



SECTOR SKILLS PLAN (SSP) UPDATE 2020/2025; *A descriptive analysis*

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OBJECTIVES OF THE PRESENTATION

The focus is on the process of developing research agenda from analysis emanating from six projects;

- Stakeholder Mapping and Profiling Project
- Policy Analysis Project
- Demand Side Analysis Project
- Supply Side Analysis Project
- Partnership Analysis Project
- The monitoring and evaluation of the implementation of the Pivotal list
- The development of HWSETA Sector Priority Occupations List (Pivotal List)
- The development of a research agenda

STAKEHOLDER MAPPING AND PROFILING PROJECT:

- Chapter 1 [Sector profile] was produced from the ‘Stakeholder mapping and profiling project’.
 - Scope of Coverage; HWSETA exercises jurisdiction over 19 SIC codes under divisions 86 to 88 of the Sector Industrial Classification.
 - Key role players; those with both interest and influence in the sector are in the order of their effect.
- 1) **Statutory professional Councils** as they regulate both training (supply) and scope of practice (demand-side) of professions and skilled paraprofessionals.
- Implication is that statutory professional councils have the power to determine the structure and pace of the sector’s movement in the continuum from labour to knowledge intensive economy.
 - Thus, HWSETA-statutory professional councils institutional partnership crucial in ‘Linking education and the workplace’ (NSDP outcome 2) and ‘improving the level of skills in the South African workforce’ (NSDP outcome 3)

STAKEHOLDER MAPPING AND PROFILING PROJECT (Cont.):

- 2) **National Department of Health and Social Development** responsible for setting policy (i.e. NHI creates more demand for access to healthcare services), planning, resourcing (i.e. invests significantly through its public expenditure for supply side), and review.
 - In view of DoH's mandate "*to improve health status [outcome]...and to consistently improve healthcare delivery system [output]*" and DSD's mandate "*to transform our society [outcome]...through provision of ...sustainable social development services [outputs]*", they are stakeholders with vested interest and influence in HWSETA's mandate of "*the creation of skilled workforce to meet the health and social development needs*"
- 3) **Other stakeholders with only influence or interest on either supply or demand side** i.e. labour and trade unions which are crucial in achieving NSDP outcome 7 'encourage and support worker initiated training' through its critical networks (shop stewards and union officials). The Hospital Association of South Africa is also an example as it represents the interests of plus/minus 64 000 people employed by the majority of private hospital groups and independently owned private hospitals.

POLICY ANALYSIS

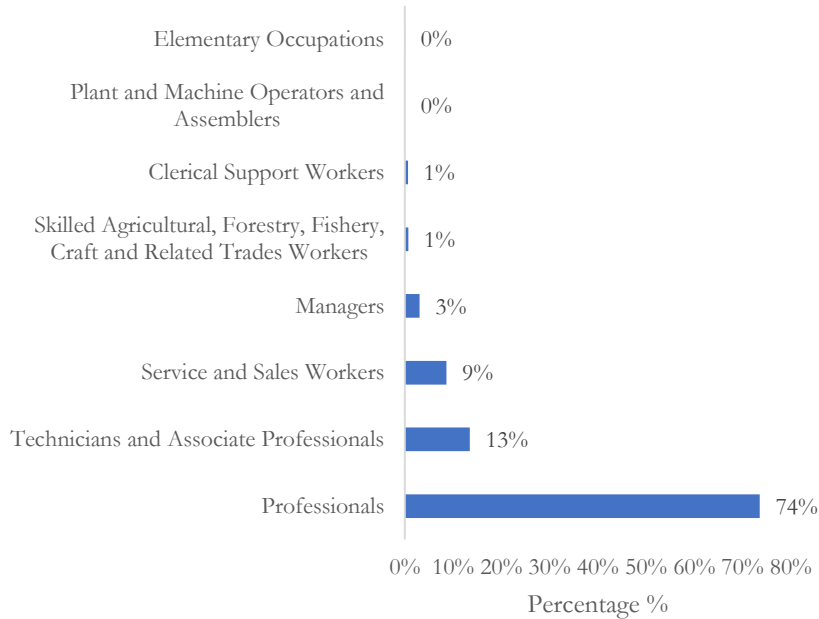
- Chapter 3 [Occupational shortages and skills gaps] particularly subsection 3.4 “Extent and nature of supply” was produced from the ‘Policy Analysis project’.
- **The National Health Insurance (NHI)**, cabinet approved in July 2019, is significant as a driver of change for the provision and maintenance of sufficient skills to implement the NHI
- **The re-engineering of the the primary health care (PHC) system** through four streams to improve timely access and to promote health and prevent disease. Four streams are a) Ward-based primary healthcare outreach teams, b) Integrated school health programme (ISHP), c) district clinical specialist teams (DCSTs), and d) contracting of non-specialist health professionals.
 - This model increases demand for skills provision of nurses and community health workers for deployment in municipal wards.
- **The supply of medical doctors in South Africa** is being addressed by the Presidential project building new academic school in University of Limpopo in 2016 and targeting of recruits from rural areas for medical training in CUBA.
- **The supply of nurses in South Africa** The training of nurses is undergoing fundamental changes in its institutional arrangements as it has become part of higher education institutions (HEIs) thus accredited by the Council on Higher Education and registered with DHET.

DEMAND SIDE ANALYSIS; *Estimates of total employment, profile of workforce, and employment in specific occupations*

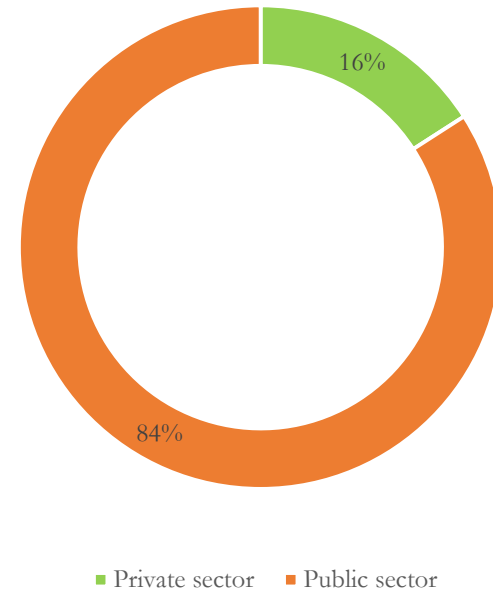
- Chapter 1 (Sector profile) was produced from the ‘Demand side analysis project’
- About 70% of the organizations in private health are small (employ fewer than 50 people), but large organizations (150 and more employees) employ the majority of the workforce (i.e. pharmacy groups employ 82% of the workers in private health).
- A total of **10 743** organizations paid SDLs to the HWSETA in 2018/19 which was an annual growth of 11% from 2017/18 financial year.
- While the average annual growth of health & Social expenditure in the public and private sectors was only 8% over the 2013 to 2019 period, the average annual growth of employment for the total sector was 2.9% over the same period [1 unit expenditure = 0.36 employment]
- Evidence indicates that **managers and professions** in the health and welfare sector are **occupational groups in high demand** given their share of total employment at 45% and 42% in public service and private sector respectively.

DEMAND SIDE ANALYSIS; *Vacancies and vacancy rates [HARD-TO-FILL VACANCIES]*

Occupational Group distribution

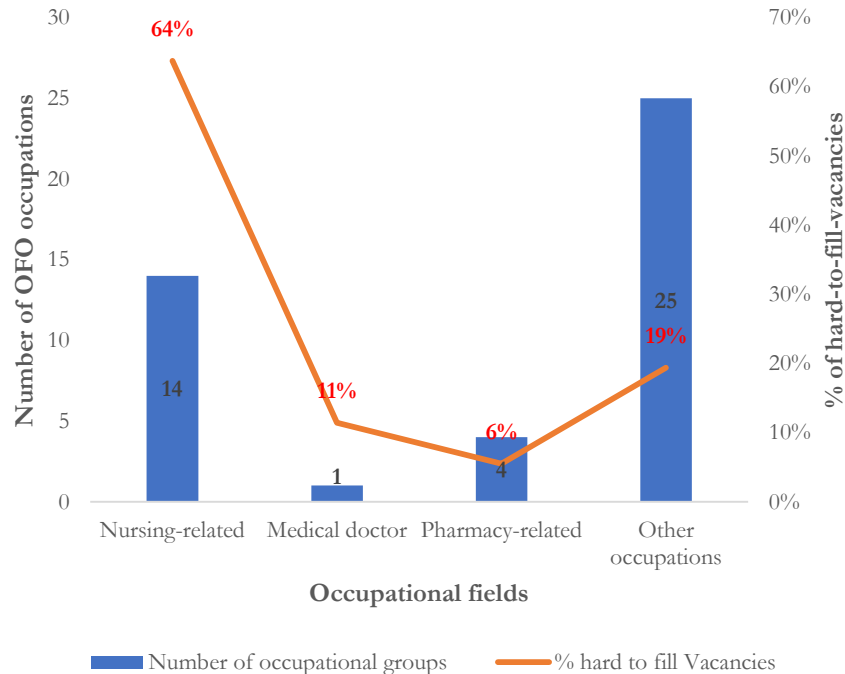


Predominant Source of Demand

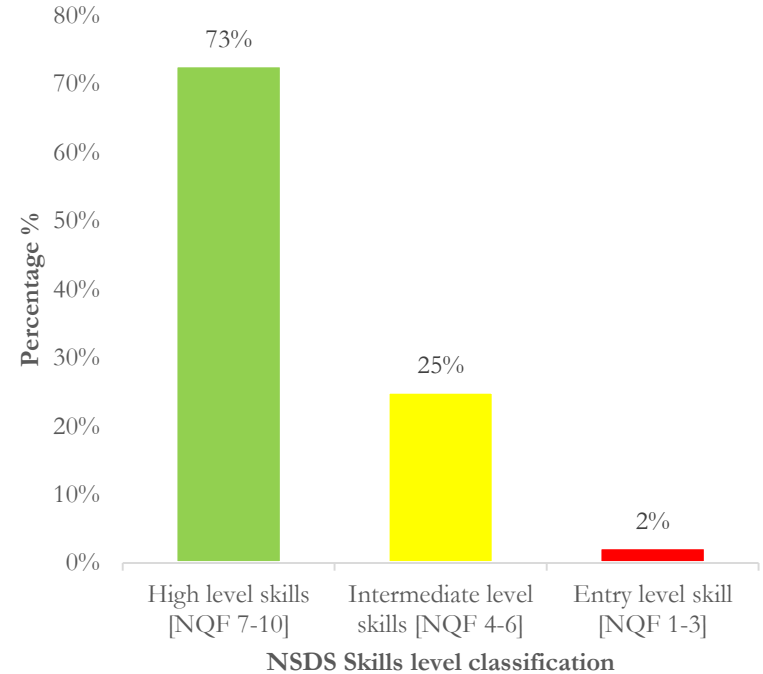


DEMAND SIDE ANALYSIS; *Vacancies and vacancy rates [HARD-TO-FILL VACANCIES]*

Hard-to-fill-vacancies distribution by occupation fields

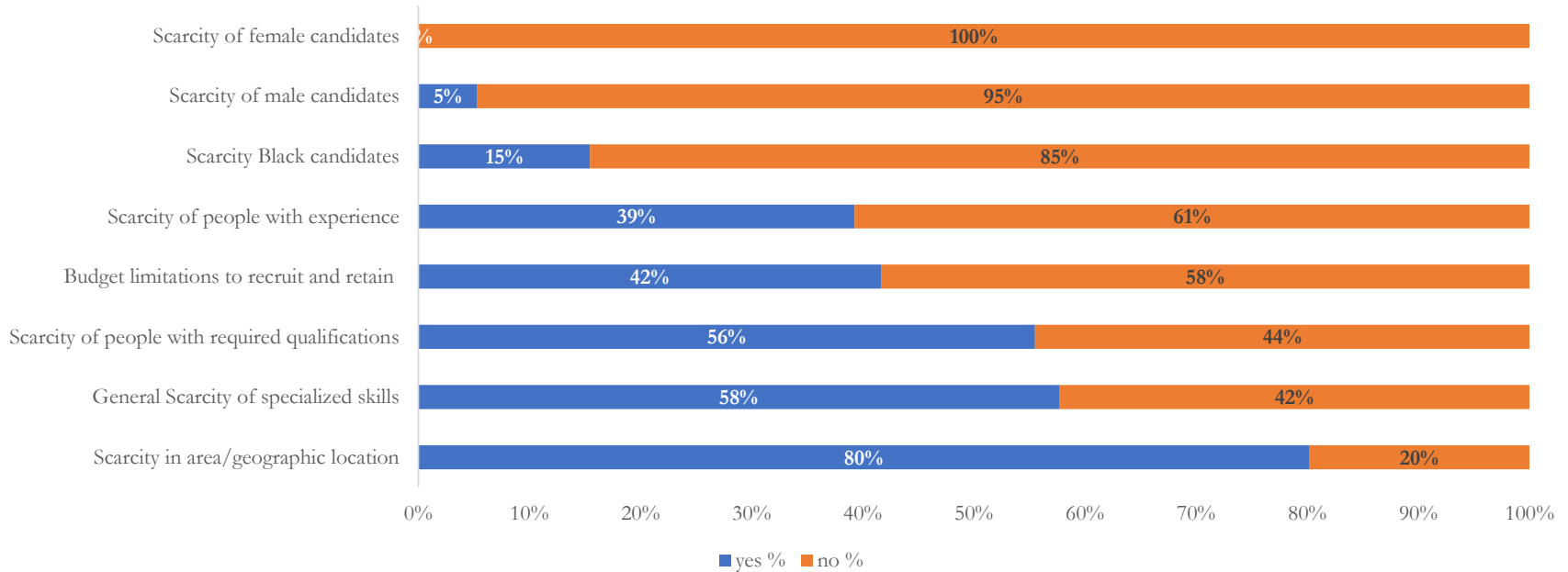


Hard-to-fill vacancies distribution by NSDS skills level



DEMAND SIDE ANALYSIS; *Vacancies and vacancy rates [HARD-TO-FILL VACANCIES]*

% Hard-to-fill-vacancies distribution by reasons



SUPPLY SIDE ANALYSIS;

- Chapter 3 [Occupational shortages and skills gaps] particularly subsection 3.4 “Extent and nature of supply” was produced from the ‘Supply Side Analysis project’.
- If all the health-related and social welfare fields of study are considered, **the total output from the Public Higher Education and Training (HET) sector** grew on average by 7.4% from 2010 to 2017 at first three-year B Degree level and 6.7% at first four-year B degree level.
- The average annual growth of graduates from **nursing colleges** decreased by 4.8% over the 2010 to 2017 period mainly due to the phasing out of the pupil Auxiliaries qualification.
- The average annual growth of student outputs in **Occupational Qualifications** decreased by 9% over 2013 to 2018 period
- The average annual growth of the 10 selected **registrations with the HPCSA** increased by 1% over 2009 to 2018 period
- While the average annual growth in **registrations with SANC** was 2.9% over a period of 2009 to 2017 (8 years), the average annual growth in registration of all nurses was - 0.13% over a period of 2016 to 2017 signaling a first decrease of change from the previous seven years due to changes in the nursing qualifications that are currently being implemented.
- In the main, the fundamental changes in institutional arrangements (shift to higher education institutions) has caused a decrease from the supply side. However, supply is expected to increase again but now at higher skills level qualifications

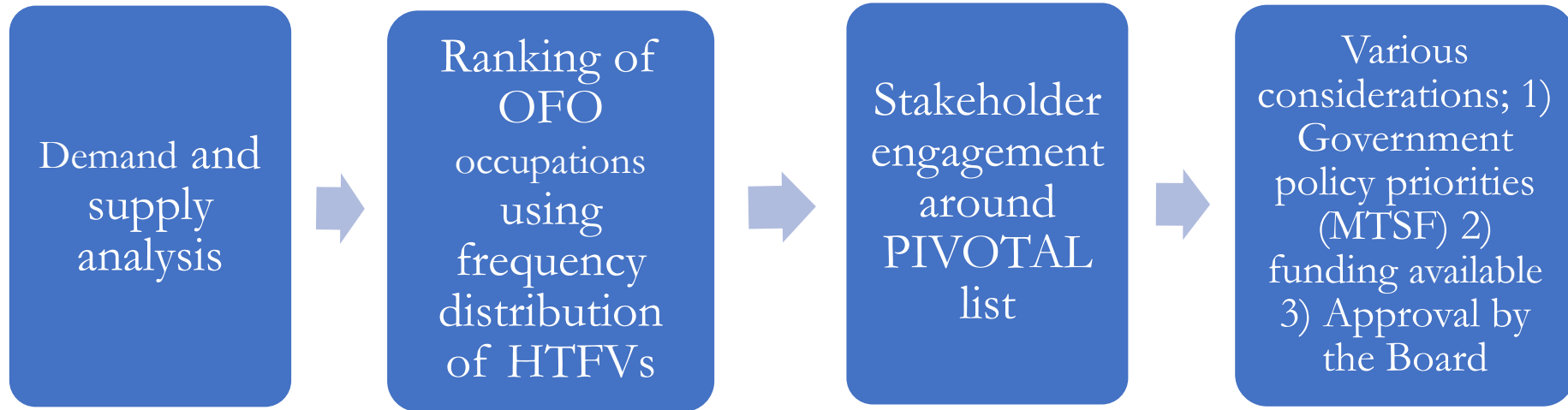
PARTNERSHIP ANALYSIS;

- Chapter 4 [SETA Partnerships] was produced from the ‘Partnership Analysis project’.
- Partnerships with training institutions, employers and statutory bodies are structured to provide multiple entry points into work through multi-partner cooperation, it is possible to develop the industry-relevant knowledge, skills, and capabilities needed to meet the norms and standards for each occupation.
- The project-based model of partnership limits HWSETA to relate with its partners on the premise of beneficiaries not at institutional level where resources and information can be shared.
- HWSETA can increase its collaboration with statutory bodies across the value-chain processes of HWSETA as a funder, an ETQA body that can development its qualifications, and a broker or intermediary in the sector.

EVALUATION OF THE IMPLEMENTATION OF THE PIVOTAL LIST

- Chapter 5 [SETA Monitoring and Evaluation] was produced from the ‘Evaluation of the implementation of the Pivotal list’.
- An overview of the monitoring and evaluation policy is aligned to the other overarching M&E policies and frameworks,
- institutionalized of M&E uses the execution tool called Monitoring Evaluation Reporting and Plan (MERP)
- This process provides insights into outcomes, underlining significant programme or project achievements and recommending improvements where necessary both at policy and operational level

THE DEVELOPMENT OF HWSETA SECTOR PRIORITY OCCUPATIONS LIST (PIVOTAL LIST)



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OFO Occupation	Occupation type	Intervention planned by HWSETA	NQF level	NSDS Skill Level classification	Quantity Need in 2020 as reported in 2019
221101 - General Medical Practitioner	Medical doctor	Bursary: Bachelor of Medicine and Bachelor of Surgery	8 High [NQF 7-10]		898
222107 - Registered Nurse (Disability and Rehabilitation)	Nursing-related	Bursary: Bachelor of Nursing Sciences	8 High [NQF 7-10]		528
		Bursary: Diploma in Nursing (Community, Psychiatry and Midwifery)	7 High [NQF 7-10]		396
		Learnership: Diploma in General Nursing Bridging	6 Intermediate [NQF 4-6]		396
222108 - Registered Nurse (Medical)	Nursing-related	Learnership: Advanced Diploma in Medical and Surgical Nursing	6 Intermediate [NQF 4-6]		827
532903 - Nursing Support Worker	Nursing-related	Learnership: Higher Certificate in Auxiliary Nursing	5 Intermediate [NQF 4-6]		715
222105 - Registered Nurse (Critical Care and Emergency)	Nursing-related	Learnership: Higher Certificate in Critical Care and Emergency Nurse	5 Intermediate [NQF 4-6]		393
222101 - Clinical Nurse Practitioner	Nursing-related	Learnership: Higher Certificate in Auxilliary Nurse	5 Intermediate [NQF 4-6]		268
222103 - Registered Nurse (Child and Family Health)	Nursing-related	Learnership: Higher Certificate in Maternity Nurse	5 Intermediate [NQF 4-6]		249
222111 - Registered Nurse (Operating theatre)	Nursing-related	Bursary: Masters Certificate: Nursing	9 High [NQF 7-10]		103
226201 - Hospital Pharmacist	Pharmacy-related	Bursary: Bachelor of Pharmacy	8 High [NQF 7-10]		195
		Learnership: FETC in Pharmacist Assistance	4 Intermediate [NQF 4-6]		155
226401 - Physiotherapist		Bursary: Bachelor of Physiotherapy	7 High [NQF 7 – 10]		164



THANK YOU