Acknowledgement

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This handbook is continually being evaluated and updated to reflect current needs and best practices. It should be viewed as work in progress.
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<td>Commonwealth Nurses Federation</td>
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<td>CNO</td>
<td>Chief Nursing Officer</td>
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<tr>
<td>DNO</td>
<td>District Nursing Officer</td>
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<tr>
<td>ECSACON</td>
<td>East, Central and Southern African College of Nursing</td>
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<tr>
<td>ICM</td>
<td>International Confederation of Midwives</td>
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<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
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<tr>
<td>LGA</td>
<td>Local Government Authority</td>
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<td>MOE</td>
<td>Ministry of Education and Vocational Training</td>
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<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<tr>
<td>NACTE</td>
<td>National Council for Technical Education</td>
</tr>
<tr>
<td>PMORALG</td>
<td>Prime Minister’s Office, Regional Administration and Local Government</td>
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<td>POPSMP</td>
<td>Prime Minister’s Office, Public Service Management</td>
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<tr>
<td>RNO</td>
<td>Regional Nursing Officer</td>
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<tr>
<td>SANNAM</td>
<td>Southern Africa Network of Nurses and Midwives</td>
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<td>TANNA</td>
<td>Tanzania National Nurses Association</td>
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<td>TNMC</td>
<td>Tanzania Nursing and Midwifery Council</td>
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<td>TCU</td>
<td>Tanzania Council of Universities</td>
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INTRODUCTION
The Tanzania Nursing and Midwifery Council (TNMC) is committed to effective governance; that is, ensuring the right structures, systems, policies, processes, resources and strategic priorities exist to successfully meet the Council mandate. It also involves appropriate delegation and ongoing monitoring. Governance Handbooks are a common and popular governance tool for current and new trustees as they undertake their responsibilities for planning, directing, and advocating for the organization.

The TNMC Council Handbook has been developed by a sub-group of Council members and staff and is designed to help you fulfil your governance role by providing up-to-date information about the organization, roles, relationships and the policy and strategic objectives of Council.

1.0 A Short History of TNMC
The Tanzania Nurses and Midwives Council is a semi-autonomous professional regulatory body established in 1953 through the Nurses and Midwives Registration Ordinance to ensure that nurses and midwives in Tanzania provide an acceptable standard of safe care to their clients. Only those with the right conduct and qualifications can practice as a nurse or midwife.

The 1953 Ordinance was updated some 4 decades later with the passage of the Nurses and Midwives Registration Act (1997), which provided for a nurse to be the chair of Council. Passage of the Nursing and Midwifery Act (2010) significantly updated the law governing the profession. Through it TNMC also became a body corporate. Today the core function of TNMC is to establish and improve standards of nursing and midwifery care in order to serve and protect the public. This is different from the professional association which exists to serve its members.

The idea of establishing a system for registration of nurses in Tanganyika was first expressed in November 1947 during the Provincial Medical Officer's Conference. This was deferred until 1952 for various reasons, including discussions of whether there should be separate legislation for nurses and midwives. On 30 January 1953, the Governor, Sir Edward F. Twining, published the date of commencement of the Nurses and Midwives Registration Ordinance effective 1 February, 1953. The Council started its activities on 19 March 1953 and held meetings twice a year. Meetings focused on applications for approval for operating new schools of nursing; the nursing training syllabuses and regulations; and review, approval and publishing of the final nursing and midwifery examination results. Mrs. Susan Sana Waggi was the first African nurse to be appointed Registrar of the Tanganyika Nurses' and Midwives' Council (1968 – 1977).
Beginning in the 1930s nursing regulations were under the Nursing Board of Studies of the Colonial Nursing Services, established by Her Majesty Queen Elizabeth Overseas Nursing Services. From 1 January 1940 all nurses were put under the Unified Colonial Nursing Services. In 1948 the British Colonial Government established a 'Territorial Board of Nursing Studies' with its main function being the oversight of the training system of nursing and midwifery in Tanganyika. Alongside this, the 'Technical Sub-Committee for Territorial Nursing Training' was created to do groundwork of formulating and reviewing the content of the training syllabuses and regulations in the country, and submitting their proposals to the Board of Nursing Studies for its deliberation and endorsement. The Nursing Board and its Technical Sub-Committee continued functioning up to 1953 when the Council took over these functions. Today the Council regulates more than 39,500 nursing and midwifery professionals.

Nearly 60 years on key achievements include sustained public respect for the profession as a result of effective regulation of nursing education and practice. The legislation has been reviewed three times since 1953 with progressive changes in regulatory and administrative functions. For example, the 1997 review resulted in the provision that the chairperson must be a nurse. In addition, this review included much clearer statements related to private nursing and midwifery practice. The requirement for a practicing and periodically renewed license was also introduced in the 1997 legislation.

The Council has produced eleven guidelines related to conduct, scope of practice and educational issues. At present, the Council has a computerized data system with all nurses data stored there. The passage of the 2010 Act is providing more autonomy to the Council thus creating a better environment for grow.

Lack of enough resources, both human and financial, is one of the main challenges facing the Council today. Also, the Council is dealing with more cases of forgeries of certificates and increasing complaints from clients dissatisfied with their nursing care.

2.0 Vision, Mission and Values

A vision statement describes the organization’s aims for the future - what it wants to become - and forms an important element of the strategic framework.

**TNMC’s Vision:** Excellence in the nursing profession, delivery of high quality nursing and midwifery care, positive image of nursing, public satisfaction by responding to the health needs of Tanzanians.

Mission statements describe clearly and concisely why organizations exist – their purpose. In addition to guiding planning and decision-making, mission statements serve as a strategic public relations and marketing tool.
**TNMC’s Mission:** A strong and effective Nursing and Midwifery Council that ensures protection of the public through provision of quality nursing and midwifery care by the nursing profession and advocate for the profession by effectively and efficiently regulating the practice of nursing.

**TNMC Core Values:**
Values are the traits or principles that guide an organization’s behavior. The 7 TNMC values describe how the Council will operate. They are guidelines that frame the Council’s day to day decisions, attitudes and conduct as well as strategies and policies. They are meant to permeate everything the Council does from the organizational to the individual level.

### TNMC Core Values

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
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<tr>
<td><strong>Pursuit of excellence in service</strong></td>
<td>The Council will strive to achieve the highest standard of nursing services and actively look for opportunity to improve on those standards.</td>
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<td><strong>Diligence</strong></td>
<td>The Council will devote itself wholly to roles and responsibility during the entire time.</td>
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<td><strong>Accountability</strong></td>
<td>The Council will be accountable to both nurses and the public.</td>
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<td><strong>Public Focus</strong></td>
<td>In discharging its duties the Council will give profound attention to the interest of the public.</td>
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<tr>
<td><strong>Openness and transparency</strong></td>
<td>The Council will strive to be open and transparent in discharging its duties.</td>
</tr>
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<td><strong>Honest and Ethical</strong></td>
<td>The Council will conduct itself in an honest, open and fair ethical manner.</td>
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<td><strong>Partnership</strong></td>
<td>Seeking out and developing partnerships with organizations, communities and individuals whose objectives are similar to those of the Council in an effort to ensure maximum provision of services to the public.</td>
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(Source: TNMC Strategic Plan)
3.0 TNMC’s Authority
The Council derives its authority from the Tanzania Nursing and Midwifery Act (2010) and is guided by the accompanying Regulations (2010). Council members and the Registrar serve at the pleasure of the Minister of Health and Social Welfare (MOHSW).

The instruments, which TNMC uses to discharge, its duties include:
   a) The Nursing and Midwifery Act 2010
   b) Regulations made under the Act
   c) Tanzania National Health Policy
   d) Other relevant government policy and guidelines
   e) Standards of Proficiency for Nurses and Midwives in Tanzania
   f) Tanzania Nursing and Midwifery guidelines
   g) Professional Code of Ethics for Nurses and Midwives in Tanzania.

The Council exercises legal, regulatory, strategic and operational authority and, in doing so, upholds all associated laws, regulations and policy.

4.0 Council Accountabilities
Accountability in governance terms is about the responsibility to fulfill the assigned mandate in such a manner as to maintain stakeholder trust. Without such trust Council’s legitimacy, support, relationships and credibility are at risk. Council is accountable to government, the public and to the nurses it regulates.

Its accountability to government is exercised through ensuring it fulfills its mandate effectively and efficiently, and through prompt submission of all required documents and reports. In accordance with the Act, TNMC is required to submit an annual report to the MOHSW containing financial statements and an account of its operations together with any other information requested by the government in writing. As well, the Council must annually send to the Controller and Auditor General the accounts for the financial year along with the same annual report of operations.

The Council fulfills its accountability to nurses through ethical and transparent interactions with them and others. With respect to its accountability to the public, TNMC fulfills this by ensuring only licensed nurses are allowed to practice and by promptly intervening when issues of safe, ethical practice arise. Finally, regular review of the Council’s own functioning forms part of fulfilling its accountabilities.

The Nursing and Midwifery Act 2010 established TNMC as a body corporate and it is now in the process of becoming an autonomous organization in keeping with the spirit of the Act. Until then, it continues its current obligations and reporting relationship with the Ministry of Health and Social Welfare.

With respect to indemnity, nothing done by Council, its committees or staff shall be personally liable for anything done in good faith in undertaking TNMC functions.
5.0 The Government Role
The Ministry of Health and Social Welfare provides Council oversight, appoints the Registrar and Deputy, seconds staff to TNMC, and appoints the Council Chair and members. While Parliament appropriates funds to the Council annually, the Ministry approves income and expenditure plans, and undertakes periodic financial audits of the Council.

6.0 TNMC Strategic and Annual Plans
Strategic and Annual Plans are tools to help the organization realize its vision. Strategic Plans serve as the roadmap to the future. To be effective they must be continuous, systematic, involve regular monitoring and measurement, and encompass a 3 to 5 year period. Today we also talk about strategic governance and strategic management. Strategic governance focuses on the mission, vision, strategic directions and key results areas for the organization; this is the role of the Council as a whole. Strategic management focuses on creating and implementing strategies to achieve the goals and is usually the prevue of staff. Both strategic governance and management have evaluation as a key element of their function. TNMC has 6 Strategic Objectives for its 2015/16 – 2019/20 (five yrs) Strategic Plan.

TNMC Strategic Objectives 2015/16 – 2019/20

<table>
<thead>
<tr>
<th>Objective 1:</th>
<th>HIV/AIDS infections reduced and supportive services improved by 2020</th>
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<td>Objective 3:</td>
<td>Nursing and Midwifery Services improved by 2020.</td>
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<td>Objective 4:</td>
<td>Image of nursing and Midwifery profession improved by 2010.</td>
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<td>Objective 5:</td>
<td>Institutional capacity of the Council to implement its core functions enhanced by 2020.</td>
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Annual Plan
The Annual Plan is developed based on the Strategic Plan and is regularly monitored during Council meetings. A copy of the annual plan is included in the Annexes.

7.0 External Relations
TNMC maintains formal and informal relationships with many organizations, groups and individuals. Its relationship with the Local Government Authorities (LGAs) is key; they are the largest nursing employer and, with devolution, are responsible for provision of public services,
including health care. LGAs must work within the framework of existing laws and guidelines for service delivery. In the provision of nursing services both Local Government Authorities and private employers must abide by TNMC requirements.

At the national level TNMC relates to government, academic accreditation authorities, professional nursing and midwifery associations, and the regulatory bodies and professional associations of the health professions and other groups. Nongovernmental organizations and development agencies are also partners as are academic institutions and research entities. TNMC also works with national and local media.

Beyond Tanzania the Council maintains relationships with other national bodies as well as with regional and international ones. These include the International Council of Nurses (ICN), the International Confederation of Midwives (ICM), the Commonwealth Nurses Federation (CNF), the East, Central and Southern African College of Nursing (ECSACON), African Regulatory Authorities Collaboration (ARC) and the Southern Africa Network of Nurses and Midwives (SANNAM). A list of all organizations is included in Annex A.

Both Council members and staff are important in maintaining sound external relations. While the Council Chair and the Registrar are the official spokespersons for the organization, Council members and staff also represent TNMC from time to time and serve as its ambassadors.

8.0 The Role of a Regulatory Body
Regulatory bodies are responsible for the regulation of professionals in the public interest. TNMC’s role is to protect the public by ensuring that the nurses and midwives provide safe, competent, ethical care. A professional association, on the other hand, exists to serve its members. While supporting and advocating for high standards of education and care, the association generally advocates from the context of the nurse, ensuring the individual and profession’s rights are upheld, their contributions are acknowledged, their working conditions are appropriate and that nurses have a voice in policy setting.

TNMC fulfills its regulatory role of public protection by: setting standards for practice and education; accrediting schools of nursing; licensing nurses and midwives thereby enabling them to practice; providing consultation and continuing education; licensing private nursing and midwifery services; handling issues of fitness to practice; disciplining registrants when necessary; and advocating for safe, effective public policy.

9.0 Overview of the Regulation of Nursing in Tanzania
While TNMC fulfills the regulatory functions set out above, they also work with schools, accrediting bodies from other ministries and the Ministry of Health and Social Welfare in ensuring nurses’ safety to practice. There is a twofold regulatory process: TNMC sets and ensures education standards for licensure are met and all schools must be registered with TNMC for their graduates to be eligible for licensure. In order to be a TNMC approved school, the institution must successfully meet TNMC requirements. Schools therefore develop their curriculum according to TNMC’s proficiency standards.
The government and its agencies assure all types of technical and professional programs meet national education standards. The National Council for Technical Education, (NACTE) covers all tertiary education institutions, other than universities. Their affiliated colleges deliver courses at technician and professional levels leading to certificates, diplomas, degrees and other related awards. As for universities, the Tanzania Council for Universities (TCU) accredits all programs. The Ministry of Health and Social Welfare sets the curriculum for diploma and certificate education, develops and administers qualifying examinations for both groups, and hires teaching staff for government-owned training institutions. TNMC works with government in developing and administering the exams that serve for qualifying and licensing nurses in diploma and certificate programs. The Council has developed a separate licensing exam for graduates of all nursing programs with exception of master’s level.

Nurses in employment settings also play an important role in nursing regulation. Supervisory Authorities around the country serve as immediate reference points and are responsible for ensuring that all nurses follow TNMC rules and standards. Currently this involves the Regional Nursing Officers (RNOs), Nurse Managers of referral hospitals and District Nursing Officers (DNOs). Supervisory Authorities have a duty to:
- Exercise general supervision in accordance with any rules under the Nursing and Midwifery Act;
- Investigate charges or complaints against registered or enrolled nurses or midwives;
- Suspend for up to 3 months any nurse or midwife from practice on the basis of malpractice, incompetence, fitness to practice, negligence or misconduct pending the decision of the Council;
- Report to the Council the name of any nurse or midwife convicted of an offence; and
- Submit to the Council the name of nurses and midwives have ceased to practice or died.

10.0 Who Council Regulates
Currently TNMC regulates more than 39,500 nurses and midwives, both registered and enrolled. Registered nurses are those who have completed a diploma or degree programme in nursing and Enroled nurses are those who have completed certificate programme in nursing. Graduates are then registered with the Council as nurses in their respective parts of registration.

11.0 Governance

11.1 The Council
The Council is made up of 13 individuals appointed by the Minister of Health and Social Welfare.

11.2 Council Roles and Functions

11.2.1 The Council’s Governance Role
Council as a whole has three main roles:
1. To set, maintain and evaluate policies affecting nursing regulation;
2. To advocate for healthy public policy; and
3. To set the vision, mission and long term direction for the organization.
The **Policy Role** – policies are statements of direction that guide our actions toward specific ends. The Council sets, monitors and evaluates policy from the perspective of goals and outcomes and delegates policy implementation and management (the details) to the Registrar and staff.

The **Advocacy Role** – regulatory bodies, such as TNMC, advocate for public policies that foster the health and well being of the public. This includes scopes of practice and standards of nursing practice and education. As TNMC ambassadors Council members have many opportunities to put forward the organization’s view. It is therefore important for Council members to be familiar with TNMC programs and policies and its position on key issues.

**Setting the Strategic Directions** – this involves envisioning the future (setting and confirming the mission and vision) and determining the strategic priorities to link the vision and reality. Without vision, strategy is merely fantasy. In today’s rapidly changing environment understanding where an organization wants and needs to be, and acting on threats and opportunities, is fundamental to thriving rather than merely surviving.

### 11.2.2 Council Functions

The Council is expected to carry out the functions generic to all governing boards:
- Establish and evaluate the organization's vision, mission, and direction;
- Ensure the financial health of the organization;
- Ensure the organization has sufficient and appropriate human resources;
- Direct organizational operations; and
- Maintain effective relations with the community and other stakeholders.

In addition, by law, the Council is mandated to:
- Register and enroll duly qualified applicants;
- Advise the Minister on nursing and midwifery matters and make recommendations on policy matters;
- Ensure the register and roll are accurate and up to date;
- Establish standards of proficiency for admission to the register and roll;
- Collaborate with other relevant authorities on matters related to nursing and midwifery;
- Evaluate and approve nursing education programs;
- Issue, renew, replace and cancel practicing licenses;
- Approve the annual TNMC budget;
- Establish and monitor standards of conduct, performance and ethics and provide guidance as needed;
- Caution, censure, suspend, remove and restore names to the register and roll;
- Prescribe standards and conditions for uniforms and badges;
- Prescribe professional oaths;
- Prescribe standards and conditions for establishing private nursing and midwifery services;
- Grant licenses to establish private services and schools;
- Develop, conduct and regulate examinations;
- Perform any other functions prescribed by the Act or directed by the Minister.
11.3 Term of appointment
Council members are appointed by the Minister of Health and Social Welfare for a term of three years, renewable only once. However, this stipulation does not apply to the head of the nursing and midwifery service. Where a member is appointed by virtue of holding a specific office, the individual ceases to be a member of Council when no longer holding the specified office.

11.4 Conflict of Interest and Code of Conduct
11.4.1 Conflict of Interest
A conflict of interest is a situation in which an individual has competing interests or loyalties. In the case of TNMC a conflict of interest could arise if a Council member or staff had a personal or professional interest that was actually or potentially at odds with the best interests of TNMC. Because all Council members and staff are expected to always act in the best interest of TNMC, it is important that all individuals arrange their affairs to prevent real, potential or perceived conflicts from arising. Where they do occur such conflicts are resolved in TNMC’s favor.

11.4.2 Code of Conduct
Certain styles of behavior are expected of members of governing bodies. These are often set out in a code of conduct. Whether or not such a code exists formally, expectations exist. In the case of TNMC, Council members are expected to:
- Be punctual
- Read documents in advance of the meeting
- Be prepared to discuss issues
- Bring to the meeting any documents received in advance
- Keep up to date on issues and trends affecting nursing, health care, regulation and the organization
- Stay informed about Council and Committee meetings
- Build collegial working relations that contribute to consensus
- Keep confidential all matters so deemed by the organization
- Promote a positive image of TNMC
- Publicly uphold agreed Council decisions
- Respect the opinions and offerings of other members and staff
- Work efficiently
- Know your limitations
- Complete any assignment on time
- Submit any expense claims in a timely manner.

11.5 Chair of Council
The Chair works in close partnership with the Registrar. The Chair provides leadership for the Council, works with the Registrar to develop agendas, chairs meetings of the Council, serves as an ex officio member of committees, is one of the two spokespersons of the Council, manages the Council’s decision-making process, and establishes and maintains an environment that facilitates full discussion and participation by all Council members. The Chair is a senior registered nurse and, as Chair, is expected to be objective and impartial and ensures that each Council member has the opportunity to participate but not dominate the discussion.
Should the Chair be unavailable to chair meetings, the Vice Chair fulfills this function. In the unlikely event they are both unavailable, the Council selects among themselves someone to preside over the meeting.

11.6 Council Vice Chair
The Nursing and Midwifery Act provides for Council members to annually appoint a Vice Chair from among the members. The individual may be reappointed as long as they remain an appointed Council member. As noted in 11.5 above, the Vice Chair acts in the absence of the Chair and also takes on any other duties assigned by the Chair or Council. Should the Chair and Vice Chair be unavailable, the members present appoint one from among them to chair the meeting.

11.7 Committee Chairs
Committee chairs work closely with the assigned staff member in preparing for the meeting (e.g. setting the agenda, developing meetings documents), ensuring the meeting achieves its purposes (see traits and skills of effective chairing below), and in the follow up (e.g. reviewing and approving draft minutes for distribution, approving the follow up actions and timelines, etc.). Effective chairs are prepared, knowledgeable, punctual arriving, prompt in keeping the agenda and discussion moving, impartial, strict (without being rude), honest, rational and have a sense of humor. Skills of effective chairs include:
1. Ensuring everyone has the opportunity to contribute
2. Allowing all relevant views and information to be aired
3. Clarifying and rephrasing points/ views expressed by board members
4. Summarizing points and testing for agreement
5. Keeping board members on topic
6. Keeping the meeting on schedule
7. Managing conflicts that arise during the meeting
8. Ensuring decisions are made clearly and explicitly (by vote or consensus) so that there is no room left for interpretation.

11.8 Members of Council
The primary role of a Council member is to participate actively - and from an informed perspective - in governance processes. When asked, members speak for TNMC and represent the organization at meetings and other functions. Members are expected to avoid situations of real or potential conflict of interests and to perform according to expectations set out in 11.4 above.

Council members are selected from a wide range of constituencies, such as TANNA, education or private practice, and bring to the Council experience and currency on issues affecting that sector. However, in their capacity as a Council member, they are not representing that constituency and are therefore not accountable to it. Rather, they are accountable to TNMC only.

11.9 Council Performance
Council members strive to ensure collegial relations and consensus in decision-making. They abide by policies and rules and function as a group. They review their collective performance verbally at the end of each meeting and more formally in writing once a year.

11.10 Council Development
Maintaining currency, building skills and increasing competencies are all aspects of governance development. A number of tools and processes are available to aid in this. For example, many institutions maintain current profiles of each Board/Council member outlining their individual strengths, interests and education needs and which are used in assigning members to activities as well as in planning training sessions. It is important that Council members let the Secretariat know their interest and capacity building needs.

Orientation and ongoing education, as well as regular evaluation, are important aspects of Council development – as is media training. Media training is arranged for Council members as soon as possible following their appointment.

Every effort is made to help quickly integrate new persons into the work of Council. An orientation session is provided as soon as possible following an individual’s appointment - usually just prior to their first Council meeting. A copy of the Council Handbook is issued to each member upon appointment together with a letter of welcome from the Chair. Members are asked to bring their copy with them to the Orientation session. All Council members attend the Orientation to assist with the program, greet new members and establish new relationships.

11.11 Absence, Resignation, Removal and Vacancies
As set out in the Act, Council members may resign their office by sending notice of this to the Minister of Health and Social Welfare. The Minister may also revoke an appointment at any time. The Act also provides for members appointed to Council by virtue of their office to be represented by another person should the Council member be unable to attend a meeting. For this to occur the Council member must nominate the individual by writing to the Chair.

The work of Council is complex; involving the welfare of patients and the public; the education of students, the work nurses do and their fate if their practice or behavior is brought to the attention of Council. It is therefore very important that Council members make every effort to attend meetings in person. Individuals absent for 3 consecutive meetings without the agreement of the Chair cease to be a member. When a vacancy occurs the Minister appoints another person to hold that office for the unexpired term.

12.0 How the Council Does Its Work

12.1 Meetings of the Council
12.1.1 Number, Times and Venues of Meetings
The Council is mandated to meet at least once every 3 months and days of meetings generally last depending on the agenda. Meetings are normally set a year in advance and are usually held in Dar-es-Salaam. Notice of meetings is sent by the Registrar in 7 days in advance.
Ad hoc meetings are called on the basis of need and include all Council members who can attend on short notice. Meetings of this nature are called for business that cannot wait until the next scheduled meeting.

**12.1.2 Committees**

TNMC is empowered to appoint sub committees as it sees fit to efficiently fulfill its mandate. The Council sets the committee composition; procedures and any other terms and restrictions required and expect regular reports from any committee it establishes. Committees outlined in the Act for consideration include Finance, Education and Professional Advancement, Ethics and Discipline, Research, and Registration and Enrolment. At present the Council works as a committee of the whole.

**12.1.3 Quorum**

TNMC defines a quorum as one half of the total members of Council. Where there is an even number, it is the next whole number above half.

**12.1.4 Decision Making**

Decisions are generally made by consensus after full discussion of an issue. Formal voting is used during registrant disciplinary hearings, when addressing finances, and for any matter where there is not a clear consensus. Where formal voting is carried out, the result of the vote is entered into the minutes.

The person presiding over a meeting carries a vote. In addition, where there is a tie vote (equal numbers for and opposed), the presiding person has a second vote in order to break the tie.

While decisions are normally taken during meetings held in person, the Act provides for Council to also make decisions by circulating relevant papers among the members and securing their views in writing, with the decision requiring majority agreement.

**12.1.5 Meeting Documents**

For Council meetings, the agenda is prepared by the Registrar after consultation with the Chair while, for Committees, the assigned staff and Committee Chair consult in developing the agenda. A notice of meeting and agenda are forwarded at least one week prior to the meeting of the Council or Committees. As well, background papers are prepared and circulated as far in advance as possible; ideally at least 7 days prior to the meeting. Documents are generally prepared in either Kiswahili or English depending on the nature.

Documents are confidential to Council and are not to be shared with others without permission of the Chair. Documents may be sent to members as attached files with emails, mailed or, if necessary, sent by courier. In addition there may be times when documents may only be viewed in the Council offices. Council members are asked to bring with them any documents received in advance of the meeting.

**12.1.6 Minutes**

As a general rule, minutes present a summary of the items discussed. In the case of an enquiry, both verbatim and summary minutes are recorded. Minutes are approved by the Council or
Committee at the next meeting and signed by the Chair and Registrar or staff assigned for that specific meeting.

As with all Council deliberations and decisions, TNMC Council minutes are confidential though requests to access them for research purposes are considered on a case-by-case basis.

12.1.7 Meeting Evaluation
TNMC uses both written and verbal evaluations to measure satisfaction with the meeting and identify areas for attention. When verbal modes are used, the Chair asks members to comment on the following: length of event, content (whether helpful, informative, etc), presentation and any tools used, environment, what should be changed, what might be added.

12.1.8 Staff and Guest Attendance
Meetings of the Council are closed with attendance by invitation only. Council may invite any persons to attend as an observer, presenter or participant. Such persons may speak at the invitation of the Chair and have no voting rights.

Requests to attend meetings are handled on a case-by-case basis by the Registrar in consultation with the Chair. Staff attends Council meetings at the discretion of the Registrar.

12.2 Council Communications
The TNMC Council and staff work as a team and promote regular, open, transparent, two way communications. Two way communications flow is particularly important for a dynamic progressive organization, such as TNMC.

Communications between Council members and staff go through the Registrar on issues other than where staff is serving as secretary to a committee. In such cases the member chairing the committee may go directly to the assigned staff.

Staff contacts Council members at the request of the Registrar. Where it is a committee related matter, the staff member may contact the Chair directly and inform the Registrar of the outcome of the contact. Staff also contacts members at the request of the Registrar.

Council members are asked to be particularly prompt about:

- Replying to correspondence
- Submitting representation reports and expense claims
- Alerting the Registrar to new issues or events

The TNMC website is a valuable source of information for Council members. In addition to the public information on the site, a protected area for Council members will provide access to Council papers, reference materials and other relevant documents. Council members will be given a password for the site which is meant to be kept solely to them and not shared with any other person, whether colleagues, family member, support staff or Council members or staff.

13.0 The Secretariat
13.1 The Registrar
The Secretariat is headed by the Registrar who is a senior nurse or midwife appointed by the Minister of Health and Social Welfare for an indeterminate period. The Registrar also serves as the Chief Executive Officer (CEO) and Secretary to the Council. The Registrar is responsible for managing staff, supporting the Council, and serving as one of its two spokes persons. As well the Act sets out the following specific functions:

a) Effecting registration and enrolment of nurses and midwives upon Council’s direction;
b) Keeping and maintaining the register and roll of nurses and midwives;
c) Making necessary alterations and corrections to the register or roll in relation to any entry as may be directed by the Council;
d) Inspecting and having full access, on behalf of the Council, to all maternity homes, nursing homes, clinics and nursing training schools;
e) Recording all the minutes and proceedings of the meetings of the Council and its committees and having custody over all records and documents of the Council and committees;
f) Keeping proper books of accounts and assets, preparing annual and supplementary estimates and financial statements;
g) Implementing the decisions of the Council; and
h) Performing any other duty required under the Act or directed by Council according to the terms of the Act.

The performance of the Registrar is annually evaluated by the Chair who advises the Minister of Health and Social Welfare.

13.2 The Staff

TNMC has 11 employees of which 8 are currently allocated from the Ministry of Health and Social Welfare. The others are support personnel directly employed by TNMC. TNMC is now in transition to a parastatal organization at which point all staff will be TNMC employees with their own scheme of service and personnel policies in accordance with POPS/M policies.

The staff functions to support the Council and fulfill its mandated activities. The Registrar is appointed by the Minister while the Council appoints officers and employees as required. Key staff functions are to:

- register and enroll nurses and midwives according to Council’s direction;
- maintain current rolls and registers;
- inspecting schools, nursing homes and clinics as well as maternity homes;
- recording and maintaining records of Council and Committee meetings;
- keeping proper books of accounts and assets, preparing annual estimates and financial statements;
- implementing the decisions of Council; and
- other duties as assigned or required by the Council or legislation.

Council strongly supports full development of staff and ensures there is an annual training plan. Staff performance is evaluated annually by the Registrar.

A copy of the organizational chart and is included in the Annexes.
14.0 TNMC Finances
14.1 Sources of Funds
TNMC funds come from a variety of sources. These include registration and licensure of nurses, accreditation of private nursing facilities, government grants, gifts, partners and sale of publications and an annual government grant. Currently much of TNMC’s financial policy is that set by government (e.g. procurement, salaries for seconded staff, Council per diems and sitting allowances, etc.). With transition underway the Council has developed financial regulations and approved by Tressurer Registrar which address a range of items, including contracting. Contracts are signed by the Registrar in accordance with Council decisions or policy. Contracts with donors generally follow donor policy.

14.2 Banking and Signing Policies
The Act specifies that expenditure of Council funds must be approved by the Minister. This is a general approval based on the budget submission by Council. Expenditures within the budget are managed by the Registrar. Expenditures outside the budget require approval of the Chair. If above TSh 10 million, the expenditure requires the approval of the Council. TNMC policy on expenditures states that large expenditures must be approved by Council whereas smaller ones can be decided by the Registrar together with the Chair. The policy related to banking signatories stipulates 4 named persons (3 Council members and the Registrar). Any two (2) of the four (4) may sign.

14.3 Budget Process
The financial year is 1 July – 30 June. Budget preparation begins in October with development of the personnel budget and a more general with list (maoteo). Following receipt of the budget ceilings set by the Treasury, the TNMC budget is revised and submitted to government. By May, TNMC generally has a good indication of what the appropriation will be; this allows them to more fully develop and approve their plans. The results of Parliament’s reflection are known in August-September each year. With the new TNMC structure, the process should be expedited.

14.4 Financial Reporting
At present the government requires TNMC to submit financial statements to the Ministry of Health and Social Welfare quarterly. At least one of these is reviewed by the Council. As well annual financial statements of accounts together with a report on operations and any other information requested by the Minister must be submitted not later than three (3) months after the end of the financial year.

With respect to auditing, TNMC currently follows government policy; i.e. internal audits are performed by the audit section of the Ministry of Health and Social Welfare, while external audits of the Ministry and the TNMC, as a subset of the Ministry, are carried out by the Controller and Auditor General. With implementation of the new Act and regulations, internal audits will be done by TNMC staff while external auditing will be the responsibility of the Controller and Auditor General.
15.0 Council Programs, Policy and Procedures

15.1 Program Streams
The work of the Council is organized in four streams:

1. Nursing Practice, Discipline, and Ethics – this includes private nursing practice. Activities address registration, licensing, enquiries/investigations, standard setting, supportive supervision, code of ethics and related teaching and learning tools, and disciplinary procedures. With respect to private practice, the focus is on standards for practice, inspection tools, processes, licensure and supervision and covers nursing practice as well as approval of clinics, maternity homes and nursing homes.

2. Education – this encompasses approval of schools, school inspections, applications of new schools, examination requirements, review of proficiency requirements, verification of secondary school certificates, distance education, continuous professional development and publications.

3. Examinations – this stream involves setting, administration and marking of certificate and diploma examinations. Conduct of licensing examinations and Research functions are part of this portfolio. This includes research on issues pertaining to nursing and midwifery professionals in collaboration with research institutions, and disseminating findings.

4. Planning, Management and Finances - all administrative support services are part of this stream which includes such aspects as preparation of the strategic plan, annual plans and budgets, human resources, procurement, supplies and inventory management, accounts, risk management, quality assurance, etc.

A list of all current standards, guidelines and related publications forms are made available ready to be accessible to Council members.

Governance policy and procedures are set by the Council while management policies and procedures are set by staff or by government regulation. Staff assists the Council with the policy process by identifying the need for policy or policy revision, providing analysis of policy issues and by developing draft policy for Council consideration. Governance policies are subject to regular review.

15.2 TNMC Regulatory Procedures
TNMC regulations set out the requirements for several procedures, including Council examinations and registration, enrolment and licensing.

15.2.1. Complaints and Discipline Process
There are clear processes for investigations of complaints. These begin with the Registrar: on receipt of a complaint a staff member or a Supervisory Authority is sent to gather information. A licensee against whom the complaint has been made may be temporarily suspended pending the outcome of the investigation.

Once all evidence is collected it is presented to the full Council which then decides whether: a) to discharge the complaint, whereupon the Nurse is notified; or, b) to enter into a full inquiry.
In the latter case the Nurse is served with the charge and invited to respond. A hearing follows in which the Nurse may represent herself or be represented by a lawyer. Witnesses are called and Council hears the case and decides whether this warrants a caution (a letter from Council); suspension (sometimes with prescribed remediation); or removal from the register or roll.

Decisions of the Council may be appealed to the Minister of Health and Social Welfare within 3 months of the date on notification of the decision. The Minister may dismiss or allow an appeal or alter or vary the decision of the Council, or make any order as he sees fit. The final appeal is to the High Court.

15.2.2. Other Processes/Policies
TNMC sets policies on a range of issues; one being internship for university students prior to full registration in order to ensure sufficient practice to meet the registration requirements. Graduates of degree programs are granted a provisional license during the internship. The Council sets the length of the internship, approves the institutions used and prescribes departments through which interns rotate.

Other major areas include regulations governing private practice, conditions for establishing schools of nursing, licensing examinations etc.

16.0 Personal Planning by Members for Meetings
Information on travel, accommodation, expenses, transport and per diems is set out in the Orientation Pack; please refer to it for details.

REFERENCES
The Board Team Handbook, Cain Consulting Group.
Annex A: TNMC External Relationships

Government Agencies
Ministry of Health and Social Welfare
Ministry of Education and Vocational Training
Prime Minister’s Office, Regional Administration and Local Government
President’s Office, Public Service Management

Academic Accreditation Agencies
National Council for Technical Education
Tanzania Commission for Universities

Organizations Outside Tanzania
Commonwealth Nurses Federation
East, Central and Southern Africa College of Nurses
International Confederation of Midwives
International Council of Nurses
Southern Africa Network on Nurses and Midwives
Annex B: TNMC Current Organizational Chart

Sections
- Registration and Licensing
- Professional Practice and Ethical Conduct
- Complaints and Investigation

Sections
- Examination
- Training
- Continuing Professional Development

Sections
- Quality Assurance
- Research
- Monitoring and Evaluation