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SECTION A: QUALIFICATION DETAILS														
QUALIFICATION DEVELOPER (S)		University of Botswana,												
TITLE	Master of Nursing Science (MNS) in Adult-Gerontology Oncology and Palliative Care										NCQF LEVEL	9		
STRANDS (where applicable)	N/A													
FIELD	Health and Social Services			SUB-FIELD	Health Science				CREDIT VALUE	270				
New Qualification					x		Legacy Qualification							
SUB-FRAMEWORK		General Education					TVET					Higher Education		x
QUALIFICATION TYPE	Certificate	I	II	III	IV	V	Diploma	Bachelor						
	Bachelor Honours			Post Graduate Certificate				Post Graduate Diploma						
	Masters					x		Doctorate/ PhD						
RATIONALE AND PURPOSE OF THE QUALIFICATION														
<p>RATIONALE: The Botswana government is committed to improving the health of her nation. This commitment is shown through the government's long-term plans as stipulated by Vision 2036's Pillar 2, which states that: "healthy individuals are critical contributors to happiness and productivity" pp, 19. The Vision views good health and wellness as a basic human right necessary for development. Additionally, one of the main priorities of the Ministry of Health and Wellness of Botswana is to ensure a good health status of the nation (Ministry of Health and Wellness [MOHW] (2019). The ministry aims to improve the quality of life of Batswana by reducing diseases and death affecting all age groups, lowering risks associated with pregnancy and childbirth, and control of communicable and non-communicable diseases (MOHW, 2019). However, Botswana is experiencing an increase in non-communicable diseases (NCDs), among them cancer, which seem set to impede the attainment of the Vision's set goals and the ministry's priorities.</p>														

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The increasing cancer burden as an NCD is not isolated to Botswana, as it is a global problem. This increase is associated with the rapid growth of the world population, aging, and the adoption of risky behaviors known to significantly predispose one to cancer such as smoking, a sedentary lifestyle, and a high calorie diet. This is particularly true in developing countries such as Botswana, where a shift has been observed from cancers related to poverty and infections to cancers associated with lifestyles more typical of industrialized countries (American Cancer Society [ACS], 2018; Parkin et al., 2018). Globally, approximately 18.1 million new cancer cases and 9.5 million cancer-related deaths were reported in 2018 (International Agency for Research on Cancer [IARC], 2018). Additionally, the deaths attributed to cancer (1 in 7 deaths) were more than AIDS, tuberculosis, and malaria combined, in 2012 (ACS, 2015; Torre et al., 2015). Furthermore, in Africa, cancer cases and related mortality are projected to almost double by 2030 due to the aforementioned factors (Torre et al., 2015; ACS, 2015).

In Botswana, the Botswana Cancer Registry as cited in the Botswana Multi-Sectoral Strategy for the Prevention and Control of Non-Communicable Diseases [BMSSPCNCD] 2018-2023, there were 11,398 diagnosed and registered cancers from 2005 to 2012. For this period, an average of 1200 cancers was registered annually, and cancers accounted for 7% of all recorded deaths in the country (BMSSPCNCD, 2018). Apart from the aforementioned risk factors, in Botswana, the contributing factors to the increasing cancer burden, include rapid urbanization, a high prevalence of HIV/AIDS, and the increasing life expectancy of people living with HIV/AIDS (PLWHAs). The country's effective response to the HIV/AIDS pandemic through the antiretroviral programme has resulted in PLWHAs living longer and thus increasing their natural risk of acquiring cancer (Suneja et al., 2013). This is despite that PLWHAs are already at a higher risk of developing cancer when compared to the rest of the population. The most prevalent cancers in the country are HIV-related cancers such as cervical cancer in women and Kaposi sarcoma in men (BMSSPCNCD, 2018). Cervical cancer accounts for the highest mortality in Botswana, with 70% of the patients diagnosed at an advanced stage. This is despite initiatives such as the integration of cervical cancer screening services into the antiretroviral therapy programme (Grover et al., 2015).

The quality of healthcare and utilization of services remains a challenge because of inadequate skilled healthcare professionals in Botswana (National Health Policy, 2011). Thus, the Human Resource Development Council (HRDC) through its 2009 to 2022 human resource strategy recommends addition of healthcare professionals in the country's health care system, such as nursing specialists and practitioners, which include oncology and palliative care nurses as a mitigating intervention (HRDC, 2009). This recommendation by the HRDC is supported by previous research, which has shown that there are positive gains related to personal and professional qualities for master's degree prepared nurses, with direct benefits to patients such as improved quality of care and positive healthcare outcomes (Cotterill-Walker, 2012). Furthermore, a palliative care situational analysis conducted in 2003 indicated high demand for palliative care specialists to mitigate problems associated with the high prevalence of HIV/AIDS, cancer, and other life-limiting illnesses (Botswana National Palliative Care Strategy, 2013). In addition, the 2013-2018 national palliative care strategy had capacity building, policy development, pain management and psychological support as the main priorities. However, there is still an acute shortage of healthcare professionals trained in providing palliative care services

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in the country. This shortage together with the need for palliative care education and training continue to hamper efforts to advance palliative care in Botswana (LaVigne et al. 2018).

The World Health Organization (WHO) defines palliative care as: “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (WHO, 2019). The WHO also recommends integration of palliative care at the time of cancer diagnosis irrespective of the stage of the disease. Healthcare professionals trained in both oncology and palliative care provide services to patients with a wide array of life-limiting illnesses, since palliative care is not limited to cancer patients only, and also that cancer patients often have other comorbidities that need to be managed.


Currently there are only 8 nurses trained and registered to practice as oncology and palliative care nurse specialists/ practitioners despite the growing cancer burden and the growing life – limiting illnesses due to NCD’s complications (BMSSPCNCD, 2018). Therefore, it is against this background that the School of Nursing at the University of Botswana finds it worthwhile to introduce a Master of Nursing Science in Adult-Gerontology Oncology and Palliative Care qualification, to address oncology and palliative care challenges experienced by adults and older adults with cancer and/ or other life - limiting illnesses.

The population focus of this qualification will be adults aged 18 to 64 years of age, and older adults (gerontology/ geriatric) oncology (cancer) and palliative care patients aged 65 years and above. This is because paediatric (child and adolescent) oncology and palliative care is a separate specialty from the adult-gerontology oncology and palliative care qualification, requiring a different approach to training that focuses on the unique needs of children.

PURPOSE: (itemise exit level outcomes)

The purpose of the qualification is to produce graduates with advanced knowledge, skills, and competences to;

- Perform advanced clinical responsibilities to adult and older-adults in all phases of cancer care; prevention, screening, detection, diagnosis, treatment, survivorship, palliative care and end of life care
- Provide advanced oncology and palliative care nursing services to adult and older-adult patients as specialist nurses in both acute (e.g., hospitals) and primary care (e.g. outpatient and local clinics) settings.
- Collaborate with other members of the oncology and palliative care health teams (doctors, pharmacists, social workers, psychologists, and other etc.) in providing care to adult and older adult patients in acute and primary care settings.
- Provide leadership in interprofessional teams to improve oncology and palliative care health outcomes to adult and older adults patients.
- Conduct advanced research in areas related to adult-gerontology oncology and palliative care nursing


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The need for advanced practice nurses who can function in both settings is supported by the anecdotal, facility level experience, and previous research with most cancers diagnosed at an advanced stage with significant delays in referral, diagnosis, and treatment initiation (Grover et al., 2015; BMSSPCNCD, 2018). According to the American Nursing Association, International Council of Nurses & World Health Organisation an advanced practice nurse (APRN) is a nurse who holds at least a Master of Nursing Science Degree in Nursing in addition to the initial nursing education (Bachelor of Nursing Science Degree) and licensure required for all nurses (Registered Nurses/Nursing officers). The graduates of this qualification will be equipped with the skills to provide cancer care services in primary healthcare settings (local clinics, oncology and palliative care clinics) even in the most rural areas.. They will also be equipped with the skills to care for cancer patients and patients with life-limiting illnesses in acute settings (primary, secondary, tertiary, and quaternary hospitals), and most importantly the skills required to care for a patient with cancer post - treatment (survivorship) or post hospitalization for those with life-limiting illnesses and in hospices and home – based care settings.


MINIMUM ENTRY REQUIREMENTS (including access and inclusion)


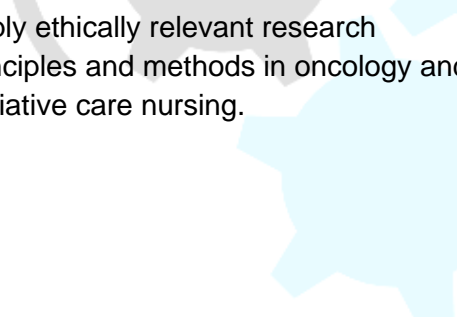
- NCQF Level 7 in a Bachelor's degree in nursing, or equivalent.


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SECTION B		QUALIFICATION SPECIFICATION	
GRADUATE PROFILE (LEARNING OUTCOMES)		ASSESSMENT CRITERIA	
<p>1. Apply advanced clinical judgment and decision-making based on expert knowledge and skills in the assessment, diagnosis, planning, and holistic management of cancer and other life-limiting illnesses and associated complications.</p>		<p>1.1 Utilise evidence-based guidelines to guide screening programs and identify health needs.</p> <p>1.2 Apply evidence-based guidelines to conduct comprehensive assessment of patients with a past, current or potential diagnosis of cancer.</p> <p>1.3 Perform diagnostic procedures, and ability to interpret diagnostic and laboratory tests.</p> <p>1.4 Utilise evidence-based strategies in managing patients diagnosed with cancer across the continuum of care, demonstrating the ability to manage cancer and the acute and long-term treatment side effects.</p> <p>1.5 Initiate appropriate treatment and referrals for oncologic emergencies to optimize health outcomes.</p>	
<p>2. Apply principles, theories, emerging issues and debates in oncology and palliative care nursing.</p>		<p>2.1 Apply nursing and non-nursing theories and frameworks in the analysis of socio-cultural and clinical problems in the prevention and management of cancer and/or other life limiting illnesses.</p> <p>2.2 Identify biological, socio-cultural, political, and economic factors that have a bearing on the health needs of the adult and older adult clients with cancer and/or other life limiting illnesses.</p>	

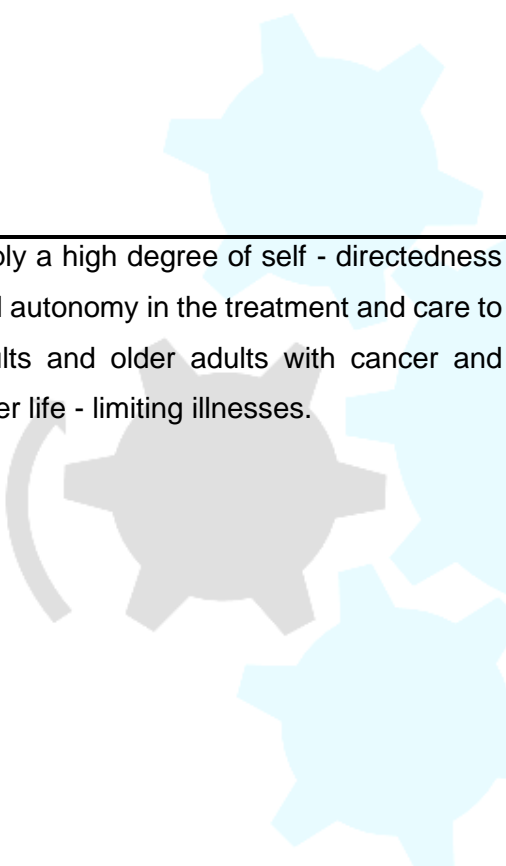
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<p>3. Analyse research findings to guide evidence-based oncology and palliative care nursing practice.</p> 	<p>3.1 Examine the quality of evidence and its applicability to desired outcomes of patients diagnosed with cancer and other life limiting illnesses.</p> <p>3.2 Utilise contextually relevant published intervention approaches to guide improvements in local oncology and palliative care services.</p> <p>3.3 Apply effective communication strategies at all levels of service delivery to solicit support for evidence-based innovations and programs aimed at improving the quality of life of patients with cancer and other life limiting illnesses.</p>
<p>4. Apply ethically relevant research principles and methods in oncology and palliative care nursing.</p> 	<p>4.1 Utilise creative and problem-solving strategies to design data-driven, ethical and culturally responsive interventions for oncology and palliative care clients in a variety of settings.</p> <p>4.2 Conduct ethically relevant research on clinical problems, disseminate findings and use evidence to inform care improvement</p>
<p>5. Utilise evidence-based practice to improve the health care needs and issues affecting adults and older adults with cancer and other life - limiting illnesses.</p>	<p>5.1 Utilise research and quality improvement processes to evaluate client outcomes, monitor trends in clinical data, to modify or design new interventions</p> <p>5.2 Develop processes to support the use of evidence-based data and translation into practice at the point of care</p>

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<p>6. Apply knowledge and skills to new or abstract situations encountered in the care of adults and older adults with cancer and/or other life - limiting illnesses</p>	<p>6.1 Apply principles of adult –gerontology oncology and palliative care nursing, ethical and legal principles to ensure holistic care for individuals with cancer and/ or other life - limiting illnesses, and families.</p> <p>6.2 Develop culturally sensitive interventions for families and individuals with cancer and/ or other life - limiting illnesses, in a rapidly changing society.</p>
<p>7. Engage in rigorous intellectual analysis, criticism and problem solving in the provision of care to adults and older adults with cancer and other life - limiting illnesses</p>	<p>7.1 Utilise advanced clinical reasoning for complex cancer clinical presentations, and incorporate concerns of family, and significant others, into the design and delivery of care in primary and acute healthcare settings.</p> <p>7.2 Participate in policy development processes and employ advocacy strategies to influence oncology and palliative care services.</p> <p>7.3 Identify and benchmark best oncology and palliative care clinical practices, regionally and internationally.</p> <p>7.4 Apply strategic thinking to develop a sustainable vision for the profession and oncology and palliative nursing care that evolves within a changing environment</p>
<p>8. Build collaborative relationships and partnerships with other health care professionals and stakeholders to improve oncology and palliative care services.</p>	<p>8.1 Create collaborative partnerships and networks to advance standardised high-quality oncology and palliative care in the country, region and internationally.</p> <p>8.2 Collaborate with alternative health care delivery systems in the provision of care to clients and their families.</p>

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		<p>8.3 Provide leadership in interdisciplinary teams to improve cancer and palliative care patients' health care outcomes.</p> <p>8.4 Facilitate development of support groups for building an appropriate networking strategy for patients with cancer and/ or other life limiting illnesses.</p>
	<p>9. Apply a high degree of self - directedness and autonomy in the treatment and care to adults and older adults with cancer and other life - limiting illnesses.</p>	<p>9.1 Design oncology and palliative care standards and measurement tools to guide nursing practice and maintain quality care.</p> <p>9.2 Apply broad, organizational, client-centred, concepts in the planning, delivery, management, and evaluation of evidence-based health promotion, and prevention programmes, and clinical care for individuals, families, and special population groups.</p> <p>9.3 Demonstrate the core competencies of;</p> <ul style="list-style-type: none"> i) Patient-centred care, ii) Primary health care iii) Inter-professional collaboration, iv) Evidence-based practice, v) Quality improvement, and vi) Utilization of health-care informatics ideal for any graduate level nurse specialist/ practitioner.
	<p>10. Utilize appropriate technology to enhance proficiency and quality in oncology and palliative care practice.</p>	<p>10.1 Develop a global understanding of technology and assess the healthcare environment to set standards and priorities for technology use.</p> <p>10.2 Utilise communication technologies to integrate and coordinate oncology and palliative care services.</p>

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	10.3 Utilize computerized health information systems in oncology and palliative care nursing education, clinical practice, administration, and research.
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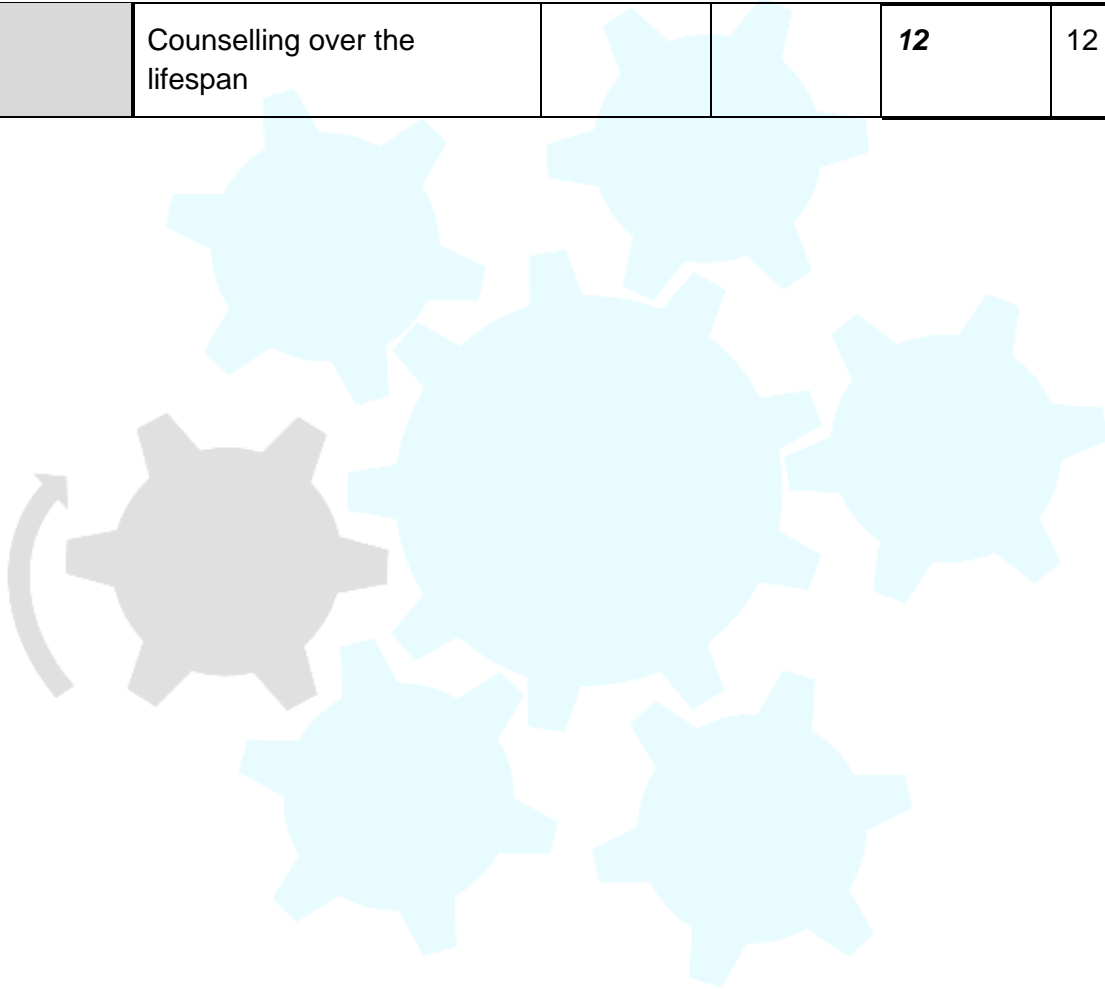
SECTION C	QUALIFICATION STRUCTURE				
COMPONENT	TITLE	Credits Per Relevant NCQF Level			Total Credits
		Level []	Level []	Level [9]	
FUNDAMENTAL COMPONENT <i>Subjects/ Courses/ Modules/Units</i>	Theoretical Foundations			12	12
	Research Methods in Nursing			12	12
	Medical Statistics			15	15
CORE COMPONENT <i>Subjects/Courses/ Modules/Units</i>	Advanced Pathophysiology			12	12
	Pharmaceuticals for Advanced Practice Nursing			12	12
	Health Assessment for Advanced Practice Nurses			15	15
	Advanced Adult and Older Adult Primary Care			12	12
	Oncology for Advanced Practice Nurses			12	12
	Oncology for Advanced Practice Nurses –Clinical Practice			16	16
	Palliative Care for Advanced Practice Nurses			12	12


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	Palliative Care for Advanced Practice Nurses– Clinical Practice			16	16
	Adult -Gerontology Oncology and Palliative Care Internship			32	32
	Dissertation			80	80
STRANDS/ SPECIALIZATION	<i>Subjects/ Courses/ Modules/Units</i>	Credits Per Relevant NCQF Level			Total Credits
		Level []	Level []	Level []	
	N/A				N/A
OPTIONALS	TITLE – Student Selects 1	Credits Per Relevant NCQF Level			Total Credits
		Level []	Level []	Level [9]	
	Health Policy and Health Care Services Management			12	12
	Health Informatics			12	12
	Gender and Health Education			12	12
	Ethics and Law in Health Care			12	12

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	Counselling over the lifespan			12	12
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SUMMARY OF CREDIT DISTRIBUTION FOR EACH COMPONENT PER NCQF LEVEL	
TOTAL CREDITS PER NCQF LEVEL	
NCQF Level	Credit Value
Fundamental Courses	39
Core Courses	219
Specialty (Strands) Courses	N/A
Optional component	12
TOTAL CREDITS	270
Rules of Combination: (Please Indicate combinations for the different constituent components of the qualification)	
<p>The Master of Nursing Science in Adult-Gerontology Oncology and Palliative Care is a two-year full time and/or three to four years part-time study qualification. The qualification structure is made up of fundamental, core, research / dissertation, and optional components worth 270 credits. Students should pass all the components as structured to be awarded the qualification. Graduates of this qualification will be eligible for registration by the Nursing and Midwifery Council of Botswana as Adult-Gerontology Oncology and Palliative Care Clinical Advanced Practice Nurses (clinical nurse specialists).</p>	

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ASSESSMENT ARRANGEMENTS

Formative and Summative evaluation for theory and practice shall be weighted on a ratio of 60: 40. The rationale is that at a Master's Level, students' practice should be theory and evidence based

MODERATION ARRANGEMENTS

Moderation

Moderation for Internal and External arrangements for the qualification will be through BQA registered and accredited moderators.

RECOGNITION OF PRIOR LEARNING

There is provision for an award through recognition of prior learning (RPL) in part or in full in line with institutional and national policies.

Applicants in possession of the following qualifications will be considered at individual level as per the institutions policies.

- Bachelor's degree in oncology nursing
- Bachelor's degree in oncology and palliative care nursing
- Master's degree of another nursing specialty area

CREDIT ACCUMULATION AND TRANSFER

Transfer to the MNS in Adult - Gerontology Oncology and Palliative Care qualification from another recognised University will be considered on a case-by-case basis as per the institution's credit accumulation and transfer policies as aligned to the national CAT and RPL policies.


The maximum number of credits that can be exempted for students should not be more than one third of the total required credits

PROGRESSION PATHWAYS (LEARNING AND EMPLOYMENT)

LEARNING:

Horizontal Articulation (related qualifications of similar level that graduates may consider)

- Master of Nursing Science Critical Care Nursing
- Master of Adult Health Nursing
- Master of Nursing Science Community Health Nursing
- Master of Nursing Science Education
- Master of Nursing Science Administration
- Master of Nursing Science Midwifery
- Master of Nursing Science Psychiatric Mental Health Nursing

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- Master of Nursing Science Family Nurse Practitioner
- Master of Nursing Science Child and Adolescent Health
- Master of Public Health
- Master of Education in Counselling and Human services

Vertical Articulation (qualifications to which the holder may progress to)

- Doctor of Nursing Practice (DNP)
- Doctor of Philosophy (PhD)

EMPLOYMENT

- Advanced practice oncology and palliative care nurses (specialist nurses) in acute and primary care settings
- Nurse instructors/ lecturers in training and/ or academic Institutions as Oncology and Palliative Care Lecturers
- Nurse research scientists in Oncology and Palliative Care Research Centres, as researchers, consultants, and program coordinators
- Medical Insurance Companies e.g., BOMAID as Oncology and Palliative Care Medical Coders and Consultants
- As independent private practice nurse practitioners with their own clinics
- Hospice Centres as nurse specialists
- Nurse managers at Oncology and Palliative Care Nursing Homes
- Specialist Nurse consultants for Pharmaceutical companies
- Oncology and Palliative Care Consultants, Program Coordinators, Researchers for Global agencies e.g. UN agencies (WHO, UNDP, UNFPA, UNHCR), and other development partners.
- Nurse managers and coordinators in Cancer Control Programs
- As specialist nurse consultants for Non – Governmental and Civic Organisations e.g., Cancer Association Botswana, Botswana Hospice and Palliative Care Association
- As nursing specialist officers for Local & International Professional Nursing bodies e.g., Oncology Nursing Societies and Nursing & Midwifery Council

QUALIFICATION AWARD AND CERTIFICATION


Minimum standards of achievement for the award of the qualification

To be awarded a Master of Nursing Science in Adult-Gerontology Oncology and Palliative Care, a student must satisfy relevant provisions of the institution. . A candidate is required to achieve a minimum of 270 credits.

Certification

Candidates who meet the prescribed requirements will be awarded the qualification in accordance with standards prescribed for the award of the qualification and applicable policies

SUMMARY OF REGIONAL AND INTERNATIONAL COMPARABILITY

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The proposed qualification has been benchmarked against regional and international Master of Nursing Science qualifications.

- 1) University of the Witwatersrand Master of Science in Nursing: Oncology and Palliative Care qualification, NQF level 9, which produces experts in clinical nursing practice who have a high degree of autonomy, responsibility, accountability, and clinical leadership in the provision of oncology and palliative care services in various settings, across the cancer trajectory. The qualification develops leaders who are to maintain professional excellence and credibility through continuing education and consultancy through research. The qualifications is offered over two years and has a total of 330 credits and 800 clinical hours.
- 2) University of Rwanda, Master of Science in Oncology Nursing, which produces nurses who are well educated, accountable, clinically proficient, and well positioned for the complex role of positively influencing the health outcomes of patients, families and communities affected by cancer. The qualification is offered over two years and has a total of 300 credits and 500 clinical hours
- 3) Case Western Reserve University, Frances Payne Bolton School of Nursing Master of Science in Nursing: Advanced Practice Adult Oncology/Palliative Care Advanced practice adult oncology/ palliative care nurses provide expert care to patients undergoing cancer treatment and those with life-limiting illnesses focusing on the management of complex symptoms. These advanced practice nurses care for both inpatients and outpatients, within hospitals and clinics as well as via hospice and palliative care programs. This versatile major prepares graduates to practice in a variety of oncology or hospice and palliative care settings. The major requires 330 credits and 720 clinical hours. The coursework is usually completed within 24 months (four semesters) for full-time students.
- 4) The Yale University Oncology Nurse Practitioner qualification is closely related to the proposed University of Botswana's qualification, offering primary care for adults, oncology and palliative care modules. The qualification also offers foundations courses such as statistics, pathophysiology, health assessment and research methods, and three work integrated or clinical courses. However, the two qualifications differ with respect to credit load as Yale University has a total of 346 credit units and 754 clinical hours compared to the proposed qualification s 270 credits and 810 clinical hours

Although the qualifications examined generally follow similar structures and standards, there are minor differences in that the modules are not offered at identical levels of the degree and that course credits are not the same for all the universities.

The qualification compares closely with that of the University of the Witwatersrand and Case Western Reserve University, as they both offer Oncology and Palliative care, and even more closely with the Case Western Reserve University which also offers Primary Health Care. The University of the Witwatersrand does not follow a semester-based system, whereas Case Western Reserve University follows a semester-based

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system similar to the proposed qualification. At the University of Witwatersrand, the foundational courses are offered in the first year and specialty courses in the second year of the qualification.

Although the Universities of Rwanda follows a semester-based system like the University of Botswana, it offers oncology nursing only, without the palliative care component. Palliative Care is offered in a separate MSN specialty (Medical Surgical Nursing).

The qualification as well as competencies require registration and accreditation with professional bodies such as the Nursing and Midwifery Council of Botswana (NMCB), which is similar to the South African Nursing Council (SANC), for University of the Witwatersrand qualification graduates.

The qualification is generally comparable to all the qualifications studied since the exit outcomes cover similar scope and depth and are aligned to exit-level descriptors typical of this level and type of qualification as done within the region as well as competencies required for registration and accreditation with professional bodies.

REVIEW PERIOD

The qualification will be reviewed after five (5) years

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