

GOVERNMENT NOTICE NO 423 published on 12/11/2010

THE NURSING AND MIDWIFERY REGISTRATION ACT

(NO. 1 OF 2010)

**REGULATIONS**

*Made under section 49*

THE NURSING AND MIDWIFERY (PRACTICE) REGULATIONS, 2010

PART I

PRELIMINARY PROVISION

- Short title                    1. These Regulations may be cited as the Nursing and Midwifery (practice) Regulations, 2010 and shall come to operate on the date of publication.
- Interpretation            2. In these Regulations, unless the context requires otherwise-
- “Act” means the Nursing and Midwifery Registration Act, 2010.
  - “Council” and “Registrar” have the meanings ascribed to them respectively in the Act;
  - “Council” means the Nursing and Midwifery Council established under section 4 of the Act, 2010;
  - “practitioner” means a nurse or midwife registered enrolled, provisionally or temporary registered under the Act;
  - “midwife” means a person who is authorized by a license issued under this Act to practice midwifery as an enrolled or registered midwife;
  - “midwifery” means giving care and supervision to a woman during pregnancy, labor and postpartum period and caring for newborn babies and infants;
  - “nurse” means has the meaning ascribed to it under the Act;
  - nursing Practice” means assisting individuals or group of persons to maintain optimal health throughout a life process by assessing their health status, establishing nursing

diagnosis, planning and implementing a strategy of care to accomplish defined goals and evaluating responses for care and treatment and shall include provision of nursing care, administration, supervision and teaching;

“private practice” means in relation to a nurse or midwife means to practice as a nurse or midwife as authorized under section 22 of the Act;

“license” means a license issued under section 21 of the Act giving the bearer permission to practice as a nurse or midwife or to operate a school of nursing or midwifery or maternity home, nursing home, nursing clinic or maternity clinic.

## PART II

### GENERAL NURSING PRACTICE

Responsibility of the Council

3. The Council shall be responsible on articulating nursing values, maintaining the integrity of the profession and its practice including shaping social policies in relation to nursing professional.

Conduct performance and ethics

4.-(1) The Council shall establish and keep under review the standards of conduct, performance and ethics expected and prospective registrants and give them such guidance on these matters as it sees fit.

(2) Each practitioner licensed by the Council and engaged in practice of nursing shall have knowledge and understanding of the standards of conduct for nurses and midwife in Tanzania.

5. A practitioner licensed to practice by the Council shall-

- (a) responsible and accountable for his nursing judgments, actions and competency;
- (b) perform nursing techniques and procedures only after the appropriate education and demonstrated clinical competency;
- (c) keep clear and accurate records of the assessments he makes on the care and treatment given and how effective these have been;
- (d) safeguard patient information from any person or entity or both not entitled to such information, a nurse shall only share appropriate information as required by law;

- (c) safeguard a patient's dignity and right to privacy;
- (f) not engage in false, deceptive, or misleading advertising related to the practice of nursing;
- (g) care for and refer a patient without undue benefits or gain to the nurse or third party;
- (h) work with others to protect and promote the health and well being in his care, their families, careers, and the community;
- (i) not abuses, neglect, mistreat, abandon or otherwise harm a patient;
- (j) maintain the security of controlled substances that are under his responsibility and control;
- (k) comply with any order for disciplinary issued by the council against her license to engage in the practice of nursing or right to renew such license except otherwise may be determined by the appropriate court in the cause of an appeal for final decision and order.

Scope of  
practice

6. A practitioner who holds a valid nursing license shall only assume those duties and responsibilities within his or scope of practice and for which he has acquired and maintained necessary knowledge, skills and abilities.

Withhold  
or deny  
nursing  
care

7. A practitioner licensed by the Council shall not withhold or deny nursing care based on age, ancestry, marital status, sex, sexual orientation, race, colour, religious creed, and diagnosis, mental or physical disability.

### PART III

#### PRIVATE PRACTICE

Establishment of private  
facilities

8.-(1) No person shall establish private nursing, maternity services or a maternity home unless that person has been approved and is registered or enrolled by the Council in accordance with the provisions of these Regulations and the Act.

(2) Any person who contravenes, fails or refuses to comply with the provisions of sub regulation 8(1) commits an offence.

Application  
to register  
private  
practice  
facilities

9.-(1) An application to registration of private nursing and maternity service shall be submitted to the Registrar.

(2) Application for establishing and operating private nursing and maternity service in Tanzania shall be made in a form specified in the First Schedule to these Regulations.

*Nursing and Midwifery (Practice) Regulations, 2010*

*G.N. No. 423 (contd.)*

(3) Any person shall be entitled to receive license to operate private nursing and maternity service upon payment of prescribed fees.

Supervisory  
Authority

10. The Supervisory Authority shall be responsible on behalf of the Council to inspect and advise the Council for approval of establishing and operating private nursing and maternity service in Tanzania.

License  
Renewal

11. The license to operate private nursing or midwifery practice shall be renewed every year of practice upon payment of the prescribed fee.

Work  
experience

12. Practitioner intending to operating private nursing and maternity service shall have continuous working experience of not less than three years.

Delivery of  
service

13. Private nursing and maternity services shall be delivered according to the code of professional conduct for nurses and midwives and standards established on operating private nursing and maternity services in Tanzania.

Council  
Responsi-  
bilities to  
private  
nursing and  
maternity  
services

14.-(1) The Council shall develop an inspection guideline to private nursing and maternity services.

(2) The Council shall have the responsibility for conducting professional audit for nursing and midwifery practice on regular basis.

(3) The Council shall ensure that a nurse and midwives do not willful commit any act or omission which may bring the Council, or any of its members or officials, into contempt or disrepute or which may hamper the work of the council.

(4) The Council shall have powers to withhold the registration to any one who fails to comply with the standards of operation.

Forms

15. The following forms specified in the Second Schedule to these Regulation shall be used in performing functions of the Council:

- (a) Form B checklist for Assessment of Nursing & Maternity Home Clinic or Services,
- (b) Form C checklist for supervision of nursing and maternity home/clinic or service licence;
- (c) Form E nursing and maternity home/clinic or services Registration Certificate.

FIRST SCHEDULE

*Made under regulation 9(2)*

THE UNITED REPUBLIC OF TANZANIA



TANZANIA NURSING AND MIDWIFERY COUNCIL

APPLICATION FOR A LICENSE TO OPERATE A MATERNITY/NURSING HOME/CLINIC

A. PERSONAL PARTICULARS

Full name (in block letter) .....

Maiden name (if married) .....

Permanent Address in Tanzania .....

Tel No.....Fax.....Email.....

Name(s) of Proprietors) of the facility.....

Type of health facility applied for:

Nursing home .....

Nursing Clinic .....

Maternity home .....

Maternity clinic .....

Other .....

Location of Facility:

Street .....

Village .....

Ward .....

District .....

Region .....

Date of first Registration .....

Registration number.....

*Nursing and Midwifery (Practice) Regulations, 2010*

G.N. No. 423 (contd.)

License to Practice number .....

Date of last renewal .....

**B: INSPECTION REPORT**

Comments of Supervisory Authority

.....  
.....  
.....

Comments of Regional Medical

Officer.....  
.....

**C: LICENSING OF NURSING AND MIDWIFERY PRIVATE PRACTICE**

C:1 Particulars to be entered in the application form shall be:

Registration Number.....

Full name (incl. Maiden).....

Date of Birth .....

Date of Registration/Enrolment.....

Nationality .....

Sex: MALE..... FEMALE.....

Email .....

C: 2 Working experience of the Applicant/Staff (As per Section 23(2))

S/N	NAME	DATES	PLACE OF WORK	POSITION HELD

Nursing certificate number(s) .....

Nursing License No..... Valid up to..... (Date, month & year)

Name of the Facility.....

Type of Facility: Clinic/Nursing home/Maternity home/.....

Type of services to be rendered.....

Location..... Street/Village..... Town..... District..... Region.....

Name of the Applicant..... Signature of the Applicant..... Date.....

For Official Use Only

Comments.....  
.....  
.....

Name of Supervisory Authority.....

Signature.....

Date.....

Stamp of Supervisory Authority.....

Signature of Registrar.....

Date.....

Stamp of TNMC



SECOND SCHEDULE

Made under regulation 15(a)



TANZANIA NURSING AND MIDWIFERY COUNCIL

CHECKLIST FOR ASSESSMENT OF NURSING & MATERNITY HOME/CLINIC OR SERVICES

INFORMATION OF THE UNIT

Name of the Health facility.....  
 Village/Street.....  
 Ward .....  
 District .....  
 Region .....  
 Date .....  
 Permanent address .....

INFORMATION FOR THE OWNER OF THE HEALTH FACILITY

Name.....  
 Qualification .....  
 Telephone number.....  
 E-mail address.....  
 Fax .....  
 Permanent address.....

AREAS TO BE ASSESSED FOR NURSING & MATERNITY HOME/CLINIC OR SERVICES

Type of Unit (Nursing/Maternity/Clinic (specify)).....

NURSING SERVICES		MATERNITY SERVICES	
Type of Service	Tick available Only	Type of Service	Tick available Only
Treatment of common/minor illness		Delivery care including emergency obstetric care	

# *Nursing and Midwifery (Practice) Regulations, 2010*

G.N. No. 423 (contd.)

Ophthalmic services		Domiciliary delivery care	
Treatment of minor wounds		Focus ant- natal care	
Syndromic treatment STI's		Post natal care	
Health education/IEC		PMCT	
Counseling		Family planning services	
ART care		Vaccination services	
DOT		Post abortion care	
Referral services		Syndrome treatment of STI	
Home based care		ASRH / YFS	
Home visiting		Growth monitoring	

Occupational health services		Home based care	
Mental health services rehabilitation		Home visiting	
Geriatric services		Health education/IEC birth preparedness/nutrition breast feeding	
Ambulance & Emergency Services		Diagnosis and treatment of minor/common illnesses	
Hospice care		Treatment of minor wounds	
		Neonatal care	

## **BUILDING INFRASTRUCTURE**

	Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
1	<ul style="list-style-type: none"> <li>Building infrastructure</li> <li>Appropriateness of location and site of the building</li> <li>General Conditions of the building (painting, ceiling wall etc)</li> <li>Safety and durability</li> <li>Ventilation</li> <li>Spacing</li> <li>Water supply (specify source .....</li> <li>Lighting (specify type of source .....</li> <li>Toilets and bath room</li> </ul>					



*Nursing and Midwifery (Practice) Regulations, 2010*

G.N. No. 423 (contd.)

	<ul style="list-style-type: none"> <li>• Laundry</li> <li>• Floor pattern</li> <li>• Stores</li> <li>• Number and size (4X4m) of rooms</li> </ul>					
--	---	--	--	--	--	--

**SECURITY, SAFETY AND COMMUNICATION**

2	<ul style="list-style-type: none"> <li>• General security of the environment</li> <li>• Fire fighting equipment available (eg sand buckets)</li> <li>• Condition and availability of road to referral health facility</li> <li>• Accessibility of public transport</li> <li>• Referral plan in place,</li> </ul>					
---	--	--	--	--	--	--

**3. ENVIRONMENT SANITATION**

	Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
	<ul style="list-style-type: none"> <li>• Drainage system functioning</li> <li>• Waste disposal facilities available and in good order</li> <li>• General cleanliness of Environment/surrounding</li> </ul>					

OTHER OBSERVATIONS

**Nursing and Midwifery (Practice) Regulations, 2010**

G.N. No. 423 (contd.)

	<ul style="list-style-type: none"> <li>• Equipment and supplies</li> <li>• Almost all the necessary equipment and supplies available and in good order</li> <li>• Secure and adequacy of storage space</li> </ul>					
5	Medicines storage places and cupboards					
6	Human Resources Adequate number of skilled personnel verified certificates of skilled personnel					
7	Referral system <ul style="list-style-type: none"> <li>• Referral plans in place, all staff aware</li> <li>• Appropriate transport available at an easy access</li> <li>• Appropriate communication to the referral point available.</li> </ul>					
8	Guidelines / Protocols present – where relevant:	Yes	No	Comments		

# *Nursing and Midwifery (Practice) Regulations, 2010*

G.N. No. 423 (contd.)

	<ul style="list-style-type: none"><li>• Antenatal Assessment Guideline – FANC/MoH</li><li>• Infection Prevention and Control – IPC</li><li>• IMCI Guideline – WHO/MoH</li><li>• Nursing &amp; Midwifery Guidelines for Practice – MoH</li><li>• National List of essential Equipment for Nursing and Midwifery Procedures – MoH</li><li>• Treatment Protocols: Malaria, STIs.</li><li>• Post abortion care guidelines</li><li>• Guidelines for care of Patients of HIV/AIDS – MoH</li><li>• Guidelines for care of TB patient -MoH</li><li>• Guidelines for PMTCT</li></ul>			
11	Other relevant guidelines / Protocols in use			

General comment of supervisors

.....

.....

.....

.....

Statement of Agreement after supervision

Owner of the private practice:

Name .....

Signature.....

Supervisors:

Name .....

Signature.....

Made under regulation 15(b)



## TANZANIA NURSING AND MIDWIFERY COUNCIL

## CHECKLIST FOR SUPERVISION OF NURSING &amp; MATERNITY HOME/CLINIC SERVICES

## INFORMATION FOR THE UNIT

Name of the Health facility.....  
 Village/Street.....  
 Ward .....

District .....

Region .....

Date .....

Permanent address .....

## INFORMATION FOR THE OWNER OF THE HEALTH FACILITY

Name.....

Qualification .....

Telephone number.....

E-mail address .....

Fax .....

Permanent address.....

## AREAS FOR SUPERVISION OF NURSING &amp; MATERNITY HOME/CLINIC SERVICES

Type of Unit (Nursing/Maternity/Clinic (specify))

NURSING SERVICES		MATERNITY SERVICES	
Type of Service	Tick available Only	Type of Service	Tick available Only
Treatment of common/minor illness		Delivery care including emergency obstetric care	
Orthalmic services		Domiciliary delivery care	
Treatment of minor wounds		Focus ant- natal care	
Syndromic treatment STI's		Post natal care	

*Nursing and Midwifery (Practice) Regulations, 2010*

*G.N. No. 423 (contd.)*

Health education/IEC		PMTCT	
Counseling		Family planning services	
ART care		Vaccination services	
DOT		Post abortion care	
Referral services		Syndrome treatment of STI	
Home based care		ASRH / YFS	
Home visiting		Growth monitoring	
Occupational Health services		Home based care	
Mental health services rehabilitation		Home visiting	
Geriatric services		Health education/IEC birth preparedness/nutrition breast feeding	
Ambulance & Emergency Services		Diagnosis and treatment of minor/common illnesses	
Hospice care		Treatment of minor wounds	
		Neonatal care	

**BUILDING INFRASTRUCTURE**

Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
Appropriateness of location and site of the building					
General Conditions of the building (painting, ceiling wall etc)					
Safety and durability					
Ventilation					
Spacing					
Water supply (specify source .....					
Lighting (specify type of source .....					
Toilets and bath room					
Laundry					
Floor pattern					
Stores					
Number and size (4X4m) of rooms (.....)					

**SECURITY, SAFETY AND COMMUNICATION**

	General security of the environment Fire fighting equipment available (eg sand buckets) Condition and availability of road to referral health facility Accessibility of public transport Referral plan in place.					
--	--	--	--	--	--	--

**ENVIRONMENT SANITATION**

	Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
1	Drainage system functioning Waste disposal facilities available and in good order General cleanliness of environment/surrounding					

**OTHER OBSERVATIONS**

2	Equipment and supplies Almost all the necessary equipment and supplies available and in good order Secure and adequacy of storage space					
3	Drugs and Utilities Necessary drugs and utilities available in stock					
4	Human Resources Adequate number of skilled personnel Adequate number of supporting staff available Uniforms worn as prescribed					



**Nursing and Midwifery (Practice) Regulations, 2010**

G.N. No. 423 (contd.)

5	Record keeping and management system Daily records available Monthly reports indicated 3 monthly reports indicated Annual reports indicated Licensing documentation					
6	Training Continuing education to staff indicated Clients and families well informed on relevant health issues e.g. Posters on wall sessions on progress schedules for sessions					
7	Referral system Referral plans in place. all staff aware Appropriate transport available at an easy access Appropriate communication to the referral point available.					
8	Guidelines / Protocols present where relevant:	Yes	No	Comments		
	Antenatal Assessment Guideline – FANC/MoH Infection Prevention and Control – IPC MCI Guideline-- WHO/MoH Nursing & Midwifery Guidelines for Practice – MoH National List of essential Equipment for Nursing and Midwifery Procedures – MoH Treatment Protocols: Malaria, STI's, Post abortion care guidelines Guidelines for care of Patients of HIV/AIDS – MoH Guidelines for care of TB patient -MoH Guidelines for PMTCT					
9	Other relevant guidelines / Protocols in use					

General comment of supervisors

.....  
.....  
.....  
.....

Statement of Agreement after supervision

Owner of the private practice:

Name ..... Signature..... Date .....

Supervisors:

Name ..... Signature..... Date .....

Regional Nursing Officer ..... Signature

..... Date .....

*Made under regulation 15(c)*



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**NURSING/MATERNITY HOME, CLINIC OR SERVICE LICENSE**

By virtue of the powers granted to the Council under section 49 of the Nursing and Midwifery Regulation Act, 2010

It is hereby certified that:-

owned by

is licensed to provide Nursing/ Maternity Home, Clinic or Service.

This license is valid until

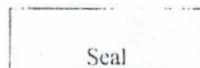
..... Chairman

..... Registrar

Registration Number .....

Licence Number .....

Date .....



This license should be renewed annually.

FORM E

*Made under regulation 15(d)*



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**NURSING & MATERNITY HOME /CLINIC OR SERVICES REGISTRATION CERTIFICATE**

*By virtue of the powers granted to the Council under section 49 of the Nurses and Midwives Act, 2010*

*It is hereby certified that:-*

owned by

is registered by this Council

..... Chairman

..... Registrar

Registration Number .....

Date .....

Seal and photo

This license should be renewed annually.

Dar es Salaam,  
25<sup>th</sup> October, 2010

Hon. DAVID H. MWAKYUSA,  
*Minister for Health and Social Welfare*