

number of leaders at academic institutions are now reporting falling numbers of academics and scientists in all the fields. This calls for urgent action, as this cadre is essential to the country's production capacity. It is however important that the definition of the triad (teaching, service and research) is properly contextualised due to its mixed nature and association with activities like "teaching / clinical ward rounds" that serve multiple purposes.

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.

5.1.4 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 completing their internship or community service period. The majority of health professionals now either have to do internship and/or community service before they can work independently.

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.

5.1.5 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. The health system needs to form and

make use of various public and private partnerships and strategic alliances whose key outcomes in the training and education programmes for management and leadership levels must be aimed at developing:

- an ability to contribute to the strategic development of the organisation
- an ability to take a broad holistic view of management issues, including the capacity to see issues in the context of an evolving internal and a changing external environment
- the capacity for imagination and creativity as well as analytical skills
- interpersonal skills, group work, team projects, negotiation, networking and other critical social skills
- personal learning skills, especially the ability to learn from, and help others learn from experience
- an ability to analyse critically management problems at a strategic level, and
- an ability to contribute to the strategic development of the health system

Through this, the gap between the public and private health sectors will over time be significantly reduced.

Migration of health professionals is a serious challenge to the health systems, prominent in the developing countries. This aspect must be seen in the context of health systems management and strategies focusing on managing the phenomenon developed. Migration from rural to urban settings must be addressed within the broader strategies of the country relating to economic development and upliftment especially of rural communities. International migration, although lesser in terms of absolute numbers, tends to have a greater impact due to the loss of the skill to overseas better resourced health systems. Several strategies are proposed to mitigate the phenomenon.

The first suggested approach is that government should satisfy the health professionals through improving conditions under which they work and provide competitive remuneration. Although problem with this approach is that it is impossible for developing countries to compete with developed countries on salaries, the non-financial aspects can provide good competition.

The second suggested approach is to drastically increase the number of health professionals trained focusing on those who have an increased potential to migrate out of the country e.g. medical doctors, nurses, pharmacists, audiologists, physiotherapists etc. The problem with this approach is that the country would to compromise in other areas of health care to enable it to massively produce massive numbers over a short period of time.

The third approach is to ensure that conditions of service are improved including supplying health professionals in the public sector with enough tools of trade (i.e. health technology issues). The challenge with this is mainly the price tag to stock every facility to the satisfaction of professionals, appropriateness of technology for the level of care, maintenance issues and so on.

For the SA government the preferred solution is to do a balanced combination of the approaches mentioned above. Firstly it is critical that the country adopts a human resources for health plan at national level, which must cascade to the provinces, district health level, health science institutions and the private health sector. Attention to remuneration and conditions of services is important - thus the team put together comprised of Health, DPSA and Treasury to urgently attend to this matter. Issues of health technology and others can only be dealt with if a respectable partnership based on common values and commitments is struck between the public and private health sectors including the broad spectrum of health professionals. All the issues mentioned in this paragraph apply to all health professional categories.

Interaction of health systems between developing countries at policy and academic levels must be encouraged because this will contribute to sharing of information, lessons and intellectual resources in many instances. Better resourced health systems in developed countries can make an even greater contribution to this, ensuring that they do not only receive but also contribute to the strengthening of systems in developing countries.

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 should ideally 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.

Whilst it is not the intention of the National Department to give instructions to stakeholders, it is necessary that the department allocates responsibilities and determine who will implement which aspect of this plan as illustrated in section 4.3.2. 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, as a matter of urgency, 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 Implementation 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 June 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 DPSSA by April 2006	-
	Increase in the total number of health personnel*	Improved baseline supply of the health workforce	Minimum of 5 years	Allocation from Treasury to provinces

* Envisaged increase to heavily favour increased production of health professionals. However taking into consideration the long training periods in health sciences a rapid increase over short period of time may be hampered. An interim measure will be to offer short-term contracts to foreign health professionals whilst increasing intake into health sciences education and training institutions. Foreign recruitment will only occur in appropriate areas e.g. medical doctors.

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

Strategy	Action	Anticipated result/impact	Duration of Action	Resources required
Strengthen National Human Resource Databank	2006/07			
	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 June 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 result/impact	Duration of Action	Resources required
Improve Management Training	2006/07			
	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 June 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 on the next page.

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

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

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

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 background	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

Conclusion

In order for the plan to be up to date in addressing the HRH challenges faced by the country, stakeholder participation in utilising this plan as a national guideline is strongly advised and encouraged. As far as setting targets for training is concerned the results of the Production Capacity Review will be incorporated into the final plan prior to its release. Any delay in the release of the first draft of the National HRH Plan is therefore not warranted. Proper planning is essential in addressing the relevant issues. There is therefore an absolute need for the health system to possess credible data and information on human resources for health, spanning both the public and private health sectors. The gulf between the public and private health sectors needs to be reduced and the HRH plan must be geared towards the attainment of national goals. The National Human Resource Databank being established at national level should be utilised to assist proper planning, development and management of the country's human capital assets. Access to data by the private health sector will certainly be facilitated.

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