




WCCN

Verification process for SANC submissions

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Approved by	Position	Signature	Date
College Senate	Head of Academia		2019/06/22

All Change requests should be submitted to WCCN

REVISION	TITLE OR BRIEF DESCRIPTION	ENTERED BY
2021/12/21	Rebranding	Dr T M Bock
2024/01/15	Re-branding	Dr T M Bock

SENATEPREAMBLE

This policy is to be applied from adoption hereof. This policy is by no means to be retrospectively applied and will only deal with the exam cycle, immediately prior to ratification of this policy.



1. SCOPE

The scope of this policy is to provide academic staff with clear, brief, user-friendly guidelines and mechanisms to ensure the checking of all practical records and requirements annually final closing prior to SANC registration at the end of the training period.

This policy comprises processes of assembling evidence, evidence, and making judgements/discernments about a **student's performance** in relation to set standards, norms and qualifications—requirements. The policy outlines the process whereby such evidence is reviewed for the purpose to comply with legal requirements for registration as a professional nurse

Education and teaching practitioners may put in place specific structures and guidelines in which they can critically engage with guidelines ensure and credibility in submission of practical records. The correlated records should adhere with SANC requirements and specification for the qualification and registration of the student who complied to training requirements.

THE PURPOSE OF THIS POLICY

This policy addresses the processes as stated above and is applicable to the Western Cape College of Nursing (WCCN). This Policy is part of the Quality Management system of the Western Cape College of Nursing.

2. OBJECTIVES

- 2.1 To ensure programmes which is aligned with the WCCN's vision, mission and values.
- 2.2 To meet programme requirements of SANC, legal standards for qualification and registration as a professional nurse.
- 2.3 To ensure that the reflected attained programme outcomes of a subject are reliable and trustworthy.
- 2.4 To ensure that records and content are purposively reviewed, and improved quality assurance strategies are implemented to enhance programme standards and quality.

3. DEFINITIONS

Verify

Noun: the act of verifying. The state of being verified.

Evidence that establishes or confirms the accuracy or truth of something

A formal assertion of the truth of something, as by oath or affidavit.

The process of research, examination, etc., required to prove or establish authenticity or validity.

<https://www.dictionary.com/browse/verification>

4. REFERENCES

SAQA. 2004. Chapter 5: Review and evaluation: Quality management processes [Online] Available at: www.saqa.org.za/docs/guide/2004/rpl.pdf [17 January 2018]

Oxford Learners' Dictionary [Online] Available at:

https://www.oxfordlearnersdictionaries.com/definition/english/review_ [17 January 2018]

5. RELEVANT INSTITUTIONAL POLICIES

Nursing Act, 1978 (Act 50 of 1978) and subsequent applicable regulation
Nursing Act, 2005 (Act 33 of 2005) and subsequent applicable regulation
Vision, Mission & WCCN Operational Plan and Enrolment plan
Assessment Policy and Procedures and Rules for Assessment Curriculum
Policy

Policy on Academic Staff Development Subject
Review Mechanism Qualification Review
Mechanism
Student Academic Support
WCCN (Interventions "best" practices presentations)
Code of conduct of the public service

6. LEGISLATION

Nursing Act, 1978 (Act 50 of 1978) and subsequent applicable regulation
Nursing Act, 2005 (Act 33 of 2005) and subsequent applicable regulation
R2598 – scope of practice
R767 – regulations setting out the acts and omissions in respect of which the council may take disciplinary steps
Ethical code of conduct in the nursing profession
Constitution of the Republic of South Africa (Act 108 of 1996 as amended)
The Protected Disclosures Act, No. 26 of 2000

7. VERIFICATION PRACTICES

All aspects listed herein will form part of the "paper trail" of facilitators review. The trail will serve as audit for SANC control purposes prior to submission for close out and registration of a nursing qualification according training regulation.

A control sheet (8.4/ 8.5) must be completed by all parties to the level as explained in the diagrams (8.2 / 8.3)

COMPONENTS RELATED TO VERIFICATION PROCESSES

1st year:

- Hours verification according to SANC requirements and allocated WIL plan per student
- Completion of practical procedures and assessments as per training requirements
- Competencies achieved according to SANC requirements

Progression to 2nd year: requirements achieved, checked and signed off by all relevant parties

2nd year:

- Hours verification according to SANC requirements and allocated WIL plan per student
- Completion of practical procedures and assessments as per training requirements
- Competencies achieved according to SANC requirements

Progression to 3rd: year requirements achieved, checked and signed off by all relevant parties

3rd year:

- Hours verification according to SANC requirements and allocated WIL plan per student
- Completion of practical procedures and assessments as per training requirements
- Competencies achieved according to SANC

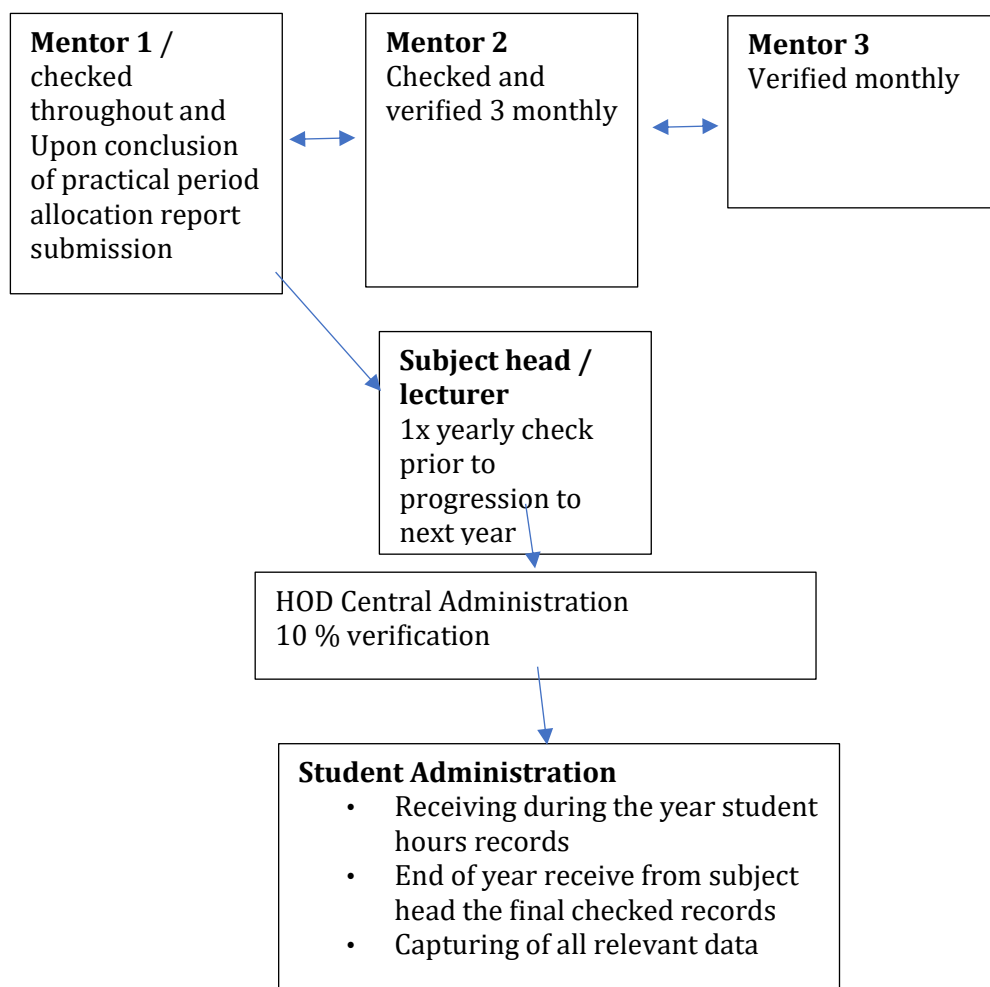
Progression to 4th: year requirements achieved, checked and signed by all relevant parties

4th year:

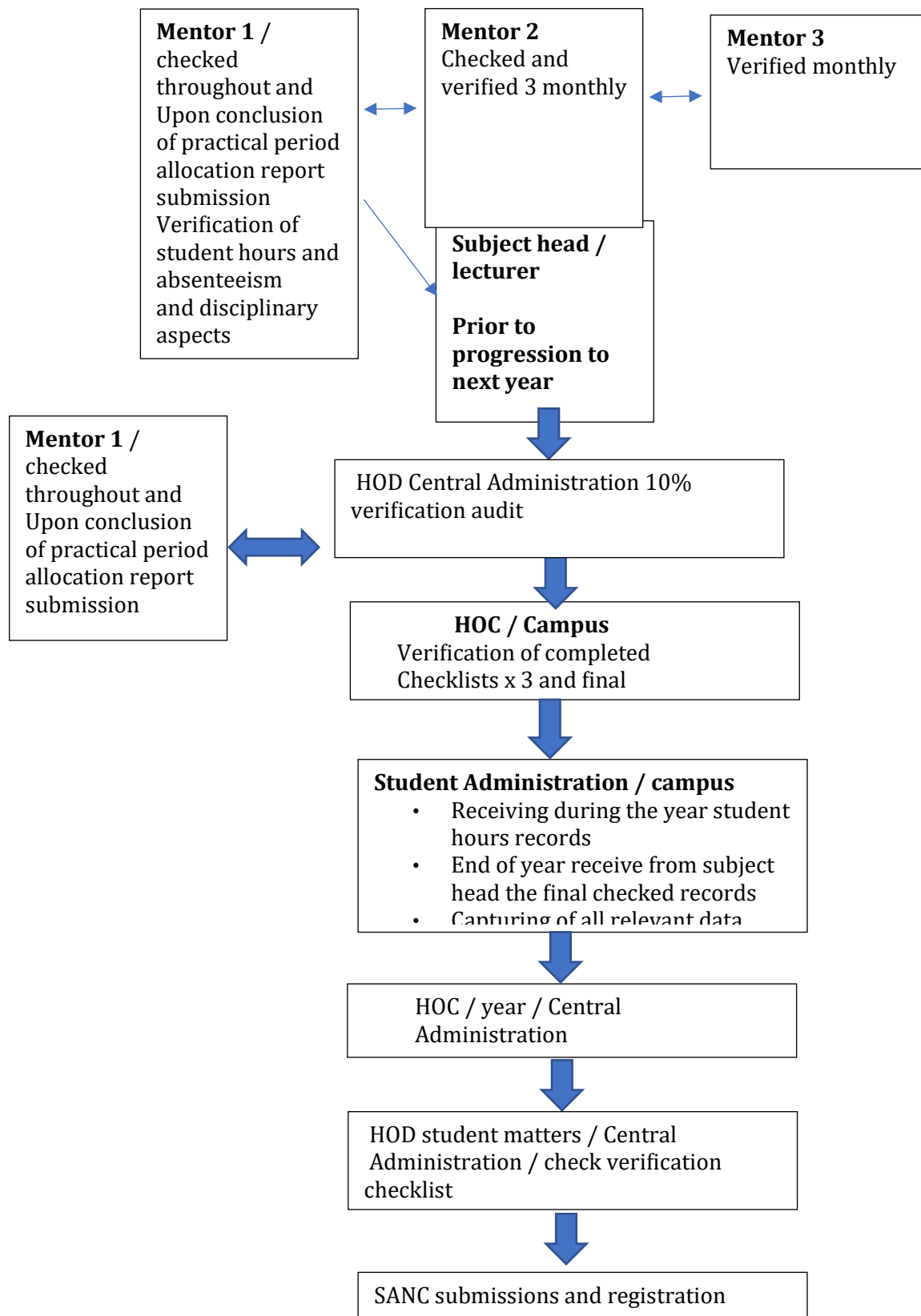
- Hours verification according to SANC requirements
- Completion of practical procedures
- Competencies achieved according to SANC requirements
- Competencies achieved according to SANC requirements

Completion of requirements achieved, checked and signed off by all relevant parties.

8.2 DIAGRAM: RESPONSIBLE VERIFICATION PARTIES for progression YEARS in training STUDY TOWARDS A QUALIFICATION



8.3 RESPONSIBLE VERIFICATION PARTIES OF final year OF STUDY / COMPLETION TOWARDS THE SANC enrolled QUALIFICATION



8.4 CHECKLIST years of progression training

This checklist should be completed at the end of each practical allocation. Check list to be completed each individual student. All mentors (2 and or 3) should sign and verify the information as per the diagram. (At least one additional mentor must sign as verified)

Completed checklist should be kept on record by each individual mentor (1) for submission upon the conclusion of the student's study prior to progression to the next year. (Please refer to 8.2)

SIGNATURE VERIFICATION

		Signature
Mentor 1		
Mentor 2		
Mentor 3		
Subject head		
Administrative personnel Hours verification submission		
Student signature		

Item / component	Date	Status ***	Action ***	Student signature ***	Mentor 1	Mentor 2	Mentor 3
1. Practical procedures allocated / planned per placement							
2. Completed the hours and shifts as allocated per placement							
3. Does signatures correlate with the signature list of professional nurses who may assess the competencies							
4. Does the signatures reflect the signatures of the personnel working in the wards/ areas where the student was working							
5. Verification of any discrepancies (Indicate if not applicable)							
6. Correlation of signature of staff, date and duty roster							
7. Critical analysis of the hours and deficit hours worked							
8. Hours sheets checked against verifiable records such as duty rosters etc.							

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***Status did the student complete the expected practical evaluations / assessment as required during this placement

*** Steps taken by the mentor to remedy the situation should there be any transgression

*** Student signature must be present where student verifies that all information given was truthful

COMMENTS

8.5 CHECKLIST FINAL YEAR OF TRAINING

This checklist should be completed at the end of all practical allocations completed by each individual student.

All mentors (2 and or 3) should sign and verify the information as per the diagram. (At least one additional mentor must sign as verified)

Completed checklist should be kept on record by each individual mentor (1) for submission upon the conclusion of the student's study prior to closing out of student file (please refer to 8.3)

All students must provide a plan to the mentor of planned completion of practical requirements for that specific allocation

SIGNATURE VERIFICATION

Title	Print	Signature
Mentor 1		
Mentor 2		
Mentor 3		
Subject head		
Administrative personnel Hours verification submission		
Student signature		

Item / component	Date	Status ***	Action ***	Student signature ***	Mentor 1	Mentor 2	Mentor 3
1. Practical procedures as allocated / planned per placement							
2. Completed the hours and shifts as allocated per placement							

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3. Does signatures correlate with the signature list of professional nurses who may assess the competencies							
4. Does the signatures reflect the signatures of the personnel working in the wards/ areas where the student was working							
5. Verification of any discrepancies (Indicate if not applicable)							
6. Correlation of signature of staff, date and duty roster							
7. Critical analysis of the hours and deficit hours worked							
8. Hours sheets checked against verifiable records such as duty rosters etc.							
9. Check signatures against checklist in the front of the practical register							
10. Check the validity of each signature with the responsible staff member should it be required of else mark as NA							
11. Check the names and dates in terms of correlation with duty roster and or deficit forms issued							

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12. Check the total times if occurrence of specific signatures signing excessively for procedures assessed							
13. How often was the practical procedure book validated if not after each practical placement please indicate as per comment page							
Final assessment: Provided to subject head							
Subject head to HOD							

***status did the student complete the expected practical evaluations / assessment as required during this placement

If no action is required, then only tick of as done according to expectations i.e. ✓

*** Steps taken by the mentor to remedy the situation should there be any transgression. Student response must be recorded on the comment section

*** Student signature must be present where student verifies that all information given was truthful

COMMENTS

9. WHO SHOULD KNOW THIS POLICY?

- HOD Academic
- Heads of Campuses
- Teaching and Learning Coordinators and curriculum officers
- Quality Management Office

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Institutional Research and Academic Planning Department
 HOD's/Programme/Course Coordinators
 Academic Staff
 Student Representatives
 Senate Teaching and Learning Committee;
 College Teaching and Learning Committees, Centre for e- Learning
 Library

10. RESOURCES REQUIRED

Workshop/teaching resources

Refer to: **11. FINAL VERIFICATION PROCESS CHECKLIST**

11. FINAL VERIFICATION PROCESS CHECKLIST

All persons listed must sign the final document as verification of authenticity of all verified document following the checking requirements as indicated.

VERIFICATION PROCESS	VERIFIER SIGNATURE	VERIFIER PRINT	DATE
MENTOR 1 (completion of all checklists as per this policy) submit to subject head together with all student registers and records			
SUBJECT HEAD Check all records and sign off			
HOD SUBJECT CENTRAL ADMINISTRATION 10% verification			
HOC CAMPUS SPECIFIC VERIFICATION Signature check			
ADMINISTRATION STUDENT Records – CAMPUS SPECIFIC Prepare records for HOD student matters central administration			
HOD STUDENT MATTERS Complete verification process – check verification signatures			
CENTRAL ADMINISTRATION SUBMISSION TO SANC			