Department of Health releases Human Resource Strategy *Continued*

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As explained in the previous issue (Volume 17, No. 6), the Department of Health's Human Resource for Health Strategy (HRHS) sets 8 strategic priorities, each of which are broken down into Objectives and Activities. These are described in detail below.

Priority 1: To provide proactive leadership and an enabling framework to achieve the objectives of the National Department of Health (NDOH) HRHS

Under this priority, the objectives are to create the leadership and governance structures for HR, such as a National Department of Health (NDOH) Workforce Secretariat, Task Teams on HR Planning, Performance, Management, Academia and on a Rural Strategy. It also envisages an annual national meeting of all Task Teams and stakeholders.

To ensure implementation, the HRHS recommends the appointment of:

- an HRHS Implementation Project Leader to manage the strategy, but to also interact with stakeholders and take charge of the communication around the HRHS;
- a National Recruitment and Retention Unit to develop a recruitment and retention strategy; and
- a Financing Committee to plan and monitor resources for the production of the healthcare workforce.

A further key objective relates to the establishment of an Institute for Leadership and Management in Health Care (see Figure 1 in previous issue). The Institute will, amongst others, make a competency assessment to establish the leadership and management competency gaps. It will also be responsible for training and development interventions. It is not clear how this Institute will relate to other initiatives, such as the South African Institute of Healthcare Managers (SAIHCM).

Priority 2: Establish a Centre for Health Workforce Intelligence which will provide health workforce information and ensure oversight on health workforce planning across the health care system.

This priority is about the gathering of data, the setting up of a reliable database, analysis, including so-called horizon scanning on budget trends, health technology trends, NHI, etc. and reporting to the Department of Health leadership (Director General and Minister of Health). A further objective is to enable linking of service plans with HR plans. The identification and opening of priority posts is also high on the agenda.

Co-operation with the Department of Health Education and Training is also envisaged as a key task of the Centre for Workforce, as well as the monitoring and tracking of graduates and their employment.

The Centre will be set within the organisational structure of the NDOH and will be supported by Provincial Health Workforce Committees.

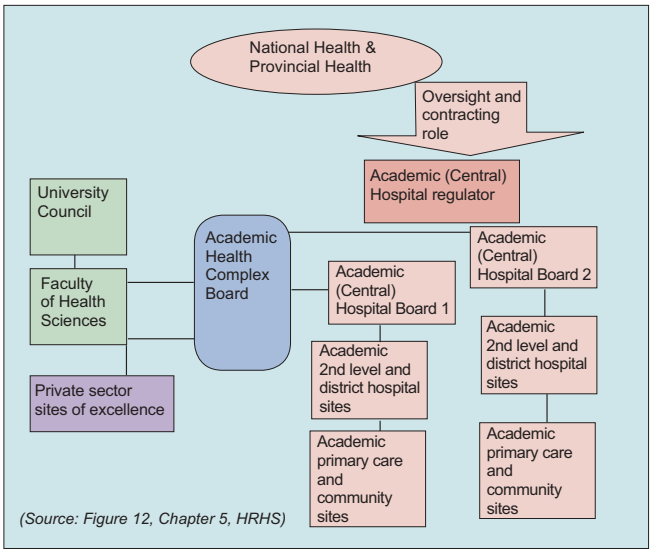

Figure 1. Academic health establishments

Priority 3: To meet workforce requirements of new and emerging service strategies and thereby ensure a health service which promotes health and provides value for money.

This priority relates to the announcements of the Minister of Health on the re-engineering of the Primary Care model and the proposals contained in the NHI Green Paper. The first three activities relate to (a) the job descriptions, advertisements of posts (which have taken place in September), appointments, scope of practice and training of the District Clinical Specialist Teams (to include, amongst others, anaesthetists, paediatricians, family physicians, etc.); (b) the job descriptions, skills, competencies and training of staff for the School Health Programme; and (c) the training of Community Health Workers, under the leadership of nurses.

Staffing norms are also to be developed for tertiary hospitals, regional and district hospitals.

Noteworthy is the activity that envisages the development of policies and interventions on the private sector on engaging with public health systems. This is planned to start with pilot projects for general practitioner, rehabilitative, mental and dental services.

This priority will also link with the NHI processes.

Priority 4: To ensure the revitalisation of the production of a health workforce with the skills mix and competencies, education and training, to meet health service demand.

This priority deals with planning for the future growth of the sector, bearing in mind the burden of disease, and service- and training requirements. In this, the NDOH will work with Higher Educational Institutions and the Department of Higher Education and Training. The clinical training grant would be investigated to include all relevant professional programmes. More academic clinicians should be grown.

The outcomes of the Nursing Summit 2011 will also be implemented under this priority.

The concept of mid-level workers will also be further investigated, including the service plan needs, the appropriate training platforms. Two categories, i.e. Clinical Associates and Pharmaceutical Assistants are given specific attention.

Clinical research is also envisaged for revitalisation, in particular through the implementation of nationally prioritised clinical research programmes. Funding for clinical research has to be "enabled".

Priority 5: To strengthen Academic Health Complexes and nursing colleges to strategically manage both health care and academic resources and provide an integrated platform for service, clinical, research and education functions.

A new model is proposed for academic medicine (Figure 1).

The objectives associated with this priority relate to the strengthening of Academic Health Complexes (AHCs) and a project team will manage this process. Information Technology, the highly specialized service needs and centres of excellence are envisaged. This priority will align with the announcement of the new five flagship central facilities.

Priority 6: To effectively manage human resources in a manner that attracts, retains and motivates the health workforce to both the public and private sectors in an appropriate balance.

As an employer of choice, the Department of Health will aim to:

- recruit the right people;
- ensure performance evaluation;
- ensure that performance is rewarded appropriately;
- analyse reasons for resignation and report its findings to line management;
- ensure fairness and equity; and
- ensure that training and development opportunities are matched with individual strengths and weaknesses.

Under this priority, integrated HR strategic plans are then to be developed, within the requirements set by the Department of Public Service and Administration. The HR management function will be strengthened. Moonlighting and so-called ARWOPS (Agreed Remunerated Work Outside of Public Service) will be stopped where abused. The Occupation Specific Dispensation (OSD) will also resort under this priority.

Priority 7: To develop a health workforce that delivers an evidence based quality service, with competence, care and compassion.

One of the new proposals in the HRHS is the licensing of all health professional practices. The document states that there are limited controls in relation to the right to open a practice and that "more licensing requirements" would have to be set. This would impact on occupational health facilities.

The National Coordinating Centre for Clinical Excellence in Health and Health Care (see Figure 1 in Vol. 17, No. 6) will be key in this regard. It is not clear how this Centre (or the licensing referred to above) will relate to the Office of Health Standards Compliance, for which an amendment Bill has already been published for comment. The Centre is envisaged to work closely with academia, professional societies and centres of excellence "to oversee quality of professional care". The Centre will also undertake work on excellence and cost-effectiveness in clinical care. The link between this Centre, and the cost-effectiveness analyses envisaged in both the Medicines Pricing Regulations and Medical Schemes Regulations are not immediately clear. In addition, Health Technology Assessment in the field of medical devices, envisaged by the National Health Technology Strategy, 2011 would also be impacted by the work of the Centre. The Centre will also provide "guidance on new and existing medicines, treatment and procedures" – and would therefore have to link with the development of the Essential Drug List, and Essential Equipment List within the National Department of Health (NDOH).

Priority 8: To promote access to health professionals in rural and remote areas.

This priority includes the appointment of a rural strategy task team to develop the details of the rural strategy and to support the NDOH in implementing it. It also includes defining 'rurality and remoteness' in view of the OSD and rural allowances. A key activity is to prevent rural posts from being frozen.

The education and training strategy includes ensuring an increase in the proportion of rural students in health professional courses and also to increase training that takes place in rural areas. Another activity relates to increased uptake of suitably qualified foreign health workers. The development and role of mid-level workers will also be a key activity within this priority.

CONCLUSION

The HRHS is a very comprehensive document. What is lacking from the strategy is more concrete timelines and the costs associated with the structures to be established in terms of the Strategy. Many stakeholders have also complained about the fact that the larger, general HR document was only released in September 2011, and whilst stakeholders were still preparing comments, the final document was released.

As far as licensing and clinical guidelines (through the proposed Co-ordinating Centre for Excellence) are concerned, there may be overlap between the envisaged Centre and the professional councils, Office of Health Standards Compliance and existing or envisaged programmes on the evaluation of medicines (e.g. the Essential Drug Lists and the evaluation of "cost-effectiveness" in the medicines pricing regulations) and medical devices (e.g. Health Technology Assessments as a mandate of the Ministerial Advisory Committee on Health Technology). These matters indicate that greater alignment is required between the various projects and programmes of the Department of Health.

It is not clear how the process of implementation of the HRHS will unfold over the next year. Aspects to be implemented as indicated in other documents, such as the NHI Green Paper, include the appointments and deployment of the Specialist Clinical Support Teams (comprising anaesthetists, family physicians, obstetricians, etc.) in all the health districts, the training of Community Health Workers and the increased intake of first year medical students by universities. It is also expected that the draft Primary Healthcare Policy would also be finalised (and/or released publicly), which would have further Human Resource implications for the organisation of clinics and health centres.

More HRHS information is likely to be included in the Department of Health Strategic Plan, normally released during the Minister of Health's Budget Speech (which will follow the adoption of the country's budget after Minister Pravin Gordan's Budget Speech on 22 February 2012).

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