

# Development of a Framework for DHS Management, Clinical & Support Staff and Standardised Job Profiles

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**NATIONAL FAMILY PHYSICIANS WORKSHOP**

21 April 2015

Hotel Verde, Cape Town



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Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Overview

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- Purpose and objectives
- Process
- Progress to date
- Overview of framework
- Role of Family Physician
- Challenges
- Way forward
- Conclusion



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## Ideal clinic related work

Governance

QI/ Core standards

Change management

Competency assessments  
– sub-district  
and facility  
managers

Competency assessments  
– district  
management  
**(DHMT)**

Register rationalization



### **Aim**

- To assess the general management and public health competencies of managers
- **To develop a framework for district health system management, clinical and support staffing**

# Purpose

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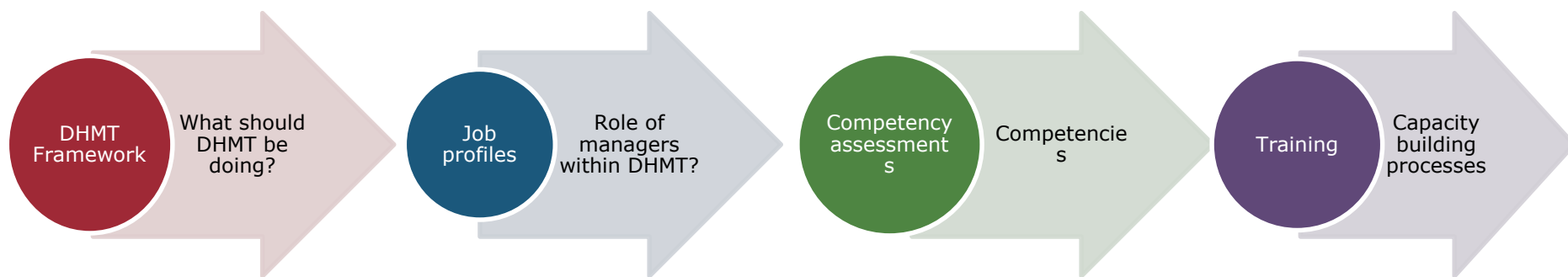
- Provide a framework to guide DHS management, clinical and support staffing.
- Includes a rationale and guidance on ideal **composition, structure, roles and responsibilities** of an optimal DHMT.



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# Rationale

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Framework for a functional DHMT

Improved service delivery and health outcomes



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# Objectives

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- ❑ To describe the **functions** of the ideal DHMT;
- ❑ To determine the **optimal structure(s)** for an effective and functional DHMT;
- ❑ To determine **key areas of responsibility** for each DHMT member;
- ❑ To develop **job profiles** for relevant identified members of the DHMT which include:
  - ❑ Required qualifications
  - ❑ Required competencies (knowledge and skills)
  - ❑ Proposed key roles and areas of responsibility (KRAs)



# Process

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- ❑ Literature and document review
- ❑ Consultative workshops:
  - National workshops:
    - ❑ 18-19 June 2014;
    - ❑ 9-10 December 2014;
    - ❑ Participants - managers (support and clinical) from all 9 provinces, academics, labour representatives, NDOH representatives, DPME.
  - Provincial workshops:
    - ❑ March – April 2015
    - ❑ Participants – DHMT members (management, clinical, support)
  - Consultation with DPSA and HR specialists



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# Overview of framework

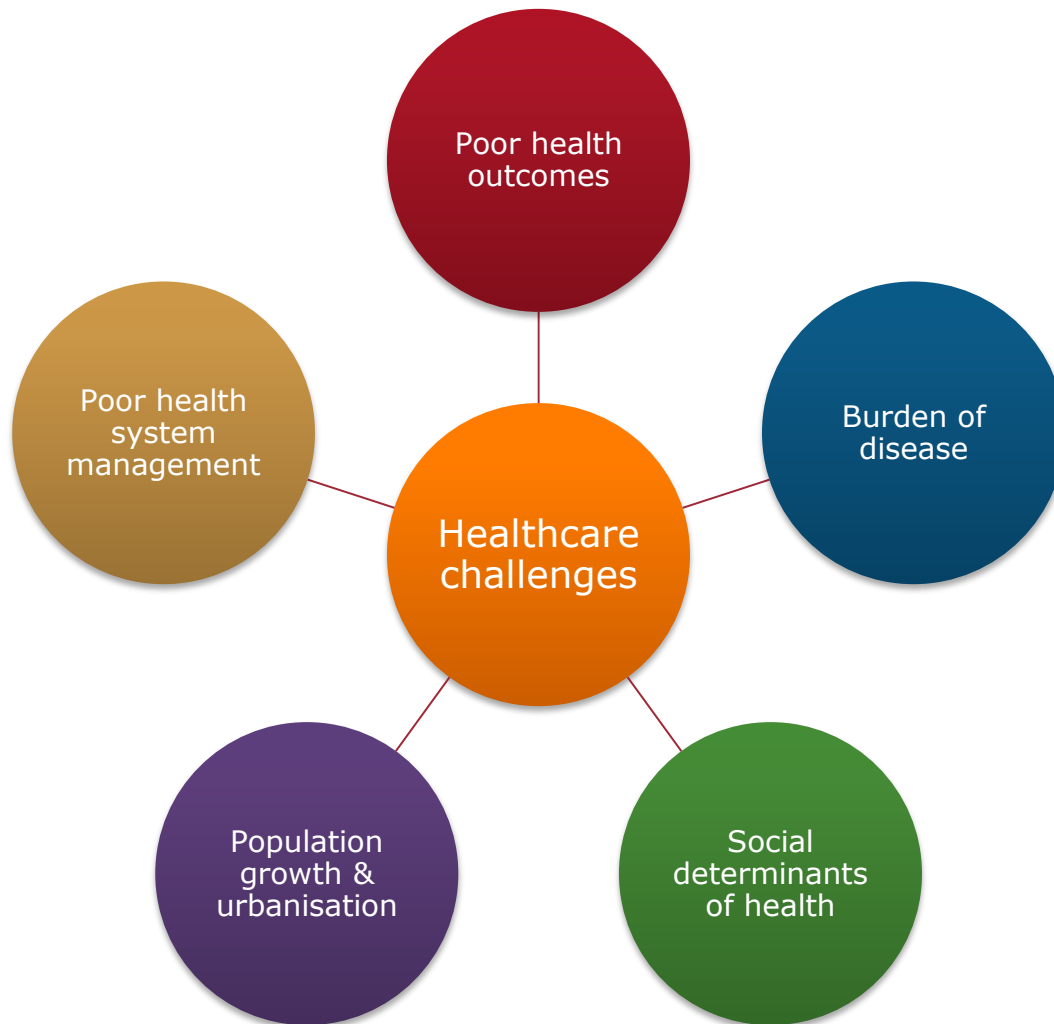


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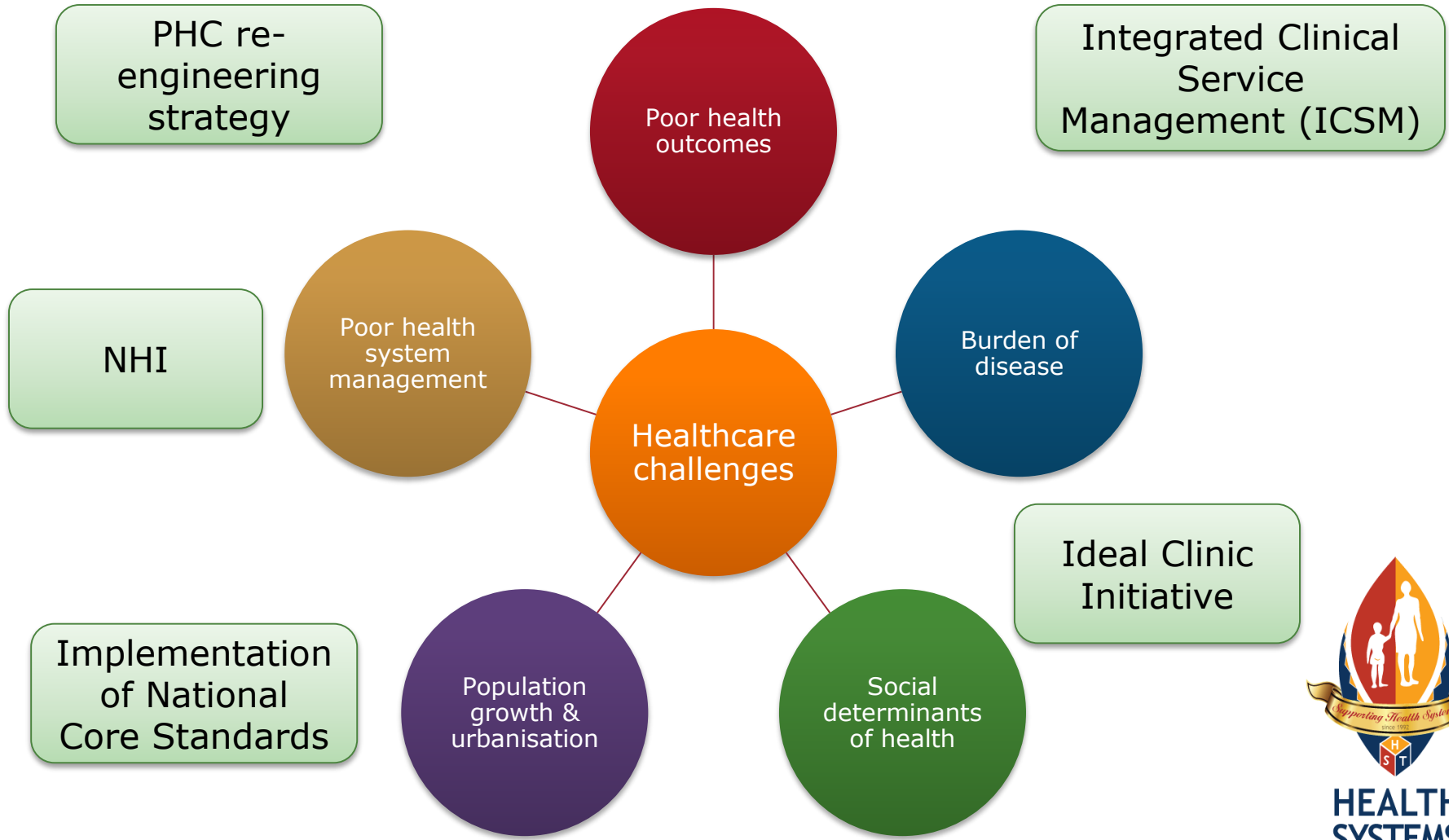
# Healthcare challenges

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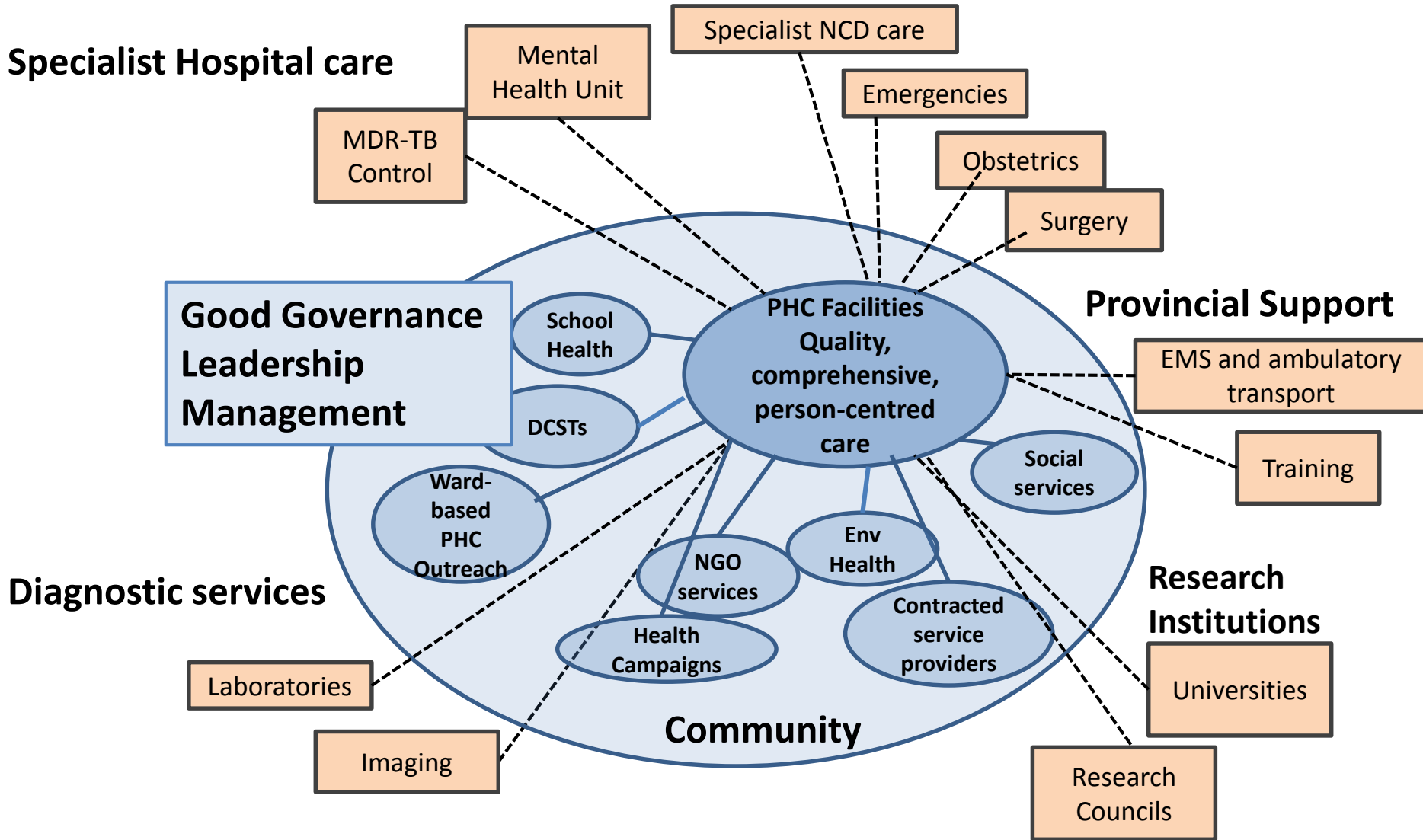


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# Healthcare challenges

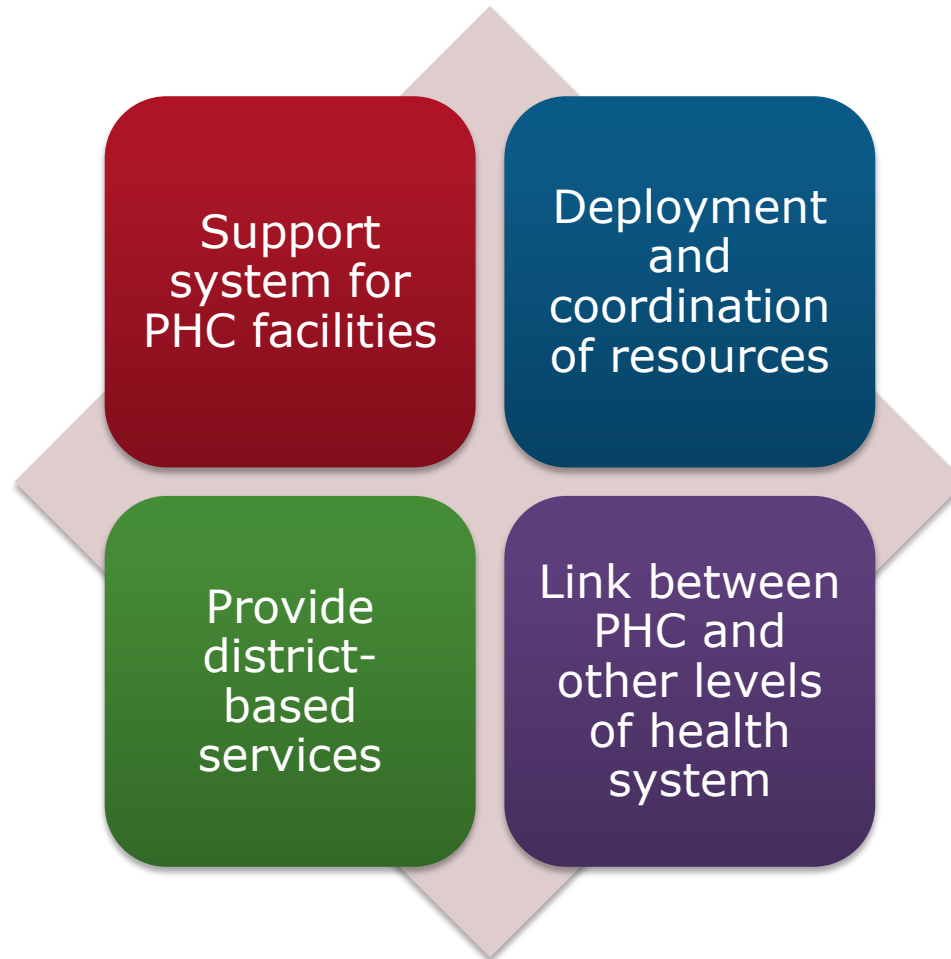


# Structure of DHS



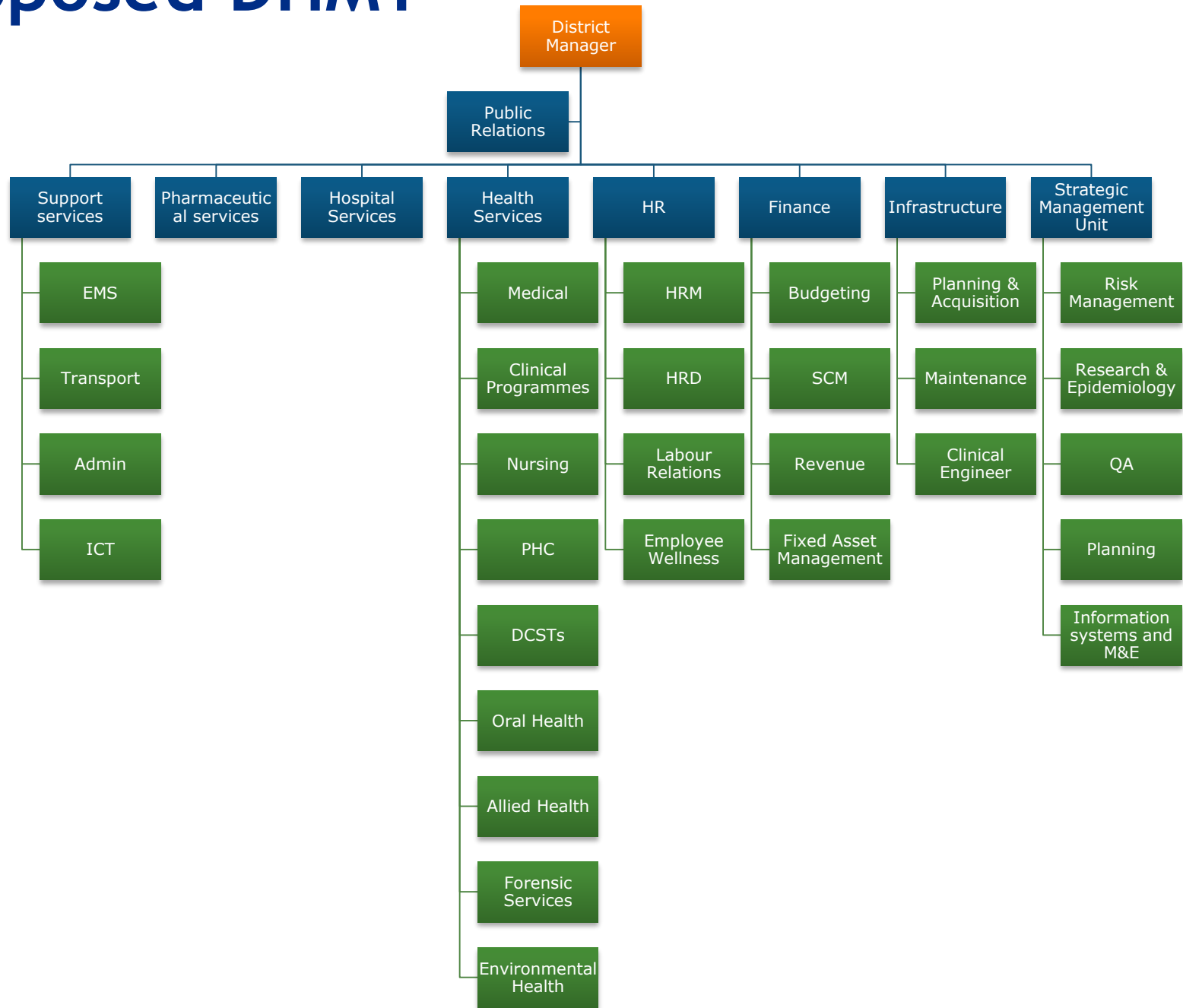
# DHMT functions

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# Proposed DHMT



# Overview of current district staff establishments

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- ❑ Rapid assessment of district staff establishments was conducted using PERSAL data from 9 NHI districts in Jan 2014.
- ❑ Variations in post titles and levels for similar functional positions
- ❑ Recommendation:
  - Span of control
  - Affordable
  - Fulfill NHI requirements
  - In line with WISN principles



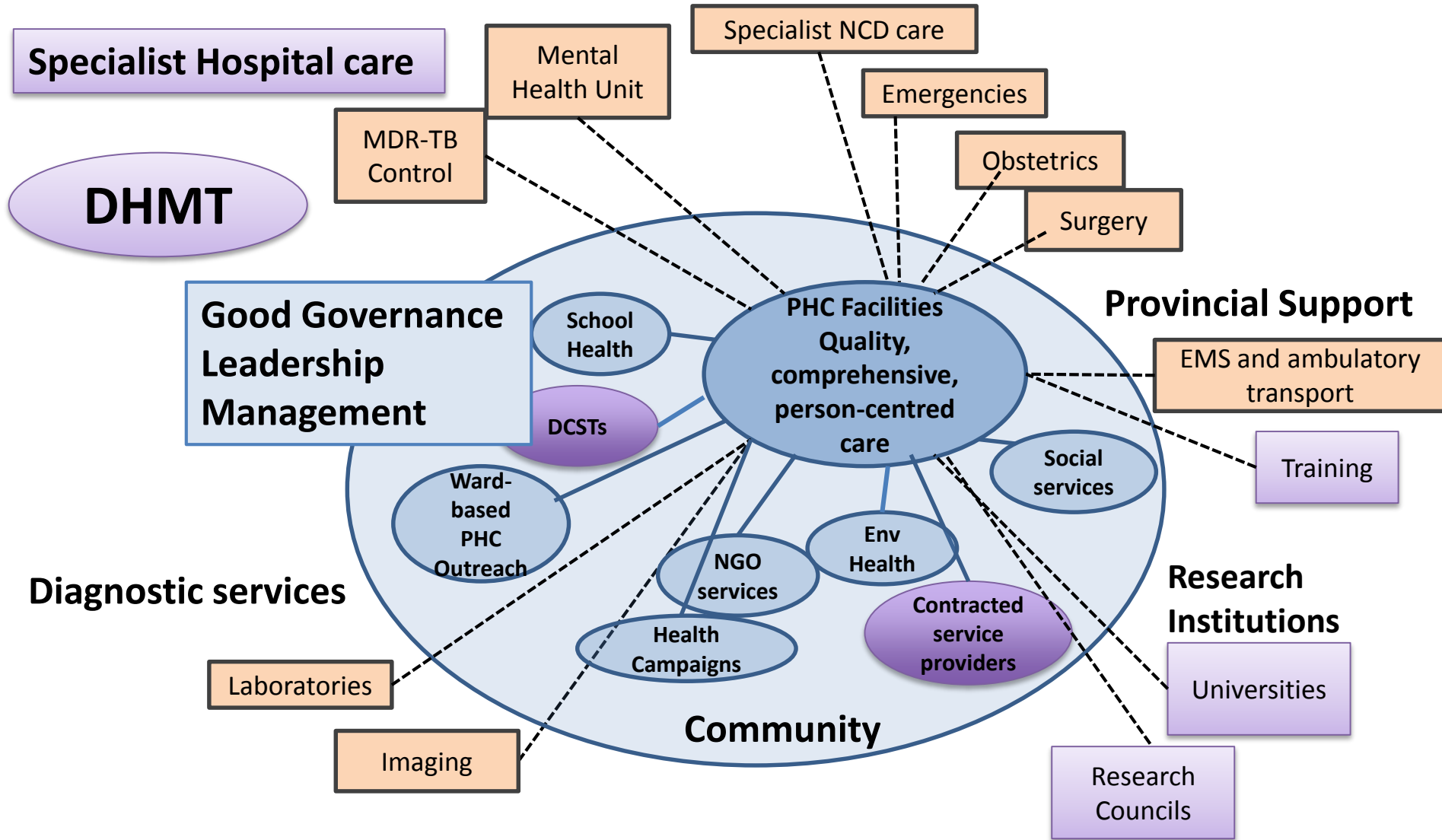
# Role of Family Physician

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- Provision of **leadership, clinical and corporate governance** through various positions.
- **Clinical care**
- **Training** and **capacity building.**
- **Research** – generate evidence to inform practice and policy

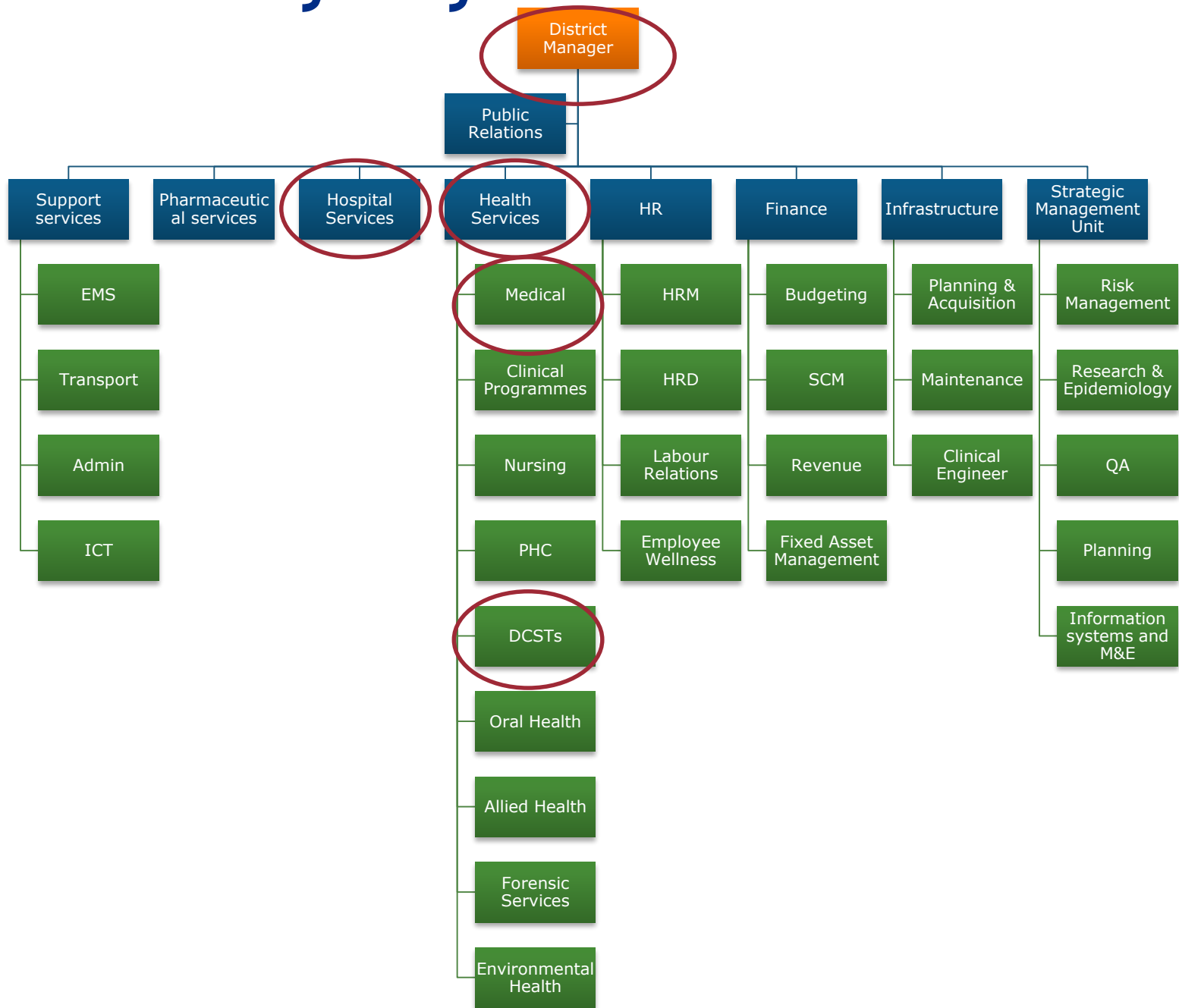


# Role of Family Physician





# Role of Family Physician



# Challenges



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# Challenges - Framework

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- No one size fits all:
  - Variations in district size (population, geographical spread)
  - Challenges in implementation of DHS: variation in stages of implementation in various districts, changes in boundaries



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# Challenges - Job profiles

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## □ Qualifications:

- Proposals are suggestions based on roles, review of documents and consultation with stakeholders;
- The final outcome would be determined following job evaluation process in line with legislative frameworks (DPSA role);
- Need to bridge gap between current generic qualifications and specific skill set required for healthcare managers (particularly for support staff);
- How does one couple the capacity development process with DHS framework process? Are these proposed skill sets in existence and if not how do you bridge the gap? Profiles should go hand in hand with competencies assessment and a skills development plan.



# Way forward

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- ❑ Ongoing consultation process with provinces;
- ❑ Consolidation of input and refinement of framework and job profiles;
- ❑ Consultation with DPSA on qualifications, experience and delegations;
- ❑ Presentation to NHC technical committee.



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# Conclusion

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- ❑ The development of job profiles requires time due to the need for wide consultation, however the process is valuable in that it reflects the experiences and views from different contexts in SA.
- ❑ Progress has been made in terms of moving towards the ultimate fully functional DHMT with clear roles and responsibilities.
- ❑ Family physicians are uniquely placed to contribute to improving PHC, training therefore needs to take into account the context in which they will practice.



# Acknowledgements

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## HST team

- Joan Dippenaar
- Iris Cupido
- Rhulane Madale
- Biagio Longano
- Nazia Peer
- Tess Padayachee
- René English
- Themba Moeti

## NDOH

- Jeanette Hunter
- Rampelane Morewane
- Bennett Asia
- Khetisa Taole
- Yvonne Mokgalagadi
- Kgwiti Mahlako
  
- Richard Cooke (Guiding Principles)
- Job Profile Workshop participants



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# Thank you

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