a candidate shall be required to obtain at least 65 per cent of the maximum marks in the written part and the practical part of the examination. In order to pass with merit in the Final Professional Examination a candidate shall be required to obtain at least 65 per cent of the maximum marks for each paper in regulation 10(2)(a) and for each of regulation 10(2)(b) and (c).

(3) In order to pass with honours in the First Professional Examination a candidate shall be required to obtain at least 75 per cent of the maximum marks in the written part and the practical part of the examination. In order to pass with honours in the Final Professional Examination a candidate shall be required to obtain at least 75 per cent of the maximum marks for each paper in regulation 10(2)(a) and for each of regulation 10(2)(b) and (c).

(4) Except as provided in subregulation (1), candidates will not be placed in order of merit and no information in regard to the marks or places of candidates shall be given except in connection with a prize or award approved by the Council. In the case of an unsuccessful candidate the school of nursing concerned may, however, be advised in what part of the examination such candidate failed to satisfy the examiners.

#### **12. Dates of examinations, applications for admission and re-admission and examination fees**

(1) The person in charge of a school of nursing shall notify the Council immediately, giving reasons, if a student becomes ineligible for admission or re-admission to an examination subsequent to the lodging of an application in terms of this regulation.

(2) The First Professional Examination and the Final Professional Examination shall be held in May and November respectively and applications for admission and re-admission shall be lodged with the Registrar on or before the 30th March and 30th September respectively.

(3) The following fees shall be payable to the Council by a candidate for examination-

(a) First Professional Examination.

Re-examination.

(b) Final Professional Examination.

Re-examination.

(4) An application lodged after the prescribed date for the lodging of applications for admission and re-admission to an examination shall be accepted provided it is lodged not more than seven days after the prescribed date and provided payment of an additional fee of P2. is made.

(5) An application lodged more than seven days after the prescribed date for the lodging of applications for admission and re-admission to an examination shall not be accepted.

#### **13. Examination centres**

The examination of a student shall be held in the training school which she is attending:

Provided that the Council may determine that a practical examination shall take place elsewhere than in the wards of the training school which the student is attending.

#### **14. Examiners and moderators**

(1) Examiners and moderators shall be appointed by the Council.

(2) Examiners and moderators, who need not be members of the Council, shall conform to such rules as may from time to time be made for the conduct of the examinations, and shall receive remuneration at such rates as may be fixed by the Council.

#### **15. Re-assessment of examination answers**

(1) Any candidate at a written examination may, upon payment of a sum of P6. apply to have her answers re-assessed.

(2) An application for re-assessment of a candidate's answers shall be submitted in writing, and shall be submitted so as to reach the Registrar within 30 days after the date on which the results of the examination concerned were published.

(3) The re-assessment of candidates' answers shall be done by the moderators appointed for the examination in question, or by such other person or persons as may be appointed by the Council for the purpose.

(4) The marks allocated to a candidate upon re-assessment of her answers shall be final and binding.

(5) The fee of P6. paid in respect of an application for the re-assessment of a candidate's answers shall not be refunded to the candidate whatever the result of the re-assessment may be.

### **PART IV**

#### **Register (reg 16)**

#### **16. Admission to register of student nurses**

No person shall be admitted to the register of student nurses unless such person has been admitted for training under regulation 3 and has applied within 12 weeks after the commencement of such training for registration as a student nurse. Where such application is made after 12 weeks, the date of commencement of training shall be deemed to have been 12 weeks prior to the date of such application. Registration of student Nurses shall be free.

### **PART V**

#### **Inspections (reg 17)**

#### **17. Right to inspect and call for information**

The Council, or a person deputed by the Council for the purpose, shall have the right to inspect a nursing college or a training school at any time and to call for such information as may be deemed necessary.

### **FIRST SCHEDULE**

#### **REQUIREMENTS FOR THE APPROVAL OF A NURSING COLLEGE FORMING PART OF A SCHOOL OF NURSING**

(reg 2)

A nursing college may be approved as forming part of a school of nursing if it complies with the following requirements-

1. The training of students in a college shall be conducted in conjunction with an approved hospital or group of hospitals; arrangements shall be made for the transfer of students between such college and its associated approved hospitals for such periods as may be prescribed by the Council from time to time.

2. The person in charge of a college shall be a registered general nurse and midwife and should preferably hold a Sister Tutor's qualification recognized by the Council.

3. Not more than 25 students shall be in attendance at a College at any particular time in proportion to every full-time member of the teaching staff of such college unless the Council determines otherwise.

4. The instruction of students in subjects other than the theory and practice of nursing shall include lectures by medical practitioners and other persons who have a specialised knowledge of the particular subject and who may be appointed to the staff of a college in a part-time capacity.

5. Every member of the teaching staff, whether full-time or part-time, shall possess qualifications and experience approved by the Council.

6. While in attendance at a nursing college students shall be required to attend, to the satisfaction of the Council, lectures and demonstrations and to study under the supervision of a member of the teaching

staff.

7. Provision shall be made in a college for satisfactory accommodation for lectures and demonstrations and the necessary equipment and models for the proper instruction of students shall be available. Such accommodation and equipment shall be subject to the approval of the Council.

8. Provision shall be made for students to be satisfactorily housed and fed while in attendance at the college.

## **SECOND SCHEDULE**

### **REQUIREMENTS FOR THE APPROVAL OF A HOSPITAL OR GROUP OF HOSPITALS AS A TRAINING SCHOOL FORMING PART OF A SCHOOL OF NURSING**

(reg 2)

No hospital or group of hospitals shall be approved as a training school forming part of a school of nursing unless it complies with the following requirements-

1. Proof shall be furnished to the satisfaction of the Council that in the said hospital or group of hospitals-

- (a) a sufficient number and variety of medical and surgical cases (male, female and children) are available to furnish material for the adequate training of student nurses;
- (b) facilities are available for the adequate training of students in all the subjects prescribed in the syllabus.

2. Student nurses shall be treated as students and their training shall normally receive precedence over any other duties that may be required to be performed by them.

3. All members of the nursing staff who take part in the training of student nurses shall have their qualifications and experience approved by the Council.

4. If the institution has a board of management, at least one medical practitioner shall be a member of the board.

5. The matron of a hospital shall be responsible for the training of student nurses in her hospital and, if so required by the Council, in other hospitals within the group.

6. Student nurses shall be required to be on duty for not less than 40 hours per week:

Provided that a student nurse shall not normally be required to be on duty for more than eight hours a day when on day duty.

7. The granting of days and nights off duty, of vacation leave and sick leave shall be in conformity with regulation 4(3) to (7).

8. Student nurses shall not be required to be on night duty for more than a total period of 12 months during their course of training, or for more than three months in any period of 12 months.

9. Student nurses shall be housed and fed to the satisfaction of the Council.

10. Student nurses shall be medically examined, which examination shall include an X-ray of the chest, upon admission to training and at least once in every year thereafter.

11. Every hospital shall permit student nurses to be transferred to the nursing college and to other hospitals in the school of nursing for such periods in their course of training as may be determined by the Council from time to time.

12. Not more than four student nurses shall be accepted in proportion to each registered general nurse normally employed on the staff of the hospital.

13. The courses of lectures and demonstrations shall be so arranged that student nurses may present themselves for the final examination when they have completed three and a half years' training.

14. A member of the medical staff shall visit the hospital daily and, in the case of a group of hospitals, a member of the medical staff shall visit each such hospital daily.

## **THIRD SCHEDULE**

### **SYLLABUS FOR GENERAL NURSE TRAINING**

(regs 6, 7 and 10)

In addition to the formal lectures listed below, applied teaching shall be given in each subject.

#### **1. Basic Sciences**

(1) *Social Sciences*

An introduction to Man; Man as a biological being, as a human and as a social being. Nursing as a service by man for man.

Sociology: Basic principles of social relationships. Factors and forces which determine the distribution of people and institutions; individual and population problems. Social interaction-all in relation to health.

15 lectures

Psychology: Human development. Human behaviour, including motivation, emotions and the concept of personality. Frustrations. Conflict. Defence mechanisms. Failure of adjustment. Maintaining the vital balance. Psycho-somatic medicine.

15 to 20 lectures.

(2) *Natural Sciences*

Basic physics:

- (a) Scientific measurement and metric system; length, mass, weight, density, energy, work and time. Conversions.
- (b) Physical elements; molecule, mechanics, sound, heat, magnetism, electricity, light, X-rays, pressures.

Basic chemistry:

- (a) Basic organic chemistry.
- (b) Basic inorganic chemistry.
- (c) Reactions.

20 lectures

(3) *Biological Sciences*

Anatomy and physiology.

80 lectures

Basic microbiology and parasitology.

20 lectures

## 2. **Science and Art of Nursing**

(1) *History of Nursing*

A short outline of nursing history from primitive times to the present day, with some reference to the nursing history of the country in which the school is situated.

Objectives of Nursing:

8 lectures

(2) *First Aid*

12 lectures

12 Practical Demonstrations

(3) *Basic Pharmacology*

20 lectures

(4) *Dietetics*

- (a) Nutrition in relation to the health needs of the community.  
Health Education technique.

25 lectures

(b) Diet Therapy.

12 lectures

6 Practical Demonstrations.

(5) *The Lying-in Woman and the Newborn*

6 lectures

(6) *Medical and Geriatric Health Conditions in relation to all Systems of the Body*

80 lectures, plus 20 Doctors' lectures.

Surgical Conditions in relation to all Systems of the Body, Therapeutic Procedures; Operating Theatre Technique and Principles of Anaesthetics:

60 lectures, plus 20 Doctors' lectures.

(7) *Gynaecology*

15 lectures, plus 5 Doctors' lectures.

(8) *Paediatrics*

20 lectures, plus 5 Doctors' lectures.

(9) *Preventive and Promotive Health, including Principles and Techniques of Health Education*

40 lectures, plus 10 Doctors' lectures.

(10) *Contents of Science Principles Applied to the Art of Nursing and Special Nursing Skills*

The scientific principles underlying all nursing procedures. Observation. Procedure. Recording. Communication. Special diagnostic and therapeutic skills.

100 lectures.

(11) *Principles of Professional Practice*

The ethical basis of nursing. The conduct of professional practice. The Act and the regulations regarding the conduct of registered nurses which shall constitute improper or disgraceful conduct. Personal and professional responsibilities of a registered person.

(12) *Ward Management and Teaching*

30 lectures

(13) *Disaster Nursing*

10 lectures

(14) *Practical Instruction*

Practical Instruction shall be carried out as detailed in the Record of Practical Instruction and Experience for the Certificate of General Nursing issued by the Nursing and Midwifery Council of Botswana.

**MIDWIVES (TRAINING, EXAMINATION AND PUPIL REGISTRATION)  
REGULATIONS**

*(section 12)*

*(3rd October, 1969)*

**ARRANGEMENT OF REGULATIONS**

REGULATION

**PART I**  
*Preliminary*

1. Citation

**PART II**  
*Training*

2. Training schools  
3. Requirements for admission to training  
4. Admission of Auxiliary or Enrolled Nurses  
5. Period of training  
6. Leave and breaks in training  
7. Lectures and demonstrations  
8. Practical training  
9. Syllabus

**PART III**  
*Examinations*

10. Examinations  
11. First Professional Examination  
12. Final Midwifery Examination  
13. Examination marks  
14. Dates of examinations and entries  
15. Examination centres  
16. Examiners and moderators  
17. Examination fees  
18. Re-assessment of examination answers

**PART IV**  
*Register*

19. Admission to register of pupil midwives

First Schedule - Conditions for Approval of a Maternity Hospital or Lying-In Institution as a Training School for Midwives

Second Schedule - Common First Professional Syllabus

Third Schedule - Final Midwifery Syllabus

**PART I**  
**Preliminary (reg 1)**

**1. Citation**

These Regulations may be cited as the Midwives (Training, Examination and Pupil Registration) Regulations.

**PART II**  
**Training (regs 2-9)**

**2. Training schools**

(1) No training school shall be approved by the Council unless it consists of a maternity hospital or lying-in institution approved by the Council.

(2) No maternity hospital or lying-in institution shall be approved by the Council as a training school, unless the conditions for approval specified in the First Schedule hereto are satisfied.

**3. Requirements for admission to training**

No person shall be admitted to a training school approved by the Council for training unless she submits to the person in charge of the training school-

- (a) an educational certificate stating that the candidate has passed in the Junior Certificate Examination or another recognised examination which in the opinion of the Council is equivalent to Junior Certificate and which includes as subjects, English, and, in addition, Arithmetic or Commercial Arithmetic or Mathematics;
- (b) a certificate of good health;
- (c) a certificate of good character signed by two responsible persons to the satisfaction of the training school concerned:

Provided that the Council shall have power to grant exemption from any or all of the requirements mentioned in paragraph (a) hereof.

**4. Admission of Auxiliary or Enrolled Nurses**

Notwithstanding anything in regulation 3 a person who holds an Auxiliary or Enrolled Nurse's Certificate recognised by the Council, or has passed the examination for auxiliary or enrolled nurses with an aggregate mark of not less than 50 per cent, may be admitted for the two-year course in midwifery training at a training school if she submits to the Council an application to be considered as a candidate for such training supported by a recommendation from the Nursing Council of the country, and a recommendation from the Matron of the hospital, in which she received her training as an Auxiliary or Enrolled Nurse.

**5. Period of training**

The period of training of pupil midwives shall be-

- (a) 12 months in the case of pupils who have passed the Council's examination for general nurses, or an examination recognised by the Council as its equivalent, as at the date on which they begin their training in terms of these Regulations;
- (b) 24 months in the case of all other pupils.

**6. Leave and breaks in training**

(1) Pupil midwives shall be allowed one day off duty per week when on day duty and one night off duty per week when on night duty and in addition thereto, 30 days' vacation leave of absence per year.

(2) During her period of training a pupil may be granted sick leave for a period not exceeding seven days per year and she shall be required to undergo supplementary training for a period equivalent to that of any sick leave taken in excess thereof:

Provided that if the period of sick leave exceeds 90 days in the case of a pupil whose period of training is 12 months, or 180 days in the case of a pupil whose period of training is 24

months, she shall in addition to undergoing supplementary training as aforesaid, undergo an extension of training equal to one-half of the period of sick leave granted unless the Council determines otherwise.

(3) Subject to the provisions of subregulations (1) and (2), training shall be continuous; and in the case of a pupil who transfers from one approved training school to another, no training undergone by her in the first training school shall be recognised as forming part of the period of training without the approval of the Council.

#### **7. Lectures and demonstrations**

(1) At all training schools approved by the Council, lectures and demonstrations shall be given by one or more registered medical practitioners or medical practitioners approved by the Council and by one or more midwives approved by the Council.

(2) Students undergoing 24 months midwifery training shall attend a complete course of lectures and demonstrations in the subjects prescribed in the Common First Professional Syllabus in the Second Schedule hereto and in the Final Midwifery Syllabus in the Third Schedule hereto. The first 12 months of the course shall be known as Part I and the second 12 months shall be known as Part II.

(3) Students undergoing 12 months midwifery training shall attend a complete course of lectures and demonstrations in the subjects prescribed in the Third Schedule only. This shall constitute Part II of the training.

#### **8. Practical training**

(1) During the course of the second year of training the pupil midwife shall have the following minimum experience in the various departments, which may be given concurrently-

Delivery Wards— four weeks (this need not be continuous;)

Nursery and Premature Baby Nursery— four weeks (this need not be continuous);

Antenatal Clinics— 60 hours;

Postnatal Clinics— 20 hours.

(2) The following are desirable but optional— Domiciliary Midwifery; Preventive and Promotive Health Clinics.

(3) The remainder of the clinical experience, i.e. Ante- and Postnatal Wards, including first stage labour wards and isolation wards, make up the remainder of the training.

(4) In addition, a pupil midwife shall be required during her training to-

- (a) witness not less than 10 labours in addition to the cases personally delivered by her;
- (b) examine and receive instruction in the supervision (including booking and keeping of records) of, not less than 25 pregnant women in the case of a pupil midwife who is required to undergo a period of training of 12 months, and 30 pregnant women in the case of a pupil midwife who is required to undergo a period of training of more than 12 months;
- (c) attend and watch, making abdominal examinations on, not less than 25 labours in the case of a pupil midwife who is required to undergo a period of training of 12 months and not less than 30 labours in the case of a pupil midwife who is required to undergo a period of training of more than 12 months;
- (d) deliver personally not less than 30 patients in the case of a pupil midwife who is required to undergo a period of training of 12 months, and 35 patients in the case of a pupil midwife who is required to undergo a period of training of more than 12 months; of these patients the first five must be attended within an institution where there is training approved of by the Council; of the remainder it is desirable that at least five be attended in their own homes. During the course of her training a minimum of five vaginal examinations and five rectal examinations shall be made under the supervision of a qualified midwife or doctor. Pupil midwives shall keep a record of a case personally delivered by them in the form set out in Form I annexed to the Annexure to the Third Schedule;



- (e) nurse, during the lying-in period, not less than 30 lying-in women and their infants in the case of a pupil midwife who is required to undergo a period of training of 12 months and not less than 35 lying-in women and their infants in the case of a pupil midwife who is required to undergo a period of training of more than 12 months. Of these lying-in women it is desirable that at least five be nursed in their own homes.

## **9. Syllabus**

The syllabus shall be as prescribed in the Second and Third Schedules hereto.

### **PART III**

### **Examinations (regs 10-18)**

## **10. Examinations**

The examinations shall consist of-

- Part I. The First Professional Examination (in common with that taken by General Nurses in Training)
- Part II. The Final Midwifery Examination.

## **11. First Professional Examination**

(1) The First Professional Examination may be taken on completion of nine months of training, provided the pupil midwife has-

- (a) completed the prescribed lectures on the following subjects-
  - The Natural Sciences;
  - The Biological Sciences;
  - The History of Nursing;
- (b) completed the lectures and demonstrations on the Science and Art of Nursing covered in section 1 of the Record of Practical Instruction and Experience for the Certificate of General Nursing;
- (c) passed the examination in First Aid, conducted by an approved First Aid Organization or an approved Medical Practitioner.

(2) The First Professional Examination shall consist of two sections-

- (a) a written paper of three hours' duration covering the following subjects-
  - The Natural Sciences;
  - The Biological Sciences;
  - The History of Nursing;
- (b) a practical Examination of 30 minutes' duration conducted by the Training School which shall include a test in practical nursing conducted by a Registered General Nurse.

(3) Each section will be marked out of 100 marks and 50 per cent of the marks will be considered as a pass mark. Anything below 50 per cent will be deemed a failure.

(4) A pupil midwife who fails in either section will be required to re-sit the whole examination. Candidates will not be allowed to have more than two attempts to sit the First Professional Examination.

## **12. Final Midwifery Examination**

(1) The Final Midwifery Examination may be taken on completion of nine months of midwifery training, excluding leave or sick leave, provided the pupil midwife has-

- (a) passed Part I of the Examination;
- (b) completed the prescribed number of lectures and demonstrations;
- (c) completed the prescribed number of deliveries; and
- (d) completed the prescribed number of vaginal and rectal examinations.

(2) The Final Examination shall consist of two sections; the first section shall consist of the following papers-

- (a) one paper of three hours' duration in Midwifery;
- (b) one paper of two hours' duration on the care of the infant;
- (c) one paper of two hours' duration on preventive and promotive health in relation to the

Midwifery Service; and  
the second section shall consist of an Oral and Practical Examination consisting of 30 minutes Oral and 30 minutes Practical Examination.

(3) Each section will be marked out of 100 marks and 50 per cent of the marks will be considered as a pass mark. Any marks below 50 per cent will be deemed a failure.

(4) The candidate is required to pass in each paper of the first section and of the second section with a minimum of 50 per cent in each. On failure to pass the entire examination at the first attempt, the candidate may be credited with the section of the examination in which she has passed. All credits are lost after failing a second time. After the second attempt the candidate must have had six months' further training and revision in the prescribed subjects for the examination before re-admission to the examination.

(5) Failure in the examination after completion of the said six months' further training and revision shall debar the candidate from further entry to the examination.

### **13. Examination marks**

(1) Successful candidates shall be shown as having "passed", "passed with merit" or "passed with honours".

(2) In order to pass the First Professional Examination with merit, a candidate shall be required to obtain at least 65 per cent of the maximum marks. In order to pass the First Professional Examination with honours, a candidate shall be required to obtain at least 75 per cent of the maximum marks.

(3) In order to pass the Final Midwifery Examination with merit, a candidate shall be required to obtain at least 65 per cent of the aggregate maximum marks. In order to pass the Final Midwifery Examination with honours, a candidate shall be required to obtain at least 75 per cent of the aggregate maximum marks.

(4) Except as provided in subregulation (1), candidates will not be placed in order of merit and no information in regard to the marks or places of candidates shall be given except in connection with a prize or award approved by the Council. In the case of unsuccessful candidates the training school concerned may, however, be advised in what part of the examination such candidates failed to satisfy the examiner.

### **14. Dates of examinations and entries**

(1) Examinations conducted by the Council shall be held twice a year in the months of May and November and the closing dates for admission to the examinations shall be the 30th March and the 30th September respectively:

Provided that the oral and practical section of the Final Midwifery Examination conducted by the Council may be commenced during the months of April and October respectively and may continue after the dates of the written section of the examination conducted by the Council.

(2) Applications for admission to the examinations shall be lodged with the Registrar on or before the above-mentioned dates.

(3) An application lodged after the closing date for admission to any examination shall be accepted only on payment of an additional fee of P4.

(4) No application which is lodged after the 21st day after the closing date for admission to any examinations shall be accepted.

(5) An application for admission to an examination shall not be deemed to have been "lodged" in terms of this regulation, unless an entry form duly completed, the examination fees, and, where applicable, the additional fee referred to in subregulation (3) of this regulation have reached the Registrar.

### **15. Examination centres**

Examinations shall be held at such places as the Council may appoint.

### **16. Examiners and moderators**

(1) Examiners shall be appointed from time to time by the Council which may also from

time to time appoint moderators for either or both of the written examinations conducted by the Council.

(2) The examiners and moderators, who need not be members of the Council, shall conform to such rules as may from time to time be made for the conduct of the examinations, and shall receive remuneration at such rates as may be fixed by the Council.

#### **17. Examination fees**

The following fees shall be payable to the Council by a Pupil Midwife for the examinations-

- (a) First professional Examination.  
Re-examination.
- (b) Final Midwifery Examination.  
Re-examination.

#### **18. Re-assessment of examination answers**

(1) Any candidate at a written examination conducted by the Council may upon payment of a fee of P6. apply to have her answers re-assessed.

(2) The re-assessment of candidates' answers shall be done by the moderator or moderators appointed for the examination, or by such other person or persons as may be appointed for the purpose by the Council.

(3) An application for the re-assessment of a candidate's answers shall be submitted so as to reach the Registrar within 30 days after the date on which the results of the examination concerned were published.

(4) The marks allocated to a candidate upon re-assessment of her answers shall be final and binding.

(5) The fee of P6. paid in respect of an application for re-assessment of a candidate's answers shall not be refunded to the candidate whatever the result of the re-assessment may be.

### **PART IV Register (reg 19)**

#### **19. Admission to register of pupil midwives**

No person shall be admitted to the register of pupil midwives unless such person has been admitted for training under regulation 2 of these Regulations and has applied, within 12 weeks after the commencement of such training, for registration as a pupil midwife. Where such application is made after 12 weeks, the date of commencement of training shall be deemed to have been 12 weeks prior to the date of such application. No fees shall be charged for registration of pupil midwives.

### **FIRST SCHEDULE CONDITIONS FOR APPROVAL OF A MATERNITY HOSPITAL OR LYING-IN INSTITUTION AS A TRAINING SCHOOL FOR MIDWIVES**

(reg 2)

1. The Council may in its discretion approve as a training school for midwives any maternity hospital or lying-in institution which in the opinion of the Council, taking into consideration the accommodation, the number and class of patients dealt with, and the staff, equipment and facilities for instruction available thereat, is competent to train candidates for admission to the register of midwives.

2. No application for approval of an institution as a training school shall be entertained unless-

- (a) the matron has passed the Council's examination or an examination recognised by the Council as its equivalent, both as a midwife and as a general nurse, and other persons, other than medical practitioners, engaged in teaching and training of pupil midwives are approved as midwives and general nurses:

Provided that in a general hospital having a maternity branch it shall not be necessary for the matron-in-chief to be doubly qualified so long as the matron in charge of the maternity section is registered both as a midwife and as a general nurse;

- (b) the institution has in its equipment a pelvis, mannikin, foetal skull, sphygmomanometer, stethoscope and scale for the instruction of candidates;
- (c) the instruction of pupil midwives in ancillary subjects includes lectures by medical practitioners and other persons who have a specialised knowledge of the particular subject and may be appointed to the staff of a school in a part-time capacity.

3. The Council shall have the right to inspect training schools at all times.

4. The Council shall have the right to call for such information from a training school as it may deem fit, and to point out to a training school any matter in which the Council's requirements appear to be insufficiently met, and to withhold, suspend or withdraw approval in any case in which its requirements remain unsatisfied.

5. Pupil midwives shall be medically examined, which examination shall include an X-ray of the chest, upon admission to training and at least once in every year thereafter.

## **SECOND SCHEDULE COMMON FIRST PROFESSIONAL SYLLABUS**

(regs 7 and 9)

*In addition to the formal lectures listed below, Applied Teaching shall be given in each subject.*

### **PART I**

#### **Basic Sciences**

##### (1) *Social Sciences*

An introduction to Man; Man as a biological being, as a human and as a social being. Nursing as a service by man for man.

Sociology. Basic principles of social relationships. Factors and forces which determine the distribution of people and institutions; individual and population problems. Social interaction-all in relation to health: 15 lectures

Psychology. Human development. Human behaviour, including motivation, emotions and the concept of personality. Frustrations. Conflict. Defence mechanisms. Failure of adjustment. Maintaining the vital balance. Psychosomatic medicine.

15 to 20 lectures

##### (2) *Natural Sciences*

Basic Physics:

(a) Scientific measurement and metric system, length, mass, weight, density, energy, work and time. Conversions.

(b) Physical elements: molecule, mechanics, sound, heat, magnetism, electricity, light, X-rays, pressures.

Basic Chemistry:

(a) Basic organic chemistry

(b) Basic inorganic chemistry

(c) Reactions:

20 lectures

#### **Science and Art of Nursing**

##### (1) *History of Nursing*

A short outline of nursing history from primitive times to the present day, with some reference to the nursing history of the country in which the school is situated.

Objectives of Nursing:

8 lectures

##### (2) *First Aid*

12 lectures

12 practical demonstrations

Note: Not required if a pupil midwife has previously passed a first aid examination approved by the Council.

(3) Content of science principles applied to the art of nursing and special nursing skills. The scientific principles underlying all nursing procedures. Observation. Procedures. Recording. Communication.

50 lectures.

## **THIRD SCHEDULE FINAL MIDWIFERY SYLLABUS**

(regs 7 and 9)

## **PART II**

### **History of Midwifery**

2 lectures

### **Anatomy and Physiology of the Female Reproductive System**

5 lectures

### **Anatomy of the Foetus and Embryology, Foetal Development**

10 lectures

### **The Physiology, Diagnosis and Management of Normal Pregnancy, including Nutrition, Health Education, Physiotherapy and Antenatal Clinic Practice and Instruction**

30 lectures

### **Abnormal Conditions of Pregnancy, their Diagnosis and Management**

10 lectures

### **Diseases of Pregnancy**

5 lectures

### **The Physiology, Mechanism and Management of Normal Labour**

25 lectures

### **Abnormal Conditions in Labour, their Diagnosis and Management including Obstetric Emergencies**

25 lectures

### **The Physiology and Management of the Puerperium, Complications of the Puerperium, their Diagnosis and Management**

15 lectures

### **Post-natal Care**

3 lectures

### **The Normal Infant**

10 lectures

### **Abnormalities at Birth and their Diagnosis and Treatment**

8 lectures

### **Illness in the Peri - and Neo-Natal Period-the Diagnosis and Treatment**

8 lectures

### **The Premature Infant**

5 lectures

### **Drugs and Solutions used in Midwifery Practice**

5 lectures

### **Family Planning and Maternal Child Health Education, including Preventive and Promotive Health in relation to Midwifery Statistics**

25 lectures

### **The Conditions under which a Midwife may Practise her Calling, Professional Practice Regulations for Midwives**

7 lectures

### **Domiciliary Midwifery Care**

2 lectures

### **Rules for Midwives**

Schools of nursing shall ensure that pupils are taught the "Rules for Pupil Midwives" set out in the Annexure to this Schedule.

## **ANNEXURE TO THIRD SCHEDULE RULES FOR PUPIL MIDWIVES**

Note: Qualified Midwives must follow the Regulations laid down by their own Nursing Council but for purposes of the Examination Pupil Midwives must know the following rules-

### **1. Interpretation of terms**

In these rules, "pupil midwife" means any person registered as a pupil midwife with the Council.

### **2. Equipment**

When attending a patient a pupil midwife shall have available all the equipment necessary for the proper conduct of her work.

### **3. Disinfection of person, clothing and equipment**

- (1) When attending a patient a pupil midwife shall scrupulously observe the rules of asepsis.
- (2) Whenever a pupil midwife has been in attendance upon a patient or in contact with a person suffering from puerperal infections, or from any other condition suspected to be septic or infectious, she shall before attending to any other midwifery patient thoroughly disinfect herself, all her instruments, other appliances and her clothing.
- (3) A pupil midwife who is suffering from a sore throat, tonsillitis or from any other infectious illness shall not attend a midwifery patient until she is completely cured of such illness.
- (4) After laying out a dead body for burial which has or is presumed to have died of an infection a pupil midwife shall undergo adequate cleansing and disinfection.

### **4. Records**

- (1) A pupil midwife shall keep a register of cases in Form I annexed hereto.
- (2) A pupil midwife shall keep pulse and temperature charts of all her cases; such charts shall also show the daily progress of the involution of the uterus.
- (3) A midwife shall retain all records of midwifery cases attended by her and shall produce such records to the Council when required to do so.

### **5. Administration of drugs**

- (1) A midwife shall not administer any oxytocic drugs such as pituitrin or ergot or preparations thereof before the child is born, unless on the specific instruction, in each instance, of a registered medical practitioner.
- (2) A pupil midwife shall not on her own responsibility use any drug unless she is thoroughly familiar with its use, dosage and methods of administration or application as generally accepted by the medical profession.
- (3) Attention is drawn to the provisions of the law pertaining to the Botswana Health Professions Act which strictly limit the handling of habit-forming drugs by persons other than medical practitioners and dentists.

### **6. Internal examinations**

The pupil midwife shall not make more internal examinations than are absolutely necessary. The provisions of this rule are not, however, to be regarded as relieving a pupil undergoing a course of training from any of the obligations placed upon her by rules relating to the training of midwives.

### **7. Attendance upon a patient during labour**

- (1) A pupil midwife in attendance upon a case of labour shall not leave the patient without giving an address at which she can be found without delay; after the commencement of the second stage of labour she shall stay with the patient till the birth of the child and for one hour after the expulsion of the placenta and membranes and for as long thereafter as may be necessary.
- (2) A pupil midwife shall not leave the patient with a rapid pulse or a rising pulse-rate during or immediately after labour.

### **8. Duties during puerperium**

A pupil midwife shall regularly attend the patient during at least the 10 days following the confinement or until such time as the condition of the patient and child is satisfactory.

### **9. Breast feeding**

A pupil midwife shall take all possible steps to promote breast feeding unless there is medical advice to the contrary.

### **10. Medical Assistance**

- (1) In all cases where serious illness, abnormality or complication occurs in the patient or child during the period when the pupil midwife is in attendance, she shall forthwith call in a medical practitioner, stating wherever possible the reason for calling him in.
- (2) The provisions of this rule apply in particular to the following illnesses, abnormalities and complications-
  - (a) **During pregnancy**-excessive sickness; abortion, actual or threatened; loss of blood; albumen in the urine; puffiness of hands or face or feet; fits or convulsions; purulent discharge; sores of the genitals; deformity or stunted growth or other conditions suggesting disproportion between head and pelvis.
  - (b) **During labour**-fits or convulsions; purulent discharge; sores of the genitals; excessive bleeding; breech presentation on a primigravida; presentation other than an uncomplicated vertex or

breech; when no presentation can be made out; undue prolongation in the second stage; placenta not completely expelled half an hour after birth of a child; rupture of perineal body, or other injuries to the soft parts; and episiotomy; if vertex is not engaged of a primipara.

- (c) **During the puerperium**-fits or convulsions or abnormal behaviour of the mother; abdominal distension and tenderness; offensive lochia; rigor with raised temperature, rise of temperature to 100°F for 24 hours or its recurrence within that period or a rise of temperature to 100°F on two successive days; continuously rapid or steadily rising pulse-rate; unusual swelling of breasts with local tenderness or pain; excessive or prolonged bleeding; pain, swelling, abnormal colour or tenderness of the lower limbs.
- (d) **The Child**-asphyxia; injuries received during birth; malformation or deformity (whether endangering life or not); undue feebleness, whether child is premature or not; inflammation of or any discharge from the eyes, however slight; serious skin eruptions, especially those marked by the formation of water blisters; inflammation about or haemorrhage from the umbilicus; jaundice, prematurity and convulsions; neo-natal haemorrhage.

## 11. Emergencies

Except in extreme emergencies when she shall forthwith report the facts of the case to the Council, a pupil midwife shall not undertake any operative procedure or other treatment outside the scope of her training. Only in extreme emergencies and on instructions and in the presence and on the responsibility of a medical practitioner, shall a pupil midwife administer an anaesthetic.

### Form 1

## REGISTER OF MIDWIFERY CASES

### Name of Pupil Midwife

Reg. No.: .....

Case Number: .....

### Name and Address of Patient

Age: .....

Gravida Para: .....

Date of Booking: .....

### Ante-natal Record

Date of last normal menstrual period: .....

Estimated date of delivery: .....

History of previous general health: .....

History of previous pregnancies: .....

History and duration of previous labours: .....

History of previous puerperia, including breast feeding: .....

Present general condition: .....

Findings on examination of-

- (a) Weight
- (b) Blood Pressure
- (c) Urinalysis (complete)
- (d) Breasts
- (e) Height of Fundus (in weeks)
- (f) Presentation and position of foetus (if applicable)
- (g) Relation of presenting part to pelvis (if applicable)
- (h) Foetal tear
- (i) Vulva
- (j) Oedema

Date of subsequent visits with details of findings on examination of-

- (a) Weight
- (b) Blood Pressure
- (c) Urinalysis
- (d) Breasts
- (e) Height of Fundus (in weeks)
- (f) Presentation and position of the Foetus
- (g) Foetal heart sounds
- (h) Relation of presenting part to pelvis

- (i) Oedema
- (j) Any abnormalities and advice given
- (k) Medical Officer's Findings  
(pelvic assessment at 36 weeks, etc.)

### Labour

Date and hour of arrival of pupil midwife: .....

Temperature, pulse, B.P. on arrival: .....

Oedema, show, etc. on arrival: .....

Contractions: frequency, duration, amplitude: .....

### Abdominal examination-

- (a) Height of fundus (in abnormal cases girth to be measured)
- (b) Presentation
- (c) Position
- (d) Station (relation of presenting part to pelvis)
- (e) Foetal heart rate
- (f) Maternal pulse during labour
- (g) Date and hour of beginning of labour
- (h) Date and hour of rupture of membranes (if artificially ruptured, please say so)
- (i) Date and hour of beginning of second stage
- (j) Date and hour of birth of child
- (k) Date and hour of end of third stage
- (l) Method and mechanism of delivery of placenta and membranes
- (m) Membranes
- (n) Condition and type of placenta and membranes
- (o) Amount of haemorrhage
- (p) Complications (including perineal tears)
- (q) Brief summary of labour giving-
  - (i) Duration of 1st stage
  - (ii) Duration of 2nd stage
  - (iii) Duration of 3rd stage
  - (iv) Total duration
- (r) Record of internal examinations, giving date, time, findings and by whom made
- (s) Name of doctor, if called, and reason, and time of calling him
- (t) Drugs, including I.V. fluids, given with time, dose and reason for giving

### Child

1. Sex: .....
2. Condition at birth (good, asphyxiated S.B., etc. with treatment given): .....
3. Whether full-term, premature, etc. (in weeks): .....
4. Birth weight and length: .....
5. Any abnormalities: .....
6. The following are to be recorded-
  - (a) When it first passes urine
  - (b) When it first passes meconium
  - (c) How well it sucks
  - (d) Any feeding difficulties including undue vomiting (type of vomiting and character of vomitus to be recorded)
  - (e) Record of weight (including results of test-weighing if applicable)
  - (f) Any abnormality of bowel action or character of its stools
  - (g) Date cord comes off
  - (h) Any other difficulties or infections
  - (i) Treatment for any of the above
7. In the case of infants born after difficult labour, instrument deliveries, Caesarean Sections, the following observations are to be made and recorded-
  - (a) Fits, tremors, neck retraction, etc.
  - (b) Character of cry
  - (d) Respiratory difficulties including attacks of cyanosis



- (d) Amount of caput and moulding
- (e) Any paralysis
- (f) Treatment, including cot nursing and the duration thereof
- (g) Any permanent sequelae
- 8. Weight on discharge
- 9. Advice given on discharge
- 10. Findings at Infant Welfare Clinic-
  - (a) Weight
  - (b) Type of feeding
  - (c) Any feeding difficulties
  - (d) Any vaccinations or inoculations
  - (e) Advice given

### **The Mother-Puerperium**

1. The following observations are to be recorded daily-
  - (a) Height of the fundus
  - (b) Amount and character of the lochia
  - (c) Temperature, pulse and respiration
  - (d) Condition of perineum, if damaged
2. Other facts to be recorded-
  - (a) Condition of the breasts (engorgement, cracked nipples, mastitis, etc.) and any treatment for them.
  - (b) Whether breast feeding is established and with what success
  - (c) Sleeplessness, undue emotional upsets and other signs of mental disorder
  - (d) Any urinary symptoms
  - (e) After pains. Their severity and treatment
  - (f) In cases of toxæmia, daily blood pressure, weight and intake and output
3. Advice given on discharge
4. Findings at post-natal examination-
  - (a) Involution (complete or otherwise)
  - (b) Stress incontinence or other signs of prolapse
  - (c) State of perineum
  - (d) Any signs of pelvic infection
  - (e) State of abdominal muscles
  - (f) Any persistent discharge and its character
  - (g) Blood Pressure
  - (h) Urine
  - (i) Weight
  - (j) Treatment and advice given, including child spacing.

## **ENROLLED NURSES (TRAINING AND EXAMINATION) REGULATIONS**

(section 12)

(3rd October, 1969)

### ARRANGEMENT OF REGULATIONS

#### REGULATION

#### PART I

##### *Preliminary*

1. Citation

#### PART II

##### *Training Schools and Admission*

2. Approval of training schools
3. Requirement for admission

#### PART III

##### *Register*

4. Register of pupil nurses

PART IV  
*Training*

5. Resumption of training
6. Period of training and breaks in training
7. Lectures, demonstrations and practical training

PART V  
*Examinations*

8. Examinations
9. Intermediate examination
10. Final examination
11. Merits in final examination
12. Dates of examinations, applications for admission and re-admission and examination fees
13. Examination centres
14. Examiners and moderators

First Schedule - Syllabus for Enrolled Nurse Training

Second Schedule - Minimum Periods of Experience in the Various Clinical Fields

S.I. 98, 1969.

**PART I**  
***Preliminary (reg 1)***

**1. Citation**

These Regulations may be cited as the Enrolled Nurses (Training and Examination) Regulations.

**PART II**  
***Training Schools and Admission (regs 2-3)***

**2. Approval of training schools**

(1) A hospital may be approved by the Council as a training school if-

- (a) a daily average of at least 80 occupied beds is available for the training of pupil nurses and of those beds at least 20 are medical, 20 surgical, and 10 paediatric;
- (b) facilities are available for the adequate training of pupil nurses in all the subjects prescribed in the syllabus set out in the First Schedule;
- (c) a registered general nurse is in charge of the hospital who shall be responsible for satisfying the Council that every pupil nurse receives adequate instruction in the theoretical and practical aspects of the syllabus set out in the First Schedule;
- (d) at least one registered general nurse is on duty at all times;
- (e) not more than 10 pupil nurses are admitted in proportion to each registered nurse normally employed on the staff of the hospital;
- (f) provision is made for satisfactory accommodation for lectures and demonstrations, and the necessary equipment, models and library facilities for the proper instruction of the pupil nurses are available;
- (g) all lecturers and demonstrators hold qualifications approved by the Council;
- (h) pupil nurses are medically examined upon admission to training and yearly thereafter;
- (i) pupil nurses are allowed at least one day off per week when on day duty and at least one night off per week when on night duty.

(2) The Council shall have the right to call for such information as it may deem fit and to point out any matter in which its requirements appear to be insufficiently met, or any matter

which in its opinion adversely affects the training of pupil nurses and to withhold, suspend or withdraw its approval if its requirements are not met within a stipulated period.

(3) The Council or any person authorised by the Council shall have the right to inspect a training school at any time and to call for such information as may be deemed necessary.

(4) Any approval given by the Council may, at its discretion, be varied, amended or withdrawn.

### **3. Requirement for admission**

No person shall be admitted for training unless she submits to the person in charge of the training school-

- (a) a statement from the Ministry of Education that she has attempted the Junior Certificate Examination or some other examination which in the opinion of the Council is equivalent to the Junior Certificate Examination;
- (b) a certificate of good health signed by a registered medical practitioner;
- (c) a certificate of good character signed by two responsible persons to the satisfaction of the training school concerned:

Provided that-

- (i) a Junior Certificate Examination attempted or passed outside Botswana shall not be accepted as adequate by the Council unless approved by the Permanent Secretary;
- (ii) notwithstanding anything in proviso (i), the Council shall in any case have power to grant exemption from the requirements of paragraph (a).

## **PART III**

### **Register (reg 4)**

#### **4. Register of pupil nurses**

(1) The Council shall keep a register of pupil nurses in which all pupil nurses shall apply to have their names entered within six weeks after the commencement of their training or, in the event of their training having been terminated before completion, within six weeks of its resumption.

(2) When an application for the entry of a name in the register is received by the Council more than six weeks after the commencement or resumption of training, the date of commencement or resumption shall be deemed to have been six weeks prior to the date on which such application is received by the Council.

(3) If the training of a pupil nurse is terminated before completion for any reason whatsoever the person in charge of the training school attended by such nurse shall forthwith notify the Council of such termination, and the name of such nurse shall forthwith be removed from the register.

## **PART IV**

### **Training (regs 5-7)**

#### **5. Resumption of training**

A pupil nurse whose training has been terminated for any reason whatsoever before completion may apply to be allowed to resume her training and in the event of her being accepted for continued training she may, subject to regulation 6(5) and (6), be granted recognition of her previous training.

#### **6. Period of training and breaks in training**

(1) Subject to the provisions of subregulations (3) and (4), training shall be continuous.

(2) The period of training shall be 30 months.

(3) A pupil nurse may be granted not more than 10 weeks' leave of absence during the prescribed period of training, and not more than four weeks' leave of absence in any 12 months of training.

(4) A pupil nurse may be granted sick leave not exceeding 14 days in all during the prescribed period of training. If sick leave in excess of 14 days is granted, the pupil nurse shall

undergo supplementary training for a period equivalent to such excess so that the prescribed period of training is completed:

Provided that, if the sick leave granted exceeds 110 days in all, the pupil nurse shall, in addition to the prescribed period of training, undergo an extension of training equal to one half of the total period of sick leave taken, unless the Council determines otherwise.

(5) No recognition of previous training shall be granted if a break in training occurs before the completion of at least six months of the prescribed period of training, unless the Council determines otherwise.

(6) No recognition of previous training shall be granted if there is more than one break in training.

(7) The period of any break in training shall be made up by supplementary training for an equivalent period so that the prescribed period of training is completed.

(8) If a break in training exceeds a period of 110 days, the pupil nurse shall, in addition to undergoing the prescribed period of training, undergo an extension of training equal to one half of the period of such break, unless the Council determines otherwise.

(9) For the purposes of this regulation the term "break in training" shall include any absence from training which is not authorised in this regulation. Any such absence and the reasons therefor shall be reported to the Council forthwith by the person in charge of the training school.

(10) The person in charge of a training school shall notify the Council forthwith when any pupil nurse has completed the prescribed period of training and shall lodge with the Council a record of the training undergone by the pupil nurse.

## **7. Lectures, demonstrations and practical training**

(1) Every pupil nurse shall attend a complete course of lectures and demonstrations covering the subjects prescribed in the syllabus in the First Schedule.

(2) Every pupil nurse shall receive practical instruction in, and carry out, all the nursing procedures prescribed in the syllabus in the First Schedule.

(3) Every pupil nurse shall receive practical experience in the various clinical fields as prescribed in the Second Schedule.

## **PART V**

### **Examinations (regs 8-14)**

## **8. Examinations**

The examinations shall comprise two examinations during the course of training for Enrolled Nurses, namely-

- (a) the intermediate examination; and
- (b) the final examination.

## **9. Intermediate examination**

(1) The intermediate examination may be taken on the completion of 12 months of training:

Provided that the pupil nurse has-

- (a) completed the prescribed lectures in sections 1 and 2 of the syllabus in the First Schedule, except that she need not have had lectures in First Aid;
- (b) received the applied teaching in basic nursing prescribed in section 1 of the said syllabus;
- (c) had not more than 28 days' leave and not more than seven days' sick leave, or has undergone the prescribed supplementary training.

(2) The intermediate examination shall consist of an oral and practical examination in basic nursing, 30 minutes oral and 30 minutes practical, and will be marked out of a total of 100 marks of which 50 will be considered as a pass mark.

(3) Candidates will not be allowed to have more than two attempts to pass the intermediate examination.

## **10. Final examination**

(1) The final examination may be taken on the completion of 24 months of training: Provided that the pupil nurse has-

- (a) passed the intermediate examination at least nine months previously;
- (b) completed the lectures on First Aid and passed the First Aid practical examination conducted by a recognized examiner of the Red Cross Society;
- (c) completed the prescribed lectures in section 3 of the syllabus in the First Schedule;
- (d) received the applied teaching in basic nursing prescribed in the said syllabus;
- (e) undergone the clinical experience prescribed in the Second Schedule;
- (f) had not more than 10 weeks' leave during the course and not more than 14 days' sick leave, or has undergone the prescribed supplementary training.

(2) The final examination shall consist of two sections-

- (a) a written paper of three hours' duration covering all clinical subjects in the syllabus in the First Schedule including First Aid as it is applied to nursing;
- (b) an oral and practical examination in basic nursing of 60 minutes' duration covering the entire syllabus in the First Schedule.

(3) No pupil nurse shall be admitted to the practical examinations unless she has with her the "Training Syllabus and Record of Practical Instruction and Experience (General) for Admission to the Roll of Nurses"; and sections 1 and 4 of the record have been completed.

(4) Each section of the examination will be marked out of 100 marks and 50 marks will be considered as a pass mark. Candidates are required to pass each section of the examination. Any marks below 50 per cent will be deemed a failure.

(5) A candidate who fails the examination at her first attempt may be credited with the section of the examination which she has passed:

Provided that all credits will be lost after failing a second time.

(6) A candidate who fails at her third attempt shall be debarred from further entry to the examination.

## **11. Merits in final examination**

(1) Successful candidates in the final examination shall be shown as having "passed", "passed with credit" or "passed with honours".

(2) To pass in the final examination a candidate shall obtain at least 50 per cent of the possible marks in each section of the examination. To pass with credit a candidate shall obtain at least 60 per cent of the possible marks in each section of the examination. To pass with honours a candidate shall obtain at least 75 per cent of the possible marks in each section of the examination.

(3) Except as prescribed in subregulation (1) candidates shall not be placed in order of merit, and no information in regard to the marks or places obtained by candidates shall be made public.

## **12. Dates of examinations, applications for admission and re-admission and examination fees**

(1) The person in charge of a training school shall notify the Council forthwith, giving reasons, if a candidate becomes ineligible through termination of training, sickness or otherwise, for admission or re-admission to an examination subsequent to the lodging of an application in terms of this regulation.

(2) The examinations shall be held twice a year during the months of March and September and applications for admission and re-admission shall be lodged with the Council on or before 31st January and 31st July, respectively.

(3) The following fees shall be paid to the Council-

- (a) on application for admission to the Final Enrolled Nurses Examination, P2.;
- (b) on application for re-admission to the Final Enrolled Nurses Examination, P2.

(4) An application lodged not more than seven days after the prescribed date for the

lodging of applications for admission and re-admission to an examination may be accepted, but shall be accepted only on payment of an additional fee of P1.

(5) An application lodged more than seven days after the prescribed date for the lodging of application for admission and re-admission to an examination shall not be accepted.

(6) An application for admission or re-admission to an examination shall not be deemed to have been "lodged" in terms of this regulation unless an applicable form, duly completed, together with the examination fee, and, where applicable, the additional fee referred to in subregulation (4), has reached the Council. The onus will be on the applicant to ensure that the application reaches the Council in time.

### **13. Examination centres**

A candidate shall take her examinations at the training school attended by her.

### **14. Examiners and moderators**

(1) Examiners shall be appointed by the Council.

(2) The Council may appoint a moderator for any examination.

## **FIRST SCHEDULE SYLLABUS FOR ENROLLED NURSE TRAINING**

(regs 2, 7, 9 and 10)

In addition to the formal lectures listed below, applied teaching shall be given in each subject.

### **Section 1**

#### *Principles and Practice of Nursing*

Introduction

6 lectures

General Care in the Ward Unit	6 lectures
Routine Care of Patients	28 lectures
Care of Babies and Children	5 lectures
Medicines and Poisons	12 lectures
Other Nursing Procedures	38 lectures
First Aid (Theory and Practice)	24 lectures

### **Section 2**

#### *The Human Individual and his Environment*

Personal Development of the Individual	6 lectures
The Promotion of Individual and Communal Health	15 lectures
The Structure and Function of the Human Body including Nutrition	40 lectures

### **Section 3**

#### *Outline of the Cause, Course and Treatment of Disease*

General Medical and Surgical Conditions (including Doctor's lectures)	60 lectures
Nursing of Babies and Children	12 lectures
Nursing of Patients with Chronic Conditions	12 lectures

*Note:* The number of lectures listed above is the *minimum* number required to cover the syllabus. Additional lectures, demonstrations, tests, visits, films and revision should be noted and added when submitting entry forms to examinations.

For the guidance of pupil nurse teachers, at least four hours of teaching should be given each week and this may include tests, films, visits of interest, demonstrations and set study periods.

Where possible, lectures should be given in the nurses' on-duty time, but each individual hospital is at liberty to arrange study days or a block system to suit the exigencies of the hospital.

## **SECOND SCHEDULE MINIMUM PERIODS OF EXPERIENCE IN THE VARIOUS CLINICAL FIELDS**

	(regs 7 and 10)	
Male Medical		12 weeks
	Male Surgical	12 weeks
	Female Medical	12 weeks
	Female Surgical	12 weeks
	Gynaecology	12 weeks
	Paediatric	12 weeks
	Casualty and/or O.P.D.	4 weeks
	Theatre	8 weeks
	Infectious Diseases	4 weeks

Where there is only one ward combining medical and surgical cases, or medical, surgical and gynaecology, these periods of experience may be combined, e.g. where there is one male ward, the nurse must complete a minimum period of 24 weeks in that ward, or where there is a female ward combining medical, surgical and gynaecology, the nurse must complete a minimum period of 36 weeks in that ward.