

APRIL 2025

MCQs may be of 'single correct answer' or 'multiple correct answer' format. Where the question states that more than one answer is correct, choose more than one of i, ii, iii or iv (anything from two to all answers may be correct), and then select the correct combination from answers a, b, c or d. Where the question states that only one answer is correct, mark the single answer that you think is correct.

Enforcing child-protection rights and finding healthcare providers unsuitable to work with children

1. Under Section 120 of the Children's Act, which of the following individuals is automatically considered unsuitable to work with children?
 - A) A person convicted of child rape
 - B) A person who has been reprimanded by a professional board for unprofessional conduct
 - C) A healthcare provider who has not been convicted but has been accused of neglecting a child
 - D) A person who has been acquitted of charges related to child abuse
2. Which of the following bodies has the authority to make a Section 120 finding against a healthcare provider for unprofessional conduct involving children?
 - A) The Children's Act Tribunal
 - B) A court of law
 - C) The Health Professions Council's Professional Conduct Committees (PCCs)
 - D) The Department of Health

Policing teenage pregnancies: Complexities and implications

3. Section 54 of SORMA,[5] as amended, broadens mandatory reporting obligations not only to any person with 'knowledge' but now also to any person with 'reasonable belief or suspicion' of any sexual offence against a child. (True/False?)
4. The age-specific mandatory reporting obligations for children under the age of 12 entails:
 - A) Can independently consent to HIV test, can independently consent to HIV abortion, all incidents trigger mandatory reporting
 - B) Cannot independently consent to HIV test, can independently consent to HIV abortion, all incidents trigger mandatory reporting

- C) Cannot independently consent to HIV test, cannot independently consent to HIV abortion, all incidents trigger mandatory reporting
- D) Cannot independently consent to HIV test, can independently consent to HIV abortion, mandatory reporting triggered only if sexual offence suspected.

Facilitating a framework for managing rare diseases in South Africa: Comparative insights from the UK and Italy

5. What is one barrier to accessing treatment for rare diseases in South Africa's public healthcare system?
 - A) Lack of medical professionals in urban areas
 - B) Rare diseases is never covered in full under the Prescribed Minimum Benefits (PMBs)
 - C) Medication for these rare diseases in the public health sector is not always accessible.
 - D) All of the above.
6. What is one of the main challenges South Africa faces in developing a rare disease framework, according to the discussion?
 - A) A lack of international collaboration
 - B) The high cost of orphan drugs
 - C) Resource limitations and systemic challenges
 - D) An overabundance of medical professionals

Open Science for Health Research and Innovation in Africa: A Call for 'Inclusive' Intellectual Property Rights Regime

7. What is one major reason that many essential health technologies remain inaccessible to most Africans, according to the article?
 - A) Lack of internet access
 - B) Language barriers in health research
 - C) High monopolistic pricing due to exclusive intellectual property rights
 - D) Poor transport infrastructure

A maximum of 3 CEUs will be awarded per correctly completed test.

INSTRUCTIONS

1. Read the journal. All the answers will be found there.
 2. Go to <https://members.samedical.org/> to answer the questions.
- Questions may be answered up to 6 months after publication of each issue.
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8. What is the primary role of open licensing in the context of open science and health research?
- A) To eliminate the need for intellectual property protection entirely
 - B) To allow only governments access to research outputs
 - C) To enable equitable access, use, and sharing of scientific resources
 - D) To support stricter enforcement of patent laws

Practical guidance in understanding the nuance of benefit sharing and what this means for South African health research ethics committees: Part 1

9. What is one of the challenges highlighted by opponents of benefit sharing in health research?
- A) It enhances research participation and collaboration
 - B) It may create financial burdens on researchers and institutions
 - C) It aligns with ethical principles like beneficence and justice
 - D) It promotes equity and community development
10. According to the article, which international instrument specifies that benefits from scientific research should reach society, especially developing nations?
- A) Universal Declaration of Human Rights
 - B) CIOMS Guidelines
 - C) Universal Declaration on Bioethics and Human Rights
 - D) Human Genome Organisation (HUGO) Guidelines

11. According to Kamau et al., how is 'benefit sharing' defined?
- A) A process involving the sharing of knowledge and skills among research participants.
 - B) An agreement where a person or group who benefits from a research project shares these benefits with others, such as providing a non-compensatory reward.
 - C) A process where participants are reimbursed for their expenses incurred during research participation.
 - D) A legal requirement to share the profits from health research with the government.
12. What is one key limitation of the NDoH Guidelines regarding benefit sharing?
- A) They provide a comprehensive framework for evaluating benefit-sharing agreements in line with South African law.
 - B) They offer a detailed definition of 'benefit sharing' and 'benefit'.
 - C) They fail to distinguish between different forms of benefit sharing, such as individual vs. communal or financial vs. non-financial benefits.
 - D) They specify that benefit sharing must be done in monetary terms.

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