No. 359   **3 April 2009**

SOUTH AFRICAN QUALIFICATIONS AUTHORITY (SAQA)

In accordance with Regulation 24(c) of the National Standards Bodies Regulations of 28 March 1998, the Task Team for

Promotive Health and Developmental Services

registered by Organising Field 09 – Health Sciences and Social Services, publishes the following Qualification and Unit Standards for public comment.

This notice contains the titles, fields, sub-fields, NQF levels, credits, and purpose of the Qualification and Unit Standards. The full Qualification and Unit Standards can be accessed via the SAQA web-site at **www.saqa.org.za**. Copies may also be obtained from the Directorate of Standards Setting and Development at the SAQA offices, SAQA House, 1067 Arcadia Street, Hatfield, Pretoria.

Comment on the Qualification and Unit Standards should reach SAQA at the address below and *no later than 4 May 2009.* All correspondence should be marked **Standards Setting – Task Team for Promotive Health and Developmental Services** and addressed to

> The Director: Standards Setting and Development
> SAQA
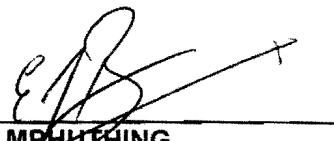> *Attention: Mr. E. Brown*
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ACTING DIRECTOR: STANDARDS SETTING AND DEVELOPMENT

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

QUALIFICATION:
National Certificate: Diagnostic and Procedural Coding

SAQA QUAL ID	QUALIFICATION TITLE		
66389	National Certificate: Diagnostic and Procedural Coding		
ORIGINATOR		PROVIDER	
TT - Promotive Health and Developmental Services			
QUALIFICATION TYPE	FIELD	SUBFIELD	
National Certificate	9 - Health Sciences and Social Services	Promotive Health and Developmental Services	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	120	Level 5	Regular-Unit Stds Based

This qualification does not replace any other qualification and is not replaced by another qualification.

PURPOSE AND RATIONALE OF THE QUALIFICATION

Purpose:

The purpose of this qualification is to provide learners with a well defined knowledge of diagnostic and procedural coding and to practically apply basic to advanced professional skills in the chosen field. Learners will systematically access, critically analyse and evaluate existing knowledge in the specific field. This qualification enables learners to apply knowledge and research skills in order to create effective intervention strategies in the chosen field.

Qualifying learners will be able to:

> Assess health records to abstract diagnosis and procedures and accurately assign ICD and procedure codes.
> Apply the rules and conventions of ICD and procedural coding.
> Apply the World Health Organisation and South African Coding standards, rules and guidelines when coding.
> Demonstrate an understanding of the legal and ethical requirement when assigning a diagnostic and procedural code and it applicability to health information systems nationally and internationally.

Rationale:

Diagnostic coding (International Statistical Classification of Diseases and related health problems - ICD) and procedural coding lend themselves well to the improvement of healthcare efficiency. Accurate and standardised recording of diagnoses and procedures enables, analysis of information for patient care, research, performance improvement, healthcare planning and facility management. It also enables fair reimbursement for healthcare services rendered and communicates data in a predictable, consistent and reproducible manner. Diagnostic and Procedural Coding is mandatory for all healthcare professionals. Over and above the basic generic knowledge and skills that form the foundation for all workers within the healthcare environment, each field of practice has its own specific advanced body of knowledge, skills and competencies, where the use of Diagnostic and Procedural codes are mandatory.

As ICD-10 is the national diagnostic standard in South Africa, it is essential to provide all workers in the South African healthcare environment with the opportunity for basic to advanced ICD coding knowledge and skills. The clinical coding qualification has a practice focus and also promotes healthcare worker's ability to code accurately, identify gaps in work practice, think independently and creatively and propose interventions within the chosen focus area. This qualification is also designed to enable candidates to pursue further personal and professional development and to promote life-long learning.

There is a critical skills shortage of qualified/accredited Clinical Coders especially at this time when Clinical Coding is increasingly becoming business critical to all organisations in the South African healthcare environment. This entry-level qualification provides learners access to Clinical Coding that is integral to the healthcare industry, both public and private sector. Qualifying learners will be able to be employed in specific occupations that involve Clinical Coding, data collection, supervising data collection, data editing/auditing, data capturing, elementary analysis of data and research. The Healthcare Industry and Organisation/Structures that utilise Diagnostic (ICD) and Procedural codes have projected an increase in the need for qualified individuals that are able to competently code and manage information of which Clinical Coding is a critical component. This qualification helps to contribute to a quality hierarchy of skills required to provide quality health data in the healthcare industry.

The qualification contributes to the holistic development of the learner by providing a learning pathway and further development opportunities within Clinical Coding and related fields. The competencies gained through completion of this qualification also add value to economic development in an information-driven society where monitoring and evaluation is a critical component.

RECOGNIZE PREVIOUS LEARNING?
Y

LEARNING ASSUMED IN PLACE
It is assumed that learners are already competent in the following:

> Communication at NQF Level 4.
> Mathematical literacy at NQF Level 4 or equivalent.

Recognition of Prior Learning:

Pre-assessments in both the Fundamental and Core areas of learning associated with this qualification will be conducted on learners prior to entry into the qualification. Successful demonstration of competence against all criteria contained in unit standards, against which prior learning is measured, will culminate in the award of credits to the learner. Learners' will not be required to repeat learning in those areas where prior learning is recognised and accredited.

The Recognition of Prior Learning process will also be applied where learners', who have achieved this Qualification, wish to continue their further learning.

Access to the Qualification:

Senior Certificate or Further Education and Training Certificate at NQF Level 4.

QUALIFICATION RULES
Fundamental Component:

The Fundamental Component consists of a total of 30 credits comprising unit standards in the anatomy and biophysical functioning of the human body, legal and ethical requirements and coding resources.

All Unit Standards to the value of 30 credits in the Fundamental Component are compulsory.

Core Component:

The Core Component consists of Unit Standards to the value of 60 credits, all of which are compulsory.

Elective Component:

The Elective Component consists of a list of unit standards that could be chosen by learners in various disciplines and contexts e.g. Health information management, insurance health economics Learners should choose Elective Unit Standards to the value of 30 credits from this list so as to attain a minimum of 120 credits for this qualification.

It is envisaged that specializations in either clinical auditing, health information management, or procedural could be accommodated in this qualification in the future.

EXIT LEVEL OUTCOMES
1. Assess health records to abstract diagnosis and procedures and accurately assign ICD and procedure codes.

2. Apply the rules and conventions of ICD and procedural coding.

3. Apply the World Health Organisation (WHO) and South African Coding Standards, rules and guidelines when coding.

4. Demonstrate an understanding of the legal and ethical requirements when assigning a diagnostic and procedural code and its applicability to health information systems nationally and internationally.

Critical Cross-Field Outcomes:

This qualification promotes, in particular, the following critical cross-field outcomes:

> Identifying and solving problems in which responses display that responsible decisions using critical and creative thinking have been made when:
 > Identifying data documentation problems and finding creative ways to obtain relevant data from healthcare providers.

> Working effectively with others as a member of a team, group, organisation, and community during:
 > The following of the principles as determined by the definitions.

> Organising and managing oneself and one's activities responsibly and effectively when:
 > Abstracting information and assigning ICD and procedure to medical records and/or medical data.

> Collecting, analysing, organising and critically evaluating information to better understand and explain by:
 > Evaluating clinical information and/or health records and related clinically coded sets.

> Communicating effectively using visual, mathematical and/or language skills in the modes of oral and/or written persuasion when:
 > Communicating effectively during the explanations of definitions/terminology used in the genitourinary system and the application thereof.

> Compiling and presenting reports and/or clinically coded information.

> Using science and technology effectively and critically, showing responsibility towards the environment and health of others when:
> Capturing and compiling data sets.

> Demonstrating an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation when:
> Demonstrating an understanding and applying definitions/terminology and the implications of non-compliance.
> Understanding that incorrect translation of medical terminology will lead to incorrect health data collection for South Africa.

ASSOCIATED ASSESSMENT CRITERIA

Associated Assessment Criteria for Exit Level Outcome 1:

> Different classifications are utilised when assigning a clinical code in order to abstract the appropriate code.
> Range: Different classifications include but are not limited to; Open classification, Closed classification, Statistical classification, Procedural classification, Diagnostic classification, Nomenclature, Family of classification.
> The different sections found in each of the ICD and Procedural Volumes are analysed to reflect their uses for a specific purpose.
> Range: Volumes include and is not limited to ICD Volume 1, 2 and 3, Volumes for Procedure coding.
> The use of the lead term and conventions in the Volumes are applied when assigning a clinical code to accurately identify specific information.
> The structure of ICD and Procedural codes are analysed and evaluated in terms of their implications on coding and health information.
> Clinical information /health records are analysed and reviewed to abstract the appropriate health information to assign ICD and Procedural codes accurately.
> Range: Clinical information includes and is not limited to health records, medical reports, and medical terminology.
> Medical terminology is applied to reflect their meaning when assigning ICD and Procedural codes.
> ICD and Procedural codes are accurately assigned to the clinical information.
> The assigned ICD and Procedural codes are evaluated to ensure the quality of the data.
> ICD and Procedural codes are accurately captured in the coding Database patient records and claims.
> The importance of accurate clinical data and the context in which coding is assigned and captured is analysed to reflect the benefits for the medical and/or health insurance environment of South Africa.

Associated Assessment Criteria for Exit Level Outcome 2:

> The principles of a primary and secondary diagnosis are applied and evaluated accordingly when assigning ICD and Procedural codes to clinical information to ensure the quality of data.
> Range: Accordingly includes but not limited to the rules and conventions of the WHO and the SA Coding Standards and guidelines.
> The specific coding rules and conventions of ICD and Procedural coding are evaluated and applied in accordance with the rules and conventions of the WHO and the SA Coding Standards and guidelines.
> Combination coding rules and conventions are applied and evaluated in accordance with the rules and conventions of the WHO and the SA Coding Standards and guidelines.
> Range: Combination coding rules include and are not limited to external cause codes, sequelae codes, coding of local infections, dagger and asterisk codes.

> The assigned ICD and procedural codes are evaluated to ensure that the coding rules and conventions have been adhered to.
> The structure and principles of ICD and Procedure coding are applied and evaluated in accordance with the rules and conventions of the WHO and the SA Coding Standards and guidelines.

Associated Assessment Criteria for Exit Level Outcome 3:

> The WHO and SA coding standards and guidelines in terms of ICD and Procedural coding are applied when assigning codes to maintain consistency and uniformity.
> The role of the SA coding standards document is analysed to reflect its purposes when assigning ICD and Procedural codes to clinical information.
> The SA coding standards and guidelines are compared with the WHO coding standards and guidelines to reflect their relationship.
> The general uses of standards and guidelines and the context in which they are used are analysed to reflect the benefits for the medical and/or health insurance environment of South Africa.

Associated Assessment Criteria for Exit Level Outcome 4:

> The impact of coding on health information data is evaluated to reflect trends in diseases and procedures.
> Clinical coding is analysed to reflect its influences on and uses for healthcare planning, epidemiological studies and management.
> Clinical coding data is analysed to determine statistics of diseases and/or burden of disease.
> The historical growth of ICD and procedural coding is evaluated to determine its impact on the utilisation of codes in the health and insurance industries.
> Legislation relevant to health information management is analysed in terms of the legal and ethical implications.
> Health information is managed in accordance with legal and ethical requirements in order to assign ICD and procedural code.
> The general uses of clinically coded data are analysed to reflect the benefits for the Medical and/or Health Insurance environment of South Africa.
> Coded medical data are used for planning, research and reimbursement purposes.

Integrated Assessment:

The Qualification will be awarded to learners who are able to successfully demonstrate competence, in a practical context, against all the specific outcomes contained in all unit standards and their associated assessment criteria, embedded knowledge (theory) and critical cross-field outcomes (generic abilities).

Integrated assessment practices are achieved through the design and development of assessment activities that make use of a variety of assessment methods and tools that measure not only the learner's knowledge and ability to perform practical tasks and activities within a familiar context, but also challenges learners to demonstrate their ability to deal with problems and/or difficult situations that might or can arise in the workplace. Learners are required to demonstrate their ability to adapt their performance to meet the requirements of the changed circumstances and to reflect on what they are doing and why.

Summative assessment consists of knowledge tests combined with assignments, case studies and practical demonstrations.

The assessment methods and instruments used to assess learners in the context of this qualification can be applied to the assessment process for Recognition of Prior Learning. A holistic approach is applied when RPL assessments are conducted and include methods and

tools that allow for evidence to be gathered from sources located within the broader context where the learner's knowledge and skills have been acquired over a period of time. These assessment methods and tools include assessments of the learner conducted by peers or superiors, certificates of attendance for short courses or panel assessments.

INTERNATIONAL COMPARABILITY
Introduction:

This qualification compares favourably to similar qualifications/courses in the international arena. This has been verified through the WHO Morbidity work group. The WHO morbidity group recently formulated a draft document Morbidity Training Requirements for ICD Education and Training and this requirement, by and large, measures up to the requirements contained in the global document. Similar courses are facilitated in other countries, such as the UK, US, Australia and Canada, and the following training courses for clinical coders were selected from among these countries representing best practice.

Australia:

Introductory ICD-AM, ACHI and ACS Clinical Coding (Australian Classification of Health Intervention) and ACS (Australian Coding Standards).

This course is designed for students without any prior knowledge of clinical coding. There is an emphasis on developing skills in abstraction from medical record information. This course is structured to assist students to progress through the concepts of coding, to follow the correct coding pathways and to apply the Australian Coding Standards.

At the completion of this course students should be able to:

> Select appropriate conditions and procedures for coding from medical records generated by an episode of care such as day surgery, planned surgery or simple medical problems.
> Identify the principal diagnosis and principal procedure for an admission.
> Assign complete and accurate codes from ICD-AM, ACHI and ACS for diseases, conditions, injuries and procedures.

At the completion of the HIMAA (Health Information Management Association of Australia) Introductory ICD-AM (Australian Modification), ACHI and ACS clinical coding course a student will have the concepts and skills to be employed as a clinical coder. However, further on-the-job training is required. Some students choose to continue on to the HIMAA Intermediate ICD-AM, ACHI and ACS clinical coding course to gain a higher level of skill.

Intermediate ICD-AM, ACHI and ACS Clinical Coding Course:

Prerequisite:

Students are first required to sit the HIMAA Challenge Examination for Intermediate ICD-AM, ACHI and ACS Clinical Coding.

This course will be of value to those coders who have already completed an Introductory ICD-AM, ACHI and ACS clinical coding course and want to learn more. It will also be valuable for those coders who want to refresh their skills because they have been out of the coder workforce recently, or because they haven't had the opportunity to code a varied casemix in their current position. It is recommended that potential students have coding experience gained in a medical record department.

At the completion of the HIMAA Intermediate ICD-AM, ACHI and ACS clinical coding course students should be able to:

> Analyse moderately complex medical records from a range of specialities to produce coded clinical data.
> Use appropriate resources to assist with moderately complete clinical coding requirements.
> Identify sequencing requirements in moderately complex medical records.

Students should also have greater knowledge and skills in identifying and applying ICD-AM, ACH and ACS edition changes.

Advanced ICD-AM, ACHI and ACS 6TH Edition Clinical Coding Course:

All potential students must meet the prerequisite of a pass mark of 80% in the pretest to be eligible to enrol. The course will be of value to coders who already have significant experience in clinical coding and who wish to gain exposure to a broad casemix at an advanced level.

The course will further educate experienced clinical coders to better understand coding conventions, standards and practices in an extensive casemix and will develop the skills and knowledge required to code highly complex medical records.

The course contains 20 modules with each module containing text, references and self-assessment exercises and six assignments distributed throughout the 20 modules. A grade average of 80% for the 6 assignments is required to pass the HIMAA Advanced ICD-AM clinical coding course. A Certificate of Achievement will be issued on completion of the Program. A pass in the HIMAA Advanced ICD-AM, ACHI and ACS clinical coding course meets the requirements to pass the Part 1 assessment for Clinical Coder Certification. (Information for the Part 2 assessment examination is forwarded to students with the Certificate of Achievement for Advanced ICD-AM, ACHI and ACS clinical coding).

United Kingdom:

NHS Clinical Coding Foundation course:

An 18 day course of classroom training providing optimal learning conditions for the delegate. The course is divided into four modules delivered over a three month period to provide formal training in the use of the classifications ICD and OPCS-4 used in the NHS. The course aims to provide the novice coder with a thorough grounding in the theory of classifications as well as opportunities to develop practical skills in clinical coding. This course is aimed at novice coders who are already working within the clinical coding fraternity.

Ideally, delegates will be working in the NHS and have been recently recruited into the clinical coding profession. Possess little knowledge on the subject and have not previously attended a basic clinical coding training course.

At the end of this course delegates will be able to:

> Understand the use and importance of coded clinical data for local purposes.
> Appreciate the wider use of coded clinical data for healthcare planning, reimbursement (Payment by Results), management of services, statistical analysis.
> Appreciate the use of coded clinical data as part of the electronic health record within the NHS Care Records Service.
> Understand the structure and principles of the classifications currently in use in the NHS-ICD & OPCS-4
> Understand and apply the rules and conventions of each classification.
> Understand the national definition of a primary diagnosis and consistently apply when coding.
> Understand the methodology of clinical coding and consistently apply the four step coding process.

> Accurately identify and assign the correct primary diagnosis and co-morbidities for a range of typical case note scenarios.
> Accurately identify and assign the correct primary and secondary procedures.
> Understand diseases and operations through the study of anatomy, physiology and medical terminology typically described in case notes.
> Develop the confidence required to code case notes back in the workplace.

Benefits:

> Provision of an optimal learning environment.
> Understand the role and importance of clinical coding within their working environment and in particular impact on Payment by Results.
> Receive instruction compliant with current national standards.
> Provision of national standard training materials.
> Assessments and end of course report provided to delegate and line manager as baseline for delegates future development plan.
> Access to a highly experienced and skilled 'Approved Clinical Coding Trainer' (regularly assessed to ensure continued high quality delivery).
> Opportunity to network with clinical coders from other organisations.
> Contributes towards studying for the National Clinical Coding Qualification (UK).

Reference materials:

> World Health Organisation-International Statistical Classification of Disease and Related Health Problems Tenth Revision-Volumes I, II, (1992) and Volume III Reprinted (with corrections and updates) 2000, Geneva, WHO.
> OPCS Classification of Surgical Operations and Procedures Fourth Revision, OPCS-4.4, Tabular List and Alphabetical Index.
> Medical Dictionary.

United States of America:

Why Get Certified?

Certification is a means for showing that a credentialed professional possesses the knowledge and skills necessary for the optimal performance of his or her job. Through credentialing, the practitioner's employer, peers, and the public are reassured that he or she is both competent and well-informed in the daily and accurate administration of his or her professional duties. Certain professions (for example doctors, lawyers, technicians, and others) require that the individuals be certified, owing to legal or safety reasons or high professional standards. Whatever the reason, credentialing makes a professional a trustworthy and likelier candidate for gainful employment and career advancement.

Other benefits include:

> Credentialed professionals receive better compensation from their employers.
> Employers know they've hired productive and knowledgeable individuals.
> Certification marks a professional as an exceptional individual in his or her field.
> Greater chance for advancement in one's chosen career.
> Certification gives greater insight on potential employees during the hiring process.
> Consumers are protected from threat of incompetent or unfit practitioners.
> A certified professional's work reflects the best practices and high professional standards of his or her field.

Types of certification:

> Registered Health Information Administrator (RHIA):

The RHIA is an expert in managing patient health information and medical records, administering computer information systems, collecting and analyzing patient data, and using classification systems and medical terminologies.

RHIAs possess comprehensive knowledge of medical, administrative, ethical and legal requirements and standards related to healthcare delivery and the privacy of protected patient information.

> Registered Health Information Technician (RHIT):

Professionals holding the RHIT credential are health information technicians who ensure the quality of medical records by verifying their completeness, accuracy, and proper entry into computer systems.

RHIT's use computer applications to assemble and analyze patient data for the purpose of improving patient care or controlling costs.

RHIT's often specialize in coding diagnoses and procedures in patient records for reimbursement and research.

> Certified Coding Associate (CCA):

The CCA is an entry-level credential that validates competence of coding fundamentals in new graduates and those new to the profession.

> Certified Coding Specialist (CCS):

Highlights the advanced coding and analysis skills of experienced coders in hospital settings.

Assesses mastery or proficiency in coding rather than entry-level skills.

> Certified Coding Specialist-Physician-based (CCS-P):

The CCS-P credential underscores the advanced coding and analysis skills of experienced coders.

CCS-Ps work in physician-based offices or clinics, group practices, multi-specialty clinics, or specialty centers.

Healthcare Privacy and Security:

> Certified in Healthcare Privacy and Security (CHPS):

The only combined privacy and security credential available in the healthcare industry. The Certified in Healthcare Privacy and Security (CHPS) credential denotes competence in designing, implementing, and administering comprehensive privacy and security protection programs in all types of healthcare organizations.

Expands professional opportunities for attorneys, privacy officers, IT professionals, and healthcare professionals.

Health Data Analytics:

> Certified Health Data Analyst (CHDA):

CHDAs demonstrate expertise in health data analysis and the knowledge to acquire, manage, analyze, interpret, and transform data into accurate, consistent, and timely information, while balancing the "big picture" strategic vision with day-to-day details.

CHDA-certified professionals also exhibit broad organizational knowledge and the ability to communicate with individuals and groups at multiple levels, both internal and external.

NCHS - Core Curriculum:

Healthcare Delivery Systems:

Intent: To provide an awareness of the organization, financing and delivery of healthcare services:

> Organization of healthcare delivery.
> Healthcare organizations.
> Accreditation standards if any.
> Licensure/regulatory agencies if any.
> Payment and reimbursement systems if any.

International Classification of Diseases (ICD):

Intent: To develop an understanding of the ICD and to develop the knowledge and skills that is necessary to assign valid diagnostic codes:

> Nomenclature and Classification.
> International context.
 > WHO Family of International Classifications:
 > Reference Classifications (ICD and International Classification of Functioning, Disability and Health [ICF]).
  > Conceptual framework and structure of ICF.
  > Complementary relationship between ICD and ICF.
 > Derived and related classifications.
> Standardization and comparability.
> History of the classification.
> Development of clinical modifications.
> Structure of classification.
> Updating mechanisms of classification.

How to code:

Intent: To provide detailed instruction and experience on how to apply the coding rules and assign codes:

> How to use different volumes of the ICD.
> Coding rules, instructions and conventions of ICD.
> Coding Guidelines/standards.
> Sequencing Guidelines.
> Definition of main diagnosis, secondary diagnoses etc. as per volume II of ICD10. Local definitions relevant to the country in which training is occurring such as principal diagnosis, other diagnoses.
> Appropriate exercises in coding and sequencing.

Quality Assurance:

Intent: To raise awareness about the various factors that influence the quality of coded data and describe techniques for assuring the highest quality data possible:

> Quality of source documents.
> Querying processes (e.g., sequencing of diagnoses/procedures, what and how to query).
> Editing and validation.
> Timeliness, completeness and accuracy.
> Responsibility for data quality.
> Processes for accessing expert advice.
> Clinical coding audit.

Botswana:

Botswana is currently participating in coding against the South African Coding Training Standards and may continue to do so once the qualification has been registered

Conclusions:

As South Africa has implemented the internationally accepted ICD as the national diagnostic standard, the question of training standards and methods naturally arises. This selection of examples demonstrates that the programmes proposed in South Africa are similar to best practices found internationally.

ARTICULATION OPTIONS
This qualification has been developed for mobility across similar qualifications within the industry and is intended to allow for further learning towards higher level qualifications within this and other sectors.

This Qualification articulates horizontally with the following registered qualification(s):

> ID 59201: National Certificate in Generic Management at NQF Level 5.

This Qualification articulates vertically with the following registered learning programmes:

> ID 57897: National Diploma in Public Administration at NQF Level 6.

MODERATION OPTIONS
> Anyone assessing a learner or moderating the assessment of a learner against this Qualification must be registered as an assessor with an appropriate Education, Training, and Quality Assurance (ETQA) Body or with an ETQA that has a Memorandum of Understanding with the relevant ETQA.

> Any institution offering learning that will enable the achievement of this qualification must be accredited as a provider with the relevant ETQA or with an ETQA that has a Memorandum of Understanding with the relevant ETQA. Moderation of assessment will be overseen by the relevant ETQA or by an ETQA that has a Memorandum of Understanding with the relevant ETQA, according to the ETQA`s policies and guidelines for assessment and moderation.

> Moderation must include both internal and external moderation of assessments at exit points of the Qualification, unless ETQA policies specify otherwise. Moderation should also encompass achievement of the competence described both in individual unit standards as well as in the exit level outcomes described in the qualification.

CRITERIA FOR THE REGISTRATION OF ASSESSORS
For an applicant to register as an assessor, the applicant needs:

> Well-developed interpersonal skills, subject matter and assessment experience.
> To be competent in the planning and conducting assessment of learning outcomes as described in the unit standards Conduct Outcomes-based assessment at NQF Level 5.
> The assessor will (at the very least) be accredited and have a relevant qualification (national or international) and be a subject matter expert in this learning area and at least have 3 years experience in the skills specific area, post qualification.
> To be registered with the relevant Education and Training Quality Assurance Body.
> Detailed documentary proof of educational qualification, practical training undergone, and experience gained by the applicant must be provided (Portfolio of evidence). Assessment competencies and subject matter experience of the assessor can be established by recognition of prior learning.

NOTES
N/A

UNIT STANDARDS

	ID	UNIT STANDARD TITLE	LEVEL	CREDITS
Fundamental	252112	Demonstrate knowledge of the anatomy and bio-physical functioning of the human body	Level 5	20
Fundamental	263981	Use coding resources to access relevant information	Level 5	5
Fundamental	263975	Apply the legal and ethical requirements applicable to health information management	Level 6	5
Core	263980	Analyse clinical information and assign ICD and procedural codes	Level 5	10
Core	263977	Evaluate and assign ICD and Procedural codes pertaining to Body Systems within the coding system.	Level 5	15
Core	263974	Evaluate and assign ICD and procedural codes pertaining to Special Groups within the coding system	Level 5	17
Core	263994	Evaluate and assign ICD and procedural codes pertaining to other groups within the coding system	Level 5	10
Core	263979	Utilise clinical coding terms, rules and conventions for diagnostic and procedural coding	Level 5	8
Elective	118015	Analyse cardiovascular related impairments and their impact on the assessment of long- term risk	Level 4	5
Elective	118004	Analyse impairments of the reproductive system and their impact on the assessment of long-term risk	Level 4	2
Elective	118013	Analyse impairments related to blood disorders and the associated impact on the assessment of risk	Level 4	1
Elective	118017	Analyse impairments related to the digestive and urinary systems and their impact on the assessment of long-term risk	Level 4	2
Elective	118009	Analyse impairments related to the endocrine system and their impact on the assessment of long-term risk	Level 4	2
Elective	118003	Analyse musculo-skeletal related impairments and their impact on the assessment of long-term risk	Level 4	2
Elective	118007	Analyse neurological related impairments and the associated impact on risk assessment	Level 4	2
Elective	118006	Analyse psychological and psychiatric impairments and the associated impact on the assessment of risk	Level 4	2
Elective	118008	Analyse respiratory related impairments and their impact on the assessment of long-term risk	Level 4	2
Elective	118010	Assess a medical claim	Level 4	8
Elective	120352	Demonstrate knowledge and understanding of human anatomy, physiology and pathology	Level 4	3
Elective	252396	Demonstrate knowledge of anatomy, physiology and medical terminology relevant to medical pathology and blood transfusion	Level 4	12
Elective	118014	Explain the cycle of a medical claim	Level 4	2
Elective	119259	Explain the roles of actuaries, underwriters, claims assessors and reinsurers in Long-term insurance	Level 4	3
Elective	252163	Apply knowledge of anatomy and physiology to polygraph examinations	Level 5	12

	ID	UNIT STANDARD TITLE	LEVEL	CREDITS
Elective	243638	Apply knowledge of anatomy, patho-physiology and trauma pathology	Level 5	20
Elective	120303	Apply principles of risk management	Level 5	8
Elective	252082	Carry out a health assessment of an individual of any age group	Level 5	7
Elective	244287	Conduct a baseline risk assessment and take appropriate action	Level 5	7
Elective	10622	Conduct communication within a business environment	Level 5	8
Elective	115753	Conduct outcomes-based assessment	Level 5	15
Elective	15096	Demonstrate an understanding of stress in order to apply strategies to achieve optimal stress levels in personal and work situations	Level 5	5
Elective	114278	Demonstrate and apply an understanding of the Labour Relations Act (Act 66 of 1995)	Level 5	12
Elective	252110	Demonstrate knowledge of the structure and biology of micro organisms as it applies to clinical practice	Level 5	12
Elective	244288	Demonstrate understanding of occupational health and safety legislation in the workplace	Level 5	8
Elective	116948	Develop a programme that demonstrates effective ways of dealing with the effects of terminal and chronic illnesses, particularly HIV/Aids, in a workplace	Level 5	12
Elective	252113	Develop and apply strategies to cope with the emotional demands of nursing situations	Level 5	4
Elective	252089	Ensure child and adolescent-friendly health and nursing care	Level 5	4
Elective	252107	Facilitate community stakeholder involvement in promoting and maintaining health	Level 5	5
Elective	117854	Facilitate meetings to deal with conflict situations	Level 5	8
Elective	244283	Facilitate the development, implementation and maintenance of a Safety, Health and Environment management system	Level 5	10
Elective	117874	Guide learners about their learning, assessment and recognition opportunities	Level 5	6
Elective	15225	Identify and interpret related legislation and its impact on the team, department or division and ensure compliance	Level 5	4
Elective	252093	Implement and evaluate planned nursing care to achieve identified patient outcomes	Level 5	16
Elective	252105	Lead and participate in team approaches to health care	Level 5	4
Elective	252092	Manage a community health intervention	Level 5	3
Elective	252095	Monitor and stimulate the growth and development of a child and/or adolescent	Level 5	10
Elective	110526	Plan, organise, implement and control record-keeping systems	Level 5	4
Elective	252080	Practice in accordance with ethical and legal codes of nursing and the laws of the country	Level 5	8
Elective	244285	Promote occupational health and safety in the work place	Level 5	5
Elective	252099	Provide nursing care to a terminally ill patient and support to the family	Level 5	5
Elective	252102	Share information to promote effective decision making in health care	Level 5	7
Elective	252098	Use communication skills to establish and maintain supportive relationships	Level 5	6
Elective	13102	Apply the processes of planning and control as it relates to budgeting, standard costing and decentralised control	Level 6	15
Elective	252101	Create and maintain a safe physical and emotionally supportive environment in a health care unit	Level 6	6
Elective	252106	Demonstrate knowledge of applied psychology in the care of health care users	Level 6	12
Elective	252103	Demonstrate knowledge of applied sociology in the care of patients	Level 6	12
Elective	252109	Demonstrate knowledge of the physiology and biochemical functioning of all body systems	Level 6	20
Elective	252100	Develop a care plan in collaboration with patients and/or carers	Level 6	10
Elective	252091	Maintain optimum health of the pregnant woman and the family	Level 6	12
Elective	252081	Manage childhood illnesses in an integrated manner	Level 6	8

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	ID	UNIT STANDARD TITLE	LEVEL	CREDITS
Elective	252097	Manage individuals and groups with communicable diseases	Level 6	14
Elective	252111	Manage minor ailments and common illnesses	Level 6	16
Elective	252096	Manage rehabilitation	Level 6	8
Elective	252108	Provide nursing care to individuals with long term illness	Level 6	9
Elective	252085	Provide postpartum care to the mother and neonate	Level 6	12
Elective	252088	Respond to physical and psychological emergency situations	Level 6	10
Elective	252083	Utilise relevant legislation, regulations and policy in planning in a health care unit	Level 6	3

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION
None

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

UNIT STANDARD:

Evaluate and assign ICD and procedural codes pertaining to Special Groups within the coding system

SAQA US ID	UNIT STANDARD TITLE		
263974	Evaluate and assign ICD and procedural codes pertaining to Special Groups within the coding system		
ORIGINATOR		PROVIDER	
TT - Promotive Health and Developmental Services			
FIELD		SUBFIELD	
9 - Health Sciences and Social Services		Promotive Health and Developmental Services	
ABET BAND	UNIT STANDARD TYPE	NQF LEVEL	CREDITS
Undefined	Regular	Level 5	17

This unit standard does not replace any other unit standard and is not replaced by another unit standard.

SPECIFIC OUTCOME 1
Critique and evaluate clinical information when assigning ICD and Procedural codes pertaining to Special Groups within the coding system.

SPECIFIC OUTCOME 2
Analyse clinical information and assign ICD and Procedural codes pertaining to Special Groups within the coding system.

SPECIFIC OUTCOME 3
Apply and evaluate the rules and conventions of ICD and Procedural codes accordingly in Special Groups within the coding system.

SPECIFIC OUTCOME 4
Interpret and apply the SA and WHO coding standards and guidelines related to Special Groups within the coding system.

QUALIFICATIONS UTILISING THIS UNIT STANDARD

	ID	QUALIFICATION TITLE	LEVEL
Core	66389	National Certificate: Diagnostic and Procedural Coding	Level 5

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

SAQA

UNIT STANDARD:

Apply the legal and ethical requirements applicable to health information management

SAQA US ID	UNIT STANDARD TITLE		
263975	Apply the legal and ethical requirements applicable to health information management		
ORIGINATOR		PROVIDER	
TT - Promotive Health and Developmental Services			
FIELD		SUBFIELD	
9 - Health Sciences and Social Services		Promotive Health and Developmental Services	
ABET BAND	UNIT STANDARD TYPE	NQF LEVEL	CREDITS
Undefined	Regular	Level 6	5

This unit standard does not replace any other unit standard and is not replaced by another unit standard.

SPECIFIC OUTCOME 1
Assess the impact of national and international history of ICD and procedural coding in relation to the South African context.

SPECIFIC OUTCOME 2
Apply legal and ethical requirements applicable to health information management.

SPECIFIC OUTCOME 3
Organize and manage health information to produce quality data.

SPECIFIC OUTCOME 4
Apply different classifications when assigning a clinical code.

QUALIFICATIONS UTILISING THIS UNIT STANDARD

	ID	QUALIFICATION TITLE	LEVEL
Fundamental	66389	National Certificate: Diagnostic and Procedural Coding	Level 5

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

UNIT STANDARD:

Evaluate and assign ICD and Procedural codes pertaining to Body Systems within the coding system.

SAQA US ID	UNIT STANDARD TITLE		
263977	Evaluate and assign ICD and Procedural codes pertaining to Body Systems within the coding system.		
ORIGINATOR		PROVIDER	
TT - Promotive Health and Developmental Services			
FIELD		SUBFIELD	
9 - Health Sciences and Social Services		Promotive Health and Developmental Services	
ABET BAND	UNIT STANDARD TYPE	NQF LEVEL	CREDITS
Undefined	Regular	Level 5	15

This unit standard does not replace any other unit standard and is not replaced by another unit standard.

SPECIFIC OUTCOME 1
Identify and extract data from medical records pertaining to the conditions related to the body systems.

SPECIFIC OUTCOME 2
Apply the coding rules of both ICD and procedural coding pertaining to Body Systems.

SPECIFIC OUTCOME 3
Apply coding and data capturing standards.

QUALIFICATIONS UTILISING THIS UNIT STANDARD

	ID	QUALIFICATION TITLE	LEVEL
Core	66389	National Certificate: Diagnostic and Procedural Coding	Level 5

SAQA

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

UNIT STANDARD:

Utilise clinical coding terms, rules and conventions for diagnostic and procedural coding

SAQA US ID	UNIT STANDARD TITLE		
263979	Utilise clinical coding terms, rules and conventions for diagnostic and procedural coding		
ORIGINATOR		PROVIDER	
TT - Promotive Health and Developmental Services			
FIELD		SUBFIELD	
9 - Health Sciences and Social Services		Promotive Health and Developmental Services	
ABET BAND	UNIT STANDARD TYPE	NQF LEVEL	CREDITS
Undefined	Regular	Level 5	8

This unit standard does not replace any other unit standard and is not replaced by another unit standard.

SPECIFIC OUTCOME 1
Extrapolate the applicable Clinical Coding terms, rules and conventions for the interpretation of the relevant ICD and procedural coding code.

SPECIFIC OUTCOME 2
Analyse the rationale of the applicability of Clinical Coding terms, rules and conventions for the assignment of the relevant ICD and procedural code.

SPECIFIC OUTCOME 3
Apply different applicable clinical coding terms, rules and conventions when assigning ICD and procedural codes.

QUALIFICATIONS UTILISING THIS UNIT STANDARD

	ID	QUALIFICATION TITLE	LEVEL
Core	66389	National Certificate: Diagnostic and Procedural Coding	Level 5

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

UNIT STANDARD:

Analyse clinical information and assign ICD and procedural codes

SAQA US ID	UNIT STANDARD TITLE		
263980	Analyse clinical information and assign ICD and procedural codes		
ORIGINATOR		PROVIDER	
TT - Promotive Health and Developmental Services			
FIELD		SUBFIELD	
9 - Health Sciences and Social Services		Promotive Health and Developmental Services	
ABET BAND	UNIT STANDARD TYPE	NQF LEVEL	CREDITS
Undefined	Regular	Level 5	10

This unit standard does not replace any other unit standard and is not replaced by another unit standard.

SPECIFIC OUTCOME 1
Assign accurate ICD and procedural codes to health and data records.

SPECIFIC OUTCOME 2
Assess the impact of assigning inaccurate ICD and procedural codes.

SPECIFIC OUTCOME 3
Apply rules, conventions and medical terminology when assigning ICD and procedural codes.

QUALIFICATIONS UTILISING THIS UNIT STANDARD

	ID	QUALIFICATION TITLE	LEVEL
Core	66389	National Certificate: Diagnostic and Procedural Coding	Level 5

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

UNIT STANDARD:

Use coding resources to access relevant information

SAQA US ID	UNIT STANDARD TITLE		
263981	Use coding resources to access relevant information		
ORIGINATOR		PROVIDER	
TT - Promotive Health and Developmental Services			
FIELD		SUBFIELD	
9 - Health Sciences and Social Services		Promotive Health and Developmental Services	
ABET BAND	UNIT STANDARD TYPE	NQF LEVEL	CREDITS
Undefined	Regular	Level 5	5

This unit standard does not replace any other unit standard and is not replaced by another unit standard.

SPECIFIC OUTCOME 1
Apply diagnostic and procedural rules and conventions to access relevant information in the Volumes when assigning ICD and procedural codes.

SPECIFIC OUTCOME 2
Interpret the use of the sections in the Volumes to access specific information.

SPECIFIC OUTCOME 3
Analyse and apply SA coding standards & guidelines to validate assigned codes.

SPECIFIC OUTCOME 4
Use coding resources to determine accuracy of assigned codes.

QUALIFICATIONS UTILISING THIS UNIT STANDARD

	ID	QUALIFICATION TITLE	LEVEL
Fundamental	66389	National Certificate: Diagnostic and Procedural Coding	Level 5

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

UNIT STANDARD:

Evaluate and assign ICD and procedural codes pertaining to other groups within the coding system

SAQA US ID	UNIT STANDARD TITLE		
263994	Evaluate and assign ICD and procedural codes pertaining to other groups within the coding system		
ORIGINATOR		PROVIDER	
TT - Promotive Health and Developmental Services			
FIELD		SUBFIELD	
9 - Health Sciences and Social Services		Promotive Health and Developmental Services	
ABET BAND	UNIT STANDARD TYPE	NQF LEVEL	CREDITS
Undefined	Regular	Level 5	10

This unit standard does not replace any other unit standard and is not replaced by another unit standard.

SPECIFIC OUTCOME 1
Analyse clinical information and/or health records and assign ICD and procedure codes accurately to patient records and coding databases.

SPECIFIC OUTCOME 2
Apply ICD and procedure coding conventions and the South African ICD and procedural coding standards.

SPECIFIC OUTCOME 3
Evaluate and resolve problems identified when assigning ICD and procedure codes to patient records and coding databases.

QUALIFICATIONS UTILISING THIS UNIT STANDARD

	ID	QUALIFICATION TITLE	LEVEL
Core	66389	National Certificate: Diagnostic and Procedural Coding	Level 5