NATIONAL CERTIFICATES (VOCATIONAL)

SUBJECT GUIDELINES

COMMUNITY ORIENTED PRIMARY CARE
NQF LEVEL 3

IMPLEMENTATION: JANUARY 2014
INTRODUCTION

A. What is Community Oriented Primary Care?

The subject Community Oriented Primary Care or COPC is an approach to the knowledge and practice of health care and human well being. It simultaneously brings personal and individual human health and community medicine together in locally specific contexts in order to improve health outcomes for both individuals and the society in which they live. It is designed to develop a health focused set of skills that is interdisciplinary and can be used across varied settings in the student’s professional, civic and personal life. Building on knowledge acquired at NC(V) Level 2 the subject focuses on the history of COPC, the nature and purpose of key institutions in communities and their impact on individual and community health. It also involves practically applying theoretically informed concepts in simulated or real life contexts in preparation for active participation in health care, either as users or providers of services.

B. Why is Community Oriented Primary Care important in the learning programme?

Although Community Oriented Primary Care is an optional subject in the programme, it is highly recommended that students choose it if they want to work in any primary care health or allied service activity. COPC provides students with a conceptual and practical framework that will equip them

- to address personal, individual and community health and disease;
- to work in community based, non-governmental, state and private sector organisations;
- to enlist individuals in communities as co-responsible collaborating partners in health care;
- to integrate science into practice to positively influence health care and disease management;
- to work in multi-disciplinary, multi-professional teams to solve complex problems;
- to approaches health care and disease management as a knowledge and service continuum - from promotion through prevention to curative or containing treatment, rehabilitation and/or palliation.

C. How do the learning outcomes of Community Oriented Primary Care link with the Critical and Developmental Outcomes

By studying Community Oriented Primary Care students will be able to

- situate and address health care in a framework of collaborative partnerships;
- identify and address problems of health and well being in a way that is locally relevant;
- demonstrate the ability to work effectively with others and in teams;
- organise and manage their own learning and practice;
- collect, analyse and critically evaluate information for the development and implementation of projects and programmes;
- communicate effectively using visual, statistical and/or language skills;
- integrate and apply science and technology effectively to investigate, develop and apply strategies for health care;
- understand the world as a set of interrelated systems that are influenced by social systems (the family) and social structure (place, age, race/origin, gender and social class)

D. Which factors contribute to achieving the Learning Outcomes

- Students must show both curiosity about and interest in understanding how the communities they live in work;
- Lecturers must build critical reflection into and from the acquired knowledge and experience of students in regard to their own health as well as the system of health care to which they are exposed;
- Lecturers need to develop student capacity for informed thinking as well as responsible and responsive agency.
COMMUNITY ORIENTED PRIMARY CARE - LEVEL 3

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1. **DURATION AND TUITION TIME**
   This is a one-year instructional programme comprising 200 teaching and learning hours. The subject may be offered on a part-time basis provided the student meets all the assessment requirements. Students with special education needs (LSEN) must be catered for in a way that eliminates barriers to learning.

2. **SUBJECT LEVEL FOCUS / EXIT LEVEL OUTCOMES**
   **SAQA QUALIFICATION ID: 50442 (L3)**

   **EXIT LEVEL OUTCOME 1:** Understand the origins and history of Community Oriented Primary Care
   **Associated Assessment Criteria**
   The origins and history of Community Oriented Primary Care as it developed around the world over 70 years is understood in order to root COPC in and learn from past experience.

   **EXIT LEVEL OUTCOME 2:** Identify and describe the purpose, forms of ownership as well as the organisation of key institutions and organisations in communities in order to understand their actual or potential contribution to individual and community health
   **Associated Assessment Criteria**
   Key institutions and organisations in communities (including health, welfare, recreation, transport, communication, energy, water & sanitation) are identified and described.

3. **ASSESSMENT**
   Information provided in this document on internal and external assessment aims to inform, assist and guide a lecturer to effectively plan the teaching of the subject. The Assessment Guidelines accompanying this document provides detailed information to plan and conduct internal and external assessments.

   **3.1 Internal assessment (50 percent)**
   Detailed information regarding internal assessment and moderation is outlined in the current Internal Continuous Assessment (ICASS) Guideline document provided by the Department of Higher Education and Training (DHET).

   **3.2 External assessment (50 percent)**
   A National examination is conducted annually in October or November by means of a paper(s) set and moderated externally. A practical component Integrated Summative Assessment Task (ISAT) will also be assessed as a component of external assessment. Detailed information regarding external assessment and moderation is outlined in the ‘National Policy on the Conduct, Administration and Management of the Assessment of the National Certificate Vocational’, Gazette Number 30287, dated 12 September 2007.
4 WEIGHTED VALUES OF TOPICS

<table>
<thead>
<tr>
<th>TOPICS</th>
<th>WEIGHTED VALUE</th>
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<tbody>
<tr>
<td>1. The Origins and History of Community Oriented Primary Care</td>
<td>25</td>
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<tr>
<td>2. Organisations and Institutions in the Community</td>
<td>75</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
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5 CALCULATION OF FINAL MARK

Internal assessment mark:  
Student’s mark/100 x 50 = a mark out of 50 (a)

External assessment mark:  
Student’s mark/100 x 50 = a mark out of 50 (b)

Final mark:  
(a) + (b) = a mark out of 100

All marks are systematically processed and accurately recorded to be available as hard copy evidence for, amongst others, moderation, verification as well as reporting purposes.

6 PASS REQUIREMENTS

A student must obtain at least fifty percent (50%) in the ICASS and fifty percent (50%) in the examination.

7 SUBJECT AND LEARNING OUTCOMES

On completion of COPC Level 3, the student should have covered the following topics:

7.1 Topic 1: The Origins and History of Community Oriented Primary Care
7.2 Topic 2: Organisations and Institutions in the Community

Topic 1: The Origins and History of Community Oriented Primary Care (COPC)

Subject Outcome 1.1: Study the origins and history of COPC

Learning Outcomes
The student should be able to:

- Describe the origins of COPC (range: South Africa circa 1940s)
- Explain how COPC spread and developed globally (range: post WWII up take in different countries, Alma Ata, 1980s - Cuba/USA/Spain; 1990s - South Africa, Turkey, Brazil)
- List the key factors that influenced the adoption and implementation of COPC (range: failure to meet people’s health needs, rising costs, increasing specialist/curative focus, poor collaboration within and between health services, poor professional preparation, undervalued and dissatisfied personnel)

Topic 2: Organisations and Institutions in the Community

Subject Outcome 2.1: Outline services in the community

(range: health; welfare; safety; education; recreation; transport; telecommunication; energy; water; and sanitation)

Learning Outcomes
The student should be able to:

- List the types of services in the community (refer to the range)
• Explain the main purpose of each type of service.
• Describe the ways in which each type of service is formed, owned and organized (range: public, private, not-for-profit, community)
• Explain the way the organisation of each type of service impacts on health and well being (refer to the range)
• Describe the importance of each type of service to COPC (refer to the range)

8 RESOURCE NEEDS FOR THE TEACHING OF COPC – LEVEL 3

8.1 PHYSICAL RESOURCES
• Equipment including data projector, white boards, flipcharts with pens, overhead projector, CD/DVD player, TV monitors, screens, computers
• Research and resource centers with access to the internet, subject related reference and text books, magazines, films, stories
• Simulation room or learning environment suitable for micro-teaching, practicals, presentations etc.

8.2 HUMAN RESOURCES
• The lecturer should have a Bachelors Degree in the social sciences, economic and management sciences including public administration, health sciences or their equivalents
• Post-graduate exposure to public health, health promotion or disease prevention would be advantage
• Post graduate exposure to monitoring and evaluation would be an advantage
• Exposure to teaching adult learners would be an advantage
• Guest lecturers (health care professionals, social workers, police, water and sanitation, transport, non-governmental organisation and community based organisation managers, ward counselors, school principals)

8.3 OTHER RESOURCES
• Consumables (stationery, compact discs, memory sticks, toner, transparencies, paper)
• Text books
• Reference Books
• Films
• Subject Literature