Colleagues

Thirty days have passed since I wrote the previous quarterly message. We are indeed at the end of another year in which we faced many challenges in veterinary science and in the country. I have attended several veterinary related events since communicating with you. It is clear that as a country we have not reached a stage where we are fully uniting our efforts to render veterinary services to all people of the country. Private and public services have yet to take bold and decisive steps where forces are joined and where state veterinarians and animal health technicians are regularly attending meetings of veterinarians in private practice; and where private veterinarians are regularly attending state veterinary meetings. As animal diseases do not have borders, I challenge everyone in the country to actively open up the discussion forums and engage with one another at all these events. We all need to break away from the silos in which we operate and pursue private public partnerships [PPP] in the interest of the country and the people and the animals we serve. In this regard we congratulate the Animal Health Forum [AHF] in its attempts to bring the veterinary professions and stakeholders together. Please visit their website at http://nahf.co.za/; and the South African Veterinary Association [SAVA] is thanked as they have now made opportunities available to the animal health technicians whereby they can market their profession to the veterinary profession at these events. Mr William Kutu,
Council representative will ensure that these events are well represented by animal health technicians.

You received an email on 16 November 2016 regarding the Business Analysis [2016] conducted to examine the functioning of Council and its Administration and on which a workshop is scheduled for Tuesday, 7 and Wednesday, 8 February 2017 to finalise the rules are finalised. If you are unable to attend or if space is a problem, please make written input to the Director Legal Affairs at legaldirector@savc.org.za;

Facilities workshop: This workshop is scheduled for Tuesday, 7 and Wednesday, 8 February 2017. You are requested to please submit your inputs on what your Vision of Council is for 2025 and ideas as to how these facilities work.

"Please test the web portal once you are invited to do so and provide us with your feedback as our communications will become even more web based."

With regard to Council’s communication with members we sent short messages, on a regular basis, to all registered members of the veterinary professions on developments affecting you. These messages have now become common practice and the most effective means of communication. If you or your colleagues are not yet receiving these messages please contact the Administration. We intend to publish two Newsletters in print again [June and November] as some of our colleagues indicated that they wish to receive printed Newsletters.

An email was sent to all members informing you of developments regarding Council’s information technology upgrade and the opening up of the SAVC’s web portal to all registered members. Please test the web portal once you are invited to do so and provide us with your feedback as our communications will become even more web based. Please provide the administration with your input at systems@savc.org.za.

As previously stated the SAVC and the South African Veterinary Association [SAVA] are slow moving with progress with regard to instituting legal action against the National Health Laboratory Service [Nlabs] of Environmental Affairs contesting the onerous requirement of obtaining permits to enable veterinarians to work with or treat Threatened or Protected Species [TOPS]. We will keep you updated on developments.

Once again, please remember to contact your Councillors in the event that you wish to discuss matters with us. You will find our contact details published in every Newsletter. I wish to thank Dr Faffa Malan who collated your feedback on the poor or non-availability of vaccines, which feedback we then sent to the various stakeholders in order that the problems associated with the manufacture and supply by Ondersteapoort Biological Products [OBP] of critical vaccines could be resolved thus protecting the national herd and flock.

Council and the SAVC applied for membership of the World Veterinary Association [WVA] in order that all registered veterinarians could benefit from such membership, in particular educational activities. As the application was approved you will now receive communication and fact sheets on a regular basis regarding the activities of the WVA. We have also jointly applied to become members of the African Veterinary Association [AVA] and we are looking forward to the conclusion of this application.

More than seventy routine inspections of veterinary facilities took place and several need to still be conducted in this financial year ending 31 March 2017. The next group of inspections [approximately two-hundred-and-fifty] will commence on 1 April 2017. Inputs received from principals of practices are being taken into consideration. Please read further on page 5 of this Newsletter what solutions were taken by Council to address the concerns regarding inspection of non-practising and non-dispensing facilities.

The random CDP selection for the audit ending 31 March 2017 will soon be concluded. Randomly selected veterinarians had from 31 March 2016 to 31 March 2017 in which to send in proof of twenty [20] structured CDP points and written confirmation that they complied with forty [40] unstructured points. To date we received ninety-two [92] CDP submissions and it appears that most of these veterinarians are CDP compliant. Two-hundred-and-thirty-seven [237] Veterinarians still need to make their submissions by 31 March 2017. We wish to congratulate those veterinarians who are CDP compliant.

I wish to take this opportunity to wish you a Blessed and Peaceful Festive Season.

Regards, Clive Marwick
President, SAVC
Students Awards: BVSc & DVN 2016

All institutions have been invited to nominate deserving students for SAVC awards. These qualifications include:

Veterinarians
- BVSc, University of Pretoria

Veterinary Nurses
- DVN, University of Pretoria
- Dip. Cur. Anim, University of Pretoria
- Dip. Vet. Nurs, University of Pretoria

Animal Health Technicians
- BSc
- Agric (Animal Health), University of the North West
- Diploma Animal Health, University of the North West
- Diploma Animal Health, UNISA
- Diploma Animal Health, TARDI

The award is monetary in nature.

Appointment to National Health Research Ethics Council (NHREC)

The SAVC nominated Dr Bert Mohr, who was subsequently appointed as a member of the new National Health Research Ethics Council (NHREC) for the 2016 to 2019 period. The NHREC will formally welcome Dr Mohr at a meeting scheduled for 12 December 2016. This will be a special meeting which will focus on introductions and induction on how the Council operates.

Non-practising and non-dispensing consultancies

Following input received from the veterinary profession Council, resolved to, as from 2017, not inspect non-practising or non-dispensing facilities. As a solution Council resolved that the principal would be required to make a statement before a Commissioner of Oaths in affidavit form and provide photographs to confirm compliance in respect of [for non-practising facilities] medicines kept in terms of Act 101 of 1965.

Prudent use of antibiotics

The South African Veterinary Council (SAVC) as the statutory body for the veterinary and para-veterinary professions, has through discussions and local and international meetings become aware of the risks that resistance to antibiotics pose to both animal and human health globally. International documented opinion revealed that antimicrobial resistance is viewed as one of the top three threats to the human race together with global warming and overpopulation.

Various international organizations, organizations that represent the different branches of the livestock industry, veterinary associations and veterinary statutory bodies have adopted strategies or developed guideline documents for the responsible use of antibiotics for the treatment or control of bacterial infections. These initiatives attest to the growing global awareness of the immediate and growing threat of antimicrobial resistance.

The SAVC fully endorses the viewpoints that encourage the prudent use of antibiotics in animals. In this respect, the SAVC appeals to members of the veterinary and para-veterinary professions to embrace antibiotic stewardship principles to diminish the need for antibiotics in animal husbandry. This objective must be achieved by means of appropriate prescribing and dispensing, basing administration of antibiotics on bacterial sensitivity testing when possible, preventing infection through strict biosecurity procedures, and education of and communication with animal owners and animal protein industries on the risk of the over-use or inappropriate use of antibiotics. On a more practical level, education of and communication with animal owners should include improvement of animal health through improved sanitation and on-farm hygiene, provision of access to clean water and optimal nutrition that will benefit animal health and optimising vaccination programmes.

The SAVC is mindful of the tension between access and excess of antibiotics in animal husbandry, and that there is a need to balance antibiotic use policies with animal welfare and food security concerns. Notwithstanding, the SAVC encourages meaningful reduction of the prescription and dispensing of antibiotics for all animal species. The SAVC is opposed to the use of antibiotics in the feed and water of food-producing animals for growth promotion, and supports the termination of compounding of antibiotics for food-producing animals. Antibiotics should only be used in the food and water of food-producing animals for therapy and metaphylaxis under veterinary oversight when required for a particular disease outbreak. The ultimate objective is for members of the profession to only prescribe and dispense antibiotics for all animal species under their care when truly needed.
REPORT ON BUSINESS ANALYSIS
Strategic planning: and Mini Congress

Council’s Strategic planning workshop will take place on Tuesday, 7 and Wednesday, 8 February 2017. Please provide us with input as to what your Vision of Council is for 2025 and ideas as to how these goals are going to be achieved.

COUNCIL’S SECOND ONE-DAY MINI CONGRESS WILL TAKE PLACE ON FRIDAY, 26 MAY 2017

Please provide us with your input as regards topics for discussion. It was proposed that we will use new ways to present these discussion points to our colleagues. SAVA, SAVC and the Faculty have suggested: transformation of veterinary practices to ensure that they are relevant by 2030. A venue which can accommodate approximately one hundred and fifty- to two hundred seats will be made available for the second Mini Congress. Please make use of the opportunity to have your views heard.

We welcome your input as we wish to remain relevant in a fast changing environment.

After the first mini congress held in June 2016 a business analyst reported on the functioning of the SAVC. This report and Council’s response is available on this link.

We have already actioned the following:
- In the interest of transparency: made ten seats available to the veterinary professions to attend Council meetings. The next meeting is scheduled for Tuesday, 14 March 2017; book your place early!
- Meeting with the Registrar of Medicines regarding especially wildlife medicines – report to follow once confirmed.
- Workshop regarding the practical implementation of the rules in respect of medicines – more input being gathered from the attendees, and a follow-up workshop planned in April 2017 to complete the work.
- Workshop regarding the disciplinary process at SAVC – being deliberated by the Review committee.

Please provide input on the following:
- What we need to plan as strategy for Council towards 2025;
- What issues should be discussed at the Mini Congress; and
- The Business Analysis Report.

Please submit your inputs as soon as possible to the Registrar at savc@savc.org.za but preferably before 15 January 2017.

Book your seats for:
- The Facilities Workshop (1 February 2017);
- The Medicine workshop (2 February 2017);
- Council meeting (14 - 15 March 2017); and
- The Mini-Congress (26 May 2017) at: meetings@savc.org.za or Ms Neo Tsumaki at Tel: [012] 345 6360.

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Contains:
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Use of unregistered vaccines against AHS

Council received information on the use of unregistered vaccines against AHS which we were requested to distribute. Please refer to the details below.

Please find the link regarding the use of unregistered vaccines against AHS for your attention and distribution.

Movement control

Council received information on movement control which we were requested to distribute. Please refer to the details below.

Please find the links regarding movement control for your attention and distribution.

1. Basic requirements for all horse movement
2. Specific requirements for all horse movement
3. Horse passport diagram
4. Movement (permit) application
5. Application for horse passport
6. Pre-notification of horse movement

Following numerous issues with movement into the controlled area this last week I would like to send out a reminder regarding the regulations.

Please remember that movement into the controlled area is only allowed under specific conditions, and is regulated according to the Animal Diseases Act, therefore illegal movement is in fact a criminal act.

Secondly to do health certification outside of the protocol (eg in the wrong passport, or a horse under 40 days post vaccination, or for a horse that does not have a passport) is also a criminal act, as it is in contravention of the Animal Diseases Act. It is also deemed unprofessional behavior, and therefore an offense that can and in fact should be reported to council. It is your responsibility as the vet certifying something to ensure that you know what you are certifying.

So to recap, attached are the requirements for movement of an equine into the AHS controlled area in a summarised diagram. This is specifically for movement from infected area into controlled area. Please distribute to your clients.

Secondly the application form for the permit should be sent in to SV Boland before a health cert can be done, otherwise you have no way of knowing whether the movement has been approved, and whether movement restrictions are in place or not.

Lastly PLEASE remember, as I have sent this out a number of times, that the OLD STUDBOOK PASSPORTS are NOT acceptable for movement purposes. Should the horse have an old one, they need to apply to Studbook for a new one. There is no negotiation on this point. Please contact SV Boland for issues on this regard, but please note that an application for a new passport will be required no matter what the circumstances.

I have attached the application form as well. If the ID page of the studbook passport does not look like this, it is not an acceptable passport. At present any application form received that has a studbook passport will be required to send us a copy of the ID page as well as the application.

Other passports that are currently acceptable for movement:

- NHRA passport
- NEW Studbook passport
- FEI group IX passport
- Blue Welsh Pony and Cob Society Passport (The Namibian one)

We do have a WC movement passport for use for noncompetitive horses, but this must be organised through me. Any other passport (eg import passport or other breed passport, or a stud passport) that is not one of these please check with us before using.

Lastly please find attached the prenotification for movement form which should be completed for every movement health certificate that you do, and sent to the address prenote@myhorse.org.za. This is important as we use this to link the permit and application details to the actual movement, and it is verification of the details as supplied in the application.

The last point is that actually these are not new rules, but the rules that have been in place for years, but are now being more strictly implemented and we are trying to standardise the way these movements are dealt with so that there is not a different way of doing things for each and every state vet area.

CONTACT PERSON:
Dr Camilla Mehtar-Weyer
BVSc, MSc
DAFF authorised Veterinarian (Ref: 1/2/1/7/8)
State Vet Boland authorised Veterinarian (Movement Control and Equine Disease Surveillance) and Research Officer
Equine Research Centre, Cape Town
equineresearchcentre@gmail.com
Cell: 076 152 2782
Fax: 086 558 9818

The Council reported on its Annual Report [1 April 2015-31 March 2016] to the Parliamentary Portfolio Committee Agriculture, Forestry and Fisheries on Tuesday, 18 October 2016. We also used the opportunity to supplement our Annual Report with emphasis on Council’s activities around Food Safety and Security as we were invited to do so. During the session in Parliament the question was posed as to what the veterinary profession does to integrate emerging and commercial farmers and what efforts we put in to help farmers, particularly emerging farmers. My response was that the veterinary profession regularly performed pro bono work and that veterinarians serve communities and cattle around towns and farms. I informed the Portfolio Committee members that veterinarians interacted and got involved in rural communities, the involvement was huge. We help rural communities and we give lectures and talks to different communities and try to ensure that all farmers were involved.

Following the session we received a request from the Department of Agriculture, Forestry and Fisheries (DAFF) to provide the statistics or figures on the pro bono work that we indicated was rendered by veterinarians.

We requested you to assist us in compiling these statistics. We obtained these statistics: link

We thank all the respondents for their feedback.
There are many ways to detect diseases and conditions which are used by veterinarians and laboratories, and the numbers of such tests are constantly increasing. Rapid tests for conditions affecting both animals and man, have been available for some time.

Kits and quick tests are available for many common diseases such as Avian Influenza, Newcastle Disease, Contagious Abortion (Brucellosis), Tuberculosis in cattle, Foot and Mouth, Heartworm and Diatemper in dogs, Babies, Transmissible Gastroenteritis in pigs, rota and coronaviruses, Cryptosporidium and many others.

Test kits and quick tests are attractive to consumers, because of the speed and price advantages, and manufacturers have been quick to take advantage of this. The kits that are accurate, and have been used correctly, are a boon to farmers and veterinarians, especially the crush-side ones. In the hands of experts, these rapid tests are helpful tools, indicating which further tests should be carried out to confirm the condition.

All such tests however, contain a caution, that the result should form part of a diagnosis and be confirmed. The tests should be used in the same way as any other diagnostic tool, and the responsibility for diagnosis ultimately lies with the veterinarian.

Diagnosing and confirming a disease is usually based on a two [or more] test system. A filtering test is first used to indicate possible conditions. Filtering tests, such as the Rose Bengal test for Brucella, are usually quick and cheap, but are not as accurate as the second, confirmatory test, which may be more time-consuming and expensive to do.

In some cases there is a huge difference between the accuracy of the different test kits.

The outer packaging of such kits is easy enough to design, and all kits can be made to look attractive to the consumer. The claims listed in the package insert may not necessarily be accurate, and one cannot judge on price either, as a poor test kit may have a highly inflated price. The test kit may be accurate in the country of origin, but not in South Africa, where different strains of a disease might occur. The test kit may be accurate for cattle or sheep in the country of origin, but not for indigenous African animals. Other test kits may be oversensitive, detecting the smallest trace of a disease such as brucellosis. Oversensitive Contagious Abortion tests are valuable in countries which have eradicated Contagious Abortion, but are not suitable in South Africa, where we make extensive use of vaccines, and where Contagious Abortion [Brucellosis] is common. Not all test kit manufacturers are ethical, and false claims may be made.

Certain rapid tests have been used for unethical purposes. They have been used to "quickly" identify positive animals before auctions, which are removed from the group. The in-contact infected animals are then sold to an unsuspecting buyer, as tested "negative" animals. False positive and negative tests have resulted in the unnecessary slaughter of animals that were tested false positive and in the non-detection of rabid animals.

One may well say "customer beware", and allow poor kits to be identified as such by market forces.

However, this is not possible, for two main reasons. The first is the need for the authorities to be able to identify controlled and notifiable diseases accurately, so that the correct disease control measures can be put in place. The list of available rapid test kits given above contains many such notifiable diseases.

The second is for import and export control. The OIE, which is the international organisation tasked with monitoring the spread and control of animal diseases which are a barrier to international trade, details the tests required for each disease. The lists of acceptable tests are arrived at by consensus between international experts in each field. This means that only tests that most member countries recognise as accurate and efficient are included in the lists.

Only a very few rapid test kits have been approved by the OIE to date.

In South Africa, DAFF (Department of Agriculture, Forestry and Fisheries) needs to evaluate and approve rapid tests, especially when notifiable diseases are involved, and they follow the OIE prescriptions. The Directorate of Animal Health has laid down a pathway for the testing and importation of such tests into South Africa. Rapid test kits for diseases that are not state controlled, can be used without additional requirements, as long as the import requirements are met.

An approved test for a disease that is not notifiable or controlled may be used internally in South Africa, but can't be used as an export test.

Any tests (rapid or other) for controlled diseases have to be performed under controlled conditions. Only laboratories that have obtained SANAS (South African National Accreditation System) accreditation and DAFF approval may test for controlled diseases, whether rapid tests or standard tests are used to do so. Accreditation implies that a laboratory is performing in a competent manner, using validated methods and procedures. DAFF approval is an additional layer necessary for ensuring the competence of the laboratory.

Further information such as the current list of controlled and notifiable diseases and contact details for further queries are available on the DAFF website www.daff.gov.za under the Directorate of Animal Health.

Direct link
Please take a few minutes to read our communication as this will impact on the SAVC’s relationship with you in the future.

We wish to thank you for your patience during the Information technology upgrade period, which period is still ongoing, but which will soon enter into a stabilisation phase.

Migration of data from one system to another does not always have the required outcomes and may sometimes cause reputational damage for a service provider. To prevent this and to avoid frustration we conducted an in-house audit of the migration of data from the old data base system to the new data base system. A senior staff member ensured that there was quality control of the in-house audit. We trust that most issues were addressed and that the data of all 5370 registered members are secured and correct. However, due to the likely event of human error you are requested to bring any problems to the attention of the Administration.

One of the main reasons why Council decided to upgrade its data base system is to enable registered members to have secure direct interaction with their own data/personal information. This change will enable you to access the data base directly via the Member Portal on the SAVC's website at www.savc.org.za.

With access to your own personal information you will be able to do the following -

• Change your personal contact details, which implies that your changes will make the data more accurate and up to date on the SAVC’s data base system.

• Upload documents to your personal folder such as CPD certificates and update your CPD points. (A second phase development of the system will be considered whereby information on CPD activities will be centralised with the aim of linking CPD provider data/information with the SAVC’s data base. This upgrade is however part of the SAVC’s long term planning.)

• Make online payments either by an electronic transfer payment or through Visa and Master Card payments.

To enable you to access your personal data directly you need to register online.

We decided to provide you with a few salient points on how the Member Portal is secured-

1. The website will only be available over a secure encrypted connection.

2. No clear-text passwords are stored on the server. “Clear text means that the password is stored in its readable format – exactly as typed. When a password is stored as clear text a hacker or even a system administrator can use it to login to an account. Encrypted passwords cannot be read, even by hackers with sophisticated tools. This also means that system administrators cannot send you your password, since they can’t read it.”

Thus passwords are stored in a highly encrypted format, using best practise security techniques.

3. Users are required to supply passwords that meet a minimum complexity/security strength.

4. Only registered SAVC members will be allowed access to the Member Portal.

5. Members will only have access to their own personal accounts. Logged-in members can only view their own data – no other members’ data is available to them.

6. Each member who wants to use the website will have to go through a registration process:

   a) The Member will have to supply two pieces of information to verify that the user is a valid member.

   b) A “captcha” code (type a code pictured in an image) is required to deter automated registration attempts.

   c) An SMS is sent to the cell phone number of the member registered on the system, containing a code to be entered and confirmed by the server.

7. The “forgot my password” and “change password” function require confirmation by a code sent by SMS to the member’s registered cell phone. It is important to remember your password as your phone may get lost or stolen and then you need to access the system again.

You will receive an SMS to alert you as soon as the Member Portal is up and running.

This may only be possible by early 2017. We trust that the endeavours of the SAVC of the past few years will soon come to fruition.

Please contact Ms Ronel Mayhew at systems@savc.org.za or Mr Sive Nqawe at bookkeeper@savc.org.za should you have any questions or problems.
SDMA: a medical breakthrough in kidney diagnostics

Chronic kidney disease (CKD) is a leading cause of morbidity and mortality in dogs and cats, especially as they age, and is particularly common in geriatric cats. CKD is often progressive in nature, but the disease can be successfully managed and progression slowed through renoprotective interventions.

Symmetric dimethylarginine (SDMA) is a small molecule formed by methylation of arginine. It is released from cells into the blood during protein degradation. SDMA is primarily eliminated by renal excretion and has been shown to serve as an endogenous marker of the glomerular filtration rate (GFR).

Identifying CKD sooner will allow for earlier intervention when there is still a significant amount of functioning nephrons present.

To date, creatinine concentration has been routinely used to confirm a suspicion of kidney disease in dogs and cats, as it helps to detect reduced kidney function. Creatinine indirectly measures glomerular filtration rate (GFR), one of the main indicators of CKD pathology. There are, however, limitations to the applicability of this test. It is widely known that the reference interval. The decreases in GFR that are common in the early stages of CKD may not cause a noticeable increase in creatinine and therefore remain undetected. Because SDMA serves as an endogenous marker of GFR, glomerular disease can now be detected when 40% or less of the kidney function is damaged. From a therapeutic perspective, that identifies dysfunction in the early stages when 60% of nephrons are still functioning, giving you more time to intervene and find the best approach for each animal.

After nearly a decade of research and investment, IDEXX Reference Laboratories will introduce the new SDMA kidney test in Europe in early 2016.

Early-stage diagnosis is now available to all vets.

In view of the provisions of paragraph 3.2.1 of the Code of Conduct and Practise for the veterinary profession (CoCP) and the provisions of the Competition Act, Act 89 of 1998, the reply was as follows:

"I confirm receipt of your e-mail. Unfortunately, we do not regulate fees charged by veterinarians. This also means that we cannot tell them how to handle anything fees related. It is, however, standard practise for veterinarians to ask for money upfront in after-hours care, especially if there is no existing client-veterinarian relationship."

The reply received was short, sweet and to the point:

"So in other words the animal must suffer and die. Fantastic.

No problem thank you for the reply."

The question is: Where do we go from here and how do we address perceptions such as these?

Please reply to legaldirector@savc.org.za

References


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www.idexx.eu
COMPULSORY VETERINARY COMMUNITY SERVICES (CCS)
Possibly in competition with private practise?

Council received an enquiry as follows:

"Could you please assist me with what the position of the SAVC would be specifically in regard to CCS clinics becoming direct competition with the local private veterinarians for ROUTINE work due to its (unfair?) advantage of having all costs subsidized by DAFF?"

The reply was as follows:

Council is not currently in a position to prevent CCS clinics/veterinarians from performing routine veterinary work at a reduced cost. This does not, however, mean that we have not heard your concern. The Council will however continue to discuss the possibility of putting a limitation on the provision of services, such as is in place for the legal aid, with the Department of Agriculture, Forestry and Fisheries (DAFF) at a national level, as it would clearly serve to achieve the original spirit of the CCS program. That is, that CCS SHOULD be rendered to persons where there are no veterinary services available and mainly to indigent persons.

Council has to function within the confines of the law and the explanation of the applicable laws are set out fully below. These include the intention underlying the principle of CCS and the framework of the law impacting on achieving the desired results.

The Public Service Regulations, 2016, which came into effect of 1 August 2016, provides as follows: (All underlining is my own):

Schedule 4, Part A, to the Constitution of the Republic of South Africa, 1996 (the Constitution), provides that Agriculture, falls within the functional areas of concurrent (parallel) National and Provincial Legislative Competence. Veterinary services, excluding the regulation of the profession, is a functional area of exclusive provincial Legislative Competence in terms of Schedule 5, Part A, to the Constitution.

It is apparent from the above that the Provincial Executive in each province, should develop a service development improvement plan, as veterinary functions fall squarely within the respective provinces’ jurisdiction.

Section 9 of the Constitution provides that everyone is equal before the law and that equality included full and equal enjoyment of all rights and freedoms. This right is entrenched in the Bill of Rights. It therefore follows that, until and unless this particular right is limited in terms of section 36 of the Constitution, every person has full access to all services provided by the Public Service. This has for instance been done in terms of the Legal Aid Act, 1969, which provides that only certain people according to a means test, may enjoy the privilege of free legal services as provided by the Legal Aid Board.

Section 36 of the constitution provides as follows:

In view of the above, as the Competition Commission has concurrent jurisdiction with the Council as a regulatory body in terms of the public functions it performs in terms of the Veterinary and Para-Veterinary Profession Act, 1982, Council cannot be prescriptive regarding who should or should not be the recipients or beneficiaries of state veterinary services, including compulsory community service. That is up to each individual province to decide and to enforce, and Council cannot usurp that role.

Council does not have jurisdiction regarding issues of competition in terms of the Veterinary and Para-Veterinary Profession Act, 1982. Should a member of the veterinary profession feel aggrieved by perceived “unfair competition” from the State Veterinary Services, that person may file a complaint with the Competition Commission for investigation and adjudication.

The spirit of the CCS program is to provide veterinary services to people and places where none exists, and to some extent to limit these services to people who cannot afford private veterinary care, if allowed by empowering legislation. The provision of veterinary services falls under the “service delivery charter” espoused in the Public Service Regulations, 2016, which therefore is governed by each province. Each province will decide what is provided and what the fees for said services will be.

Having regard to the Constitution all public services must be made available to all citizens, unless a limitation is put in place (for example a means test has to be passed to qualify for legal aid in terms of the Legal Aid South Africa Act, Act no 39 of 2014).

Section 23 of the Legal Aid South Africa Act, 2014 specifically provides as follows:

Customised veterinary medicines to effectively address your patient's requirements
Service Centre: 0860 109 779
pharmacist@v-tech.co.za
ISO 9001:2008 Accredited
Record keeping
Schedule 5 & 6 Medicines

We are often requested to advise practitioners as to how the register must be kept for schedule 5 & 6 medicines. We also noted that there are many practitioners unfamiliar with the requirements of Regulation 30 of the General Regulations made in terms of the Medicines and Related Substances Act 101 of 1965 and wish to provide the information here:

In terms of Regulation 30 of the General Regulations made in terms of the Medicines and Related Substances Act 101 of 1965, the following records must be kept of schedule 5 or 6 medicines in a physical register or a register in an electronic format:

1. The register must indicate the quantity of every such medicine or substance remaining in stock on the last day of March, June, September and December of each year.

2. The register must also contain the following information:
   a) the date on which the medicine or substance was received or supplied;
   b) the name, business address of the person from whom the medicine or substance was received or sent and in the case of imported medicine or substance, the import permit number;
   c) the name and address of the person who purchased the medicine or substance;
   d) the quantity, in words and figures, of such medicine or substance indicated per dosage unit, mass or volume;
   e) in the case of the supply of the medicine or substance on prescription, the name and address of the authorised prescriber unless such prescription was issued at a hospital in which case the name of the authorised prescriber shall be recorded;

3. The register must be kept for a period of five years after the date of the last entry made therein.

4. If the register is kept by computer, a computer printout must be made monthly, dated, signed and filed.

5. Records must be stored in an orderly manner so that they can be accessed easily.

Guidance
It is acceptable to indicate the total quantity of medicine used on a particular day when dealing with herds, production animals and wildlife.

Records need to be backed up and kept safe from damage (fire and water).

African indigenous knowledge: dissemination of IK related information in the Onderstepoort Veterinary Institute Library and the Jotello F. Soga Library, Faculty of Veterinary Science, University of Pretoria.

Abstract
In 2008 the South African government released an official policy on indigenous knowledge systems (IKS). After years of Eurocentric approaches in veterinary research, indigenous knowledge was brought to the forefront after 1994. The paper starts with some definitions on the concept of IK. An overview follows on work done within the “Animal Health for Developing Farmers” research project at the Onderstepoort Veterinary Institute (OVI), that draws on indigenous knowledge. The OVI is a division of the Agricultural Research Council (ARC) of South Africa.

The OVI Library had to position itself for service in this field. Aspects to consider were the collection of appropriate information (which was nearly non-existent) and cataloging and indexing of information (traditional print media and electronic media).

Since 2002, a group of historians from the Wellcome Unit for the History of Medicine, UK has been researching the history of veterinary medicine in South Africa. Their needs are discussed too.

The following types of information are described: information purposely written as IK, sources from which IK can be harvested, and the theory of IKS. The problem that much of the IKS literature is "grey" and therefore not easily available, is discussed.

The role played by the Jotello F. Soga Library of the Faculty of Veterinary Science, University of Pretoria (UP) in locating, preserving and making accessible IK sources in the field of Ethnoveterinary Medicine is described. This includes the digitisation of rare slide items, creating web portals, and providing information support to researchers of the Phytomedicine Programme of the university. This programme is described as it plays an essential role in validating and ensuring the safe use of indigenous plants in human and animal medicine.

Please click on the following link to read the full article: [LINK]
Education

SAVC FULL REGISTRATION EXAMINATION 2016

Thirty-one (31) veterinary candidates, two (2) veterinary nursing candidates, one (1) animal health candidate and one (1) veterinary technology candidate enrolled to sit the SAVC Registration Examination in 2016.

A Computer Based Examination (CBE) was held at the Faculty of Veterinary Science, Onderstepoort on 4 - 8 October for all professions and an Oral/Practical Examination was held on 11-12 October (veterinarians) and on 13 October 2016 (veterinary nurses). The practical examination for the veterinary technology candidate was held on 14 October 2016 at the Tshwane University of Technology.

Only candidates who achieved a progression mark of 60% were allowed entry into the Oral/Practical. This is a requirement in terms of the 2016 examination rule 3.11.

“Only candidates who pass the Computer Based Examination by achieving a progression mark of 60% will be allowed entry into the Oral/Practical Examination.”

Council (25-26 October 2016) accepted the marks as submitted by the examination officer, Prof Banie Penzhorn following approval by all moderators.

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<td>sat the CBE</td>
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<td>VETERINARY NURSING EXAMINATION</td>
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<td>1</td>
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<tr>
<td>ANIMAL HEALTH EXAMINATION</td>
<td>1</td>
<td>0</td>
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*For purposes of re-registration following removal from the register for a period of longer than 5 years, one person was required to sit the practical examination only.

VETERINARY TECHNOLOGY EXAMINATION

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Dr Clive Marwick, president of the SAVC (2016 – 2019) attended an oath taking ceremony on Friday 25 November 2016 at the SAVC office to welcome the new members to the various professions.

SAVC FULL REGISTRATION EXAMINATION 2016 - Tsolo Agriculture and Rural Development Institute (TARDI)

A special SAVC Full Registration Examination was held at TARDI for 82 persons performing duties of animal health technicians as employed by the Department of Agriculture, Forestry and Fisheries (DAFF) in the Eastern Cape. These candidates, who are not the holders of prescribed qualifications, attended an 18-month upgrade programme offered by TARDI and sat the SAVC Registration Examination at Tsolo Agriculture and Rural Development Institute (TARDI) in order to be registered by the SAVC.

18 and Thu 19 May 2016 Written Examination
6 – Fri 10 June 2016 Practical Examination

Council (25-26 October 2016) accepted the marks as submitted by the examination officer, Prof Banie Penzhorn following approval by all moderators.

<table>
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<tbody>
<tr>
<td>ANIMAL HEALTH EXAMINATION</td>
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<td>30</td>
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</tbody>
</table>

Continued on page 22
Education and Training continues

Council resolved (25 – 26 October 2016) that the last opportunity to sit and pass the Council registration examination for persons who completed the 18-month upgrade programme will be made available in the first quarter of 2017, on condition that all enrolment requirements, including payment for the examination, are met prior to sitting the examination. Candidates who fail this final opportunity at an examination will be expected to enrol for the full Diploma in Animal Health at the beginning of 2018 should they wish to continue being authorised to render the services of an animal health technician. Proof of enrolment and regular progress reports will be required to maintain authorisation, pending the completion of the diploma.

If candidates do not enrol and pass the Council Examination in 2017, then their authorisation will lapse (terminate) on the day following the last day that they are allowed to enrol for the Council Examination and they will not be legally permitted to perform the services of an animal health technician.

VISITATIONS 2017

TSHWANE UNIVERSITY OF TECHNOLOGY (TUT), FACULTY OF SCIENCE

The SAVC visitation to the Tshwane University of Technology took place from 29 September – 1 October 2015. The training institution will provide a progress report on recommendations made by the visitation team to the SAVC Education Committee meeting on Monday 23 January 2017. The committee will then determine the date for a follow-up visit to assess implementation of recommendations.

NORTH-WEST UNIVERSITY (NWU), UNISA AND TSOLO AGRICULTURE AND RURAL DEVELOPMENT INSTITUTE (TARDI)

Visitations will take place to UNISA from 24 – 28 July 2017 and to North-West University (NWU) from 22 – 26 August 2016.

Council has appointed the visitation team as follows:

- Dr Gideon Brückner (Team leader for both visitations)
- Prof Vinny Naidoo (Council member)
- Mr William Kulu (SA Association of Animal Health Technicians)
- Ms Tracey Mumby (International visitor – San Diego Zoo)
- Mr Dawid Visser (Team member from previous visitation)
- Mr Johan Oosthuizen (UNISA) will attend the NWU visitation and Dr Mulunda Mwanza (NWU) will attend the UNISA visitation
- Dr Nandipha Ndudane, TARDI principal, will attend the visitations in 2017 as preparation for the TARDI visitation scheduled for 2018.

Dr Mphane Molefe has indicated that he will represent the Department of Agriculture, Forestry and Fisheries.

Dr Nandipha Ndudane, TARDI principal, will attend the visitations in 2017 as preparation for the TARDI visitation scheduled for 2018.

UNISA

A first meeting was held on 21 November 2016 where a discussion on the evaluation standards took place. The UNISA Programme co-ordinator (PCO) for the visit will be Mr Johan Oosthuizen.

NWU

An initial meeting was held on 10 November 2016 with the NWU programme co-ordinator, Dr Mulunda Mwanza.

Programmes for both visitations will be drafted by the PCOs. An open hour session will be planned for both programmes and anybody who wishes to speak to the visitation team/s, will be welcome to do so. The training institutions and Council will announce these open hour sessions widely.

ATTEND THE FULL COUNCIL MEETING 14-15 March 2017

On behalf of the South African Veterinary Council (SAVC) I cordially invite you to attend the Council Meeting as an observer. The meeting is scheduled as follows:

Date: Tuesday, 14 and Wednesday, 15 March 2017
Time: 9h00
Venue: SAVC offices
RSVP: Before or on Tuesday, 14 March 2017
Contact: Ms Neo Tsumaki at e-mail: meetings@savc.org.za or tel: 27(12) 345 6360/6347

Ten seats are available and will be allocated on a first come first served basis. Kindly note that you are invited to attend the meeting as an observer only, and at your own costs.

Furthermore, although Council aims to be as transparent as possible, it must be borne in mind that certain agenda items will not be discussed by Council in an open forum as those items may be privileged and can only be discussed in a closed session.
Colleagues

The stress workshop was attended by various stakeholders and members of the veterinary professions, a total of twenty-three attendees.

The workshop was held with the aim to see how Council should support its members with regard to stress related matters. An assessment was made as to:

1. What the main causes of stress are in the veterinary professions?
2. Why does the veterinary profession have the highest incidence of suicide of all professions [not only locally but worldwide] and what should be done to avoid suicide amongst these veterinary professionals?
3. Who is qualified to deal with stress related matters?
4. What are the constraints and what care should be taken when dealing with stress related matters?
5. What information should be made available to the veterinary professions, when and how should it be made available?
6. What are the roles of all the various stakeholders namely the South African Veterinary Association, the Black Veterinary Forum, employers, training institutions and the Council?

The outcomes include the following:

1. Some causes for stress:
   a) Veterinary professionals may not have acquired the necessary coping skills for, initially the strenuous training course, and thereafter for working life and/or practice;
   b) The requirements in employment and in practice including the rules and ethical requirements of the profession;
   c) Veterinarians are sometimes victimised by clients and/or placed in invidious circumstances by clients; and they are not skilled to deal with unscrupulous clients and/or colleagues;
   d) Veterinary professionals do not necessarily support each other, often cause stress for their own colleagues, and do not know how to share knowledge and skills; and
   e) Negative circumstances such as:
      • a poor- or negative economic environment and corruption;
      • a lack of proper practice management and/or business skills;

2. Highest incidence of suicide in the veterinary profession:
   a) It is not yet certain why the highest incidence of suicide is found in the veterinary profession [locally and worldwide]; and there may even be more than one factor, however, the responsibility to save lives and access to scheduled medicines may have an impact on veterinary professionals; and
   b) Medical research is being conducted to determine whether there are certain biological reasons for the high incidence of suicide within the veterinary profession in SA.

3. Who are qualified to deal with stress related matters?
   a) Only persons qualified as psychologists and/or psychiatrists are qualified to deal with stress related matters;
   b) Trained persons may be able to refer veterinarians and para-veterinarians for professional help; and
   c) Colleagues may be able to understand the challenges in veterinary practice and may serve as a sounding board for other colleagues who need to talk about veterinary related challenges.

4. What are the constraints and what care should be taken?
   a) Professionals, especially men, may not be seen to seek help as it may be seen as weakness and other stigmas may be attached to seeking help;
   b) Financial- and time constraints, i.e. stressed professionals cannot take time off not even a day or two and taking time off compounds the financial stresses;
   c) A lack of qualified mentors in the veterinary professions;
   d) Care should be taken to ensure that confidentiality be retained when dealing with stress related matters; and
   e) Unqualified persons should not deal with stress related matters.

5. What information should be made available?
   a) All contact and helpline information already available to the veterinary professions should be available to all veterinary professionals;
   b) The information should be centralised and possibly the same information should be available on Council’s website and on all other websites of all stakeholders available to the veterinary professions;

   • complicated social factors not least of all the disintegration of social structures, loss of respect for experience and wisdom and fast changing environments;
   • personal security factors;
   • complicated inter-personal relationship factors;
   • negative circumstances in employment in general and dealing with incompetent staff;
   • lack of conflict management skills;
   • personality traits [introverts; lack of team work]; reliance on image as a veterinarian only; fear of failure; and inexperience or generation issues younger or older;
   • lack of time for identification of needs especially spiritual needs and lack of time to satisfy those needs.

   all these factors impact on veterinary professionals, which are often compounded by time constraints to properly give attention and deal with these circumstances.
Are you carrying the world on your shoulders? continues

c) Anonymous surveys should be conducted regularly to assess what the causes of stress are and how veterinary professionals could be supported. The information should be made available;

d) Information on what to look for in a colleague who may be having problems [pay more attention] need to be made available and how to then deal with the information;

e) Information need to be available on how to get professional help for colleagues.

6. What are the roles of Council and other stakeholders?

a) To market the veterinary professions to the public and employers;

b) To educate the public and employers about veterinary professionals and the challenges faced by them;

c) Teach veterinary professionals to draw the line when dealing with, especially unscrupulous, clients;

d) Explain the practical application of rules and requirements in simple language to veterinary professionals;

e) Alay fees and/ or incorrect perceptions of Council;

f) Provide information to veterinary professionals on how to deal with difficult issues;

g) Be approachable and share knowledge;

h) Repeat messages regularly through all stakeholders;

i) Create a smart APP;

j) Promote personal and management courses [life skills]

A meeting will be held early in 2017 to draft the implementation plan following this workshop. Your written input is welcomed.

My message to all members: Prof Hofmeyr made us tie three knots in a handkerchief, suspend it in the air and count the knots – from the top down. There is a deep life lesson in that for us today:

Decide what your life, your purpose is all about, which knot is the top one – and let that define you and give weight to everything you do. Do not let your career define you: you are a person first, and only then a professional too.

May you have a most peaceful and blessed Christmas and festive season.

Kind regards
Anne De Vos

Please contact your Councillor fulfilling the duties of the stress portfolio

Dr Anne de Vos
apdevos@telkomsa.net
082 784 9363

WHERE CAN YOU OBTAIN CPD POINTS and speak to a Councillor?

SAWV
Skukuza, Kruger National Park
12 - 16 February 2017

Wildlife Group
Onderstepoort
22 - 25 February 2017

National Veterinary Cunningham Group
To be confirmed
6 - 18 March 2017 or 25 March - 8 April 2017

Oceanic Vet
To be confirmed
17 -18 March 2017

Eastern Cape
To be confirmed
5 - 6 May 2017

RUVAAS
To be confirmed
31 May – 2 June 2017

Southern Cape
To be confirmed
23 - 24 June 2017

SAVA Congress
Birchwood Hotel & Conference Centre, Boksburg
25 - 27 July 2017

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SAVC LATEST MEETING DATES 2017

Strategic Planning
7-8 Feb 2017
Cut-off date for submissions
16 January 2017

Full Council
14-15 March 2017
Cut-off date for submissions
17 Feb 2017

Executive Committee
13 March 2017
Cut-off date for submissions
20 February 2017

Education Committee
23 Jan 2017
Cut-off date for submissions
6 Jan 2017

Standards Committee
23 Jan 2017
Cut-off date for submissions
6 Jan 2017

Finance Committee
30 January 2017
Cut-off date for submissions
16 January 2017

Committee on Food Safety and Security
13 March 2017
Cut-off date for submissions
17 February 2017

Investigation Committee
23 February 2017
Cut-off date for submissions
1 February 2017

Inspections Committee
Makes electronic recommendations
as and when required

Registration & Authorisation Committee
24 January 2017
Cut-off date for applications
11 November 2017

Review Committee
2 February 2017
Cut-off date for applications
10 January 2017
PLEASE CONTACT YOUR COUNCILLOR

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Vision
Advancing public and animal health through quality veterinary services for all

Mission
The South African Veterinary Council seeks, through the statutes of the Veterinary and Para-Veterinary Professions Act, 1982 to
■ serve the interests of the people of South Africa by promoting competent, efficient, accessible and needs-driven
service delivery in the animal health care sector;
■ protect the health and well-being of animals and animal populations;
■ protect and represent the interests of the veterinary and para-veterinary professions;
■ regulate the professional conduct of the veterinary and para-veterinary professions; and
■ set and monitor standards of both education and practice for the veterinary and para-veterinary professions

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