higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE (VOCATIONAL)

THE SOUTH AFRICAN HEALTH CARE SYSTEM
NQF LEVEL 3

8 November 2022

This marking guideline consists of 9 pages.

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QUESTION 1

1.1 1.1.1 Diviner
1.1.2 Midwife
1.1.3 Herbalist
1.1.4 Prophet

(4 × 1) (4)

1.2 1.2.1 Pre-colonial (phase)

1.2.2 Colonial (phase)

1.2.3 Modern (phase)

1.2.4 During the pre-colonial phase, traditional medicine was practised freely.

1.2.5 During the colonial phase, traditional medicine was banned✓ under the Witchcraft Suppression Act of 1957.✓

1.2.6 During the modern phase, traditional medicine can be practisd again✓ but is regulated under the regulations such as the Traditional Health Practitioners Act 22 of 2007.✓

(Any 6 × 1) (6)

1.3 Diverse health practices, approaches, knowledge and beliefs✓ incorporating plant, animal and/or mineral-based✓ medicines, spiritual therapies, manual techniques and exercises✓ applied singularly or in combination✓ to maintain well-being as well as to treat, diagnose or prevent illness.✓– WHO

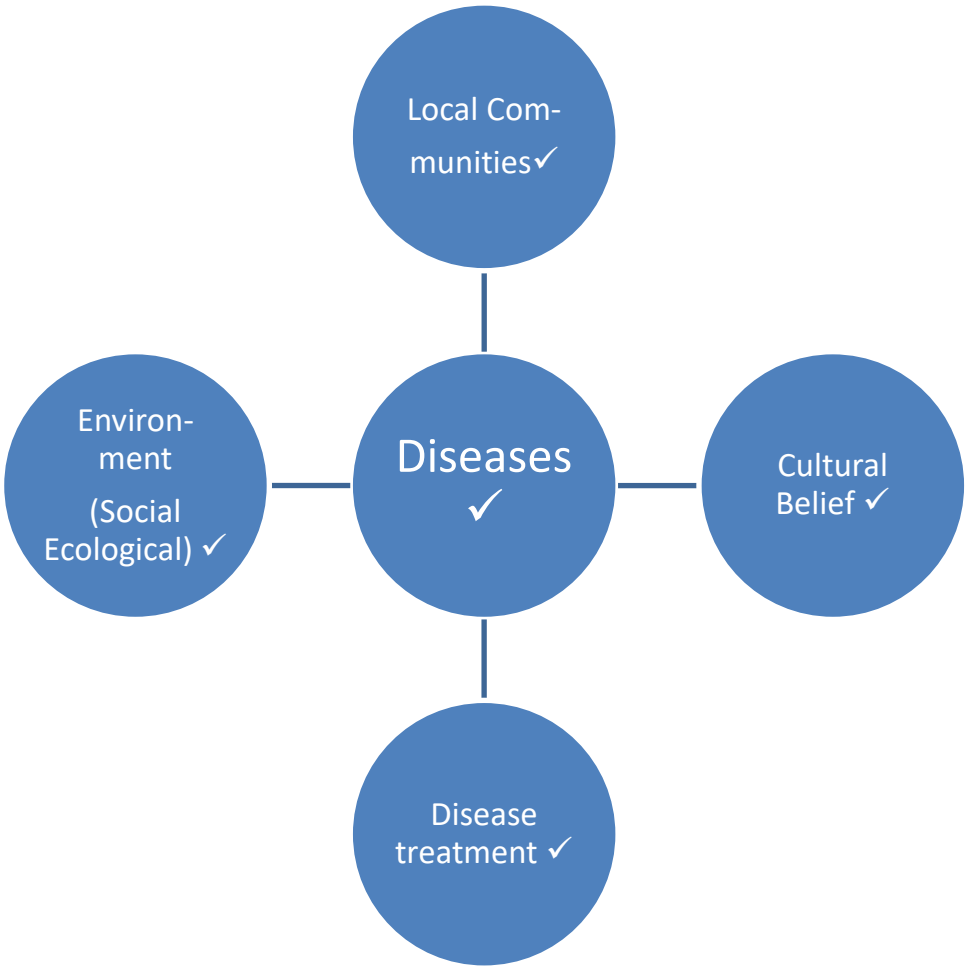
OR

The sum total of the knowledge, skills and practices✓ based on theories, beliefs and experiences✓ indigenous to different cultures,✓ whether explicable or not,✓ used in maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.✓

OR

The sum total of the knowledge, skills and practices✓ whether explicable or not,✓ in diagnosis, prevention, and elimination,✓ of physical, mental or societal imbalance,✓ and relying exclusively on practical experience and observation✓ handed down from generation to generation✓ whether verbally or in writing✓
(Any relevant 5 × 1) (5)

1.4



(5)

1.5 Traditional healers are guided by principles when delivering services. These principles include:

- Patient is studied as a whole. ✓
- Patient is seen as an important part of the family✓ and community.✓
- Patient satisfaction with care and treatment is taken seriously.✓
- Conversation with patients is given priority to give space for patient to explore their feelings and fears.✓ (5)

1.6 Yes✓

- It is well known in the community.✓
- Health care is holistic/client-centred/personal.✓
- Interventions are culturally appropriate/meet the expectations of the patients.✓
- It is available/accessible.✓
- Culture-bound syndromes can be treated.
- Consumers like the combination of spiritual and psychological treatment.

OR

No✓

- Difficulty integrating traditional medicine knowledge into western medicine✓
- Difficulty meeting the safety and efficacy standards of medication✓
- Overharvesting of medicinal plants✓
- Increased use of body parts from endangered animals, which threatens the sustainability of natural resources✓
- Differences in the practice of traditional and western medicine
- Not always accepted by medical schemes (Any relevant 4 × 1 + 1) (5)

[30]

QUESTION 2

2.1

2.1.1	C
2.1.2	A
2.1.3	F
2.1.4	D
2.1.5	I
2.1.6	G
2.1.7	K
2.1.8	B
2.1.9	J
2.1.10	H

(10 × 1) (10)

2.2

TRADITIONAL MEDICINE	MODERN MEDICINE
• Focuses on health and healing the person • Oriented to the community • Takes place in familiar surroundings • Emphasises humanistic care • Care is holistic. • Diseases do not have a single explanation. • Treatment does not always produce measurable outcomes • Seeks to answer the questions What can the disease teach the patient? Is there a message or story in the disease? • Health history includes the environment. • Institution is primary, healing is based on spiritual truths • Looks at the big picture. The emotional, environmental, social and spiritual • Healer is a health counsellor and advisor.	• Focuses on pathology and curing disease • Oriented to the individual • Takes place in unfamiliar surroundings • Emphasises impersonal care • Provides fragmented care • Sees diseases as biological • Treatment should produce measurable outcomes • Seeks methods of destroying disease • Health history focuses on patient and family. • Intellect is primary. • Uses a divide and conquer approach to investigate disease • Physician is an authority.

(Any 5 × 2) (10)

2.3

- Banned during colonial phase in history
- Difficulty integrating traditional medicine knowledge into western medicine
- Difficulty meeting the safety and efficacy standards of medication
- Overharvesting of medicinal plants
- Increased use of body parts from endangered animals, which threatens the sustainability of natural resources
- Differences in the practice of traditional and western medicine
- Not always accepted by medical schemes (Any 5 × 1) (5)

2.4 People may consider using complementary medicine because:

- Perceived benefits of complementary medicine
  – Offers alternative methods for treatment of diseases that are not responsive to conventional treatment.✓
  – Allows for the patients' active involvement in their care and treatment.✓
  – Is available and suitable for them.✓
  – Is safe.✓

OR

People may not consider using complementary medicine because:

- Risks associated with complementary medicine
  – Safety and effectiveness are uncertain✓
  – Basic adverse reactions that are anticipated ✓
  – Adverse reactions that are unpredictable✓
  – Risks of commission – e.g., incorrect prescription✓
  – Risks of omission – e.g., misdiagnosis
  – Practice risks are low in RSA because of the Allied Health Professions Act that governs complementary medicine. (Any relevant 4 × 1 + 1) (5)

[30]

QUESTION 3

3.1
3.1.1 False✓ – Complementary medicine✓
3.1.2 True✓
3.1.3 False✓– does✓
3.1.4 False✓ – ethical principle✓
3.1.5 False✓ – key value✓
3.1.6 True✓ (10)

3.2 3.2.1
- Nutritional supplements
- Aromatherapy
- Herbalism
- Homeopathy
- Detoxification therapy (5)

3.2.2
- Yoga
- Meditation
- Hypnotherapy
- Anthroposophic medicine (Any 3 × 1) (3)

3.2.3
- Spinal manipulation
- Acupuncture
- Massage therapy (3)

3.3
- Selecting a practitioner with care (4)

- Finding out about the practitioner's training and experience
- Being cautious when using dietary supplements as some may interact with medication or other supplements
- Discussing the use of complementary medicine with your medical doctor

3.4 Yes✓
TWO relevant reasons
- Often used with western medicine✓✓
- Is safe✓✓
- Regulated by a council

OR

No✓
TWO relevant reasons
- Lack of knowledge and understanding about the type of medicine✓✓
- Payment breakdown is complex✓✓
- Limited funding compared to western medicine (Any relevant 5 × 1) (5)

[30]

QUESTION 4

4.1
4.1.1 Companies Act
4.1.2 Management contract
4.1.3 Nosocomial infections
4.1.4 Quality in hospitals
4.1.5 Quaternary health care
(5 × 1) (5)

4.2 The South African for-profit health care system is not under government✓. It is a system made up of individuals or organisations✓ who in their private capacity✓ provide health care services on a profit basis.✓ (Any 3 × 1) (3)

4.3
- Netcare
- Life health care
- Mediclinic (3)

4.4
4.4.1 Mine Health and Safety Act✓ 29✓ of 1996✓
4.4.2 Medical Schemes Act✓ 131✓ of 1998✓
4.4.3 National Health Act✓61✓ of 2003✓ (3 × 3) (9)

4.5
- Intended to strengthen the district health system.
- Place greater emphasis on community-based services.
- Pay more attention on social factors that contribute or impact negatively on health.
- For this model to succeed, a primary health care outreach team is needed.
- Brings the health services to the community compared to having community go to facilities. (Any relevant 5 × 2) (10)

[30]

QUESTION 5

5.1 5.1.1 dividends
5.1.2 King III
5.1.3 free
5.1.4 tourists
5.1.5 out-of-pocket

(5 × 1) (5)

5.2 5.2.1 Workplace-based refers to health initiatives✓ offered by a place of employment or employer✓ to keep employees mentally and physically healthy.✓ The health care consists mostly of primary health care✓ and occupational clinics based on the work premises.✓ (5)

5.2.2
- General wellness such as weight management and nutrition
- Management of chronic diseases such as HIV/Aids and hypertension
- Management of behavioural health conditions such as depression and stress
- Preventative care in the form of awareness and education on health-related issues and well-being (4)

5.2.3 (a) Occupational Health and Safety Act 85 of 1993: Ensures that employers provide employees with healthy and safe work environment.

(b) Labour Relations Act 66 of 1995: Allows for the establishment of bargaining councils that have the right to establish and administer pension, provident and sick pay funds.

(c) Compensation for Occupational Injuries and Diseases Act 130 of 1993: Provides for medical cover and compensation of occupational injuries or disease arising from workplace exposures.

(3 × 2) (6)

5.2.4
- It provides health care services on the work premises.
- Employees would not need to take leave to go for health services.
- It aims to maintain and manage the health and well-being of employees.
- Employees would be healthier (preventative care).
- Employees would take fewer sick leave due to illness.
- Less absenteeism and healthier employees could have a positive impact on productivity within the workplace. (Any 5 × 2) (10)

[30]

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QUESTION 6

6.1 6.1.1 Civil Society Organisation
6.1.2 Non-government(al) Organisation
6.1.3 Faith-based Organisation
6.1.4 Community-based Organisation
6.1.5 Public Benefit Organisation

(5 × 1) (5)

6.2 6.2.1
- Create an environment in which NPOs can flourish.
- Establish an administrative and regulatory framework within which NPOs can conduct their affairs.
- Encourage NPOs to maintain adequate standards of governance, transparency and accountability and to improve standards.
- Create an environment within which the public may have access to information concerning registered NPOs.
- Promote a spirit of co-operation and shared responsibility within government, donors and amongst other interested persons in their dealings with NPOs. (5)

6.2.2
- Fewer donations from people
- Fewer investors/donors
- COVID-19 fundraising restrictions
- Limited funding (max. 75%) from government subsidies
- Services are delivered often free of charge within low socio-economic communities – no profit. (5 × 2) (10)

6.3

PUBLIC SECTOR	PRIVATE SECTOR
• Free of charge • Paid for by government (taxes) • Run/governed by government • Clear referral between different levels of care • Not for-profit • Can employ different health professionals • Covers the majority of the population	• Not free of charge • Paid by out-of-pocket or medical schemes • Private owners • Referral might happen within the health facility • For-profit • Employs nurses and provide incentives to other health professionals • Covers minority of population

(Any relevant 5 × 2) (10)
[30]

TOTAL: 180

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