

CHAPTER 5

PRIORITY AREAS FOR IMPLEMENTATION

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5.1. HUMAN RESOURCE PRODUCTION

South Africa has experienced varying shortages, some serious, in the number of health professionals available for the delivery of health services, specifically in the public health sector. The causes are multiple and can be regarded as being of a supply and demand nature. The national human resource plan therefore must address these issues by means of strategies, which are specifically designed to create a balance in supply and demand over the long term.

5.1.1 TARGET FOR HUMAN RESOURCES FOR HEALTH PRODUCTION

Determining targets for training must be based on the capacity of health sciences education and training institutions to produce the required numbers. Treasury has made provision for an increase of 30 000 people in the total health workforce during the next five years. This total target is a working baseline that should be managed and modified by reliable data, obtained from studies indicating both projected production and replacement numbers needed by the health system.

As the national health system grapples with a number of service delivery challenges, it is essential that planning takes a long-term view in correcting some of these challenges, especially the production of health professionals. This is also necessitated by the fact that training periods are relatively long, averaging 4 years but increasing to an average of 10 to 15 years when specialist medical training is considered.

Although production pressures exist across many professional categories, it may not be possible to address these equally at once. Certain arguments and factors apply to all the health professions whilst others are specific to a category, e.g. the need to promote development of academia in the health sciences and the need to develop a countrywide strategy regarding nursing.

The tables in the following pages give an indication of the kinds of targets for production of health professionals, which should be achieved by the health sciences education and training institutions. These targets have been developed using as guidance the current vacancies in the public health sector, the current outputs at education institutions and the potential outputs by institutions. Although in all the categories a number of academic leaders have been canvassed for their opinions, the Department of Health will soon commission a study to determine what resources will be needed for the country to produce these targets and whether institutions are capable of increasing the production to these levels. The improvement in conditions of service and remuneration will greatly assist in retaining health professionals in the public health sector and within the health sector generally.

<i>Professional / Mid-Level Category</i>	<i>Duration of Training</i>	<i>Location of Training</i>	<i>Current Yearly National Production</i>	<i>Proposed Annual National Production**</i>
Clinical Psychologists	5 Years (incl. postgraduate)	University	75	150 by 2009
<i>This doubling in production takes into consideration the challenges faced by the public health services needing the skills of this profession.</i>				
Dental Practitioners	5 Years	University	200	Reduce to 120 by 2008
<i>Maintaining current production levels is adequate for servicing both the public and private sectors. The focus has to fall on improving conditions of service and aggressively recruiting dentists back to the public health sector.</i>				
Dental Therapists	3 Years	University	25	Increase to 600 by 2009
<i>Dental therapists are critical to provision of PHC (oral health). Current production levels must be increased and training must occur at every dental school. Posts are available in adequate numbers but career mobility must be improved in the public health sector.</i>				
Dental Technicians	2 Years	Technikon	198	Maintain current levels
<i>This is a technical area and the numbers produced are adequate to provide services in the health sector.</i>				
Dental Assistants	1 year	Technikon	-	300 by 2008
Oral Hygienists	3 Years	University	70	150 by 2009
EMS Practitioners	3 years	Technikon	*	1000 by 2009
<i>Massive production is advocated due to severe stresses in the system currently and the demand to provide emergency medical services in 2010. A partnership for accelerated production, which must include upgrading current staff by EMS Advanced Support, must be entered into with the private health sector groups that have experience in training emergency medical personnel.</i>				

<i>Professional / Mid-Level Category</i>	<i>Duration of Training</i>	<i>Location of Training</i>	<i>Current Yearly National Production</i>	<i>Proposed Annual National Production**</i>
Environmental Health Practitioners	3 Years	Technikon	558	Maintain current levels
<i>No increase is mooted here due to serious challenges in the provision of posts and the transfer of environmental health services to the local sphere of government. This situation must be reviewed in 2008.</i>				
Medical Practitioner	5 to 6 years	University	1200	2400 by 2014
<i>Significant shortages and extreme mobility of medical doctors necessitate that production is increased. This production must also feed into specialist training, especially targeting black health professionals</i>				
Medical Assistant	3 years	Proposed at university	-	Initial group of 100 by 2009
<i>This new cadre will have an impact on health service provision over a number of years if produced in relatively large numbers. It is envisaged that training will commence in 2007 at university level as a mid-level worker category for medicine.</i>				
Medical Specialists	Average of 5 years	University	**	**
<i>There is a large variety of specialisations in medicine with each category experiencing a decline in the numbers trained. The training targets will be decided upon after detailed discussion with provinces, universities and the Education Department</i>				
Medical Technicians	3 Years	Technikon	*	
Medical Physicists	4 Years	University	8	80 by 2010
<i>The vacancy rate is high in this category, which is now an area of scarcity. Production has to outstrip current levels due to the need to ensure better management of health technology</i>				
#Professional Nurses	4 Years	University, Technikon & College	1896	3000 by 2011
<i>Current production levels are relatively low taking into consideration the health service needs, especially at PHC level. Massive production is strongly indicated in this area, also in order to assist in countering the impact of migration.</i>				
#Nursing Assistants	2 Years	College of Nursing and Private Nursing Schools	7368	10 000 by 2008
<i>This category in terms of the revised scopes of nursing must be trained in large numbers to enable appropriate deployment and placement of nursing professionals in general. This must also be in terms of the revised qualifications framework for nursing.</i>				

<i>Professional Category</i>	<i>Duration of Training</i>	<i>Location of Training</i>	<i>Current Yearly National Production</i>	<i>Proposed Annual National Production**</i>
Nutritionists / Dieticians	4 Years	University	150	250 by 2010
<i>An increase in this category is strongly indicated in line with the policies of the Department of Health regarding focus on nutrition</i>				
Occupational Therapists	4 Years	University	330	Maintain levels
<i>Review in 2010.</i>				
Optometrists	4 Years	University, Technikon	*	100 by 2010
Pharmacy	4 Years	University	400	600 by 2010
<i>Production in this category must increase, taking in to consideration high mobility and the need to ensure a good supply for specialisation, e.g. in biotechnology, to improve local pharmaceutical innovation capacity</i>				
Pharmacy Assistants	1 Year	University	*	900 by 2008
<i>There is an absolute need for increased production in this category.</i>				
Physiotherapists	4 Years	University	428	500 by 2010
<i>A marginal increase to cater for a constant supply.</i>				
Physiotherapy Assistants	Training stopped	University	-	Targets to be determined
<i>Training of this category must resume but be located at FET sector level.</i>				
Psychologists	4 Years	University	*	*
Psychology Assistants	Not started	University	*	*
<i>Training of this category must commence but be located at FET sector level.</i>				
Radiographers	4 Years	University/Technikon	414	600 by 2010
<i>An increase is proposed to cater for increased service needs in the public health sector</i>				
Speech Therapists and Audiologists	4 Years	University	311	500 by 2010
<i>There is a great need for increased production, for more black people to be trained and for the positioning of training to meet the needs of indigenous cultures. Critical to this is services that must be rendered at community level, and particularly at schools in rural areas.</i>				

Table 11: Duration & Location of Training

**Proposed increases in annual production will depend on the results of the study into the Production Capacity of Health Science Institutions.
The review of nursing qualifications is being finalised and discussed between the National Departments of Health and Education, the SA Qualifications Authority and the SA Nursing Council. Categories of nursing will then be finalised in terms of the revised scopes of practice followed by the streamlined qualifications framework.

Note: Some of the targets appear high – it should be taken into consideration that these production numbers must cater for the mobility of health professionals to and from the private health sector, migration overseas and other natural attrition factors.

A firm proposal will shortly be made concerning the annual increase in the numbers of staff being trained in each category. This proposal will be informed by the results of the work currently being done in determining the capacity of education and training institutions to produce increased numbers of health professionals. It was absolutely necessary to do a baseline production capacity study in order to prevent planning which is based on unsustainable projections or attempts to match international standards, which the country may not be able to afford in terms of the resources required.

5.1.2 Health Professions Training And Development Grant

In addition to the funding mentioned above there is another mechanism for financing health sciences education and training which is confined mainly to universities: it takes the form of the Health Professions Training and Development Grant and the National Tertiary Services Grant. The former is supposed to concentrate on the training of health professionals whilst the latter is intended to focus on tertiary services, thus assisting in the training of specialists. Confusion has reigned for some time about who is really responsible for and therefore takes accountability for these grants, especially the former. Part of the problem is that this grant operates without any firm policy framework and therefore its application is subject to varying interpretations, depending on the interests of the interpreter.

It is important to re-define the concepts that are embodied in the terminology of the HPTDG and draw the necessary inferences. This will help to indicate very clearly the function/s the grant must fulfil. The concept of health sciences training at an institution of higher learning naturally relates to a mixture of knowledge transfer and developing the specific technical skills that are inherent to a particular category of health professional. The concept of development has most recently been utilised in the context of enhancing or improving one's skills rather than acquiring them from a "zero" base. To avoid confusion, it is therefore best to limit the use of this term in the health education and training context to enhancement. Hence the term here applies to those activities in which professionals rather than students engage, so as to enhance the already acquired skills.

In contrast to this is the notion of training, which relates to the acquiring of knowledge and skills moving from a zero base and leading towards the qualification conferred by the institution at the end of the training period. In relation to the HPTDG this denotes a more concise and clearer understanding of what the grant should stand for. It should be for use in the training of health sciences students where a great need is identified. The development aspect must be funded through the Skills Development Fund, towards which all employing agencies contribute. Provincial Departments of Health must utilise this fund to assist their health workforce to participate in Continuing Professional Development activities, specifically those that seek to improve their skills base whilst they are in active employment.

The grant should therefore be termed the Health Professions Training Grant and serve the purpose of funding undergraduate education and training. In considering the scope of application of this grant other factors need special attention.

The *first* is that the grant is linked to higher education institutions, which means a bias towards the training of those health professions that are university based, and therefore excludes those who are educated and trained at FET institutions. This tends to negate the foundation of the existence of the grant – to fund areas of the health professions in short supply. This issue must be addressed in the policy framework governing the grant so that it is structured to benefit all health professions, with the difference being the variance that will occur as its focus shifts, in terms of the supply and demand balance.

The *second* area of attention is the extent to which the grant funds service provision, which is intimately linked to training. Exposure to service delivery during training is an important and integral part of South African training of health professionals. The service delivery platform is rapidly expanding with the strengthening of Primary Health Care and an increasing need by institutions to offer students exposure and practical training at this level. A similar challenge exists with the National Tertiary Services Grant in the case where an academic institution requires a registrar (specialist in training) to gain exposure to conditions in rural areas as a condition of fulfilling the training requirements before qualifying as a specialist. The service platform is therefore increasingly becoming an important element of the teaching platform.

The *third* area of attention comprises seeking consensus with all stakeholders as to what criteria will be used to determine the shifting of focus. The improvement in the quality of data by means of the implementation of a national Human Resource Databank and by achieving the targets for training identified in the final National HRH Plan will assist in developing such criteria.

The National Department of Health, through its HR Policy, Research and Planning division, will manage this grant. This unit is structured in such a way that it acts as a major link with the Department of Education and education institutions. This will assist in achieving equitable distribution across the provinces and institutions. By May 2006 a revised policy framework governing this grant will have been finalised by this division, for implementation at the beginning of 2007.

The policy framework will consist of the following principles amongst others:

- The grant is for the funding of education and training
- The grant complements the subsidies provided by the National Department of Education at education and training institutions
- The grant is made available to all health sciences education and training institutions, including FET institutions
- The grant allocation is made available based on the fulfilment of certain criteria
- Access to the grant is through application to the National Department of Health
- A team comprising representatives of the National Department of Health, the National Department of Education and the Technical Committee of the National Health Council carries out the adjudication (a process similar to that of the Cabinet Budget Council)
- In doing so the grant is linked to the long-term strategic human resource priorities in the health sector
- The grant takes into consideration all the factors that impact on the teaching of students
- Research conducted by academics is not funded through this grant but must have a separate pipeline, and therefore a clear set of rules governing its conduct and outputs that go towards assisting the training of health professionals where applicable
- The monitoring of the grant's performance shall be in terms of the M & E system established for the National HRH Plan

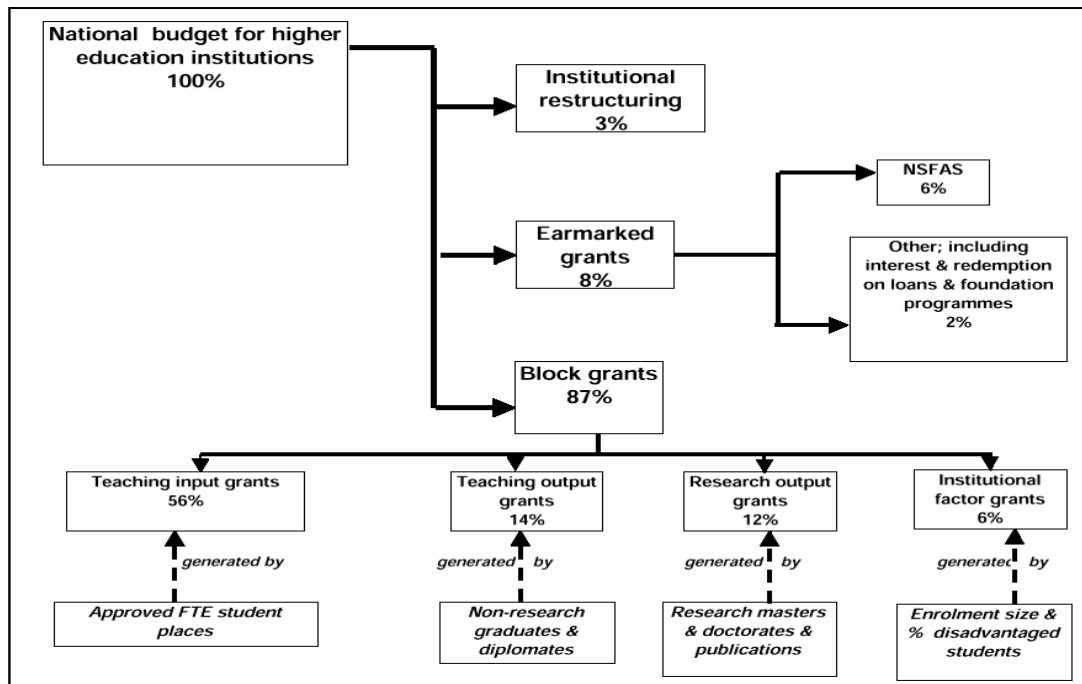
Mechanisms must be put in place to enable the country to meet its health needs in various forms, with an emphasis both on quantity and quality.

The attempt of the country to produce enough professionals for self-sufficiency will succeed if the minimum resources required are made available. Essential here will be the ability of education and training institutions to share those resources and produce graduates whilst maintaining the competitive spirit that exists in academia. The value added by each institution generally should be the factor, which attracts prospective students to it.

5.1.3 Funding Of Health Sciences Education And Training

The issue of funding health sciences education is a major subject of discussion and concern in academic circles and amongst health systems planners. This is largely due to the challenges regarding the production and provision of health professionals. In terms of the Constitution of the Republic of South Africa the National Department of Education is the custodian of all educational activities carried out in the public and private education institutions. Health sciences education and training is complicated, mainly because the issues of funding a mixture of teaching, service and research are the responsibility of two departments – Health and Education. This combination of activities has served the country very well over many years by ensuring the production of good quality health professionals that are able to fit into any health system all over the world. It is for this and many other reasons that the quality of health sciences education and training must never be compromised.

However, it is equally important to make sure that education and training institutions, especially at the level of higher education, adapt to the challenges facing the broader education sector in the country. Several calls have been made for health sciences education to be better funded. The National Department of Health is in agreement with this, but it is essential that the current financing of health professional development is restructured and managed better than in past years. Education and training in this sector is funded in various ways. Government carries, through the National Department of Education, the main burden of financing education and training. This is overwhelmingly the case in health as the cost of training health professionals is the greatest, especially at university level. The diagram below indicates how the national budget for higher education institutions is divided between various grants that are distributed to universities (DoE, February 2004).



Division of government budget between grant categories: 2004/05 to 2006/07

[Source: National Department of Education – A New Funding Framework, Feb. 2004]

A major challenge at universities is the distribution of funding to various professional categories in order to ensure that this serves to fulfil the demand side of the equation. Linked to this challenge is the issue of the capping of student numbers at tertiary institutions, as the policy demands that the institution take a conscious decision on where to make the investment; that is, create an internal balance in student allocation. Health sciences would obviously argue for increased investment in their area, as would any other faculty. An area, which is vital to expanding the country's capacity, is the training of scientists in universities and through bodies like the Medical Research Council in order to ensure that black health professionals also develop their careers in such fields. This should be funded adequately. The strategic plans of such bodies as the Medical Research Council; the National Health Laboratory Services etc must therefore be in line with and clearly incorporate such responsibilities. The current mechanism available to the Department of Health for investing in the training of health professionals comprises mainly the Health Professions Training and Development grant, discussed below.

5.1.4 Training of Specialists

Health care is driven by innovations in health interventions, be these through preventive or curative approaches. The health professions are vital to these innovations as almost all professions traditionally take the responsibility for improving the quality of the interventions that are associated with their scope of work. In the case of professional categories like nursing, pharmacy, medicine, psychology etc, specialisation is a key factor of innovative research to improve health outcomes.

A high level of specialisation traditionally drives academic development. This is certainly true of many health sciences professions, which tend to draw potential teachers from within their own ranks. The tradition in South Africa is that academics

exist within the public health sector, as the major academic hospitals fall within this sector. A consequence of this is that academics are required to fulfil three functions: *teaching, service and research*. However research work tends to be neglected due to under-funding, and struggles to attract young entrants, probably due to the lack of instruction at undergraduate level. A number of leaders at academic institutions are now reporting falling numbers of academics and scientists. This calls for urgent action, as this cadre is essential to the country's production capacity.

It is therefore important for the country to set targets for production of these highly skilled professionals. It is also at this level that serious challenges of transformation are currently being experienced. Transformation of the health system therefore cannot be completed without ensuring that the specialist and scientist ranks of health professionals reflect the demographics of the country. This forms a major part of work that still needs to be thoroughly reflected upon and targets for training determined. *Integral to this is the work that has already been done in determining the investment needed to develop and maintain services at a tertiary level to keep specialists in the public health sector. The work done on the modernisation of tertiary services is therefore integral to human resource development for the health sector.*

5.1.5 Health Sciences Academic Development

The National Department of Health and the Educational Institutions share the common goal of producing well educated, appropriately trained health professionals who will meet the needs of our nation and who, with further training, are equipped to provide all types and levels of service to both rural and urban South Africans. There is common cause that the clinical education of health professionals should provide students with skills, as well as the knowledge and attitudes that will allow them to care for patients under supervision upon graduation but independently after their internship period.

Graduates should be particularly skilled in the prevention, diagnosis, management and rehabilitation of conditions commonly encountered in South Africa. A primary health care approach should underpin training, which should occur at primary, secondary and tertiary health care facilities. A portion of graduates should be trained as specialists and sub-specialists in order to ensure an adequate supply of this category of health professionals. A further portion of graduates should be trained as researchers who will ensure that we continue to advance innovation in healthcare. Another portion should be trained for careers as health science teachers so that the future supply of all categories of health professionals is ensured. While there is considerable goodwill all round there is debate on such basic areas as the number of graduates required, the curriculum, length of training, the nature of academic complexes and how these should be funded and most important the need to speed up the transformation of health professionals so that they resemble the national profile. Without a focused programme to promote academic development in the health sciences, it will be almost impossible to achieve the objectives mentioned above.

Developing national capacity in health to deal with the demands of the health system is therefore an integral part of the role of academia, focusing mainly on human resource supply and demand, which constitutes a major area of the current work in

human resource planning. Attracting and retaining academics in the public health sector is vital to a successful health professions production strategy.

The academy needs to acknowledge that it is not immune to societal and global changes. Global competition for well-trained academic staff is on the rise, resulting in many South Africans being offered lucrative positions in overseas countries. The academic landscape has also changed as a result of the mergers between institutions of higher learning, whose impact is still to be fully experienced. The gaps in earnings between the public and private health sectors have also led to an internal academic brain drain – losing experienced senior consultants and academics to the private health sector. This loss has already been felt in professions like nursing and medicine.

It is critical that the Department of Health faces these challenges on a partnership basis with academic institutions, the Department of Education and the National Treasury. There is a need to develop appropriate long-term strategies and to attend to the divisions and issues of inequity. There is also a need to create work environments that are conducive for the academy to thrive.

Establishment of a Health Sciences Academic Development Programme, spearheaded at national level and implemented at institutional level is critical, basically focusing on the following areas:

- Development of health science educators
- Measures to recruit and increase the pool of health science academics where necessary
- Transformation of health science education and training specifically at academic leadership level and entry to specialisation
- Specialised programmes to promote research work at postgraduate level
- Immediate focus on retention of academics in the public health sector

This programme will include all health science professional categories, to ensure equity in managing the development of good quality academia in the health sciences. The National Department of Health is therefore developing a strategy document to initiate discourse by May 2006. The involvement of stakeholders like the Department of Education, HPCSA, MRC, the Colleges of Medicine of South Africa and the Universities is central to the success of this envisaged programme.

5.1.6 Nursing Strategy For South Africa

South African nursing has increasingly been described as experiencing a serious crisis. Several national conferences and workshops, starting with a Summit on Nursing in 2001, have concentrated on analysing the challenges and seeking solutions to an ‘impending’ crisis. A number of research papers have been published; however little change has occurred in the decline in the situation of nursing. This has to a large extent been manifested in the reported decline in nursing care and generally compounding the decline in the quality of health care in some public health facilities.

It should however be acknowledged that health outcomes are heavily dependent on many factors that impact on the health workforce, nursing being the largest category that endures such factors as the perceived low value placed on professionals, big

workloads, access to personal development programmes, job security etc. It is therefore important to take note that a national strategy specific to nursing is necessary and must be developed.

This strategy is aimed at addressing, as issues of priority, the challenges faced by the nursing profession and nursing services identifying areas of focus, in order to ensure the non-recurrence of the current problems. As the strategy is undergoing development and consensus is being sought with major partners, like the SA Nursing Council and the nursing professional associations, the following matters are urgently being attended to:

- Improved remuneration of nurses
- Improved conditions of service
- Increased production
- Review of nursing qualifications
- Review of scopes of practice

As with the Health Sciences Academic Development Programme, the National Department of Health is developing a strategy discussion document in order to initiate discourse by May 2006.

5.2 HUMAN RESOURCE DEVELOPMENT

The objective of Human Resource Development is to provide programmes, which orientate, train, and develop employees by improving the skills, knowledge, abilities and competencies necessary for individual and organisational efficiency. These include productivity as well as personal career growth. While career development and the acquisition of job skills after employment are the joint responsibility of the employee and the employing unit, the Department is obligated to provide a programme of training and development which improves organisational effectiveness and productivity by enhancing the skills, knowledge, abilities, and competencies brought to the position by the employee and which are necessary for work-related success, individual growth, and career development. Human Resource Development units in all the provinces must provide such programmes and make every effort to balance the needs of the individual and the needs, goals and objectives of the Department of Health.

In helping the Department fulfil its goals of providing good services, HR Development units are committed to delivering high quality training programmes designed to promote personal, professional and organisational development.

To entrench this culture, the National Department of Health is spearheading the harmonisation of development training programmes. This means developing or improving expertise in areas such as Organisational Development, Executive Development, and Skills Development. Such programmes will assist in enriching the capabilities of individuals and work teams while improving organisational systems and processes.

Because the quality of health service delivery depends to a large extent on the availability of qualified personnel and their performance, enabled by the availability

of sufficient equipment, drugs and other facilities, it is most important that employees are well qualified to manage these factors. Health managers can influence the performance of personnel in various ways; this matter requires carefully formulated and implemented Human Resources Development policies, developed in consultation with stakeholders. The knowledge and skills of the health managers, needed to perform human resource development tasks, will therefore be developed with a view to setting minimum national standards.

Building people management skills is an area of focus for the output of human resource development programmes. The average amount spent on human resources comprises about 65% of the health annual budgets. People management skills for managers will therefore be honed over an accelerated period of time to benefit patient care and the health workforce, in line with Batho Pele principles.

Well-planned workforce management improves efficiency by means of a culture that supports and develops the organisation's staff, allowing the health workforce to share in the organisation's objectives. Highly qualified, motivated staff comprises the heart of any high-quality health system and this has been well illustrated by many efforts, which have nevertheless failed to generate the intended benefits in spite of significant investments in infrastructure and procedures.

Training programmes for senior managers and all supervisors in the health sector, which inculcate both technical and managerial competencies, are crucial to improving the quality of the health system.

The Department of Health at both national and provincial level will support training at facilities in the health sector by means of capacity building measures, such as curriculum design programmes, or measures regarding the introduction of modern methods of instruction and teaching materials.

5.3 HUMAN RESOURCE MANAGEMENT

Human resource management is an area of major focus for the public health sector. Many health professionals resigning from this sector often cite the poor quality of people skills in managers as another leading negative factor.

A conference of hospital Chief Executive Officers held in October 2005 highlighted a number of challenges faced by the management cadre. Issues of professional development in line with the ideal of a caring public service also came into focus. It is important that human resource management is broadened and deepened specifically at facility level, as it is at this level that intensive face-to-face contact occurs between the health workforce and the employing organisation.

Human resource management functions must be well planned and properly aligned between the national and provincial levels. This point also pertains to the need for approaches to be harmonised between provinces and health facilities. Of major importance at provincial and local facilities are the following areas:

- Harmonising management processes
- Skills development of human resource practitioners

- The designing of a performance management and development system
- Human resource administration
- Talent development and career guidance
- Information and knowledge management
- HR policy interpretation and implementation (at provincial level)
- Participation in provincially or nationally initiated HR research

At national level it is important, in addition to the above, that emphasis is accorded to providing leadership regarding human resource management in the health sector. This involves strategy development and alignment, inter-provincial harmonisation of HR policy interpretation and the development of HR management standards in line with the principles embodied in the Public Service Act.

5.3.1 Policy on Recruitment of Foreign Health Professionals

Central to the management of the national health workforce is the role being played by the foreign health professionals. These professionals, mainly medical doctors, are recruited to provide health services, which are located mostly in rural areas. The national department will review the policy in this regard.

This policy will basically encompass the following principles:

- i. International recruitment shall preferably be done in terms of a government-to-government agreement
- ii. No active recruitment for permanent employment in South Africa will be directed at other developing countries in the African region
- iii. Exchange or placement for education and training purposes shall be allowed but restricted so as not to disadvantage South Africans
- iv. The total foreign workforce shall not at any stage exceed 5% of the total health workforce in each health professional category, taken on a broad basis: as an example, using doctors for illustrative purposes, this will apply to the total medical force as a collective entity and not each speciality taken on its own
- v. Employment contracts offered to foreign health professionals shall not be longer than three (3) years
- vi. Employment contracts shall be with the respective provinces and not the health facility, but the responsibility to manage the situation shall be delegated to the relevant health facility
- vii. Employment contracts shall be non-renewable in line with existing policy
- viii. The Statutory Health Professional Councils shall play a major role in the assessment of academic training programmes at the institutions of countries that offer health professionals to South Africa
- ix. The Department of Home Affairs at national level shall be an active partner to ensure that work permits are issued timeously to successful candidates
- x. Provincial Departments of Health shall engage in recruiting foreign health professionals through the National Department of Health
- xi. In cases where a Government-to-Government Agreement or Memorandum of Understanding does not exist and the foreign health

professional possesses skills that are urgently needed, an application for support regarding employment shall be referred for consideration to the National Department of Health

As is the case currently, foreign health professionals who do not enjoy permanent resident status shall not be permitted to enter private practice, in whatever health professional category.

5.4 IMPLEMENTATION OF THE HRH PLAN

Implementation of this national human resource plan is essential to the success of the national health priorities. Almost all stakeholders that participated and those that may not have participated in the consultation process, for whatever reason, have a major role to play in this implementation. The stakeholders fall into one or more of the following groups.

- National Department of Health
- Provincial Departments of Health
- Health Sciences Higher Education Institutions
- Statutory Health Professional Councils
- Health divisions of Local Government
- Private sector organisations

It is, however, not the intention of the National Department to allocate responsibilities and determine who will implement which aspect of this plan. As indicated in the executive summary this plan acts as a guide to all stakeholders, with the intention of influencing their operations in the human resource field, while also constituting a major reference resource concerning specific activities that the national Department of Health undertakes to implement. All key stakeholders are therefore responsible for the implementation of the human resource plan and must ensure that they develop the appropriate capacity. The National Department of Health will lead the process of developing a Framework for Workforce Planning to guide all stakeholders in the planning process at a technical level.

5.4.1 Guide for Implementation of the HRH Plan

This plan is organised into several chapters, the first three comprising mainly framing sections. Chapter 4 is organised in such a way that it provides guidance regarding what is planned and therefore what the expected areas of activity are. Stakeholders are expected to use this plan in the following manner:

Steps	Application
Step 1	Read the whole document in line with the National Health Act, National Health Strategic Priorities, Public Service Act
Step 2	Identify major principles that relate to your organisation's sphere of operation
Step 3	Identify activities associated with the said principle/s
Step 4	Identify which body or organisation is identified as the strategic leader under the strategic objective area under the said principle
Step 5	Take note of the performance indicators identified
Step 6	Initiate discussions with the strategic leader of that area
Step 7	Together with the strategic leader, review the activities and performance indicators with a view to finding ways of implementing the activities
Step 8	Together with the strategic leader and other strategic partners, discuss the issue of the resources necessary to successfully implement the plan
Step 9	Apply principles contained in this plan to model your own HR plan around the strategic objectives identified in Chapter 4
Step 10	Link activities with aspects of planning or action in Chapter 5

5.4.2 Action Strategy Plan

It is realised that an HR Plan is a medium to long-term activity and that a short-term programme for the first phase of implementation should be developed. The following action strategy plan identifies those areas for immediate action, as a prelude to the full implementation of the National Human Resource Plan once it has been adopted.

Strategy	Action	Anticipated result/impact	Duration of Action	Resources required
2006/07				
Improving HR Production	Review capacity of health education and training institutions	Baseline national capacity	January to February 2006	Funding by National Health
	Promote health sciences as careers of choice to students	Improved demand for admission	Start promotion by 2006	Funding for national campaign
	Mobilise resources to fund the medical assistant programme	Accelerate start of training	Finalise funding by Feb. 2006	National funding
	Increase production of Community Health Workers	Increase, at PHC level, of numbers of CHW's	Commence in 2006	Funded as part of EPWP
	Finalisation of the review of the nursing qualifications	Improvement in quality of nursing education	Finalise by February 2006	-
	2006/07			
Improving HR supply	Develop a short-term strategy to address the high vacancy rates	Improve staff establishments	Provinces to finalise by August 2006	Internal provincial resources
	Remove obstacles to nurses rejoining public health service	Increase in number of nurses rejoining public service	Resolution by NDoH and DPSA by April 2006	-
	Increase the total number of health personnel by 30 000	Improved baseline supply of the health workforce	5 years	Allocation from Treasury to provinces

Strategy	Action	Anticipated impact	Duration of Action	Resources required
2006/07				
Improve work-life experience of health workers	Develop new remuneration structure for health professionals	Marked improvement in salaries of health professionals	Finalise by early 2006	NDoH, Treasury and DPSA
	2006 - 2009			
	Improve physical environments at health facilities	Better accommodation & recreational facilities	Ongoing	Allocation by provinces

Strategy	Action	Anticipated impact	Duration of Action	Resources required
2006/07				
Strengthen National Human Resource Databank	Develop a national human resource databank	Up-to-date HR data for the purpose of HR Information Management Identify gaps in planning	Start implementation at national level by February 2006	Funding for software and hardware
	2006/07			
	Roll out implementation to selected areas in provinces	Linkage of provinces and selected, readied facilities	Cover all provinces by December 2007	Hardware and bandwidth

Strategy	Action	Anticipated impact	Duration of Action	Resources required
2006/07				
Improve Management Training	Training of middle and senior managers	Improved quality of managers	Commence nationally based training by May 2006	National Department of Health to provide seed funding
	Training of HR Practitioners	Improved application of HR policies	Commence nationally based training by April 2006	

5.4.3 Developing HRH Performance Indicators

A major exercise to follow the adoption of this HRH Plan will be the development of HR performance indicators. This is a complex project that is absolutely necessary for the health system but needs good systematic management of the organisational culture and workforce challenges, and must remain relevant for the health system at all levels. This indicator system, once developed to reliability, will be essential for guiding managers mainly at local health facilities to record, compare and even monitor their own performance. Using HR indicators at district health level as a mechanism to make performance comparisons (using the same indicators, whose data is collected and interpreted using the same format) will assist in developing suitable norms or standards of performance. Development of a national human resource databank is thus a vital cornerstone in the establishment of a human resource performance indicator system. Generally, all levels of the health system will be able to use the indicators and information yielded as indicated in the table below.

Management Level	Purposes
District Health Level	<ul style="list-style-type: none"> • Comparisons of HR performance with that of other districts; learning from the experience of other managers • General understanding of HR management issues and general management development • Providing purpose for the management of HR in the system through the collection of HR data • Monitoring changes over time in HR issues within the district • Negotiation with the province for additional or different HR resources • Allocation of resources to specific HR projects
Provincial Level	<ul style="list-style-type: none"> • Review of performance of districts across the province • Indication of where provincial or regional action may be required in terms of management development or wider HR development issues • Use for negotiations with districts over use of HR resources • Provincial HR policy setting and resource allocation
National Level	<ul style="list-style-type: none"> • National review of HR in health services • National HR policy -setting and resource allocation

Potential Management uses of HR Indicators at Different Levels of the Health System
Adapted from WHO

5.4.4 Monitoring Implementation And Impact Of The Plan

Assessing the performance of the national human resource plan cannot be done outside the broader assessment of the national health system. It is therefore linked with the broader performance of the national health system simply because health service delivery relies very heavily on not only the number of personnel but also on how skilled, competent, distributed and well managed its human resources are. The quality of health services, the financing and overall organisation of the health system have as much an impact on human resources as they do on the system's performance. Human capital is therefore a major resource for the health system that must always be monitored in its various formations.

Assessment of this National Human Resource Plan will go beyond the counting of numbers. It is therefore necessary to consider all other factors in monitoring and ultimately evaluating the effectiveness and impact of the plan on the whole health system and its performance. The performance indicators selected for this national plan will need to be streamlined and refined over time to ensure their appropriateness at provincial and district level.

Overall HRH Plan Indicators

Input indicators	Performance Indicator	Frequency of Measurement
	<i>National Level</i>	
	Number provinces and health districts with functional HRH Plans	3 yearly
	Structured active health management development courses	3 yearly
	Number of educators and researchers under 35 years of age by education and research institutions over the next 5 years	Yearly
	Number of health professionals entering public health service	Yearly

Output indicators	Performance Indicator	Frequency of Measurement
	<i>National Level</i>	
	Number of health professionals graduating yearly	Annual
<i>Provincial Level</i>		
	Number health professionals retained in the public health service for at 5 years	Annual
	Number of graduates entering service by age, gender, ethnic back ground	3 yearly

Impact indicators	Performance Indicator	Frequency of Measurement
	<i>National Level</i>	
	Number of health professionals leaving the country as a proportion of the total employed in the health system	Annual
	<i>Provincial Level</i>	
	Number of facilities at district level employing full package of health services	3 yearly
	Percentage of health managers receiving high scores in their performance appraisals	3 yearly

Some Data Sources and Reference documents for Use in Monitoring the National Human Resources for Health Plan

- ✓ National Human Resource Databank – National Department of Health
- ✓ District Health Information System
- ✓ Annual Statistical Records On Disciplinary Cases – Health Professional Statutory Councils
- ✓ National Department of Education – Higher Education and Further Education & Training
- ✓ Department of Labour – Employment Statistics
- ✓ Census Records - Statistics South Africa
- ✓ Fiscal Review Reports – National Treasury
- ✓ Documents of World Health Organisation considered for HRH Planning