

Chapter 5:

Priority Areas for Implementation

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 health needs (needs-based planning) and the capacity of health sciences institutions to produce the required numbers. The envisaged total target should be 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 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, for example, 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 currently been developed using as guidance the current vacancies in the public health sector, the current outputs at education institutions, the potential increased outputs by institutions, the estimated replacements numbers and funding envelope. Ideally these numbers should be greatly influenced by the provincial health service plans that are based on what services are required rather than what services can be afforded now in a resource constrained environment. 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. There is also a direct linkage between production and the ability of the health system to retain its health professionals within the public health service. 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.

The phenomenon of health professionals moving to administration to improve their earning capacity has certainly robbed clinical services of good skill and experience and this needs to be halted through improving remuneration and conditions of service as a matter of urgency.

**Table 11:
Duration and Location of Training**

Professional / Mid-Level Category	Duration of Training	Location of Training	Current Yearly National Production	Proposed Annual National Production
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	*	*
<i>Massive production is advocated due to severe stresses in the system currently and the demand to provide emergency medical services in 2010. Accelerated production must include upgrading current staff and in future training of emergency medical personnel must occur predominantly at FET level. Discussions have commenced with the relevant Professional Board</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	1 200	2 400 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>				
Specialists	Average of 5 years	University	**	**
<i>There is a large variety of specialisations in medicine, dentistry, etc 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>				

Professional / Mid-Level Category	Duration of Training	Location of Training	Current Yearly National Production	Proposed Annual National Production
Medical Technicians	3 Years	Technikon	**	**
Medical Physicist	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>				
Medical orthotist prosthetist	3 years inc internship	University, Technikon	25	50 per year until 2010
<i>Production has to be increased to provide for the high mobility and migration of personnel - and thus high vacancy rate in this category within the public health sector</i>				
Medical orthotist footwear prosthetist assistants	2 years in service	At Medical orthotic prosthetic (MOP) departments in provinces	**	**
Orthopedic Footwear Technicians	3 years	At MOP departments	**	**
Training of the above two categories is done by provinces as the need arise with current staff establishments, therefore no indication in training is proposed				
#Professional Nurses	4 Years	University, Technikon & College	1 896	3 000 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>				
Enrolled nurse (Staff Nurses)	2 years	College of nursing and private nursing schools.	5 000	8 000 by 2008
# Enrolled Nursing Assistants	1 Year	College of Nursing and Private Nursing Schools	6 600	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>				
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	350 - 500 by 2010
<i>Review in 2010.</i>				
Optometrists	4 Years	University, Technikon	**	100 by 2010
Pharmacy	4 Years	University	400	600 by 2010

Professional / Mid-Level Category	Duration of Training	Location of Training	Current Yearly National Production	Proposed Annual National Production
<i>Production in this category must increase, taking into consideration high mobility and the need to ensure a good supply of 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>				
Occupational therapy assistants	1 year	Universities, Technikon	-	300 by 2010
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>				
Social Workers	4 years	University	*	*
Speech Therapists and Audiologists	4 Years	University	200	500 by 2010
Speech therapy assistants	2 years	University, Technikon	Not commenced	**
<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>				

* Proposed increases in these categories could not be determined yet due to the cross-sectoral nature of their placement.

** 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 Funding Of Health Sciences Education And Training

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 resources required are made available. Essential here will be the ability of education and training institutions to share those resources and produce the required health personnel without compromising the high standards that are characteristic of our health sciences education institutions.

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. The Department of Education takes responsibility for education and training whilst the Department of Health has to provide a service platform to enable trainees to receive the appropriate experiential learning base. These two aspects of health sciences education are inseparable and have 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).

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.

A more comprehensive review of the funding requirements of health professions training, an accurate assessment of all the funding streams available for the funding of such training as well as clarifying the responsibilities of the Departments of Health and Education will lead to a more rational funding allocation in the respective sectors. This review must have as partners Health, Education and Treasury.