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notice shall—

16.2.1.1 contain the name of the person to whom it is directed; and

16.2.1.2 be contained in a sealed window envelope or other envelope on which the name and address of the person to whom it is directed appears; or

16.2.2 from delivering a lecture or speech or publishing any report, interview or article or permitting the publication thereof, in a bona fide attempt to save animals in a specific area during an emergency situation.

---

16 Advertering van praktyke.

16.1 Behoudens reël 16.2 mag die praktyk of deskundigheid van of diensleerdeerder daarmee deur 'n persoon wat 'n veterinêre beroep besciden, nie met die oog op professionele gewin goadverteer word nie ouer middel van—

16.1.1 in advertensie in verband daarmee wat in die lekepers gepubliseer word, deur middel van dié radio of televisie uitgesaai word of op 'n verwante wyse skriflik, mondeling of visueel onder die aandag van die publiek gebring word;

16.1.2 in verslag, onderhoud, artikel of kennisgewing van watter aard ook al, in verband daarmee wat in die lekepers gepubliseer word of andersins op die wyse in reël 16.1.1 bedoel, onder die aandag van die publiek gebring word op 'n wyse wat bereken is om kliëntte te trek;

16.1.3 kaarte, handbiljette, pamflette of enige ander mededeling in verband daarmee wat aan die publiek uitgereik of op openbare plekke of ander plekke as die persoon waarof waarvandaan die betrokke persoon sy beroep besciden, vertoon word;

16.1.4 die publikasie in die lekepers, van die mening van die betrokke persoon oor 'n veterinêre onderwerp op 'n wyse wat bereken is om kliënte te trek, hetsy met of sonder vermelding van sy naam; of

16.1.5 die hou van 'n lesing of toespraak oor 'n veterinêre onderwerp voor 'n byeenkoms van lede deur die betrokke persoon, of die uitsending daarvan deur middel van dié radio of televisie, indien dit inligting bevat wat bereken is om homself of 'n groep collegas in die profesie ten koste van ander collegas in die profesie te bevoordeel.

16.2 Die bepalings van reël 16.1 word nie uitgelê dat 'n persoon wat 'n veterinêre beroep besciden, daardeur verbied word om—

16.2.1 skriflike kennisgewings van 'n adress-verander, onthinding van 'n vennootskap of soortgelike aangeleentheid aan persone aan wie hy gedurende die voorafgaande vyf jaar professionele dienste gelewer het, of van die feit dat hy 'n praktyk geopen het, aan sy collegas in die professie te
Guidelines for Registered Names of Facilities

Council approved the following amended guidelines:

1. Geographical, Street, Suburb and District names are acceptable. Names which imply claim to an unrealistic practice area (e.g. Natal Veterinary Hospital) will not be permitted.

2. "Made-up" names are acceptable, provided that they are professionally acceptable and suitably dignified and that conflict is avoided with other vested interests.

3. Duplication of names should be avoided with the exception of common street or suburban names in different towns.

4. The duplication of "Made-up" names will not be permitted.

5. The use of Veterinarians names as a prefix to a hospital or clinic is not permitted.

6. Applicants should provide a second choice of name on application forms in case the first choice cannot be approved.

Onus on Owner to Ascertain Whether Facility Name is Not a Duplication of the Name of an Existing Practice

Council resolved on the 31st of January 1994 that the onus rested on the owner of a registered facility to ascertain that the name of his/her clinic was not in conflict with the name of an existing established practice. Old existing practices are requested to register their facility names and annexed hereto is an application form for Registration of the Name of an Animal Hospital /Animal Clinic.
remain in the revised structure to provide for wider representation and input. The Executive Committee will be increased from 3 to 5 members.

**FUNDING OF COUNCIL**

The funding of all the activities of the selection panel members and their remuneration shall be provided by the Ministry of Agriculture.

The funding of accommodation, transport and remuneration of all selected members and the member designated by the Ministry of Agriculture shall be provided by the Ministry of Agriculture.

The funding of the 10 elected veterinarians, the para-veterinary professional, the members designated by the universities and all other activities including administrative staff will be provided by the Council from its income derived from registered professionals and investments.

You are invited to send your comments or input to:

The Registrar, P/Bag 909,
Pretoria, 0001, to reach us by not later than 15 March 1996

Investerings en voorstelle moet ons teen nie later as 15 Maart 1996 bereik nie.

Die volledige motivering vir die voorgestelde model is beskikbaar op aanvraag van die Registrateur.

**Instandhoudingsfooiie**

Betalbaar 1 April 1996

Veearts en Spesialiste R 216.66
Para-Veterinère beroepes R 108.30

Ten spyte daarvan dat die uitgawe begroot vir die 1996/97 boekjaar met bykans 70% toeneem is die instandhoudingsfooiie slegs met 10% verhoog.

Werkgewers moet vereker dat hulle werknemers geregistreer is by die Raad - vra vir 'n kwantisie as bewys van betaling van fooie.

**REKENINGE EN BELASTINGFAKTUUR WORD EEN MAAL PER JAAR GELEVERD IN APRIL 1996 UITGESTUUR. VERSEKER AAR dat die RAAD U KORREKTE ADRES HET.**

Specialists

A Workshop on Specialist Registration was held during May 1995 to review Council's policy with regard to Specialist registration. The following recommendations of the workshop were endorsed by Council:

- The establishment of a subcommittee to:
  - review the existing conditions and criteria for registration as a veterinary specialist;
  - review existing categories of specialization with a view to update/amend;
  - review the category structure on a regular basis;
  - develop a standard procedure for the evaluation of applications;
- The creation of a mechanism for recognition of specialist registration by members of the public and corporate employers;

The appointment of an ad hoc committee, with powers of cooption, was confirmed consisting of:

Professor T W Naudé (Convenor)
Tel: (012) 529-9264

Professor N P J Kriek (Non-clinical)

Doctor O M Briggs (Clinical)

Doctor S T Cornelius (Clinical)

Prof C M Veary (Co-opted)

This ad hoc committee serves as an evaluation committee, with the power to coopt a specialist/s in the field and to make recommendations to Council on specialist registration.

**Fasiliteite**

**ALLE FASILITEITE MOET BY DIE RAAD GEREGERREE WERD.**

 Dit sluit fasilititeit in wat deur Welsynsorganisasies, Regeeringsinstitusies, Privaat Praktisyns, Opleidingsinstitusies en Navorsingsinstitusies bedryf word.

LEDE WERDE VERBOEKOM VEREISTE ONDER DIE AANDAG VAN U WERKGWEERTE TE BRING. STEL ONS ASSEBLIEF IN KENNIS VAN ONREGISTRERERDE FASILITEITE.

MEMBERS ARE REQUESTED TO INFORM THE SECRETARIAT IN THE EVENT OF:

- A FACILITY CLOSING DOWN
- A FACILITY CHANGING OWNERSHIP
- A CHANGE OF ADDRESS

(Enclosed herewith an application form to register your facility)

**LABORATORIUMDIER TEGNOLOOOG/ LABORATORY ANIMAL TECHNOLOGIST**

Die Raad maak met genoest bekend dat wysiging van die Wet van 15 September 1995 in werklik getree het wat die registrasie van Laboratoriumdier Tegnoloog by die Raad MOONTJE maak. Dit is die Raad se wens dat hierdie nuwe Para-Veterinère Professione 'n lang en gelukkige verhouding met die Raad sal bê.
APPLICATION:

I, _______ (full name), Registration No _______ on behalf of my/our practice, in terms of the Rules relating to the Practising of Veterinary Professions made by the South African Veterinary Council (Government Notice R2086 dated 1 October 1982), refer paragraphs 20.2.1.2; 20.2.2.2; 20.5; Part I, IV and Part V, hereby apply for the registration of my/our name of an Animal Hospital / Animal Clinic / Animal Consulting Room. (DELETE WHICH IS NOT APPLICABLE)

Proposed Name of Facility: 
First Choice: __________________________________________________________

Second Choice: ________________________________________________________

Physical Address of Facility: ____________________________________________

Postal Address of Facility: _____________________________________________

Telephone Numbers: __________________________________________________

I declare that:-

1. (a) the abovementioned facility for which I apply for registration has been run by myself/our practice since (date) __________________________; OR

(b) the abovementioned facility for which I apply for registration is to be opened on (date) __________________________ and will be ready for inspection by a member of Council, should this be deemed necessary by the (date) __________________________

2. As far as I am aware the name is not being used by any other practice and is not of such a nature that it can be confused with another name which is in use.

3. The physical facility complies with the minimum standards laid down by the S.A. Veterinary Council in the abovementioned rules.

4. Should the physical facility, once registered, not comply, for a period exceeding 30 (thirty) days, I shall inform the S.A. Veterinary council thereof by registered post.

5. Should I retire from the practice or should the facility close I shall inform the S.A. Veterinary Council thereof by registered post and within 30 (thirty) days of this occurring.

6. I accept that the S.A. Veterinary Council, through an authorised person, has the right to inspect my/our facility at any reasonable time.

7. I accept that the S.A. Veterinary Council may at its discretion, but on condition that I am informed of the reasons, decide not to register this facility or withdraw the registration or suspend the registration thereof.

SIGNATURE ____________________________ DATE ______________

The deponent declares that he knows the contents of the abovementioned and that it is in all respects correct.

COMMISSIONER OF OATHS ____________________________ CAPACITY ______________

NB: Please note that the onus to ascertain that the name applied for is not in conflict with the name of an existing established practice rests on the applicant.
IMPORTANT!!! IMPORTANT!!! IMPORTANT!!! IMPORTANT!!!

WE ARE RELOCATING OUR OFFICES

FROM 1 SEPTEMBER 1996 OUR NEW DETAILS ARE:

First Floor
Hamilton Forum
c/o Hamilton Street and Hamilton Avenue
Arcadia
(North of Vermeulen Street, adjacent to the Meat Board)

Our telephone and fax numbers remain unchanged.
Please note our new address:
P O Box 40510
ARCADIA
0007

LATE NEWS

COMPLETION OF DRUG REGISTERS

Following discussions with the Jockey Club
it was resolved that they will amend their
Rules to make provision for the completion
of the Drug Register (for horses in training)
by the veterinarian supplying drugs to the
trainer/owner. Our own Rules will also be
amended to bring this in line with their new
rule and veterinarians involved in treating
horses in training are to take note hereof.

In your own interest you are urged to
ensure that these Drug Registers are
completed. Once the new Rule has been
promulgated failure to comply therewith will
be regarded as unprofessional conduct.

EMERGENCY/AFTER HOUR CLINIC

All persons involved in emergency or after
hour clinics are invited to make
submissions to Council on what they
regard the minimum requirements should
be for such facilities. (We are referring to
facilities which only operate on an after
hour basis attending to the referrals from a
number of practises) You are particularly
requested to comment on the level of
competency required from lay staff and the
availability and range of diagnostic
equipment/apparatus.

Inputs should reach our office by not later
than 16 September 1996.
ATTENTION
IMPORTANT NOTICE

In the previous Newsletter members were advised that suitable professional logos are allowed on identification boards and advertisements in the printed media. It was decided that these logo's do not require Council approval.

However following a meeting between the Council and the SAVA it was resolved that logo's are now to be approved by Council.

To assist members the term "logo" has been defined as follows -

"Logo's are any object or figure being a symbolic representation presented in a professional manner and used as a mark of recognition or distinguishing token."

A cartoon character is not a logo!

ADVERTERING

Lede moet kennis neem dat enige toekomstige oortredinge van die reëls met betrekking tot advertering van nou af as ernstig beskou sal word en dat daar streng teen oortreders opgetree sal word. Voldoende tyd het verloop om almal vertroud te maak met die reëls. Indien u enige twyfel het of u advertensie voldoen aan die reëls staan dit u vry om dit aan ons te stuur vir goedkeuring.

Na oorlegpleging met SAVA is daar aanvaar dat buiten 'n enkel strooibilj (single handbill) mag lede in enige publikasie adverteer mits lede seker gemaak het dat alle lede 'n gelyke geleentheid gegun is om in die betrokke publikasie te adverteer. Kontroleer die aspek ten tye van die plasing van die advertensie met die uitgewer.

VETERINARY
MEDICINE
Dispensing
Standards

The Medicines Control Council has expressed concern over the lack of control over medicines, the way in which medicines are stored, the uncontrolled access to medicines by unqualified personnel and the low standard of dispensing medicines.

The National Drug Policy for South Africa published in January 1996 proposed that only practitioners who are registered with the relevant Council may supply and dispense of drugs.

The MCC has recently resubmitted inspection modules used by the inspectorate for comment following inspections that took place at certain Pretoria veterinary practises which indicated a degree of non compliance and indeed ignorance of dispensing practises as required in terms of Section 101 of 1965. These inspections have now been halted until guidelines for Veterinary dispensing have been laid down by the Act.

Veterinarians are urged to ensure that they are familiar with the requirements of Act 101 of 1965 and to follow good dispensing practice.
SELECTION PANEL
It is proposed that the selection panel of 5 (3 veterinarians, 1 para-veterinary professional and 1 non-veterinary professional) is appointed by the Minister of Agriculture in consultation with the outgoing Council.

FUNDING
The Department of Agriculture will be responsible for the costs of the designated and selected members.

It is envisaged that the necessary amendments to the Veterinary and Para-Veterinary Professions Act will be enacted in 1997.

Specialists
The Subcommittee on Specialist Registration has, following comment from various registered specialists on their working document on future specialist registration, formulated a policy document which will be forwarded to all registered specialists for their input. Interested parties may contact the Administration for further information.

VEEARTSE,
VERPLEEGSTERS EN TEGNOLÓŒ

'N Lys van lede wat van die register verwyder is asook nuwe en herregistrasies word hiermee ingesluit vir kennisname.

Indien u nie saamsteman met die lys nie word u vriendelik versoek om met René te skakel (012-324 2392) sodat die nodige regstelling gedoen kan word.

DISSIPLINÊRE
ANGELEENHTEDE
Gedere van die afgeope termyn is die volgende lede skuldig bevind aan oortredinge ingeval die Wet op Veterinêre en Para-Veterinêre Beroeps Wet 19 van 1982:
Dr A R Redman
Dr R R Moopen
Dr D Pledger
Besonderhede daarvan het in die Staatskoerant van 11 Oktober 1996 No 17482 verskyn.

GUIDELINE DOCUMENT ON DISCIPLINARY INQUIRIES
A guideline document on procedure to be followed at inquiries has been drafted and forwarded to the VDA and the SAVA for their input thereon. Anyone interested should contact the Administration for a copy thereof.

Over Servicing
It is unethical and unprofessional to continue treatment of an animal when euthanasia is indicated and the veterinarian is fully aware that the animal will not recover from its illness.

MEMBERS ARE REMINDED TO INFORM THE SECRETARIAT IN WRITING IN THE EVENT OF:
* A FACILITY CLOSING DOWN
* A FACILITY CHANGING OWNERSHIP
* A CHANGE OF ADDRESS

VANWEÉ DIE AANTAL KLAGTES WAT DIE ONDERSOEKSKOMITEE ONTVANG OOR DIE BEHANDELING VAN BYTWONDE WORD 'N PROTOTKOL
BY DIE NUUSBRIEF INGESLUIT.
LEDE WORD GEWAARSKU OM NIE TOE TE GEE AAN DIE DRUK VAN KLIÉNTE WANNEER BYTWONDE BEHANDEL WORD NIE.

Ons wil ons dank teenoor
KYRON Laboratoriums (Edms) Bpk
uitsprake vir 'n finansiële bydrae van R 500,00 wat die publikasie van die protokol help moontlik maak.

Minimum requirements for emergency and after hour facilities

In view of the many complaints received by the Disciplinary Committee from members of the public of the services rendered by emergency or after-hours facilities members should ensure that they employ competent veterinarians to provide a professional service and competent staff to monitor the animals. The principals of these facilities should ensure that they have the necessary equipment, apparatus and medicines to provide the necessary services.

TB TESTING
Council accepts that Animal Health Technicians shall continue to perform TB testing. They should be well trained and their functions should not include certification.
NEW GUIDELINES FOR THE APPROVAL OF FACILITY NAMES

- Geographical, street, suburb and district names are acceptable. Names which imply too wide a practice area, e.g. Natal Veterinary Hospital are not permitted. In future suburb and street names are given preference, and town names are granted only in exceptional circumstances.

- The use of "made-up" names, including those which contain the prefix or suffix "vet" (e.g. Citivet or Medivet) should be permitted, provided that such a name is followed by "veterinary hospital/clinic/consulting room". All applications for made-up names are referred to Council for approval.

- Duplication of names should be avoided with the exception of common street or suburb names in different towns which are further than 50 km apart.

- The duplication of "made-up" names will not be permitted.

- The use of a veterinarian's name as a prefix is not permitted.

- Only names ending in "hospital", "clinic" or "consulting room" are registered.

- Species practices, e.g. bird or equine practices may be registered. Organ and discipline practices may only be registered provided that:
  a) such a practice is registered in the name of a registered specialist in the organ/discipline involved;
  b) should such a practice be sold to a non-specialist, the name would have to change;
  c) a specialist should be on duty at all times at such a practice, e.g. where it is necessary for a locum to be employed at such a practice, this locum must be a specialist in the applicable field;
  d) general veterinary work should be permitted to be performed at such a practice;
  e) such a practice should not be obliged to operate on a referral basis.

- The words "veterinary" and "veterensenykundige" are as acceptable for use in the name of a facility as are "animal" or "diere".

- "After-hours" facilities can be registered. "Emergency" facilities can no longer be registered.

- There is a cross-referencing between names of facilities and close-corporations.

APPLICANTS WHOSE PREVIOUS REQUESTS WERE DISMISSED ARE INVITED TO REAPPLY FOR THE REGISTRATION OF NAMES PREVIOUSLY DISALLOWED.

Applicants are reminded that it is fraudulent to apply for the registration of a facility that does not comply with the minimum standards.

INSTANDHOUDINGSFOOIE

Neem alle stekken kennis dat die fooie op 1 April 1997 betaalbaar is.

Veearts / Speciaaliste R 250.00

Tegnoloë / Verpleegsters R 125.40

Belastingfakture sal gedurende April uitgestuur word. Indien u teen einde Mei nog nie een ontvang het nie tre as seblief met ons kantoor in verbanding indien u instandhoudingsfooe nie teen 1 July 1997 betaal is nie loop u die gevaar om van die register verwyder te word in welke geval u nie meer u veterinaire of para-veterinaire beroep sal kan beoefen nie.

Proposed regulations
on the training of students for a Diploma, the holder of which shall be entitled to registration as a Veterinary Nurse in terms of Regulation 21 of Act 19 of 1982; and
the Undergraduate Training of Students for a Degree, the holder of which shall be entitled to registration as a Veterinarian were approved and will be promulgated shortly.

NEW APPROVED RULE

Animal Transport Vehicle

An Animal Transport vehicle means that type of mobile facility equipped safely to transport animals whether sick, injured or healthy from one location to another. Such transport vehicles must be constructed so injuries to animals are prevented, is escape free and can be sanitized between visits. Such mobile facilities may bear the inscription Animal Transport Vehicle and the telephone number of the organisation involved. (There is no restriction on the letter size) These facilities are not ambulances, should not be used solely to transport people and must not be used as a means to advertise a practice.
NEW RULES ON BOARDS

Identification Boards
This is a board on the premises where the practice is situated; States the registered name of the practice. It may contain a logo. There is no restrictions on size or letter size. Consulting hours are allowed to appear on the identification board; and there is no restriction on the number of boards.

Direction Boards
This is a board situated away from the practice indicating the direction to follow to the practice; It must comply with the municipal/provincial regulations governing direction boards. There is no limitation on the number or size of boards and the content of the boards shall be limited to the registered name of the Veterinary Hospital, Clinic or Consulting Room, and where necessary, a direction arrow.

Sign Boards
This is an advertising board situated away from the practice containing information relating to the practice, i.e. registered name, address and telephone numbers. Sign boards may be erected where the practice is situated in a complex and the circumstances justify a sign board. **The use of this board is to be approved by Council.**

COLLUSION
It would be regarded as unprofessional conduct if collusion was proved by a veterinarian to ensure that his/her advertisement appeared next to an article/advertorial by a third party if the article was considered as touting.

ACCEPTANCE AND PAYMENT OF COMMISSIONS
Rule 6 of the rules will be amended as follows:
A person who practises a veterinary profession shall not – pay or offer any commission to any person or colleague as a consideration for clients or possible clients which have been referred to him; accept any commission from anybody as a consideration for recommendation of services offered or rendered by such person or colleague; share any fees which are charged for a service with any person or colleague unless such sharing is commensurate with the extent of such other person’s or colleague’s participation in the rendering of the service concerned or unless he is associated with the colleague as a partner, shareholder, employee or locum tenens, or charge or accept any fee for the examination of an animal from both the buyer and seller or both the insurer and owner of that animal.

The provisions of rule 6.1 do not prohibit veterinary professionals from – paying to a debt collector agency any commission in respect of debts collected on his behalf or from accepting any royalty or compensation in respect of an article or product to which he holds the patent rights.

RECORD KEEPING
Rules 25 and 31 regulate the keeping of records which shall be retained for at least three years. Separate records shall be kept of: Client’s details; Patients details; Physical examination; Diagnosis; Vaccination programme; Medical and surgical treatment; and Medicines administered and/or prescribed.
The importance of proper record keeping cannot be over stressed. It is of vital importance to protect yourself by keeping comprehensive contemporaneous records as required in terms of the rules to defend yourself at a later disciplinary inquiry or at a civil suit.

Restructuring Council
The administration of the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982 now resort under auspices of the Minister of Agriculture, Mr D Hanekom. The Act was previously administered by the Deputy Minister of Agriculture, Ms T Didiza. Discussions on the final model for a future Council have therefore resumed between Council and the Minister. The Minister’s proposals and the SAVC model, were discussed at a meeting between the SAVC and representatives of the SAVA, VNASA, the SAAVT and the Minister and officials of his Department on 23 May 1997.

A task group had been appointed at the meeting to revisit the composition and functions of Council, the required skills of Council members and the accommodation of the issue of user representation.

A progress report will appear in the next Newsletter.
Guidelines, Protocols and Policies

CODE OF CONDUCT AND PRACTICE

Council is proud to announce that a Code of Conduct and Practice will be available to every registered member in 1998.

The Code of Conduct and Practice Subcommittee chaired by Professor S S van den Berg had deliberated on a Code of Conduct and Practice over two years. The document, has after extensive consultation, been drafted by Professor Van Den Berg and will enjoy the support of the majority of the profession.

The document is relevant to a variety of situations in practice and is meant to be a user friendly guide to promote professionalism. The document is dynamic and would be subject to updating and improvement.

VERANDERING VAN REELS EN BELEID RAKENDE PROFESIONELE OPTREDE

Die professie se aandag word daarop gevestig dat die Reels rakende die aspekte hieronder gelas sedert die publiserings van die Reels in die Staatskoerant no 15981 van 23 September 1994 en bekendstelling in die Nuusbrief, verander het. U word verzoek om seker te maak of u op hoogte van die verandering van die beleid rakende die volgende aspekte soos reeds in die vorige Nuusbrieue gekommenteer, te bring:

- Advertering;
- Radiografiese beelde;
- Logogramme;
- Aanwyingsborde na die praktisie;
- Identifisieringsborde by die praktisie en Uithangborde by koepeentrems;
- Beoordeling van fisiliteite;
- Inligting aan 'n bona fide klient;
- Ope winkel;
- Diererwerf voortkuur;
- Artikels in die media;
- Belasting van kommissies.

You are invited to contact the Administration should you require clarification on the rules or aspects relating to policy.

VACCINATION: RECORDS AND CERTIFICATES

A student, student nurse and nurse may sign a vaccination record. Only a veterinarian may sign a vaccination certificate. The veterinarian is obliged to administer the vaccination for which a vaccination certificate for travel and other purposes, is issued.

EARLY AGE NEUTERING

The Department of Surgery, Onderstepoort provided the following recommended guidelines for sterilization of animals in the case of Animal Welfare Organisations:

- minimum age of 6-8 weeks;
- cases of cryptorchidism should not be included;
- animals should not be starved for more than 4-6 hours before the procedure;
- animals should be fed 1-2 hours after the procedure to prevent hypoglycaemia;
- special consideration during the post-operative period including keeping animals warm;
- animals should be vaccinated and dewormed prior to sterilisation (stress induced disease);
- anaesthetic should be safe and rapid - the following drugs are recommended:
  (a) propofol induction with fluothane maintenance
  (b) fluothane induction and maintenance
  (c) ketamine 10mg/kg +ACP 0.05mg/kg 1/m

Veterinarians in private practice are required to use their discretion when a decision in this regard is to be made.

IDENTIFICATION OF STERILISED ANIMALS

The profession is advised that animals which have been sterilised should be identified. The most practical form of identification would be a tattoo in the animal’s ear. At present microchipping is not a practical option as it cannot be scanned by all practices.

BONA FIDE CLIENT

Council's interpretation of a bona fide client is a person to whom a professional service has been rendered during the past three years and does not include a person to whom you have only merchandised.

ANAESTHESIA: MONITORING

The following guideline should be followed for the monitoring of animals under anaesthesia:

The monitoring, maintenance and recovery from anaesthesia should be effected by registered personnel or trained non-registered personnel under supervision of a registered veterinarian who must be on the premises. Surgery, monitoring and maintenance should not be done by the same person.

All animals should be monitored after surgery and not discharged unless adequately recovered from anaesthesia. All animals must be fully conscious and ambulatory before discharging them from an animal facility.

Should it be necessary for a practitioner to deviate from the aforementioned the owner should be advised of the risks involved.

EXPORTS: CERTIFICATION DOCUMENTS

Private Practitioners are advised to consult the State veterinarians in their districts on the respective requirements of the importing countries.

ANIMALS IN TRANSIT

Council recommends that animals be dipped 24 hours prior to departure abroad and certification that animals are free from external parasites.

EARCROPPING

Although Council does not at this stage regard earcropping as unethical it does not encourage the practice thereof. The profession is cautioned that Council would NOT support a member of the profession if a complaint of animal cruelty was laid against a member. It is advised that earcropping is a veterinary procedure and should not be undertaken by laypersons.
Registration matters

VETERINARIANS, NURSES AND TECHNOLOGISTS.
A list of those members removed from the register as well as new registrations and re-registrations is enclosed herewith for information.
Kindly contact René at (012) 324 2392 should you not agree with the list.
Kindly note that the maintenance fee for 1997 was due on 1 April. Please contact the administration should you not have received your Tax Invoice. To ensure that your fee is not removed, payment should be received by not later than 1 July 1997. Members who are living abroad are liable to pay VAT as the service to maintain registration is a service rendered in South Africa by the Council.

CLOSE CORPORATIONS
A Close Corporation of which the principal business is the practising of a veterinary profession of veterinary specialist or veterinarian or a para-veterinary profession of veterinary technologist or veterinary nurse, must be registered with the Council. (An application form is enclosed with the Newsletter for this purpose.)
Kindly note that the requirement of registration is separate and to be distinguished from the requirement to register the name of your facility: Registration of a Close Corporation is analogous to the registration of an individual.

LOGOS
Members are advised to contact the SAVA at (012) 346 1150/1 for permission to use their logo. The profession is reminded that all logos must be approved by Council.

AUTHORISATION
Guidelines for application to be authorised by Council in terms of Section 23(1)(c) of the Veterinary Professions Act, to render a Veterinary or Para-Veterinary service are available from the Secretariat.

MINIMUM STANDARDS FOR FACILITIES
The SAVA had been requested to comment on draft minimum standards for facilities for amendment of the present standards. Once this is finalised the now long awaited inspection of facilities will take place.

EMBRO-OORPLASERS
Die SAVR het vereistes vir registrasie van embrio-oorplasers, soos deur die SAVeterniere Groep (SAVEG)voorgestel, aanvaar. Kontak asseblief die Administrasie vir besonderhede.

COUNCIL MEETINGS: 29 July, 7 October & 18 November. Kindly note that agendas close 14 days prior to these scheduled meetings.

Letter of good standing
Brief van aanbeveling

The Registrar will provide a letter of good standing for a member whose maintenance fee is paid and whose professional conduct did not require the removal of the member's name from the register. It will be issued on receipt of a written request, payment of the prescribed fee (at present R 68.40), information as to whom the letter should be directed to and a date by when the letter should be received. A letter of good standing directed to a foreign veterinary board is faxed directly to that board and the member is informed in writing on the date of issue thereof. RCVS UK Admission dates are 11 & 25 July and every second Friday thereafter ending 12 Dec '97. Please contact RCVS at Tel: (0944) 171 22 001 for information.
In terms of Section 20 of the Veterinary and Para-Veterinary Professions Act, 19 of 1982 the Minister of Agriculture may on the recommendation of Council prescribe the degrees, diplomas and certificates, granted after examination by a university or other educational institution which shall entitle the holders thereof to registration in terms of the Veterinary and Para-Veterinary Professions Act. In terms of Section 20(3) a recommendation in respect of a qualification granted by a university or other educational institution outside the Republic shall only be furnished if:
- such qualification shall entitle the holder to practise a corresponding veterinary or para-veterinary profession in the country in which such university or other educational institution is situated;
- by the laws of that country a person holding a corresponding qualification prescribed under subsection (1) granted by a university or other educational institution situated in the Republic is qualified without further examination to practise a veterinary or a para-veterinary profession in that country; and
- the Council is satisfied that possession of any such qualification indicates a standard of knowledge not lower than that required for the acquisition of a corresponding qualification by any university or other educational institution situated in the Republic and prescribed under subsection (1).

At present the qualifications so prescribed are:
- B.V.Sc.-Massey University, New Zealand;
- B.V.Sc-University of Bristol, England;
- Vet.M.B.-University of Cambridge, England;
- B.V.M & S-University of Edinburgh, Scotland;
- B.V.M.S-University of Glasgow, Scotland;
- B.V.Sc-University of Liverpool, England;
- B.Vet.Med-University of London, England; and

Council is at present investigating whether such a policy of reciprocity is desirable for the veterinary profession in South Africa and invites members of the profession to provide Council with their comments thereon.

The Specialist Committee is still reviewing specialist registration and will draft the broad regulations which application for registration could be made. The details of administration and facilitation of the training programmes and examinations for specialist registration within the categories will be finalised in liaison with stakeholders.

Post-graduate students enrolled for prescribed degrees, who are not registered as veterinarians, need to register. Visiting undergraduate and post-graduate students need not register with Council.

A list, with the names of those members removed from the register, new registrations and re-registrations, is enclosed herewith for information. Kindly contact René at (Tel: 012 324 2392) should you not agree with the contents of the list.

Kindly note that the maintenance fee for 1998 is due on 1 April 1998. Belastingfakureil gedurende April 1998 uitgestuur word. Please contact the office should you not have received your Tax Invoice by May 1998. To ensure that your name is not removed, payment should be received by not later than 1 July 1998.

Members who are living abroad are liable to pay VAT as the service to maintain registration is a service rendered in South Africa by the Council.

Kindly note that facility names are registered in the name of the Close Corporation and not in the name of the veterinarian who applied initially for the registration of the name. Facilities and Close Corporations are now issued with registration numbers.

A written request and payment is required at least 21 days prior to departure. Please ensure timeous application by contacting the office well in advance.

Council invites those persons who wish to make application to be registered under the grandfather clause to do so within six(6) months of the publication in Government Gazette, ending 3 April 1998.
Restructuring Council

Confirmation was received from the Department of Agriculture, Legal Services that the amendment of the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982, to alter the present composition of Council, will serve before Parliament during the second half of 1998. A progress report will appear in the next Newsletter.

Registration of Facility Names Changes to the Guidelines

Geographical, street, suburb and district names are acceptable. Names, which imply too wide a practice area, e.g. Natal Veterinary Hospital, are not permitted. Suburb and street names are given preference, and town names are granted only in exceptional circumstances.

The use of “made-up” names, including those, which contain the prefix or suffix “vet” (e.g. Citivet or Medvet), are permitted, provided that such a name is followed by “veterinary hospital/clinic/consulting room/centre”. All applications for made-up names are referred to Council for approval.

Duplication of names should be avoided with the exception of common street or suburb names in different towns, which are further than 50 km apart. The duplication of “made-up” names will not be permitted.

The words “veterinary” and “veerartsenekundige” are as acceptable for use in the name of a facility as are “animal” or “dieren”. The use of a veterinarian’s name as a prefix is not permitted.

After-hours facilities can be registered. An after-hours facility is a facility, which complies with the minimum standards for a hospital, which operates outside of normal working hours for veterinary practices whereafter after-hours work is referred, i.e. at night, Saturday afternoons, Sundays and public holidays. (The onus rests on the referring practice to ensure that veterinary attention is available outside of the operating hours of the after-hours facility.)

Species practices, e.g. bird or equine practices can be registered. Organ and discipline practices should be registered provided that:

- such a practice is registered in the name of a registered specialist in the organ/discipline involved;
- such a practice must be sold to a non-specialist, the name would have to change;
- a specialist should be on duty at all times at such a practice, e.g. where it is necessary for a locum to be employed at such a practice, this locum must be a specialist in the applicable field;
- general veterinary work should be permitted to be performed at such a practice; and
- such a practice should not be obliged to operate on a referral basis.

Emergency facilities can be registered. An emergency facility is a facility which complies with the minimum standards for a hospital at which a veterinarian is present, and prepared to attend to emergencies with minimum delay, at all times.

Centre facilities can be registered. A centre is a facility shared by a minimum of two veterinary specialist disciplines, each of which is headed by a registered specialist in the appropriate fields, and has such a specialist present. Appropriately equipped facilities for the specialist disciplines must be available at all times. Subject to these requirements, general practitioners may operate from such facilities.

Only names ending in “hospital”, “clinic”, “consulting room” or “centre” are registrable. There is a cross-referencing between names of facilities and close-corporations.
Registration matters

SOUTHERN AFRICAN ASSOCIATION OF PARA-VETERINARY PROFESSIONS (SAAPVP)

The inaugural meeting of the SAAPVP took place on 10 March 1998, the association consists of three Para-Veterinary Professions namely Veterinary Nurses, Laboratory Animal Technologists and Veterinary Technologists registered with the SAVC.

The Association of these professions as well as the S A Association of Animal Health Technicians (SAAAHT) are affiliated with the SAAPVP. The registration of Animal Health Technicians with Council is pending.

Among the main objectives of the SAAPVP are:
- To promote the para-veterinary professions affiliated to the SAAPVP;
- To encourage cohesiveness amongst the para-veterinary professions and promote healthy co-operation with the Veterinary Profession;
- To promote para-veterinary education and training;
- To strive for the prevention of cruelty to animals and protection of the environment;
- To remove discrimination and promote equality within the associations.

The two major issues being addressed by the SAAPVP is the registration of the Animal Health Technicians with the SAVC and the investigation of “grey areas” where the practising of a Para-Veterinary profession may overlap with those of another as defined by the Act. All para-veterinary associations or organisations, whether the profession registers with Council at present or not, are invited to contact the current Chairperson, Mr Ernie Bok (011) 921-5734.

LABORATORY ANIMAL TECHNOLOGISTS

The profession is the latest edition to come under the wing of the Council and is involved with medical and veterinary research. The process was a long and intricate one which involved the revision of the National Diploma course. Having obtained registration status now entails greater measures of control, accountability as well as a higher degree of professionalism. The S A Association for Laboratory Animal Science (SALAS) feels that it can now together with the SAVC make considerable headway with regard to the establishment of legislation for the use of animals in research.

VETERINARY TECHNOLOGISTS

The S A Veterinary Technologist Association’s contribution towards this Newsletter serves to reach all Technologists registered with Council and keep them informed on the existence of their Association and on issues relating to the profession.

The annual congress of the Association takes place at Klein Kariba on 15 and 16 September 1998. Please contact the convenor Louise vd Walt at Tel: (0154) 491-4128.

The profession acknowledges the Association’s past representative on Council, Mr Piet van der Walt who served with distinction in this capacity.

VETERINARY NURSES

Veterinary Nursing and their Association celebrate their 20th Anniversary. The first class of veterinary nurses qualified in 1978 and the Association was subsequently formed. The Association and the nursing profession have gone from strength to strength thanks to the dedication and tenacity of the associations past committee members, the heads of the nurses department at Onderstepoort and representatives on Council.

Three nurses were registered with Council in 1974, 43 in 1978, and 260 nurses are at present registered with Council.

ANIMAL WELFARE ASSISTANTS (AWA’s)

AWA’s in the employment of Animal Welfare Organisations are no longer permitted to render services pertaining specially to Veterinary or Para-Veterinary Professions, without being authorised by Council. An extension was granted for all Animal Welfare Organisations to submit applications for AWA’s to render certain veterinary services to Section 23 (1) (c) of the Veterinary and Para-Veterinary Professions Act by not later than 31 July 1998.

CLOSE CORPORATIONS

Kindly note that facility names are registered in the name of the Close Corporation (CC) and not in the name of the veterinarian who applied initially for the registration of the name. Facilities and CC’s are issued with registration numbers.

Veterinarians may not practice as Incorporated Companies at present. An amendment to the Act has been proposed to the Department of Agriculture and is expected to be promulgated during the second half of 1998 to make provision for Incorporated Companies to register with Council. Members are kindly requested not to proceed with registration of Incorporated Companies until the amendment has been enacted. An insert on registering CC’s to render veterinary services will appear in the next Newsletter.

SPECIALISTS

The Specialist Committee will finalise the broad regulations to which application for registration could be made. The profession will be requested to establish a Specialist College and provide the specific conditions and criteria for registration. A progress report will appear in the next Newsletter.

RECIPIROCITY

Council is still investigating whether a policy of reciprocity is desirable. (See Newsletter 2).

The Veterinary Faculties were requested to provide Council with a working document outlining the advantages and disadvantages of reciprocal recognition of qualifications for registration.

QUESTIONNAIRE/ VRAELYS

Veterinarians who kindly supported the questionnaire will be entitled to a copy of the Code of Conduct and Practice, once available. Vraelys wat goedgunstig die vraelys ondersteun het, sal geregtig wees op die Elies en Praktjeksode, sodra dit beskikbaar is.
LETTERS OF GOOD STANDING
A written request and payment is required at least 21 days prior to departure. Please ensure timely application by contacting the office well in advance. Upon leaving the country you are requested to inform the maintenance on your intentions i.e. do you want your registration to lapse for a specified period, permanently or not at all. Kindly ensure that we have both your new residential and postal addresses.

ADRESVERANDERING
Lede word versoek om die administratie skriflik in te lig indien "n fasiliteit skuit, van adres verander van dien en niewerder en as self van adres verander. Indien u die naam en prak- tyk ooreen kom by "n ander praktyk, word van u verwag om dié fasiliteit skriflik in te lig dat die praktykiewer die as van die vorige praktyk, vir gebruik van dié naam, u aansoek zal vergesel.

ANIMAL WELFARE ASSISTANTS
The authorisation of Animal Welfare Assistants (AWA’s) in terms of Section 23 (1) (c) of the Veterinary and Para-Veterinary Professions Act to perform certain Veterinary and Para-Veterinary procedures will proceed during the first half of 1999. The applicants will be evaluated by a veterinarian involved with animal welfare work and an independent veterinarian will moderate these evaluations on Council’s behalf.

AWA’s, upon certification that they are competent to perform certain procedures, be authorised to perform these procedures for a period of two years whereas they will have to re-apply for authorisation. Their services will be limited to services rendered during the scope and course of employment with a specific Animal Welfare Organisation and authorisation expires if the person is no longer employed by the specified Animal Welfare Organisation. Persons who have not obtained authorisation and who continue to perform Veterinary or Para-Veterinary procedures will be liable for prosecution under the Veterinary Act.

KINDLY DRAW this information to the attention of employees of Animal Welfare Organisations if you are involved with animal welfare work. Practitioners are requested to contact the administration on the present status quo and are requested to assist the Animal Welfare Organisations with prescriptions to enable these organisations to continue their welfare work.

Animal Welfare Organisations must be in possession of permits issued by the MCC in terms of Act 101/65 for possession and storing of scheduled drugs. A list of the drugs for which a permit can be obtained, is available from the Secretariat.

Council received 196 applications to date, 83 in Gauteng, 58 in the Western Cape Province, 30 in KwaZulu Natal, 6 in the Eastern Cape Province, 4 in the Free State, 4 in the North West Province, 1 in the Northern Province and 5 in Mpumalanga. A central venue within a geographical area has been identified where the evaluation of AWA’s will take place. AWA’s will be required to present themselves for evaluation at these venues.

Everyone concerned with the evaluations i.e. evaluator, moderator, manager at the venue, AWA’s and Animal Welfare Organisations, will be given three weeks written notice prior to the evaluations to prepare for the evaluations. Guidelines for the evaluations, a list of the applicants in the area and a list of the procedures that the AWA’s wish to be evaluated on, are able to perform and wish to be authorised for, will be forwarded to both the evaluator and the moderator. The scheduling of dates and times for these evaluations will be based on an alphabetical order.

REQUIREMENTS FOR AND INSPECTION OF FACILITIES
Requirements for facilities have been amended and expanded. New rules on the requirements for facilities will be sent to all registered members with the Tax Invoices in April 1999. Inspections will in all probability commence during the first half of 1999.

COMMUNITY SERVICE
Your attention is drawn to the ongoing discussions on community service after graduation. All stakeholders including the Veterinary Faculty of the University of Pretoria (staff and students of the Onderstepoort and MEDUNSA campuses), SAVA, the Department of Agriculture and Council will be involved in determining the principles and procedures for the implementation of community service. The following aspects have already been identified for further discussion:

- Length or period of service is foreseen to extend over a period of one year.
- New graduates could be employed where a service is required either on a rotation basis or on a needs basis.
- Community service should be remunerated.
- Proof that one year community service has been completed would either entitle a person to registration or entitle the person to maintain registration.
- Community service will probably commence in the year 2000; and
- There should be discussions with financial institutions for postponement of payment of student debts.

We will keep you advised.

MONITORING OF STANDARDS OF TRAINING
Council, as its main function, has a responsibility to regulate professional standards of practice and standards of training. A subject monitoring programme needs to be drawn up for a period of 5 years and Council requests your input on the appointment of monitors for subjects to be monitored.

The invitation for nominations is extended to include all members of the Veterinary and Para-Veterinary professions and their Associations to ensure balanced appointment of monitors.

The Veterinary and Veterinary Nursing professions are invited to nominate monitors and alternate monitors with relevant knowledge and available availability. The monitors may not be involved in the examinations as external examiners. The subjects scheduled to be monitored in 1999 are listed as follows:

- Veterinary Physiology I (Medunsa (M))
- Animal Production (M)
- Pasture Science (M)
- Microbiology (M)
- Pathology IV (M)
- Pathology 610 Ondersteypoort (OP)
- Companion Animal Medicine and Surgery II (M)
- Equine Medicine and Surgery II (M)
- Production Animal Medicine II (M)
- Herb Health II (M)
- Herb Health (pipe) (OP)
- Herb Health (small stock) (OP)
- Herb Health (cattle) (OP)
- Veterinary Jurisprudence and Ethics 510 (OP)

VETERINARIANS
- Veterinary Physiology II
- Animal Production
- Pasture Science
- Microbiology
- Pathology
- Pathology 610
- Companion Animal Medicine and Surgery II
- Equine Medicine and Surgery II
- Production Animal Medicine II
- Herb Health II
- Herb Health (pipe)
- Herb Health (small stock)
- Herb Health (cattle)
- Veterinary Jurisprudence and Ethics 510

VETERINARY NURSES
- General Nursing (DVNI)
- Anatomy (DVNI)
- Surgical Nursing (DVNI)

Kers groet ons 'n Voorspoedige 1999 word u togewens! We wish you compliments of the Season and a Prosperous 1999!
GUIDELINES FOR INDEPENDENT VETERINARY SHOPS

The South African Veterinary Association (SAVA) and Council agreed to the SAVA guidelines for independent veterinary shops. Guidelines for advertising services and products available from these shops will be communicated to the profession in due course.

- The owner of the shop must be a veterinarian;
- The staff employed within the shop must be adequately and appropriately trained and qualified to offer a service to the public becoming of a veterinary establishment;
- Veterinary and Para-Veterinary supervision of such shops is essential.

Please note that it is illegal to sell any drugs registered in terms of Act 101/65 through such an outlet i.e. schedule 1 through schedule 7 because then the shop is trading as a pharmacy (this includes vaccines);

- All “ethical” products labeled “for use by or under the control of a veterinarian” in terms of Act 36/47 should not be sold on the premises unless a veterinarian is present at all times; and
- All other “over the counter” products registered under Act 36/47 can be sold freely and without restrictions.

VETSHOPS ARE NO LONGER “INDEPENDENT”

Members of the profession kindly note that:

$ It is accepted (as of 17 November 2003) that the SAVA has now included these so-called “integrated Vetshops” in its definition of independent Vetshops and that the rules of Council do not place any limitation on sharing a waiting room with a Vetshop provided that this separate business is wholly owned by a registered veterinarian or para-veterinarian;

$ Advertisements of these integrated Vetshops should comply with the requirements of Rule 15, which currently allow the advertisement of prices of products, merchandise and foodstuffs sold but which prohibits incentives as the subject of advertisements;

$ If the rules on advertising need to be amended then the profession should make proposals for such amendments; and

$ Vetshops that are integrated with registered veterinary facilities will also be subjected to inspection.
ANNUAL REPORT OF THE SOUTH AFRICAN VETERINARY COUNCIL FOR
THE PERIOD 1 APRIL 1997 - 31 MARCH 1998

This report reflects most but not all of Council’s activities during the period under review.

DOMESTIC AFFAIRS:

In view of the perceived lack of information on and the concerns of the Government and the profession about the provision of veterinary services and the future role of veterinarians, the results of a preliminary survey on the number of veterinarians leaving the country was submitted to Council in January 1998 by the Secretariat.

The preliminary survey confirmed that there was indeed a lack of information and that the Council database was incomplete in this regard. It was decided to compile a questionnaire to obtain complete information with regard to the whereabouts of members of the veterinary profession, the sector they were employed in and their personal details relating to contact addresses and telephone numbers as well as qualifications. The data relating to the whereabouts and employment of members will enable Council to provide Government and Training Institutions with information on the statistical profile of the manpower status of the profession. The questionnaire was compiled during the period under review and sent to members with the Tariffs invoices to members in the next financial year. A report should be available for the next period under review.

Council invested in upgrading its Information Technology in respect of both the hardware and software and creating a database specifically for Council’s requirements as well as an e-mail link.

The Registrar on an ongoing basis reviewed the register of decisions.

EXECUTIVE COMMITTEE: 3 MEETINGS

The Executive Committee liaised telephonically on an ongoing basis in the preceding period and dealt inter alia with re-registrations and authorisations in terms of Section 23 (1) (c) between Council meetings.

The Executive Committee and representatives of Council furthermore met formally as follows:

- With all Animal Welfare Organisations and the South African Veterinary Association on 6 October 1997;
- With the South African Veterinary Association (SAVA) on 6 October 1997;

Representatives of the Executive Committee also visited the South African Veterinary Association WITS branch on 21 May 1997 in an effort to improve Council’s public relations with the profession and to inform members on developments pertaining to the profession. All registered members were invited via Newsletter 19 of December 1996 to attend the meeting and to use the opportunity to speak to a member of Council.

EDUCATION COMMITTEE: 6 MEETINGS

- The Education Committee monitored the following subjects during this period:
  
  Poultry Science and Medicine at MEDUNSA
  Poultry diseases at Onderstepoort
  Veterinary Jurisprudence and Ethics at Onderstepoort

- 1997 Registration Examination: No examination took place in view of Council’s policy that at least five candidates should apply and register to sit the examination. Candidates were informed that an examination was scheduled for 1998 in view of the expected applications for the special registration examination.

- The recommendations on how special registration examinations could be conducted were finalised during the period under review. A special examination curriculum was made available to candidates in June 1997 for the proposed examination in 1998. A copy of the document is enclosed herewith as Annexure A.

- Council through the Education Committee, monitored progress made on amalgamation of the two Veterinary Faculties and addressed concerns expressed by the profession on the maintenance of standards of training during this period.

The Deputy Director General Higher Education, Ms N Badsha and the chief Director, Planning and Co-ordination, Mr A Eassop both from the Department of National Education were invited to meet with Council on 31 March 1998 for clarification of requirements for study of the Veterinary and Para-Veterinary Professions. Council raised its concerns with regard to:

- The cut in university subsidies, which could adversely impact on research, good education and the provision of quality training; and
- The lack of co-ordination in Para-veterinary training.

The amendment to the Veterinary Act to include the registration of the profession of Laboratory Animal Technologists was published in Government Gazette no 18316 of 3 October 1997.
Research on Continuing Veterinary Education (CVE) for purposes of maintenance of registration was not finalised during this period, however the Veterinary and Para-veterinary professions were requested to draft guidelines for CVE.

The Deans of the two campuses of the Veterinary Faculty were requested to submit a working document on the advantages and disadvantages of reciprocal recognition of foreign qualifications.

The Education Committee, following a meeting with Mr J Samuels of the South African Qualifications Authority (SAQA) and the Director of SERTEC, Dr D Jacobs appointed representatives on the National Standards Bodies (NSB's). NSB 9 (Health Sciences and Social Services) and NSB 1 (Agriculture and Nature Conservation).

INVESTIGATION COMMITTEE: 6 MEETINGS

The Investigation Committee dealt with 69 cases pertaining to professional conduct during this period, 47 matters less than in the preceding period. Of the 69 complaints, 29 were referred to the Tribunal for deliberation, 9 more than in the preceding period, which reflects an increase in inquiries of 25%. 8 Members were found guilty of unprofessional conduct and 17 inquiries could not be finalised within this period. 8 Members were found not guilty. Kindly note that in some of these matters more than one member was charged with unprofessional conduct.

Eight of the 9 inquiries not dealt with in the previous period under review were finalised during this period. The remaining one inquiry was postponed indefinitely as the member was de-registered for failing to maintain his registration.

Council was taken on review in the Supreme Court during the period under review. Judge H J Preiss confirmed the conviction of Dr P C Baker. However the sentence of nine months suspension from practice was amended to six months suspension, which was suspended for three years. Council in view of the costs incurred during this review application resolved that a de novo inquiry be held into the conduct of Dr M P Snyman whose attorneys advised that Dr Snyman intended to take Council on review.

The Investigation Committee revised the rules pertaining to professional practice on an ongoing basis as reported in the preceding report, amendments to the rules could not be promulgated in the Government Gazette during the period under review, however publication is foreseen in the next period.

The rules will make provision for the following new guidelines:

- A new procedure for inquiries;
- Implementation of a proposed drug register for the protection of veterinarians in the horse racing industry in liaison with the Equine Practitioners Group of the South African Veterinary Association and the Jockey Club of Southern Africa, facilitation of primary and secondary health care through provision for mobile facilities; and
- Facilitation of house and farm calls.

The Investigation Committee referred 6 matters pertaining to the illegal conduct of persons not registered with Council to the SAPS and other professional boards during this period and followed these matters up on behalf of the profession. Two members of the public were prosecuted and sentenced during this period.

In an effort to identify those areas which are often complained about in the treatment of animals as identified during investigation of professional conduct, the Investigation Committee recommended to Council that a protocol on external co-operation be prepared for circulation to the profession with a future Council Newsletter. Guidelines pertaining to labelling of medicines, record keeping and advertising matters were included in the Newsletter on recommendation of the Investigation Committee.

CODE OF CONDUCT AND PRACTICE COMMITTEE

The Chairman of the Committee and the Registrar continued with the drafting of the Code of Conduct and Practice, which could not be finalised during this period. The document was however edited and finally sent out to veterinary groups who had not previously received the document for their comment. The aim is to report on the publication of the Code during the next period.

SPECIALIST COMMITTEE: 3 MEETINGS

The Committee during this period considered inputs received from the various specialists in various disciplines and proposed:

- That the South African Veterinary Association contact the registered specialists and suggest that a college system be established for specialist registration;
- That the Ad be amended to provide for an examination under auspices of Council which will lead to uniformity in the standard of requirements for registration of specialists.

The Committee considered the registration of 4 candidates, which included foreign peer evaluation. None of these applicants were granted registration as Specialists.

COUNCIL: 5 MEETINGS

The South African Veterinary Council requested the Director General of the Department of Agriculture to amend the present legislation to incorporate the new proposals to ensure that Council becomes truly representative and meets the needs of the country.
Falling the timeous amendment to the Act a Council, in terms of present legislation, was elected on 31 March 1996 for the period 1 April 1996 – 31 March 2001.

Council in an effort to accommodate and register S A citizens with foreign qualifications not recognised for automatic registration interviewed S A citizens or permanent residents with foreign veterinary qualifications for registration with the Council on 26 May 1997 and 6 October 1997. Three veterinarians were registered, 17 veterinarians were advised that they could apply to sit the special registration examination and five veterinarians were advised that they will have to pass a full Council registration examination to enable them to register with Council.

- Representatives of Council and the Registrar met with the Interim Pharmacy Council of S A on 17 November 1997 on authorisation of pharmacists to render primary animal health care where a veterinarian was not available. The authorisation was considered in terms of Section 22 (A) 12th Act 101 of 1965. The matter was not finalised during this period.

- Representatives of Council and the Registrar met with the Association of Animal Scientists on 30 March 1998 on pregnancy diagnosis and resolved to establish a Task Group to deal with matters of mutual concern.

- A guideline document on authorisation in terms of Section 23 (1) (c) was adopted and finalised by Council. The guidelines in respect of authorisation to render services of a Laboratory Animal Technologist could not be finalised during this period. A copy of the document is enclosed herewith as Annexure B.

- The representative of Council on The Veterinary Co-ordinating Task Group, Gauteng reported to Council on Primary Animal Health. Council supports this important aspect of veterinary services.

- Council approved the registration of 96 veterinary facilities during this period. At present (12/10/98) 633 facilities are registered with Council and the profession is on an ongoing basis reminded of the obligation to register their facilities with Council. Council approved the announced inspection of one facility during this period.

- The President, Chairman of the Investigation Committee, the Registrar and the SAVA representative on Council attended a workshop on advertising organised by the SAVA and the Veterinary Defence Association on 20 August 1997 on behalf of Council.

- Council became a member of the Forum of Statutory Health Councils during this period. Council’s position was represented in the following matters:

A fully represented Council;
Involvement in the National Qualifications Framework (NQF) and involvement and registration in terms of the South African Qualifications Authority (SAQA); Protocol and terminology pertaining to investigating professional conduct;
Scope of practice of health professionals; registration matters; and
The way forward for the Forum.

- Council considered policy relating to authorisation of researchers who worked with experimental animals. However clear guidelines could not be established during this period. The authorisation of these persons posed a dilemma in terms of legislation not providing for animal experimentation and Council having registered Laboratory Animal Technologists.

- The Council Newsletter remains the main communication medium between Council and the profession. In the year under review two Newsletters were issued. Copies of the Newsletters are enclosed herewith as Annexure C.

REGISTRATION MATTERS
- The following number of registrations, removals and re-registrations of members took place during this period:

REGISTRATIONS: 113 Veterinarians, 25 Veterinary Nurses, and 6 Veterinary Technologists;
REMOVALS: 67 Veterinarians, 21 Veterinary Nurses, and 18 Veterinary Technologists;
RE-REGISTRATIONS: 16 Veterinarians, 3 Veterinary Nurses, and 1 Veterinary Technologists;

The total number of professionals registered with Council on 31 March 1998 was 2774.

- Registration of 34 Laboratory Animal Technologists (LAT’S) took place during this period. This will decline as the training of LAT’S was discontinued at the only institute offering the course, Technilton S A.

- Registration of Animal Health Technicians could also not be finalised in this period as a report on registration requirements was still pending.

- Authorisation in terms of Section 23(1)(c) of Animal Welfare Assistants to render a para-veterinary service could not commence during this period and should be proceeded with in the next period.

The new rules "Annexure C" of the Code of Conduct and Practice will be issued upon publication in Government Gazette. Council requests members of the profession to ensure that these rules are adhered to. There will be no period of grace for the non-compliance of the rules. Although all the rules have been reviewed, the major amendments relate to:

ISSUING A CERTIFICATE: RULE 5

The importance of correct certification for animal and human health, the implications that result from issuing incorrect and/or incomplete certificates and complaints received by Council on certification necessitated the amendment. The rule has been expanded to give clear guidelines on what is expected from veterinarians when completing certificates.

The Unsuspecting Veterinarian

Members of the Veterinary Profession who are not normally involved with the treatment of equines are alerted to the false pretences of trainers and owners when those veterinarians are approached by the owners and trainers to sign certificates of transport permits. Kindly ensure that you are in fact signing a legal certificate, that the animal in question has been appropriately and properly identified by yourself and that the vaccination was administered by yourself. If you are requested to sign a transport permit ensure that the animal has been legally vaccinated by a veterinarian within the manufacturers' recommendations and within the legal guidelines of the Directorate of Animal Health of the National Directorate of Veterinary Services.

ADVERTISING: RULE 15

Advertising of veterinary services has only been permissible from September 1994. Since then Council received various requests on the expansion of the rules to allow veterinarians to market their services and veterinary and animal related products more effectively. The amended rule follows after a number of workshops have been held and wide consultation of the members of the South African Veterinary Association and the Veterinary Defence Association. Fees and incentives shall not be the subject of any advertisement. Prices of products, merchandise and footstuffs sold and non-professional services rendered at the veterinary facility may, however, be advertised.

Minimum Standards For Facilities: Part V

The amended minimum standards were drafted after consideration of international minimum standards and in consultation with the South African Veterinary Association. As these long awaited revised minimum standards for facilities are now in place the inspection of facilities will soon follow. The old minimum standards for clinics and hospitals were identical, save for the requirement of residential facilities for the person who had to care for patients after hours. As animals are presently hospitalised in clinics, the same requirement as for hospitals applies. All new facilities will have to comply with these new requirements. Facilities presently registered with Council will not lose their present registration status, although the new rules only provide for two types of facilities, namely consulting rooms and hospitals. Those facilities which comply with the requirements of hospitals can either use the name hospital or clinic. Members are requested to ensure that their facilities are registered with Council and comply with the minimum standards.

To facilitate the rendering of primary and secondary veterinary services, the rules now provide for the rendering of mobile veterinary services, farm calls and house calls.

Diagnostiese beelding: Reël 27

Twee aspekte van belang onder hierdie reël word pertinent onder ons dagvry getig:
1. Eke radiologie-plate moet oor 'n permanente identifikaal footage vatbaar en moet die identiteit van dier en eienaars, die identiteit van die praktyk, die datum en 'n indikasie van links of rechts bevat. 2. Die diagnostiese beeld moet onmiddelik op die versoek van 'n ander veilig langs die eienaars opdrag gegee, vrygestel word, met dien verstande dat hy deur die eienaars opdrag gegee is om so 'n versoek te reg en voorts dat die koste veroorsaak deur die proefskakel van die diagnostiese beeld betaal word. Sommige beeld sal so spoedig as moontlik aan die ontskakelde eienaars teruggegee word, of anders, op 'n datum waarop voorheen betaal is.

ARTIKELS EN REDAKSIONELE ARTIKELS: REËL 17

'n Veesarts mag sy/haar naam, kwalifikasies en sy/haar hoedanigheid meld in artikels of redaksionele artikels wat in die gedrukte media verskyn. Die adres, telefoonnommers en/of naam van die veterinarie faciliteit waar die veesarts praktiseer, mag egter nie in sodanige artikels verskyn nie. Neem asblief kennis dat geen kwalifikasie bv. die MRCVS, wat nie deur 'n eksamen bekoms nie en wat nie in die SAVR register verskyn nie, in enige medium langs u naam aangebring mag word nie. Dit sluit ook u professionele skryfbehoeftes in.

Dierevoortuig: Reël 22

Die voortuig kan nou deur die woor "Dierevoortuig", die goedgekeurde faciliteit naam en logo van die geregistreerde veterinêrfasiliteit en die telefoonnommer van die faciliteit geïdentifiseer word.

REKORDS: REËL 26

Voldoen u rekordoordrag aan Reël 26?
In lyn met minimale standaard word u versoek om nou op hoogte te bring van wat besondere behoeftes op die rekord aangebring moet word.

Is n betrokke by die behandeling van persone wat by die "Jockey Club of Southern Africa" geregistreer is? U moet 'n veterinarie gewyttigd wees. In lyn met die inligting wat betrekking tot plek- en posisierisidentifikaal diagnose; en beheer van die betrokke persoon is nodig. U Advies van dié rekord moet aan die persoon wat die behandeling versoek het, onbeduidend word.
Professional Conduct

Truth and Reconciliation (TRC) Reporting

Following TRC reporting, Council resolved to investigate the professional conduct of registered members of the profession involved in Biological Warfare Programs. Once all evidence is received and the criminal court cases against implicated persons are finalised.

Ondersoek na die Professionele Gedrag van Lede van die Profesie

Na aanleiding van 'n skrywe van 'n lid van die professie aan die redakteur van die VetNuus, die maandelikse tydskrif van die Suid Afrikaanse Veterinêre Vereniging (SAV) wat in Oktober 1998 gepubliseer is, wil die Raad die volgende leitlik korrekte weergawe rondom Raadsondersoek na professionele gedrag, onder u aandag bring:

- Beide die klaer en die lid van die professie oor wie gek la word, word gedagvaar om by ‘n Ondersoek van die Raad teenwoordig te wees;
- Waar moontlik word ‘n Ondersoek in die area gehou waar die aangeklaagde praktiseer (in die spesifieke geval waarna verwys is in die skrywe aan die redakteur, is die verhoor in Pietermaritzburg gehou) en word kostes sodoende beperk;
- Die aangeklaagde, klaer en getuies word vergoed vir uitgawes wat deur hulle aangegaan is. Dit sluit akkommodasie, vervoer en verlies aan inkomste in; en
- Veeslae kan sedert 1994 in terme van Reël 16 (toekomstige Reël 15) van die reëls, hul professionele dienste adverteer. ‘n Ondersoek word slegs gehou indien die adverteer in stryd met die reëls is. (Neem asseblief kennis dat die Reëls later in 1999 verander.)

Rekordhouing / Record keeping

Die ondersoek na professionele gedrag van lede van die professie oor die afgelope termyn het die gebreklike rekordhouing en verskeie gevalle onleesbare rekordhouing, aan die lig gebring. Die Profesie word verzoek om ‘n aparte rekord, waarop die besonderhede van SLEG 65 pasiënt op ‘n enkele kaart verskyn, te hou. Wanneer ‘n kunde/produksie diere behandel word, hoe f nie ‘n kaart vir elke pasiënt, aan te hou nie. Lede van die professie wat van elektroniese rekords gebruik maak moet verskrik dat gereelde terugval kopieë gemaak word.

The present incomplete and illegible record keeping was again evident at inquests held into the professional conduct of members of the profession. The profession is requested to ensure that a separate record is kept for each patient NOT allowing details of more than one patient on a single card. When treating herds / production animals a card need not be kept for every patient.

Are You Training Lay Persons?

Council is concerned about the occurrence of transgressions by lay persons performing Veterinary and Para-Veterinary procedures, which resulted in a number of complaints being submitted to Council against veterinarians. It appears from these complaints that the treatment of animals are entirely placed in the hands of lay persons or the first steps in the treatment are undertaken by lay persons and then taken over by veterinarians. As these lay persons are not qualified to perform the procedures these actions then result in the unnecessary suffering of the animals and the disrepute of the Veterinary Profession. It was noted that most of these complaints pertained to services provided from after hours or emergency veterinary facilities.

Council cautions all veterinarians not to train and or allow lay persons to perform any Veterinary or Para-Veterinary procedures or functions.

The only procedure identified which specifically pertained to the profession of a veterinary nurse, by a Task group who looked into the possibility of registration of support staff, was the administration of tablets or capsules per os.

Support staff should not be permitted to:

- make any diagnosis;
- treat any animal if not under the direction and continuous supervision of the veterinarian;
- induce general anaesthesia;
- perform any kind of surgical procedure; or
- pass any advice on veterinary matters to clients.

GOOD VETERINARY PRACTICE

It remains the responsibility of the veterinarian to contact the client and inform the client on the results of pathological tests performed on the client’s animal.

Continuing Veterinary Education and Recognition of Foreign Qualifications

These matters could not be finalised during the past period. We will keep you informed on the proposals submitted by the Veterinary Association, the Para-Veterinary Associations and the Veterinary Faculty.

Identification Boards at Facilities

A number of facilities are at present (in contravention of both the previous Rule 17 and the present Rule 16) identified by boards which indicate products stocked or used by veterinarians at the registered facilities. Members must ensure that they have complied with the rules pertaining to identification boards, failing which an inquiry in terms of Section 31 of the Act will follow. The rules do not prohibit the use of a separate advertising board provided that the board shall contain the name of the veterinarian and / or the registered facility or any other words that are misleading or confusing or convey a false perception to the public or that may be construed as endorsement of such product.
Guidelines, Protocols and Policies

New Rules/Nuwe Reëls

The present rules published in 1994 were revised over a period of two years in consultation with the profession and other stakeholders. The new revised rules were sent to the National Department of Agriculture (NDA) for endorsement by the Minister of Agriculture on 27 May 1999. This Newsletter was delayed awaiting the endorsement by the Minister. Only Parts I to IV of the new revised rules will be circulated with this Newsletter per October 2019 with this Newsletter, which will not be further delayed. Parts V to VIII are further updated by the NDA awaiting comment by the provinces. Council requests members of the profession to ensure that these rules are adhered to, once it is received. There will be no penalty of grace for the non-compliance of the rules. We will keep you informed on publication of the rules and grate the delay in forwarding the rules.

Die huidige reëls kon totdatuur nie gepubliseer word nie. Die Raad versoek lede van die professie om aan hierdie reëls te voldoen, sodra dit ontvang is. Soen graasi tydperk sal vir die nie-nakomig van die reëls toegelaat word nie.

EVALUATION OF FACILITIES

Minimum standards for facilities is taken up in the rules under Part V to VIII (awaiting publication). All facilities where a clinical veterinary service are rendered should comply with these standards. These facilities will initially be evaluated by Council and inspections will follow thereafter.

Enforced inspections will only be held where complaints have been lodged against facilities.

The initial evaluations and follow-up inspections by Council intends to:

- emphasize education, consultation and on-site assistance;

- in all probability start in higher density / urban areas and then move to rural areas;

- adopt a four year cycle to re-evaluate facilities;

- make provision for a facility to be revisited due to certain deficiencies and will still be evaluated according to the initial cycle for routine evaluations;

- employ trained evaluators; and

- include recognition of a successful evaluation.

See the advertisement for evaluators on page 3.

Retention of Animals

Policy on retention of animals is under review.

In the interim:

- Practitioners may proceed with the recovery of their fees even if complaints are made to Council and are still under investigation.

Specialist services

The preferred route of service rendering by a specialist is a referral although it is not a requirement. In an ideal situation the client should have a general practitioner that can serve the full compliment of the needs of the patient. Relations with fellow referring colleagues should also be kept in mind.

CLINICAL RECORDS AT FACILITIES: TRUST YOUR RECORDS NOT YOUR MEMORY!

What constitutes an adequate record?

1. The name, contact numbers and address of the owner of the patient;

2. The patient's name, identification markings and tattoos, species, breed, gender and age of the patient. (The name of a patient only does not identify an animal adequately.)

3. The diagnosis, treatment, discharge instructions, vaccination programme, as well as the medical and surgical treatment of each patient, including medicines administered or prescribed;

4. All records including diagnostic images, laboratory and pathology results should be retained for a period of three years from the patient's last visit;

5. A separate record must be kept for each patient, not allowing details of more than one patient on a single card.

What is in a voldoende record?

1. Die naam, kontak nommers en adresse van die eieer;

2. Die pasiënt se naam, identifikasiemerkings, soort, ras, geslag en ouderdom van die pasiënt. (Die naam alleen van die pasiënt is nie voldoende identifikasie nie);

3. Diagnose, behandeling, ontslag instruksies, die inentingens program, sowel as mediese en chirurgiese behandeling van elke pasiënt, insluitende die toediening en voorgeskrywe medikamente moet op rekord gekry word;

4. Alle rekords insluitende diagnostiese beelde, laboratorium- en patologie versoeke moet vir die laaste drie jaar bewaar word;

5. 'n Aparte rekord moet voor die die beskikbaarheid van slegs een pasiënt op 'n enkele kaart verskyn, moet gehou word.

Apart from the statutory duty to keep adequate records, there is another compelling reason to keep complete records. In many cases the client will make it immediately clear to the veterinarian that he/she is about to face problems with regard to the treatment of the patient. In such cases the veterinarian has ample opportunity to not only make sure that the clinical records of the incident are adequate, but can write copious notes on the incident. In other cases, however, the veterinarian may have absolutely no warning that his professional conduct will be challenged. The legal process is slow and it can be many months before the veterinarian is made aware of a complaint or legal suit against him/her.

In the legal system of South Africa, a plaintiff has three years in which to commence litigation against a defendant.

In the case of a clinical examination, the following would be a minimum database entry:

- Date, Name of patient, Temperature, Appetite, Habitus, Feces, Vomiting, Diarrhoea, Urine, capillary refill time, level of dehydration (skin elasticity test), the name, amount of drug administered or number of tablets and their strength together with the dosage and, in the case of an out-patient or a discharge from hospital, when the animal is to be returned. In a manual system this could be written for example as:

- 15-10-56; Platyp, T 40.2, A 0.2 0.4, H 2+; F N (yellow) V O. Diarr. 0, Dr 2 + B1. Smeare+ (Bab) 2 ml Benillon 2 ml Bco. TR 16 - 10. A computer system may be modified accordingly.

This minimum database should be recorded for all medical treatments and all patients in hospital. Depending on the hospital case, this examination should be recorded at least once a day, and possibly twice a day, depending on the severity of the condition.

- In the case of a female sterilisation, for example: T A, H, F, Capillary Refill time, state of hydration, G A, 3mls Intral. Halothane, 1-10 mg, euthanasia, 1.5 ml ampicillin + 10 x 250 mg. 1 b.d. TR 10d.

All radiographs, blood results, and histopathology results should be cross-referenced, and any records handed over to the owner e.g. radiographs, should be recorded, together with a signed release from the owner as per the rules to the Veterinary Act.

The Veterinary Defence Association News is acknowledged with thanks.
Guidelines, Protocols and Policies

**Policy on Retention of Animals**

Council acknowledges that in terms of the common law a veterinarian has the right to withhold an animal from its owner until payment is made either of the account for the professional services rendered or in terms of a debenture creditor lien alternatively for the reasonable and necessary expenses incurred when a stray animal is brought to the veterinary facility in terms of an enrichment lien. A clear distinction should be made between your normal fees and necessary expenses incurred.

**Ethical Position**

After consultation with the South African Veterinary Association and the Veterinary Defence Association, Council resolved as follows:
- Retention of an animal by a veterinary due to non-payment should be regarded as a last resort and only considered in exceptional circumstances;
- For the welfare of the animal, a retained animal should not be held for an undue length of time;
- The maximum retention period is seven days;
- After expiry of the retention period the owner should be contacted and the animal returned to the owner unless the animal has been abandoned;
- Outstanding monies are to be collected in the normal way;
- No animal may be retained for an outstanding account in respect of previous professional services rendered to the owner/client.

**Good Practice Management**

The following guidelines are proposed:
- The veterinarian should discuss the costs of any treatment with the client and give an estimation of averaged costs prior to, including during the treatment of the animal;
- A deposit from the client before hospitalising a patient;
- In an emergency situation a veterinarian is obliged to give the necessary emergency treatment to stabilise a patient even if a deposit is not paid;
- Payment arrangements and the requirements for a deposit should be clearly communicated in advance to the client;
- Preferably these arrangements should be in writing and included in the admission form which is to be signed by the client;
- Provision should be made on the admission form for the terms of abandonment after admittance of a patient to a veterinary facility e.g.: Abandonment: Should your fail to collect this animal within seven days after due notification of its proposed discharge the animal will be regarded as abandoned. The animal will then be handed over to a recognised animal welfare organisation. Kindly note that you will remain liable for the account.

**Abandonment**

An animal can only be regarded as abandoned if the owner/client is not contactable (see written notice to collect the animal is ignored). The notice should state that unless the animal is collected within a specified period of time the animal will be handed over to a recognised animal welfare organisation.
- The notice should be issued in such a way that is reasonably certain that the owner will receive it e.g. by fax, registered mail or email.

**New Rules/New Reels**

The revised rules have not been published. Kindly note that the current rules published in September 1994, are at present the guidelines for veterinary practice until publication of the revised rules in Government Gazette.

**Pilot Project: Evaluation of Facilities**

In anticipation of the compulsory inspection of all registered facilities Council has approved the voluntary assessment of facilities. A pilot project will kick off in the Pretoria area and will gradually be expanded to the rest of the country.

Principals of registered facilities will receive more information when assessments are scheduled in their particular region.

**Inspectors**

The invitation for inspectors to carry out evaluations of facilities drew response from Gauteng and Kwa-Zulu Natal regions only. Members from the other 7 provinces are once again invited to apply for appointment by submitting their CV's to the Administration.

**Euthanasia of Adult Non-Feral Cats and Dogs**

*Intra-peritoneal injection is the second method of choice on the following grounds:*

- The absorption of drugs placed into the peritoneal cavity may be erratic. Clinically, this means that the intake of euthanasia agents may be slow and prolonged. All euthanasia agents currently available in South Africa are barbiturate based. With slow absorption of the anaesthetic agent, the phases of voluntary and involuntary excitement may be seen after intra-peritoneal injection. The excitable effects are seldom seen. It is advised in United States protocols for intra-peritoneal euthanasia to place the patient in a quiet environment during this phase to avoid unnecessary excitement. Sedative drugs will also reduce the incidence of excitation. Erratic absorption may be partial overcome by increasing the dose of the euthanasia agent given intra-peritoneal. No specific dose is currently available but guides recommend at least doubling the dose;
- Should injection of the euthanasia agent occur in the loops of the gastro-intestinal tract, euthanasia is unlikely to be achieved. Rupture and damage to abdominal organs are potential complications. Meticulous attention to the techniques of intra-peritoneal injection needs to be paid;
- Delayed absorption of drugs may lead to unnecessary suffering of patients. This may be of particular importance in patients in shock;
- Intra-peritoneal euthanasia is an accepted method of euthanasia in small rodents, reptiles and birds;
- The intra-peritoneal injection of barbiturates is irritant to the peritoneum. Clinically, pain on injection with pentobarbital is usually not seen. Intra-peritoneal administration of barbiturates for anaesthesia is only recommended for non-recovery surgery due to the peptidites that forms. As a method of euthanasia, the peptidites induced, per se, is not problematic; and
- The intra-hepatic injection of euthanasia agents is controversial and not recommended.

**The Recommendations Are:**

- Intravenous injection is the first method of choice;
- Intra-peritoneal injection is the second method of choice. This route is acceptable as a first choice in rodents, reptiles and small birds. This route is also appropriate if an intravenous injection is not possible e.g. aggressive patients, limited experience with intravenous injection techniques;
- Intracardiac injection should only be performed on heavily sedated or anaesthetic patients as a last resort;
- Animal Welfare Assistants should be trained with regard to the technique, pharmacology of intra-peritoneal injection and the safe handling of these drugs; and
- Difficult patients may be better euthanased, after induction of anaesthesia through a suitable intra-muscular anaesthetic protocol.

Council acknowledges with thanks Dr K E Joubert, Danderpooport.
FREQUENTLY ASKED QUESTIONS
VRAE WAT GEREELD VOORKOM

May I use the RCVS membership against my name?
Mag ek die RCVS lidmaatskap agter my naam aanbring?

Only if you obtained membership through an examination with the RCVS.
Indien ek die lidmaatskap deur 'n eksamen deur die RCVS bekom het.

What happens if I Inform Council that I wish to suspend my registration for a period of time?
Wat gebeur indien ek die Raad inlig dat ek my registrasie vir 'n tydperk wil laat ophou?

Upon written termination of registration no communication will be received from Council. If a person proceeds abroad for study purposes the registration may be suspended and the person will be permitted to re-register at the normal registration fee. If a period of more than three years elapsed from the date of termination of registration up to the date of application for re-

registration, the Council may determine that a person shall only be registered if that person passed an examination determined by Council.

By opsegging van registrasie sal geen verdere kommunikasie van die Raad ontvang word nie. Indien 'n persoon na die buiteland vertrek vir studie doeleindes kan die registrasie opegebly word en die persoon kan her-registreer teen die normale registrasie fee. Indien 'n periode van meer as drie jaar verloop het sedert die opheffing van die registrasie tot die aansoek om herstel van die registrasie, kan die Raad bepaal dat die registrasie nie toegestaan kan word nadat so 'n persoon 'n eksamen soos bovof deur die Raad aangestel is.

What are the tariffs for Veterinary services?
Watter tariewe is van toepassing op Veterinaire dienste?

Council does not prescribe any fees. The SAVA has a recommended fees list, which is referred to when a Veterinary account has to be scrutinised and Council has to provide the client with an opinion.
Die Raad skryf nie enige voile foer nie. Die SAVW hat nie 'n bevaalboek lus van voile nie. Die lys word gewoonlik wanneer die Raad 'n opinie aan die klient raakende 'n Veterinaire rekening, moet gee.

Please provide an example of a contract between the client and the practitioner for purposes of an operation or a contract between colleagues for rendering of veterinary services.
Gegee geelke een voorbeeld van 'n kontrak tussen 'n klient en die praktiserend dierelykstens van 'n operasie of tussens verwoodelde wanneer dié verskaffing van veterinaire dienste.

Council does not prescribe the details or format of contracts. Council publishes recommendations from time to time in the Newsletter. (See Newsletter 26 on Retention of Animals)
Die Raad het geen voorskrifte toegelaat van die inlog van format van contracte nie. Die Raad publisheer gewoonlik tydelike aansoek in die Nuusbrief. (See Newsletter 26 om beheer van dier op te hou)

What payment methods are available to pay the maintenance fees?
Watter betaal metodes is beskikbaar om die fondse te betaal?

The following methods:
Die volgende metodes:

A cheque made out to the SAVW;
'n Cheque gemaak aan die SAVW;

A postal order made out to the SAVW;
'n Posbrief gemaak aan die SAVW;

Cash payment only at the Council offices;
'Dagte is gemaak aan die SAVW bank account provided that the name, invoer
'N Vrou omgawe op sy naam, faktuur-
number and registration number appear on the deposit slip when the payment is made and the deposit
nommer en registrasie nommer moet bewe-
slip is faxed to Council. A single deposit
mig op die deposito strook aangebring word
slip is faxed to Council. 'n Meervoudige betaling moet in die SAVW bankrekening
en die deposito strookie aan die Raad
opvoer voorkom.

An annual debit order.
'N Jaarlikse debetafreking.

Die Raad het besluit om met ingang van 2001 'n jaarlikse debetafreking te implementeer. Aanvanklike betalings sal saam met die verkiesingsdocumente in Februarie 2001 aan al lede gestuur word. Die voordeel van soe afreking is dat lede nie kan vergat om die jaarlikse instandhoudings-

kindly note:

The banks no longer accept cheques where is to be filled in the SAVA,
where the cheque is cashed
A number of unsigned cheques reach
The SAVC can not tender a cheque

Neem asbiefst kennis:

Die bank sal nie lede langsaan waarop 'n selfklaar bank of enige ander bande bo-
ds van die bedrag en handtekening aangrensend is nie; 'n SAVC kan nie 'n cheque aanbied wanneer dit aan die SAVC uitgekies is nie; 'n Aantal ongesigte cheques word jaarliks deur die SAVC ontvang. Versier asbiefst dat u die teken; 'n SAVC kan nie 'n cheque aanbied wanneer dit aan die SAVC uitgekies is nie; 'n SAVC kan nie 'n ondeur die SAVC ontvang. Versier asbiefst dat u die teken; 'n SAVC kan nie 'n ondeur die SAVC ontvang. Versier asbiefst dat u die teken; 'n SAVC kan nie 'n ondeur die SAVC ontvang. Versier asbiefst dat u die teken; 'n SAVC kan nie 'n ondeur die SAVC ontvang. Versier asbiefst dat u die teken; 'n SAVC kan nie 'n ondeur die SAVC ontvang. Versier asbiefst dat u die teken;
Evaluation of Veterinary Clinical Facilities / Evaluasie van Veterinêre Kliniese Fasiliteite

Prof S van den Berg

A pilot project in Portria whereby 43 veterinary clinical facilities were evaluated went very well. The overall impression was one of a positive commitment from the participating practices to attend to deficiencies identified.

To enable practices in the rest of South Africa to pro-actively address some of the repetitive deficiencies identified during the evaluation process, the Veterinary Council has decided to communicate these and also to give advice in addressing such deficiencies.

Diagnostic imaging

It is required that permanent identification in the film emulsion must be present. To comply with this rule, it is necessary to make use of a so-called ID printer. Inexpensive models are now available on the open market.

Monitoring equipment to ensure safe anaesthesia

Monitoring vital signs is an integral part of the protocol for treatment of every animal subjected to general anaesthesia. Unless a practice has a specialist surgeon in house or act as a referral centre for advanced procedures, purchasing expensive monitoring equipment is not requested. Simple and reliable indicators to monitor anaesthesia is now available and will be required, e.g. Aapalert, Vet Alarm.

A passive anaesthetic scavenging equipment

There is a potential risk to the inhalation of volatile inhalation anaesthetics. A simple solution to the problem is to connect a pipe to the pop-off valve of the anaesthetic machine that drains exhaled air out of the room/passage into the atmosphere.

Sterilised gowns, gloves, masks, caps and drapes

Pre-operative or (even worse) post-operative antibiotics are no replacement for correct theatre procedures.

Isolation facilities for patients with contagious diseases

A separate room is preferable but not mandatory. As long as it is possible to separate animals with contagious diseases from other hospital cases, the Council will accept it. It is even acceptable to have such a facility outside the main building, but it must be protected from extreme elements and monitored regularly.

Responses to Inspections/ Reaksie op Inspekseis

“Laatstens wil ek nooit dat ek die inspeksie as uiterlik konstretief en in geheel basie positief beleef het.”

“I would like to thank the Council for undertaking this in depth evaluation of standards for animal facilities. Standardization of facilities can only lead to higher standards provided in veterinary practice.”

“Die reaksie is goeie gees ontvang en afgehandel, opvolging inspekseis soos behoef.”

“Die bevindinge van die inspekseis het, ongeag van toestand, bevinding word gemaak en genoeg te sake by die publiek.”

“Young people have been basie leeraar. Sy kommentaar en aanbevelings word ter harte geneem en waarder. Ek hoop dat hierdie aksele deur die Veterinaire Raad 'n groot bydraal sal lewer tot die verbetering in standaarde in ons beroep, asook uiteindelik 'n beter beeld by die publiek.”

“Danke aan die SAVR in besonder prof Van den Berg vir die positiewe professionele manier hoe hy die inspekseis gedoen het, asook vir die verslag wat die kwaliteitsregistrasie uitvoer. Danke ook vir sy aanbevelings op die buigsaam die nuwe aanbouings, dit word sprook waarder.”

“Thank you for the opportunity to participate in this pilot exercise. It is an essential step towards ensuring that all veterinary facilities provide a service of optimal quality.”

“Eerstens baie dankie vir die inspeksie ek het dit baie interessant en leerzaam gevind sowel so dat ek besluit het om my pleklik leerling te verander, aan te leer en om die kennis wat die voortgekom onderskeper onder die bekend te gekry.”

“If the evaluation procedure positive and it helped to indicate where problems in the practice were located.”

“Ten eerste wil ek meld dat ek die deeltjies en simpatieke wyse waarop die inspekseis plaasgevind het, waarder. Die bespreking wat Prof Lübbe met my gehad het al afloop van die inspekseis, het ek opbou word. Ek is ook baie geluklik met die positiewe verslag wat die Dieriehospitaal ontvang het.”

“Die inspekseis was myn insiens regvind, opvoedend en het in 'n gemoedlike atmosfeer plaasgevind.”

“A re-inspection will be welcomed at any time.”

24 Hour surveillance at hospitals and clinics

The rules (not promulgated) have been amended by the deletion of the requirement that residential facilities must exist for the person who has to care for the patient for after hours. Members are however requested to comply with the rule that an animal shall not be hospitalised overnight at a hospital clinic except if full-time supervision is available at the hospital clinic concerned, alternatively inform the owner that there will be no monitoring after hours.

Veterinary Nurses

Brucella and TB testing/ Brucellose en TB toetsing

The amendment to Rule 2 for veterinary nurses appeared in Government Gazette No 22284 of 18 May 2001 and now includes services deemed to be services which pertain specially to the para-veterinary profession of veterinary nurse, the following services:

Rule 2.1.12 "The taking of samples for the diagnosis by a veterinarian of brucellosis in animals and the testing of animals for tuberculosis by means of the intradermal tuberculin test.”

Die wyising van die Reël 2 vir verpleegksters het in Staatskroant No 22284 van 18 Mei 2001 verskyn en sluit nou onder dienste wat by uitstek by die para-veterinêre beroep van verpleegkster tuishoort, die volgende dienste in:

Reël 2.1.12 "Die neem van monsters vir dieolasiedes van diagnose deur 'n veaars van brucellose in diere en die toetsing van diere vir tuberkolose deur middel van 'n intradermale tuberkullentoot.”

- Only veterinary nurses trained to perform these functions under supervision of a registered veterinarian. Some simple and reliable indicators to monitor the anaesthesia is now available and will be required, e.g. Aapalert, Vet Alarm.

- These procedures include reading of results and the veterinarian should make a formal diagnosis on receipt of results. Here procedures state the laws of result and the veaars must be taken. Resultate van 'n formeel diagnose maak.

- Only courses approved by the National Department of Agriculture should be enrolled for. Skyf slegs in die daardie kusasie wat die agri-Nasionale Department van Landbou, goedgekeur is.

- The training of these procedures are included in the current curriculum of the Diploma Veterinary Nurse (DNV) or the Faculty of Veterinary Science, U.P. Die opleiding in die procedures is in die huidige kurrikulum van die Diploma Veterinêre Verpleegkunde wat deur die Fakulteit Vetassentkyndighede, U.P aangebied word.


Members of the Veterinary and Para-Veterinary professions are alerted to the risks involved when unregistered drugs are dispensed or sold.

The sale and dispensing of unregistered drugs are illegal in terms of Act 101 and Act 36. Professionals should guard against dispensing and sale of drugs for which there is no proof that the drugs are registered and effective for the conditions that it is prescribed for. If a drug is not registered it is not subject to a test of an adverse reaction and adverse reactions are not reported. In the event that the public should decide to make a complaint about a professional on the matter the professional will have no recourse and will be liable for prosecution.

Leda van die Veterinêre en Para-Veterinêre professoë se aandag word op die risiko’s verbond toe die voorskrif en verkoop van ongeregistrerde middels, gevestig.

Ocourt Wet 101 en Wet 36 indien u ongeregistrereerde middels verkoop en resepteer. Leda moet waak en die verkoop en resepteering van middels waarvoor daar nie bewyse is dat die middels geregistreer en bewyse dat die middels effektief is vir die toestand waarvoor dit voorgesteld is nie. Indien 'n middel nie geregistreer is nie, is die aanvoel van teenreekse nie aangewend nie en word sodanige teenreekse nie aangewend nie. Indien die publiek nou besluit om 'n klage te doen ten opsigte van 'n middel wat nie die vereistes van die wetvordering nie, moet die lid geen verantwoordelikheid of die beskuldiging van die wet en kan vervol of vervol.
Reëls / Rules

It is with regret that Council is still (after 3 years) unable to provide members of the Veterinary Profession with the revised rules due to the delay of approval thereof by the National Department of Agriculture.

We will keep the profession informed on any progress made in this regard.

Dit is met spoed dat die Raad steeds (ra 3 jaar) nie die gewysie reëls aan die Veterinêre Profesie, vanweë die vertrag in die goedkeuring daarnaar deur die Nasionale Departement van Landbou, kan voorsien nie.

Die professie sal in die verband op hoogte van enige vordering, gehou word.

Inspections in Future
Inspeksies in die Toekoms

Formal inspections will be held once the rules, which include the minimum standards for facilities, have been published.

Sodra die nuwe reëls val die minimum standaarde vir faciliteitielike insluit, gepubliseer word, sal formele inspeksies n’aanvang neem.

Inspectors have been appointed in Gauteng, Western Cape and Mpumalanga Provinces. Applications are still awaited for inspectors in other provinces as well as an application for one other position as inspector in Mpumalanga.

The requirements for the appointment as inspector are listed as follows:

Be registered with the SAVC;
Inspectors must preferably not be involved in private practice / or if involved not be in direct competition with the practices that are to be inspected;
Have at least 10 years current experience in private practice;
No transgressions may be recorded against an inspector’s name and an application cannot be considered if an inquiry is pending against the applicant;
The applicants must be resident in the provincial area in which the inspections will take place;
Applicants must be conversant in at least two official languages; and
Be available during normal office hours.

NON-MEMBERS

Members of the Veterinary Profession must ascertain whether a new locum, assistant or partner is registered with Council prior to making any appointments or entering into any agreements. The administration requires a copy of the person’s identification document and a photograph to confirm registration positively.

A person posing as a veterinarian alias Peter, James Keniry has been practising illegally in South Africa and abroad for at least 18 years under various names of veterinarians registered with Council. Members are cautioned against liaison with this person.

Veterinary Related Legislation/ Veterinère
Verwante Wetgewing

An update on Veterinary Certification for export purposes: The pink rabies form:

This form is no longer in print and a replacement form has still to be introduced. The veterinarian thus only need to complete the health certificate with the relevant information. Any veterinarian who is experiencing problems with this procedure should please report it to the nearest State Veterinarian.

An update on Rabies Vaccination schedule:

The Rabies vaccination schedule has also been revised to accommodate the private veterinarian. All dogs and cats 3 months and older should be immunised twice within a 12 months period, administered at least 30 days apart and thereafter every 3 years. Puppies and kittens less than 3 months can be vaccinated provided that they are re-vaccinated at 3 months of age and again within the following 12 months. For international movements it is the responsibility of the owner to determine the vaccination requirements of the importing country as they may differ from country to country.

Please refer in the above regard to Page 5 of Newsletter 26, August 2000.

Professional Conduct/ Professionele Gedrag

Transgressies/ Oortredings

The following persons were found guilty of unprofessional conduct in terms of the Veterinary and Para-Veterinary Professions Act, 19 of 1982:

Gedurende die afgelope lêre is die volgende lede scoe volg skuldig bevind:

D83/1931 Dr Louis Stephanus Du Plessis het in stryd met Reël 5 ‘n inentingcertificaat uitgereik en versuim om die naam en adres van die eiener van die betrokke pasiënt daarin aan te du. Dr Du Plessis is gewaarsku.

D94/3484 Dr Tom Ernest Kidsaga Gaigulo failed to maintain his registration with Council and despite his removal from the register, continued to practice a veterinary profession. Dr Gaigulo was cautioned.

D91/3127 Dr Rudolph Johannes Scheepers het Reël 20 oortree deur sy kliniek met die woorde ‘Veearts’ en ‘Hondesalon’ te identifieer. Dr Scheepers is gewaarsku.

D95/3605 Dr Pieter Johannes van der Lingen het negelaat om sy registrasie by die Raad instand te hou en het voortgegaan om sy professie te beoefen ten spye daarvan dat hy van die register verwyder was. Dr Van der Lingen is gewaarsku.

D83/1809 Dr Johan van Deemter het Reëls 7 (verwening) en 16 (advertering) oortree. Dr Van Deemter is gewaarsku.

Disciplinary inquiries and penalties

Sentencing is a complex matter, which cannot be standardised, every case is dealt with on its own merits and mitigating and extenuating circumstances are considered by the tribunal; and

The tribunal in particular considers the nature of the transgression, the personal circumstances of the transgressor and the public interest.

The decision of the Tribunal can be reviewed by Council on request of any interested party.
Rules, Guidelines and Policies

Evaluation of Veterinary Clinical Facilities / Evaluasie van Veterinêre Kliniese Fasilitete

Council was unable to introduce formal inspections as a result of the failure of the National Department of Agriculture (NDA) to publish the rules pertaining to the veterinary profession which inter alia consists of the rules relating to minimum standards for facilities. However, Council resolved to invite principals of veterinary clinical facilities to take part in the evaluation of facilities in the Johannesburg and Vaal Triangle areas. 176 Principals were invited to take part in the evaluation of their facilities. 83 Principals accepted the invitation. The Inspectors in this area are Prof S Van den Berg and Prof A M Lübbe.

The Western Cape will be the next area in which evaluations will be held. The inspectors will be Drs C P Hart and D T Longland. Invitations are expected to be sent out early in 2002.

INSPECTORS / INSPEKTURES

Members of the profession in all provinces excluding Gauteng and Western Cape provinces are again invited to submit their CV's to Council. One inspector has been appointed in Mpumalanga, Kwa-Zulu Natal and the Eastern Cape, respectively. At least two inspectors are appointed in a province to assist with the evaluations. The criteria for appointment of inspectors are:

- Be registered with the South African Veterinary Council;
- Have at least 10 years experience in private practice, which includes sufficient current clinical exposure;
- Must be conversant in at least two official languages;
- Must be available during normal office hours;
- Preferably not to be involved in private practice when appointed as inspector; and
- May not have any trangressions recorded against his/her name.

CERTIFICATION AND MICRO CHIPPING

Council requested the South African Veterinary Association (SAVA) to provide the veterinary profession with guidelines for certification of animals, which guidelines should be clear and on which consensus had been reached.

The majority of companion animal and livestock owners as well as the entire veterinary profession may face numerous financial, social and practical problems if guidelines to abstain from issuing certificates without microchips, as recommended by the Veterinary Defence Association (VDA) are followed. Microchips themselves are not infallible.

The SAVA held a workshop on 16 February 2001 on certification and vaccination and will finalise guidelines in liaison with the National Department of Agriculture. A report will follow in the next Newsletter.

The profession is again invited to make recommendations in this regard.

BOVINE SPOONGIFORM ENCEPHALOPATHY (BSE)

FREE STATUS:
REQUEST FROM THE NATIONAL DEPARTMENT OF AGRICULTURE

According to the Office International Des Epizooties(OIE) / World Organisation for Animal Health, South Africa has to test in excess of 300 cattle brain samples per year of the higher risk animals for BSE. The higher risk animals include cattle over 24 months of age displaying neurological signs, or moribund cattle without signs of Infectious or traumatic conditions. The Onderstepoort Veterinary Institute (OVI) received less than a third of the samples necessary to confirm South Africa's BSE free status within a period of a year. The Department therefore urgently needs the assistance of all private veterinarians.

Especially heart water cases can be of extreme importance as they fulfill the criteria for suspicious BSE cases. Moribund cattle at abattoirs can also be of value as well as samples of cattle imported from Europe (with or without any clinical signs).

The causal part of the brainstem (obex, medulla oblongata) is the site of choice for making a diagnosis. Samples should be sent fixed in formalin and a thorough history is very important. Samples can be submitted with other routine cases when suitable for the practitioner. If members need any assistance with the sending of the samples to the OVI they can contact Dr L de Piessis at Tel: (012) 529 9172 or Dr H Booker at Tel: (012) 529 9272 or the local State Veterinary. Further or other enquiries can be directed to Dr E van Vollenhoven at Tel: (012) 319 7500.

DISINFECTANTS AND ANTISEPTICS IN VETERINARY PRACTICE

NOTICE OF WITHDRAWAL

In view thereof that it is not Council's intention to either recommend or condemn any specific products that are used as antiseptics or disinfectants and due to the reference to trade names and the incorrect classification of F10 in the circular in Council's Newsletter, Number 23 (June 2001) "Alldehyde Compounds for Aspasia and Sennility in Veterinary Practice" was withdrawn. A withdrawal notice was circulated to SAVA members in VetNews and to non members by surface mail.

REPLACEMENT

A practice policy guideline "Disinfectants and Antiseptics in veterinary practice" reviewed and finalised by the Medicines Committee of the SAVA is circulated with this Newsletter. This document must be regarded as part of Continued Professional Development (CPD) and an educational exercise.

YOUR comments are invited to the document.

GUIDELINES FOR THE VACCINATION OF PIGEONS AGAINST NEWCASTLE DISEASE

Published at the request of the National Department of Agriculture. The Animal Disease Regulations require that all fowls, domesticated ostriches and racing pigeons should be immunised against Newcastle disease.

The following vaccination program is only a guideline, especially for veterinarians who do not deal with pigeons on a daily basis.

In 1999 a high mortality rate in young pigeons was attributed to a combined infection of PMV1 (Pigeon Paramyxovirus) as well as the classical NDV (Newcastle disease virus). Therefore avian veterinarians recommend the use of inactivated injectable vaccines registered specifically for pigeons in conjunction with an inactivated, oil based broiler emulsion for poultry.

The following injectable vaccines are currently available and the only registered vaccines according to the Speciality Index (IVS, September-November 2001) for use in pigeons with regard to Newcastle / Paramyxovirus in South Africa:

- Novibac Paramyxo (Registration number G2494, Act 36 of 1947)
- Colombovac PMV/Pox (Registration number G2664, Act 36 of 1947)
- Telvac 105 ND (Registration number G1525, Act 36 of 1947) This vaccine does not include the PMV1 strain.

Recommended vaccine schedule for racing pigeons:

Breeding pigeons: Vaccinate all stock pigeons 4 weeks before breeding with Novibac Paramyxo or Colombovac. Administer a booster vaccine 2 weeks later with an inactivated oil based broiler emulsion chicken vaccine. The dose indicated for a one day-old chicken should be used (i.e. usually 0.1 ml subcutaneously).

Young pigeons: Vaccinate all pigeons as they are weaned at 4-6 weeks of age. In this case Novibac Paramyxo is preferred as it is a monovalent vaccine. Administer a booster vaccine 2 weeks later with an inactivated oil based broiler emulsion chicken vaccine. The dose indicated for a one day-old chicken should be used (i.e. usually 0.1 ml subcutaneously).

Racing pigeons: Vaccinate all racing pigeons 4-6 weeks before training losses, start with Novibac Paramyxo or Colombovac. Administer a booster vaccine 2 weeks later with an inactivated oil based broiler emulsion chicken vaccine. The dose indicated for a one day-old chicken should be used (i.e. usually 0.1 ml subcutaneously).

Drs O J Botha and R Conradie are acknowledged with thanks for their assistance in the compilation of this program for distribution by Veterinary Services of the National Department of Agriculture. Please note that the vaccination of racing pigeons against Newcastle disease is compulsory, but not this specific program, as it only serves as a guideline.

Any further queries should be directed to Dr E van Vollenhoven at Tel: (012) 319 7500,
Rules for the Veterinary Profession!

Your copy of the long outstanding rules, published in Government Gazette No. 23027 on 18 January 2002, is circulated with this newsletter. Please contact the administration if you did not receive your copy with this newsletter. The rules can also be accessed via the internet at www.savc.co.za. Members are welcome to contact the administration for any interpretation of the rules and / or approval of advertisements. The new rules have immediate effect and members are requested to adhere to these rules.

The main changes relate to:

Part II: Rule 5, Issuing of certificates

The rule has been expanded to leave no uncertainty as to what is required of members. No person, other than a veterinarian may complete and sign a veterinary certificate. Members must only certify those matters of which they have personal knowledge, and this rule must be adhered to when members of the public approach you for certification.

Part III: Rule 15, Advertising (read with Rules 7, 8, 16 and 17)

Although the rules have been relaxed members must guard against outing for work and must take note of Rule 7 in this regard. If you are identified in any way in an article, then your advertisement may not appear on the same page as the article. And: Animal related products, merchandise and/or foods should be advertised and the prices thereof may appear in the advertisements, however the fees of veterinary animal services e.g. spays may not appear in an advertisement.

Part V: Minimum requirements for Veterinary Facilities

The rules relating to minimum requirements for facilities have been changed to consist of general requirements. (All facilities have to comply with general requirements) and specific requirements for e.g. Hospitals (including what was previously referred to as clinics). Principals whose facilities do not comply with the minimum requirements may in terms of Rule 40 and on motivation of their particular circumstance apply in writing for exemption from compliance of certain rules. State veterinarians who render clinical services are also required to apply for exemption if their facilities do not comply with the minimum standards.

All veterinary facilities wherefrom clinical services are rendered must be registered with Council.

Also note specifically the changes to:
- Records at Facilities in particular Rule 26 (3), (4) and (5).
- Diagnostic Imaging in particular Rule 27 (10).
- General requirements for anaesthesia in particular Rule 28 (17) and (18).

Part IX: Procedure at Inquiries into Professional Conduct

Members should follow these directives when complaints are lodged against them.

Please contact the administration for further information and go to www.savc.co.za.

Newsletter will be published in March (with Annual Invoices) and in September. Newsletters will be published in Maart (met Jaarlike Fakture) en in September versky

What are Council's functions?

Council:
- Regulates the practicing of the veterinary professions and para-veterinary professions and the registration of persons practicing such professions;
- Determines the minimum standards of tuition and training required for degrees, diplomas and certificates entitling the holders thereof to be registered to practice the veterinary professions and para-veterinary professions;
- Exercises effective control over the professional conduct of persons practicing the veterinary professions and para-veterinary professions;
- Determines the standards of professional conduct of persons practicing the veterinary professions and para-veterinary professions;
- Encourages and promotes efficiency in and responsibility with regard to the practice of the veterinary and para-veterinary professions;
- Protects the interests of the veterinary professions and para-veterinary professions and deals with any matter relating to such interests;
- Maintains and enhances the prestige, status and dignity of the veterinary professions and para-veterinary professions and the integrity of persons practicing such professions; and
- Advises the Minister in relation to any matter affecting a veterinary profession or a para-veterinary profession.

Veterinary Services in South Africa: Recognition of Qualifications for Registration purposes

Council has for some time been concerned with the lack of human veterinary resources in both the private- and public sectors in South Africa and commenced with an investigation into the matter in 1998. Council is awaiting the National Department of Agriculture's policy on the recognition of foreign qualifications. Although it is not Council's function to per se regulate numbers in the profession, Council is not unwilling to do so. However Council has no mechanism by which to perform such a function.

No formal agreements for reciprocal recognition of qualifications exist between Council and training institutions and/or foreign boards. The recognition of the BVSc degree, U.P. for automatic registration with the Royal College of Veterinary Surgeons (RCVS) is based on visitations undertaken by the RCVS to the Faculty of Veterinary Science, U.P. (the most recent in 1999) and other boards. Councils followed suit. Council cannot prohibit members from working abroad.

Council is sympathetic to those members of the profession who have to deal with the consequences of undesirable workload levels and the unavailability of locum tenentes. However, it is Council's function to ensure that members act professionally under all circumstances.
Procedure followed at an Inquiry into Professional Conduct

In terms of section 31 of the Veterinary and Para-Veterinary Act, the Council may as a result of a complaint lodged with it, institute an inquiry into the conduct of registered members.

Part IX of the new Rules deals comprehensively with the procedure to be followed at inquiries.

Members are invited to comment on the procedure at an inquiry into professional conduct. Please refer to the document circulated with this Newsletter.

Members of the Veterinary and Para-Veterinary professions are again invited to submit a short Curriculum Vitae should they wish to apply for nomination on the Inquiry Body. Kindly include the details of your fields of expertise and or details of the disciplines in which you are practising your profession.

Council is committed to fair and transparent inquiries into professional conduct and value your comments. Information on procedure at inquiries can also be accessed via the SAVC website.

RABIES VACCINATIONS & RABIES SAMPLES

The Directorate of Veterinary Services, National Department of Agriculture draws your attention to the following regulation:

"All dogs and cats in the Republic shall be immunised with an efficient remedy by an officer, veterinarian or authorised person at the age of 3 months followed by a second vaccination within 12 months, at least 30 days after the first vaccination and thereafter every 3 years. Dogs and cats younger than 3 months may be vaccinated provided that they are again vaccinated at the age of 3 months, followed by a third vaccination within 12 months and thereafter every 3 years"

If an adult dog or cat is presented to the veterinarian without a vaccination history it is recommended that the animal should be vaccinated for rabies twice within a 12 month period and thereafter every three years.

- The most reliable and quickest diagnostic procedure for rabies is the Fluorescent Antibody (FA) technique, which requires the samples to be preserved in a 50:50 glycerol-saline solution and not formalin. Samples can also be submitted fresh on ice, if delivery takes place within 24 hours.

- Research at the Onderstepoort Veterinary Institute (OVI) indicated that the thalamus is the site of choice for rabies diagnosis and should therefore be included in samples sent to the OVI or Allenton Provincial Laboratory.

- Samples should be submitted in leak-proof containers. Parcels must be clearly marked: “Suspected Rabies”.

- The official submission form, with all details filled in, should accompany each specimen and can be obtained from the OVI at Tel: (012) 529 8440 or the nearest State Veterinary Office.

- It is vitally important that practitioners take note of the following request: 100% glycerol should not be used as a preservative for rabies brain specimens as it affects the quality of the FA test. Histopathological examinations are not a reliable means of diagnosing rabies nor is it used as a standard testing procedure; therefore specimens should not be submitted in formalin.

Professional Conduct / Professionele Gedrag

The following persons were found guilty of unprofessional conduct in terms of the Veterinary and Para-Veterinary Professions Act, 19 of 1982 / Gedurende die afgelope termyn is die volgende lede in terme van die Wet op Veterinêre en Para-Veterinêre Beroepe, 19 van 1982, soos volg skuldig bevind:

Dr H J Naudé (76/1323) het ‘n pasiënt vir ‘n lang tydperk sonder toegang gemuiil en hy het ‘n pasiënt voortydig ontslaan. Dr Naudé se registrasie is geskors vir 1 maand, die voëns is vir drie jaar opgeskort op voorwaarde dat hy nie weer aan onprofessionele gedrag skuldig bevind word nie.

Dr K Pretorius (83/1794) het Reël 7 (verwerking van die reëls, cortree. Dr Pretorius is gewaarsku.

Dr C C Rall (88/2852) het Reël 4.5 cortree deur onvoldoende diens van ‘n ongeregisterde eerste geneesmiddel te leer. Hy het die ontslag van ‘n pasiënt na sterilisasie, terwyld die pasiënt nie hoeveld en van narkose herstel het nie, toegelaat. Dr Rall is herpligt.

Dr A J Swan (86/2535) failed to administer fluid therapy to a patient. He failed to re-assess the patient on the same day after the owners advised that the patient’s condition had not improved. Dr Swan was reprimanded.

Dr G Steenkamp (92/3534) het Reël 17.1.3 cortree deur die gebruik van ‘n handelsnaam in verband met sy advertensie. Dr Steenkamp is gewaarsku.

UPDATE ON INSPECTIONS

Inspections are currently being conducted in Gauteng and the Vaal Triangle. 40 Facilities have been evaluated and the inspection reports were sent to the principals for comment. The inspections in Gauteng are expected to be finalised in May 2002.

Invitations will be sent out in April to principals who wish to take part in the inspection process in the Western Cape Province. Members who take part in the process are now provided with the evaluation form for self-evaluation prior to the inspection. The evaluation form can also be accessed via the SAVC web site at www.savc.co.za.

VETERINARY CLINICAL SERVICES

Veterinary clinical services may not be rendered from clinical facilities if those facilities are not registered with Council. Only registered veterinarians can register clinical facilities in their names. It also applies to those veterinarians who only render part-time services for Animal Welfare Organisations or any other entity. Please ensure that you or your colleague register the Animal Welfare facility or any other facility where clinical services are rendered even if you and or your colleague are only working there on a part-time basis. In this regard please take note of the following requirements:

- Staff or officials of Animal Welfare Organisations or any other entity / organisation cannot take responsibility for the maintenance of standards of veterinary clinical facilities and the facilities may not be registered in their names;

- Animal Welfare Assistants may not render the veterinary or para-veterinary services, for which they are authorised, if they are not working under supervision of a veterinarian, where required;

- Please note that Animal Welfare Assistants have to report back to you when you prescribed any scheduled drugs for use on animals by them and that you have to update the clinical records in respect thereof. Over and above this requirement all clinical records of the registered facility have to be maintained in line with Rule 26 of the rules and in terms of Rule 26 (6) you must ensure that proper security arrangements are made to protect medical records from loss, fire, alterations or unauthorised use; and

- Members of the profession may contact the administration for full details of conditions of authorisation of Animal Welfare Assistants in their area. A list of authorised Animal Welfare Assistants is circulated with this Newsletter.
Sixty eight inspections were held, twenty of those facilities inspected complied with all the minimum requirements for facilities. Forty eight facilities did not comply with all the minimum requirements and depending on the deficiencies, principals were given one month, three months or twelve months in which to rectify deficiencies. The majority of practitioners agreed that minimum standards for facilities and continued education were essential for better service rendering and an improved status of the profession.

VRYSTELLING VAN DIE MINIMUM VEREISTES/EXEMPTION FROM COMPLIANCE WITH THE MINIMUM REQUIREMENTS

Indien u praktiek nie aan die minimum vereistes voldoen nie, kan u by die Raad in terme van Reiš 40 van die reëls aansoek doen om vrystelling van daardie vereistes waaraan u nie voldoen nie. Die kriteria wat gebruik word by oorweging van vrystelling is die volgende:

1. Daar moet 'n duidelik gemotiveerde behoefte aan veterinêre dienste in die gemeenskap wees en die gemeenskap wat bedien word, moet duidelik gedefinieer word;
2. Ondersteuning vir die dienste by middel van praktiseerders in die gebied waarin die dienste gelever word, moet deur die aanvraagker verkry word en moet die aanvraager verklere;
3. Vrystelling sal tot 'n bepaalde tydperk beperk word, alternatiewelik tot tyd en daarmee geen ander volledige veterinêre dienste bestaan nie en 'n volledige dienst nie deur 'n ander kollega gelever word nie;
4. Die welsyn van die pasiënt en die kwaliteit van dienste is nie onderhandelbaar nie; en
5. Vrystelling word beperk tot toerusting / strukturele vereistes waaraan die principiaal nie kan voldoen nie.

Members may apply for exemption from compliance with the minimum requirements for facilities in terms of Rule 40 of the rules. In the event that their facilities do not comply with those requirements. The following criteria for consideration of exemption applies:

1. A clear need for veterinary services and the community that the applicant intends to serve, has to be defined;
2. Support for the application by private practitioners servicing the area must be obtained by the applicant and should accompany the application;
3. Exemption will only be limited to a period of time alternatively in areas where no other veterinary services exist until such time that another practitioner delivers veterinary services in the same area;
4. The welfare of the patient and the quality of the veterinary services should not be compromised; and
5. Exemption should be limited to equipment / structural requirements that cannot be complied with.

Responses to Inspections / Reaksie op Inspeksies

* Our hospital was inspected ... The Inspector was very pleasant, thorough and enlightening... Any feedback and guidelines from Council would be appreciated.*
* Thank you for allowing me to participate in voluntary inspection of my Veterinary Facility. I do appreciate the openness and leniency offered by the council. I would like to comment that Prof S S Van den Berg was fair and candid in his evaluation.*
* "Ek het Prof van den Berg se beoordeling vir aangename en insiggewend ervaar."* "Dankie vir die tyd wat Prof S S vd Berg afstaan het om ... te evaluer. Dankie weers na die Raad se belangstelling. Daar sal aangehou gestreef word ... om die beste kwaliteit dienste binne ons verhouding te handhaaf!"
* "Thank you very much for coming my inspection. For your help and comments. Professional and helpful. Mr. van den Berg is extremely helpful, with an amazingly calm, non-confrontational manner. All the comments are valid and would help me to improve a better service."* "With respect to the inspection I am satisfied that the procedure was fair and satisfactory, enabling my practice to achieve a positive step towards a high standard of excellence that now meets the public needs."
* "I feel the inspection was a positive experience. It is good to see whether the facility is up to standard. Professor Lubbe was very helpful and gave a lot of information about various aspects."* "It was with pride and a sense of achievement that my staff and I read this report as it is our goal, not only to keep up with the latest developments in veterinary science but, to provide a professional service to our clients and patients and in so doing enhance the image of Veterinary Profession."
Successful preparatory inspections were held in the Western Cape Province on 17 and 18 July 2002. Three of these inspections were held by Prof S S van den Berg and three held under his direction and were attended by the inspectors appointed in the Western Cape Metropolitan area Dr C P Harte, Dr G C N Trace and Dr D T Longland and attended on invitation by the representative of the Directorate Veterinary Services of the Western Cape Province, Dr P Koen.

The three inspectors will commence with the pilot project in the Western Cape Metropolitan area and will inspect sixty nine veterinary clinical facilities within the next few months.

Although a number of rural practitioners accepted the invitation to take part in the pilot project it was resolved to only inspect the rural facilities when inspections are formalised by regulation.

Principals are provided with an inspection form for self-evaluation of their facilities prior to the inspections taking place, which proved to expedite the inspection process.

INFORMATION AND TESTING INFORMATION
Inspectors of facilities will from time to time provide principals with information on various aspects of practice. The inspector will merely guide and inform the principal.

Principals must ensure that they take responsibility to read, understand and explain all manufacturer's instructions to avoid any accidents / complications resulting from any use of recommended products / guidelines.

It is recommended to contact the manufacturer if instructions are not clear, especially in respect of patient warming devices that may not be accompanied with information on the possible dangers of the use thereof.

Practitioners can contact the administration for background information on the use of warming devices.

COMMUNITY SERVICE: UPDATE
Unlike the SAVA, Council has no information to confirm that further developments took place in respect of community service. Council reported in Newsletter No.24 of June 1999 that the position of the South African Veterinary Council on compulsory service for graduating veterinarians was one of qualified support. Neither the Minister of Agriculture nor the National Department of Agriculture (NDA) informed Council on any progress and/or that community service was a consideration to commence as early as in 2003.

PROPOSED MEETING DATES 2003/ VOORGESTELDE VERGADER DATUMS 2003
The proposed meeting dates for 2003 are:

Council / Raad Uitvoerende Komitee / Executive Committee

January / Januari 28 March / Maart 17 & 18
May / Mei 27 July / Julie 28 & 29
October / Oktober 7 November 17

These dates will be confirmed by Council on 8 October 2002 and will be published on the website. / Hierdie datum sal op 8 Oktober 2002 deur die Raad bevestig word en sal op die website gepubliseer word.

Should you wish to submit any matters concerning your profession to Council it has to reach Council at least 14 days prior to the date of the meeting. / Indien u enige sake wat met u professie verband hou, aan die Raad wil voordeel, moet dit die Raad ten minste 14 dae voor die datum van die vergadering, bereik.

APPOINTMENT OF A VISITATION TEAM 2003
The visitation team will visit the Faculty of Veterinary Science, U.P. in May 2003 with a view to assess standards of training on behalf of Council.

Nominations for members of the team were received from inter alia the NDA, the SAVA, the RCVS and individuals from the Namibian veterinary fraternity. The team was appointed as follows:

Team Leader:
Dr P C Ardington

Foreign / External member:
Prof D M Kambarage (Tanzania)

Pre-clinical group of subjects:
Prof M M S Smuts
Prof N Owen

Para-clinical group of subjects:
Dr G K Brückner
Dr C Gerstenberg
Dr B M Modisane

Clinical group of subjects:
Dr B Irvine-Smith
Dr H Schroeder-Neitz
Dr N Schutte

RECOGNITION OF FOREIGN QUALIFICATIONS: REGIONAL FORUMS AND ACCREDITATION
Council received requests from veterinarians and various organizations including the SAVA to clarify its policy with regard to the recognition of foreign qualifications for registration purposes. Council has been reviewing its policy with regard to so-called ‘reciprocal’ recognition of qualifications and was unable to finalise a policy guideline as input from the National Department of Agriculture (NDA) is pending.

- Council currently recognises the veterinary qualifications obtained at the six (6) British Schools, the Registration examination of the Royal College of Veterinary Surgeons (RCVS) and the veterinary qualification of Massey University (New Zealand (NZ)) for automatic registration. There have been requests for recognition of inter alia the Australian, American, Irish and Zimbabwian veterinary qualifications.

- The following policies on global accreditation are in place:
- The World Veterinary Association supports acceptance of qualifications and accreditation by regional participation instead of individual participation;
- The Australasian Veterinary Boards Council Inc (AVBC) accepts persons who passed the North American Veterinary Licensing Examination for registration based on accreditation processes of the American Veterinary Medical Association (AVMA) which was a unilateral decision after dialogue between the AVMA and the ACVB; and the NZ Veterinary Council recognises in alignment with the Australasian registration bodies the South African veterinary qualification on the basis of accreditation of the Faculty of Veterinary Science, U.P. through the RCVS, as comparative standards of veterinary education are best ensured in this way; and
- The South African Qualifications Authority proposed that a Regional Qualifications Framework be established for SADC countries over a period of 20 years; and discussions on accreditation will in all probability be included on the agenda of a future Southern African Veterinary Regional Forum (as proposed by the Namibian Council.)

ANIMAL HEALTH TECHNICIANS (AHT’S)
All efforts are made by Council to expedite the registration of AHT’s as a Para-Veterinary Profession with Council. The National Department of Agriculture was requested on 20 December 2000 to obtain the approval of the Minister of Agriculture for the registration of this profession.

The OIE Foot and Mouth Disease and Other Epizootics Commission declared South Africa a Foot and Mouth Disease Free status zone without vaccination on 31 May 2002.
**General Guidelines...**

circulated with the Newsletter, is part of Continued Professional Development (CPD). Members are requested to regard the study of these guideline documents as educational exercises and a means to keep abreast of developments in the profession. Members are encouraged to submit their comments on these guidelines to Council or directly to the authors to promote discussion within the profession with a view to improving standards of practice.

**Guidelines on the Social Aspects relating to Restraint and the Chemical Restraint of Vicious Dogs**

Dr S Sonntag and K E Joubert

It became clear during the screening of complaints by the Investigation Committee that members are not aware of the latest social and scientific developments for restraint of aggressive dogs.

"Canine aggression is a common occurrence in veterinary practices... Most injuries sustained by veterinarians and staff members in this way are caused by a lack of knowledge of canine signalling and communication... Clients appreciate such efforts as it confirms that the veterinarian really does care about the patient."

"...your safety is of particular importance. When administering drugs to aggressive patients, care should be taken to prevent the dog from attacking you. More importantly however it should be ensured that the dog does not attack the owner. This consequence have legal implications for the veterinarian."

Council acknowledges with thanks Dr S Sonntag and K E Joubert and the peer reviewers Dr H Zulch and L Linn, respectively.

**Veterinary Clinical Services: Standards for Facilities**

All members, whether rendering services as private practitioners or as State Veterinarians, have to include the input from colleagues in the service rendering area when applications for exemption from compliance with the minimum standards for facilities are submitted to Council.

**Transgressions of the Veterinary and Para-Veterinary Professions Act, no 19 of 1982**

Council is currently supporting the profession in 17 matters wherein it is alleged that lay persons are transgressing the Act. Also refer to page 7 of the Newsletter.

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**ELECTION 2003**

**ACT 10 of 2002**

The Amendments to the Act published in the Government Gazette, Number 23480 of 3 June 2002 as per Act No 10 of 2002 are not yet in operation. Council met with the Deputy Minister of Agriculture, Adv. D du Toit on 8 October 2002 with a view to clarify the election process and to determine a date for the Act to become operative. Council expects some development in this regard during this year. The amendments provide inter alia for a newly constituted Council, a specialist examination, and services under a private company and fines. Members can view the details on the website or request a copy herefrom the administration.

A new Council has to be elected, selected, nominated and designated within six months of the date of the amendment coming into operation.

Council requests its members to become familiar with the amendments to the Act, and in particular, when the election is held, to take part in the election of their representatives.

**ELECTION OF A REPRESENTATIVE FOR THE VETERINARY TECHNOLOGIST PROFESSION FOR THE REMAINDER OF THE TERM 1 APRIL 2001- 31 MARCH 2004**

A vacancy was created by the resignation of Mr E Boelema from Council on 1 March 2002. Council postponed an election pending the election of a newly constituted Council. However, in view of the protracted delay in the Act becoming operative and at the request of the observer on Council, Mr J J Müller a notice calling for nomination of candidates were sent out to all registered members of the profession on 10 February 2003.

Nominations closed on 7 March 2003. Two nominations were received and the election notice was sent to all registered Veterinary Technologists. The Registrar must receive your vote no later than 5 May 2003 at 16:00.

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**COUNCIL OBJECTIVES**

The objectives of the council are -

a) to regulate the practising of the veterinary professions and para-veterinary professions and the registration of persons practise such professions;

b) to determine the minimum standards which qualify for degrees, diplomas and certificates entitling the holders thereof to be registered to practise the veterinary professions and para-veterinary professions;

c) to exercise effective control over the professional conduct of persons practising the veterinary professions and para-veterinary professions;

d) to determine the standards of professional conduct of persons practising the veterinary professions and para-veterinary professions;

e) to encourage and promote efficiency in and responsibility with regard to the practice of the veterinary professions and para-veterinary professions;

f) to protect the interests of the veterinary professions and para-veterinary professions and to deal with any matter relating to such interests;

g) to maintain and enhance the prestige, status and dignity of the veterinary professions and para-veterinary professions and the integrity of persons practising such professions;

h) to advise the Minister in relation to any matter affecting a veterinary profession or a para-veterinary profession.

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**Write in and Have Your Say!**

Council, having taken cognisance of the need for further communication and transparency will be extending its communication with its members. Members will fill in future receive 4 Newsletters. These Newsletters are the March, June, August and November issues. Please give us your opinion on the matters addressed in Newsletters and/or any other matters that you wish to bring to this forum. Please give us your comments!

**Skrif aan ons en Sê Jou Sê!**

In die lig van die behoefte na beter kommunikasie en groter deursigtigheid, wil die Raad sy kommunikasie met sy lede uitbrei. Lede sal in die toekoms vier Nuusbriefe ontvang. Hierdie Nuusbriefe is die Maart, Junie, Augustus en November uitgawes. Spreek asseblief u mening uit rakende die sake soos in die Nuusbriefe aangespreek, en of enige ander sake wat u in hierdie forum wil bespreek. Gee asseblief u mening!
UPDATE ON INSPECTIONS HELD IN THE WESTERN CAPE

50 Inspections were held in the Western Cape Province and mainly in the Cape Town Metropolitan area; of all these facilities inspected, 13 complied with all the minimum requirements for facilities. 37 Facilities did not comply with all the minimum requirements and depending on the deficiencies, principals were given one month, three months or twelve months in which to rectify deficiencies.

Comments from the inspectors

"I had the feeling that most of the Vets did not at the outset grasp the fact that this process is primarily designed to protect themselves, their assets and their Professional image, possibly this aspect could be further emphasised."

"...Veeartse het goed aangepas by hul omgewing. Ek wil die persone wat die minimum standaarde opgestel het, geluk wens. Ek dink nie die minimum standaarde is te hoog vir platelandse praktyke nie en ek kon met min veranderinge hulle help om die standaarde op te skuif. In die plateland was dit beter vir praktyke om af te gradeer na 'n spreekkamer n.a.v. hoeveelheid gevalle wat hanteer word en eerder gevalle te verwy. ...geen antagonisme en die raad wat ek gegee het, was waarder. Dit is moeilik om 'n selfstandige beoordelaar te vind. Die verkoop van medisynie by grootdier praktyke was nog 'n probleem, want die veearts is dikwels nie daar nie. Selofne dra by tot die oplossing van die probleme. Van die veearts wat hulle deur die boer gekontak word, sit die medisynie voor die tyd uit. Die beheer van veral geskieduurde medisynie word baie goed uitgevoer...Die veeartsdiens in die Wes Kaap is insiggewend van 'n hoo standaard. Meer taksprekkekamers behoort oorweeg te word en 'n beter diens kan aan afgetredene gelever word. Meer verpleegsters behoort in diens geneem te word."

"In general these inspections went very well with very good cooperation from each principal. ...The criticism was well received! In nearly all the facilities the minimum requirements were just about fully met. The only common shortcoming was the scavenging equipment on the gas anaesthetic systems. It also must be said that these practices volunteered to be inspected."

Comments from the principals

"Eerstens wil ek die SAVR gelukwens met die manier waarop die inspeksie van klinieke/hospitale aangepak is. Baie dankie ook aan Dr J E Joubert vir sy positiewe bydrag tot die verdere verbetering van ons praktyk."

"I wish to thank Dr Harte for his friendly and helpful inspection of the above clinic."

"I believe that the inspection of veterinary facilities is an excellent idea and one which can help practitioners to improve their facilities and I applaud the hard work your committee are doing."

"My indruk van die hoofspesal van die inspeksiespan was dat dit 'n oorepe, deursigtige poging van die Raad is om veterinarie faciliteite te stansardiseer."

"On the whole the inspection was a useful exercise that gave us a baseline to compare ourselves with others and the incentive to meet the legal requirements that seemed to have been waiting for another day... our hospital facilities are of better standard for it."

Please convey my thanks to Dr Trace for the constructive and professional manner in which he carried out the inspection."

"The inspection was carried out in a relaxed and friendly yet professional manner. It allowed me an opportunity to better understand what Council requires for our..."

"Ek wil graag my dank uitspreek teenoor Prof Sybrandt vir die uiterst positiewe en informele manier waarop hy die "inspeksie" uitgevoer het."

The following principals are congratulated on the standard of their facilities

Lonehill Veterinary Hospital - Dr M C M Guiney
Top class facility exceeding minimum requirements by far.
Witbos Veterinary Clinic - Dr S E Murray
The outlay of facilities, sophisticated equipment and dedicated facilities are the ingredients for this win- win set up. An example of excellence.
SPCA Johannesburg Veterinary Hospital - Dr L F Lunn
One of the top facilities in South Africa. All credit to Dr Lunn who manages this hospital excellently!

The following facilities in the Western Cape complied with the minimum standards and were reported on as being an excellent standard!
Sunset Beach Veterinary Clinic - Dr G Bogner, excellent, outstanding facility and well equipped and managed.
Constantia Veterinary Hospital - Dr J H M Mullen
Doornkloof Direklinik - Dr W van Zyl
Old Oak Road Veterinary Hospital - Dr H A van Rooyen

ANAESTHETIC GAS SCAVENGING EQUIPMENT

"A number of practitioners have disputed the relevance and practicality of scavenging of waste anaesthetic gas from operating theatres."

The requirement of the SAVC for scavenging of potential toxic halogenated gas is well founded in the recommendations drafted by Dr J E Joubert.

These recommendations are circulated with this Newsletter and include recommendations, mainly for bird practitioners, compiled by Dr A Erasmus who have not yet been adopted by Council, but are submitted for your comments.

WASTE REMOVAL

Members must take note thereof that the disposal of Veterinary waste (sharps, carcasses etc.) is regulated by Metropolitan, Municipal and other local authorities.

Contact your local authority/ town clerk with regard to the removal and disposal of waste. It is illegal to dispose of veterinary waste in the general waste stream i.e. normal municipal collection or directly onto waste disposal sites.

Council requested Envirocin Pet Cremation Service to establish the need in particular in the rural areas for removal and disposal of waste in an attempt to extend the already existing service.

Please complete the questionnaire circulated with this Newsletter and return it to Envirocin at Fax: (011) 708 2863

INSPECTIONS IN THE DURBAN METROPOLITAN AREA

Invitations were sent out to members in the Durban Metropolitan area to take part in the inspections as part of the inspection pilot project. Please contact the administration if you wish to take part and did not receive an invitation.

Prof S S van den Berg, Dr P C Ardlington and Dr J H Morton will commence with the inspections on 8 April 2003.

PROTOCOL FOR INSPECTIONS IN A FIVE-YEAR CYCLE

1. The principal is invited to participate and performs a self-evaluation;
2. The inspector inspects the facility and reports thereon;
3. The principal comments on the inspection report;
4. The report and comments are referred to the Pre-advice Inspection Committee who recommends to Council as follows:
   - Continued registration, downgraded or de-registered;
   - Continued registration on condition that the shortcomings are attended to within stated time limits;
   - Re-inspection;
   - Application for exemption of certain requirements or application for extension to comply, need to be submitted.

RURAL LARGE ANIMAL PRACTICES

Prof S S van den Berg inspected four rural practices during January 2003 in an attempt to ascertain whether the minimum standards were relevant and applicable for large animal practices. A full report will follow in the next Newsletter.
The Amendments to the Act published in the Government Gazette, Number 23480 of 3 June 2002 as per Act No 10 of 2002 are not yet in operation. The expected date of operation will be 18 July 2003.

A representative of the National Department of Agriculture met with the administration on 19 March 2003 to discuss an action matrix for the election. This plan has now been worked into a submission for the Minister of Agriculture and Council was informed on 25 April 2003 that the action matrix was on route to the Minister. Members who are interested can request a copy of the election matrix from the Administration. Council has to be elected, selected, nominated and designated within six months of the date of the amendment coming into operation.

Council requests its members to familiarise themselves with the amendments to the Act, and in particular, when the election is held, to participate in the election of their representatives.

ELECTION OF A REPRESENTATIVE FOR THE VETERINARY TECHNOLOGIST PROFESSION FOR THE REMAINDER OF THE TERM 1 APRIL 2001-31 MARCH 2004

Council congratulates Mr J Müller who was elected on 5 May 2003 to serve on Council as the representative of all registered Veterinary Technologists. Mr Müller is employed as Veterinary Technologist at a private veterinary laboratory.

UPDATE ON INSPECTIONS: DURBAN METROPOLITAN AREA

The inspections are currently in progress and is an attempt to bring facilities in line with the minimum standards for facilities. The minimum standards for facilities are contained in the rules for veterinarians, which rules have to be compiled with. Although the inspections are currently conducted on a voluntary basis it will become regulated upon finalisation of pilot inspections in all main metropolitan areas and upon finalisation of the drafting of regulations for inspections.

Comments from the inspectors on Inspections held to date

“The Inspections in the Durban Metropolitan area once again took place in amenable circumstances. I am impressed that even those principals who have been aware of the deficiencies in their facilities, volunteered for inspection of their facilities. It is under these circumstances that inspections can be justified and serve a purpose. Principals should take cognisance thereof when they are invited to take part in voluntary inspections in future. I wish to thank all those principals for the kind and professional manner in which I was received and guided through their practices.”

Prof S S van den Berg

“Reactions to inspections in Durban and surrounding areas has been positive and constructive, practical cost effective solutions to deficiencies are generally welcomed. The most common deficiencies are lack of radiographic viewers in theatre, absent or inadequate scavenging of anaesthetic gases, absent or inadequate facilities for isolation and incomplete equipment for aseptic surgery (e.g. caps etc.) Proper isolation would require expensive alterations in many facilities, but the profession may be informed that the SAVC is at present satisfied with a minimum standard of isolation in one area of the ward with separate drainage to the rest of the ward.”

Dr P Caradgington

A full report on the outcome of inspections will follow in the September Newsletter.

RURAL FACILITIES: MAIN DEFICIENCIES IDENTIFIED

The minimum standards for rural hospitals are under review as farmers seldom take their animals to practices and there are therefore no real need for theatres for production animals. The main deficiencies identified during inspections were:

a) Vehicles not equipped in particular for cold storage;

b) Syringes not adequately sterilised and if sterilised transported in dust;

c) Insufficient record keeping;

d) Inadequate security arrangements for the practice and staff;

e) Animals can easily escape from the practices.
Fellow colleagues, an invitation is extended to you to contact an inspector in your area to give advice prior to the commencement of changes to your facility and/or purchasing or building a new facility. This may assist you in saving costs and for avoiding any pitfalls.

I wish to thank my colleagues for the warm reception that I received.

During my visit to Natal, I was pleasantly surprised with the sound and good collegial relationships amongst members of the profession, with the exception of one or two that appeared as though members worked well together. There are also active attempts to create opportunities for CPD.

Daar is aan my genoem dat van die praktiese huivering was om aan die flosproeke van inspeksies in Durban en omgewing, deel te neem. Dit is vermed in aggene die positiewe ervarings in ander metropole.

The following general deficiencies were noted:

**Direction boards.** I am of the opinion that more direction boards can be erected to effectively indicate to the public where practices are situated. Some of the practices that were inspected were difficult to locate.

**Business centres.** I am not positive about practices in business centres with the exception of one practice. These are my objections:
- the principal of the facility has no control over the complex;
- the space is usually limited and must be subdivided with condiments which are not advisable for maintaining hygienic circumstances;
- noise factors, whether from within the practice or from adjacent nearby businesses (a motor vehicle workshop was adjacent to one such facility);
- there are no facilities to house animals outside (everything is paved).

To take animals on a leash is not ideal in an environment where there are food stores as well; and
- there is usually also only one communal restroom.

I am of the opinion that facilities in business centres should be limited to consulting rooms— the pre-advice inspections committee will discuss this matter.

**Crime.** Although only three practices visited by myself, were affected by crime, there is still not enough awareness and alertness and practices are not well prepared to deal with criminals.

**AIDS.** A lack of knowledge is still prevalent despite the guidelines issued by CoLi. Only a few practices could present a protocol positively. Members can contact the Administration if they are not in possession of the guideline document and/ or visit the SAVC web site at www.savic.co.za and click on “policies”.

**Consulting rooms.** Only non-invasive operations may be performed at consulting rooms provided that provision is made for a separate theatre and that animals are not kept overnight “all in all out”. A number of practices conduct advanced surgery without the required facilities. The pre-advice inspections committee will discuss this matter.

**Scheduled drugs.** M99 is used in three practices for small animal procedures. I have asked Dr Kenneth Joubert to comment and give advice on the use of M99 for small animal procedures.

A positive development in practices is the appointment of practice managers which result in the smooth running of practices and high standards maintained—the way to go. One principal requested a review of the Act to allow partnerships with non-veterinarians for example trained practice managers. Your comments in this regard are invited.

A report will follow these matters in the forthcoming Newsletters.

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**Etorphine in Small Animals**
K E Joubert & M PEd Vet (Anaes), BVSc
Anaesthesiology; Department of Companion Animal Clinical Studies, Faculty of Veterinary Science, University of Pretoria, KJoubert@op.up.ac.za

Etorphine (etorphine hydrochloride, M99) was synthesised by Bentley & Hardy (1963) and is chemically related to morphine. When given subcutaneously, etorphine is 1,000 to 80,000 times more potent than morphine as an analgesic. Its use for immobilising game animals results largely from its ability to cause catalepsy (increased muscle tone and rigidity) at very low dose levels (for example, the total dose for a rhino may be as low as 5mg). Because of the great risk involved to man and animal in handling this substance, law strictly controls the possession and the use of etorphine. The Wildlife Group of the South African Veterinary Association has recently issued an open letter to all veterinarians in which the legal situation and official policy regarding the use of this drug by veterinarians are stated clearly.

In laboratory animals, etorphine resembles morphine by causing analgesia, catalepsy, blockade of conditional reflexes, and anti-diuretic effect. It also resembles morphine by causing excitement in mice, cats and pradycardia and hypotension in rats, dogs, cats and monkeys. The hypotension in dogs can be significant and life-threatening. In comparison to fentanyl, etorphine may include respiratory depression and cardiac arrhythmias. It has come to light, that a number of veterinarians are using etorphine for neurolept anaesthesia in small animals. Although, the concept and use of opioid drug combinations in small animals is well established, the use of etorphine exposes patients to a number of potential risks. The most important of these is the potential risk for an absolute over dose. The recommended dose in small animals is 7.5mg/kg. The solution is supplied at 5.98 mg/ml making the delivery of an accurate dose almost impossible. An overdose increases the risk for the side effects and death. As suitable and safer alternatives, opioids are available for use in neurolept combinations in small animals these should be used instead of etorphine. It should also be remembered that the use of etorphine in small animals is considered an extra-label use and the veterinarians accept sole responsibility for its use.

A suitable alternative to etorphine is fentanyl. Fentanyl is administered at a dose of 10-40 mcg/kg in combination with diazepam (0.2 mg/kg, IV) or midazolam (0.3 mg/kg, IV or IM). The lower doses of fentanyl are used intravenously, diazepam is poorly absorbed intramuscularly and should not be used by this route. Fentanyl can be diluted to 200 mcg/ml to facilitate accurate dosing. Fentanyl administration is not associated with catalepsy, blockade of conditional reflexes and excitement seen with etorphine.
FACILITIES, INSPECTIONS, ROBBERIES, STATISTICS

Gauteng, Western Cape and Urban Inspections
Comments received from Principals

"We have received and studied the evaluation of the practice. We were pleased with the result and found the inspection to be very thorough and well handled by Dr Trace. We are aware of the two areas that need attention."

"I would like to thank you for the practice inspection. I found it very positive with some practical advice and good ideas. It certainly cleared up some misconception I had of requirements."

"The idea of visiting all veterinary practices in an effort to maintain a certain minimum standard is admirable. We were extremely pleased with the report back on our facilities stating that the practice is "a model facility". Our practice Manager...was delighted and encouraged by Prof van den Berg's positive comments on management! Thank you!"

"I have found the inspection to be in line with modern standards for Veterinary health care in South Africa. I sincerely hope that such standards are adhered to by all veterinary practices, including other emergency facilities"

"We wish to place on record that we fully support the upgrading of veterinary facilities and the image of the profession. Please convey our thanks to Prof van den Berg for his advice and the manner in which the inspection was conducted."

"Mr. Ardington inspected this facility. I found the inspection report constructive & helpful.

"I am quite happy with the inspection and the report. We are busy addressing the changes..."

"Thank you for the polite and honest way in which Prof Sybrand v.d. Berg evaluated our facility. We appreciate the feedback that was given and shall continue to strive to meet the requirements as and when we can. In respect of the changes made since the inspection, we have addressed..."

"Prof. S Van den Berg inspected this clinic on 8 April 2003. He gave me many useful ideas and guidelines, which I really do appreciate."

"I support the objectives of council, however, I think that all entities that practise veterinary medicine should follow the rules unconditionally."

Hospital Information

Members can contact the Administration for copies of the following documents:
1. Heating equipment: Heating pads & Thermal Burns in S A;
2. Lighting source: Headlamps-recommendations on the latest models;
3. Scavenger units: Anaesthetic Gas Scavenging; and
4. Sterilisation: Dry Heat-recommendations

ROBBERIES AT VETERINARY PRACTICES!!!
Members are alerted !!!

If you have information on robberies in your area kindly e-mail the Registrar at: hanri.kruger@law. Or contact the Administration.

The SAPS confirmed that the suspects involved in the robberies in the Johannesburg and Pretoria districts has not yet been re-arrested again for an identity parade. The Administration will pursue the matter.

Dr. L. O. Bruggemann of Margate Vet Hospital, Bulwer St Vet Hospital and Port Edward Vet Clinic reported the theft of two brass name plates as well as a perspex consulting hours notification board off the wall of the Port Edward Vet Clinic during the week of 4-6 July 2003.

The manner in which they were removed made him suspicious that the boards could be used fraudulently to impersonate the veterinarians. The matter was reported to the local police.

Vaccination and Certification

Unless importing countries introduce other requirements the status quo remains as published in Newsletters 23, 25, 26, 27, 28, 29 & 30.

STATISTICS: VETERINARY AND PARA-VETERINARY PROFESSIONS JUNE 2003

Veterinarians working at Clinical Facilities

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
<th>Other/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1034</td>
<td>621</td>
<td>1002</td>
</tr>
</tbody>
</table>

Veterinarians involved in the following Employment Sectors

1. Academic
2. Animal Welfare
3. Fish/Poultry
4. Government
5. Industry
6. Local Authority (Vet Services)
7. Ophthalmology
8. Pathology
9. Research
10. Rural Bird practice
11. Rural Equine practice
12. Rural mixed practice
13. Rural Production Animal practice
14. Rural Small animal practice
15. SANDF/SAPS
16. State Vet National Government
17. State Vet Provincial Government
18. Urban Bird practice
19. Urban Equine practice
20. Urban Mixed practice
21. Urban Production Animal practice
22. Urban Small Animal practice
23. Wildlife
24. Unknown

Members will in future receive data update forms on which they will be requested to indicate the percentage of time spent in various activities.

Gender Statistics

Veterinarians:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,728(72%)</td>
<td>664(27%)</td>
<td></td>
</tr>
</tbody>
</table>

Veterinary Nurses:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>03(2%)</td>
<td>338(99%)</td>
<td></td>
</tr>
</tbody>
</table>

Veterinary Technologists:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>65(45%)</td>
<td>70(55%)</td>
<td></td>
</tr>
</tbody>
</table>

Laboratory Animal Technologists

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>15(47%)</td>
<td>17(53%)</td>
<td></td>
</tr>
</tbody>
</table>

Age-Statistics

Veterinarians

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30 years</td>
<td>410</td>
</tr>
<tr>
<td>30-40 years</td>
<td>777</td>
</tr>
<tr>
<td>40-50 years</td>
<td>587</td>
</tr>
<tr>
<td>50-60 years</td>
<td>336</td>
</tr>
<tr>
<td>60-70 years</td>
<td>174</td>
</tr>
<tr>
<td>70 years+</td>
<td>91</td>
</tr>
</tbody>
</table>

FUTURE VETERINARY EDUCATION

Members may in the near future be requested to provide their input/comments on aspects relating to Future Veterinary Education. Such a survey will be undertaken by a private company. Your assistance in this regard would be appreciated.
Review of the Code of Conduct and Practice
Submit your input to the Administration or directly to Dr Peter Ardington at Fax: (032) 466 3591

The single handed practitioner
Bryan Theil

"The single handed practitioner is particularly vulnerable to the disruption that may be caused to their professional duties by stress and health problems. Being on duty 24 hours a day on a continuous basis is stressful. All practitioners have a duty to provide emergency service at all times but there is no obligation to do this personally. It should be possible to come to a working arrangement with other neighbouring colleagues to ensure that the service is available but that each individual is given respite from being permanently on duty. There is no doubt that such an arrangement is dependent on all parties being prepared to compromise and is also totally dependent on mutual trust...""
A RECRUITMENT POLICY: COMMUNITY SERVICE AND RECOGNITION OF FOREIGN QUALIFICATIONS

It was reported in Newsletter 34 of September 2003 that the National Department of Agriculture's (NDA) Education and Training division will develop a policy document which will deal with recruitment, community service and acceptance of foreign qualifications, collectively. As the development of such a policy document will involve thorough research and consultation, Council does not expect to receive a policy document within the near future, however the profession will be updated on any developments.

VISITATION TO FACULTY OF VETERINARY SCIENCE, U.P.

No further progress was made since the last report as the Education Committee of Council will only meet on 19 January 2004 to make a final proposal to Council after studying the various local and international criteria for visitations, on the visitation and visitation team. A report will follow after the Council's meeting to be held on 27 January 2004.

MEET COUNCIL'S SECRETARY
Ms Debbie Breeze

Debbie joined the Administration in April 2001. She is responsible for communication between members of the professions and public on the one hand and staff members on the other hand as she will direct your queries to the responsible staff member, management or Council member. She is also responsible for liaison between Council, management and examination candidates, examiners and monitors. Debbie's functions also include the arrangement of all meetings and inquiries as well as banking of payments.

REMOVALS FROM THE REGISTER/ VERWYDER VAN DIE REGISTER 2003/2004

A final reminder, in the form of a Statement by registered mail, accompanied Newsletter 34 and was posted on 18 October 2003. Members who did not respond within 30 days were REMOVED from the register.

A list of members removed from the register is circulated with the Newsletter. Kindly inform your colleagues if their names appear on this list, that they should re-register if they are practising in South Africa.

'Finale aanmaking in die vorm van 'n Staat per geregisteerde pos, het Nuusbrief 34 vergesel en is op 18 Oktober 2003 aan lede gepost. Lede wat nie binne 30 dae op die finale aanmaking gereageer het nie, is van die register VERWYDER.

'N Nuusbrief geskik van geloofde lede wat van die register verwydryd is, word met die Nuusbrief geëskik van geloofde lede wat van die register verwydryd is, word met die Nuusbrief geseënieer. Uitgawers van hierdie Register, moet hul register vereenwoordig.

Members express surprise and dismay when their names are removed from the register and they did not receive a final notification. They are advised that they should re-register if they are practising in South Africa.

CONTINUED PROFESSIONAL DEVELOPMENT (CPD)

The Council, SAVA and the Wits Health Consortium reached an interim agreement on a voluntary process whereby a procedure could be established to administer a system for the accreditation of CE material by providers (e.g., Congresses and publications) and logging of accrued points. This process has been effective for approximately two years. In the future, the administration of such a process will become a requirement for the registration of CE points with SAVA. The Council has consistently supported the concept of CPD and in order to promote its further development, urged Council to make the system compulsory.

Council's ad hoc Committee on CPD (on which the SAVA is represented) is finalising a policy document and will again meet on 18 December 2003 to discuss the document. The Education Committee of the SAVA had in sight the draft document and drafted a response that was endorsed by the SAVA's Executive Committee. The essential comments were: The New Zealand Model is acceptable provided that:

- It is made compulsory;
- It includes an accreditation mechanism for providers of CE, and
- Provides for central logging of points.

The draft document will be circulated to the SAVA members and students of veterinary and para-veterinary professions for comment; however, due to time constraints CPD will not be formally implemented and regulated by 1 April 2004. In the interim, providers of CE occasion and material (activities) are requested to peruse with the accreditation of their presentations.

VETSHOPS ARE NO LONGER "INDEPENDENT"

Members of the profession kindly note that:-

$ It is accepted (as of 17 November 2003) that the SAVA has now included these so-called "integrated Vetshops" in its definition of independent Vetshops and that the rules of Council do not place any limitation on sharing a waiting room with a Vetshop provided that this separate business is wholly owned by a registered veterinarian or para-veterinarian;

$ Advertisements of these integrated Vetshops should comply with the requirements of Rule 15, which currently allow the advertisement of prices of products, merchandise and foods described which prohibits incentives as the subject of advertisements;

$ If the rules on advertising need to be amended then the profession should make proposals for such amendments;

$ Vetshops that are integrated with registered veterinary facilities will also be subject to inspection.

REGISTRATION OF ANIMAL HEALTH TECHNICIANS

It is confirmed that following the last report a meeting of the Departmental Bargaining Council was held on 8 September 2003 at which meeting it was resolved that the Department should investigate what effect the registration of Animal Health Technicians will have on service conditions of Animal Health Technicians employed by government, in order to draw up policy. The amended service conditions will apparently serve as a mandate to negotiate this issue at the General Public Service Sectoral Bargaining Forum on 4 and 5 December 2003. The Association of Animal Health Technicians will represent the profession's case at this meeting.

ESTABLISHING A SPECIALIST COLLEGE

The SAVA gave notice that a meeting to consider the founding of a Veterinary Specialist College will take place on 24 and 25 January 2004 at Vethouse.

For details please contact Annemarie Smith at Tel: 012 345 1110

BSE-SURVEILLANCE IN SOUTH AFRICA - REQUEST FOR SUBMISSION OF NEUROLOGICAL CASE SAMPLES

The Directorate Animal Health, NDA, urgently requests assistance with regard to BSE (Bovine Spongiform Encephalopathy) surveillance nationwide. S.A. like any other country in the world, is expected to survey and assess its status with regard to BSE. Although, according to our current knowledge, the risk of BSE in S.A. is extremely low, it is important to be ever vigilant in order to safeguard animal and most importantly public health, maintain consumer confidence, and satisfy the requirements of our trade partners.

As part of the BSE surveillance programme in S.A. we are testing a large number of animals from different risk groups. In order to encourage submission of more samples in the high risk category (neurological cases), the Directorate has made arrangements that will allow for reimbursement of private veterinarians for suitable samples received. This will be with effect from 01 January 2004.

See the information circulated with the Newsletter.
Update on Inspections: Port Elizabeth and Adjacent area /Professional Conduct Matters

Algemene Verslag aangaande Inspecties van Veterinaire Faciliteiten in Port Elizabeth en omgewing 9-24 Februari 2004

Prof A M Lübbe

SAVA BRANCH VISITS 2004

The new Council will appoint members to attend the SAVA branch meetings as follows:

Cape West Branch (Chairperson, Dr D Grant)
Contact details Tel: (021) 685 6588

The AGM is scheduled for 21 October 2004.

Eastern Orange Free State Branch (Chairperson, Dr L Laubscher)
Contact details Tel: (058) 642 2303

The AGM is scheduled for 22 October 2004.

OPS & Northern Cape Branch (Chairperson, Dr R A Niemand)
Contact details are Tel: (051) 444 1460

A mini congress will be held on Saturday, 8 May 2004 at the Bloemfontein Spa Conference Centre.

The Southern Cape Branch (Chairperson, Dr G Carlisle)
Contact details are Tel: (044) 272 2079

A meeting will take place during the weekend of 17 and 18 April 2004 and Prof H M Terblanche will meet members of the profession at this meeting.

All registered members are invited to attend the meetings in their areas and discuss any matters that concern the Veterinary Profession with a member of Council.

Full details can also be obtained from the Administration.

Matters pursued on behalf of the profession and public against laypersons transgressing the Veterinary and Para-Veterinary Professions Act

Council is currently following up on 23 matters submitted to the South African Police Services, the Pharmacy Council, Health Professions Council of S A and the Chiropractors, Homeopaths and Allied Health Service Professions Council for investigation.

Armed Robberies: Veterinary Practices: Gauteng

Following a meeting held by the Registrar, Mrs H Kruger with Director E Roos, Provincial Commander, Serious and Violent Crime, Gauteng and at which meeting the SAVA was represented by Prof B L Penzhorn and Dr C M Cameron a progress report was received from Director Roos as follows:

The co-ordinator into the investigation in all relevant cases is Inspector Uckermann, stationed at the Serious and Violent Crime Unit, Johannesburg;

This member unfortunately only received the relevant case docket after the release of the suspects;

The member is a highly trained and experienced investigator;

The member is currently attempting to trace the released suspects in order to interrogate them regarding the relevant cases;

All attempts are also being made to physically link the suspects to the crime scenes;

The member is also attempting to link two[2] deceased suspects to the suspects previously arrested and released. These suspects died during the commission of another robbery and have not been positively identified yet;

The member has been requested to keep your office informed on any progress made in this investigation.

The Administration will keep you informed on progress made in this regard.

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This report is also available in English.

Full report on the outcome of the inspections will follow in the next Newsletter

Professional Conduct

Registered members found guilty by an Inquiry Body

Dr J M A Hovers (D71/925) signed International Veterinary Certificates for horses for export, certifying that the horses had ISO standard microchips implanted prior to entry into pre-export quarantine whilst this was not the true position. Dr Hovers was reprimanded.

Unprofessional conduct defined

Courtesy of the Veterinary Surgeons’ Board of Western Australia
Newsletter, December 2003

“Definition of unprofessional conduct used by the Board...

Unprofessional conduct is conduct which may reasonably be held to violate, or fall short of, to a substantial degree, the standards of professional conduct observed, or approved of, by members of the profession of good repute and competency”
It was brought to the Registrar’s attention that the perception was created that the insert on ACP was as a result of a complaint where ACP was blamed and “by extension” the veterinarian concerned.

The complaint investigated and the concerns of the Investigation Committee was never the use of ACP per se but the allegations as appear from the summons: “On or about....at the ....Hospital you failed to ensure effective control of the canine animal....; after it was handed over to you by Dr... for collection by Correctional Services and failed to prevent the animal from escaping from the Hospital.”

Furthermore despite the knowledge of the animal’s aggression and potential danger you failed to take adequate steps to recapture the animal after its escape when the whereabouts were known to you.”

The possible adverse effects of ACP was an incidental matter which Council saw fit to bring to the profession’s attention.

**PILOT INSPECTIONS FINALISED:**

**Port Elizabeth Metropolitan Area**

31 Inspections were held in the Port Elizabeth Metropolitan area of these facilities inspected, 26 complied with all the minimum requirements for facilities. 13 Facilities were rated as outstanding. 3 Facilities were downgraded to consulting rooms, one facility closed down and one principal requested exemption from compliance with the minimum standards.

How did the principals of the facilities experience these inspections?

“Hiermee wil ek graag my oprote dankteenoor Prof Lübbe uitspreek vir sy professionele inspekteer waarop goe noule kon vinding nie en vir die vriendelike wyse waarop die hele proses geskied het”

I found the inspection procedure a very useful and informative exercise and am very happy to oblige with Prof Lübbe’s recommendations.”

“I found the exercise to be positive”

“The inspection was conducted in a very cordial spirit and the few suggestions that Prof Lübbe made will certainly benefit our practice”

“Die inspekteer was baie leersaam en het in ‘n goeie gees geskied. Die aanbevelinge is waarneembaar en prakties uitgewys.”

“Thank you for the professional and congenial manner in which Council conducted the inspection. Prof Lübbe’s comments were constructive and helpful.”

“The inspection and discussions were conducted in a cordial and co-operative spirit.”

“Ek waardeer geweldig die vriendelikheid en ondersteuning waarin die inspekteer geskied het en die positiewe kommentaar wat daarmee saamgegaan het.”

**FACILITY CERTIFICATES**

The certificate states that the facility was inspected and complied with the minimum standards for facilities.

Principals are welcome to amplify the certificates by quoting the remarks made by the inspector/s and display it in the practice.

The following principals in the Port Elizabeth and metropolitan area are congratulated on the standard of their facilities:

“Blouwater Veterinære Sprekklam: Uitstekend—Netjies spreukkamer sonder sjiurgegie—kamer het die potensiaal om in die toekoms op te gradeer na ‘n kliniek.

Despatch Dierkliniek—Uitstekend, ruim parkering en die praktysk word professioneel en smaakvol bedryf.

Grahamstown Veterinary Clinic—Excellent, this is a neat and well-run facility under sensitive management.

Karega Veterinary Clinic—Excellent, what a pleasant surprise! This small facility is well designed and is cared for by devoted owners.

Kragga Kamma Veterinary Clinic—Excellent, ... operates as a four man (“two female”) practice. This is a dream practice come true.

Lorraine Veterinary Consulting Room—Excellent, the owner primarily an equine veterinarian... well situated and effective facility for small animals.

Newton Park Dierenhospitaal: Uitstekend, die faciliteit is ‘n practiese ontwerp wat esteties en funksioneel is.

9 th Avenue Veterinary Clinic—Excellent, a stately 19th century house renovated to its original glory! The woodwork and furniture also 19th century. What a proud possession. A lovely place providing all the service modalities under one roof.

Port Alfred Veterinary Clinic—Excellent, modern and pleasing. A bonus for the profession.

Southern Cross Veterinary Clinic—Excellent, this is a beautiful well planned facility a real asset for the neighbourhood, city and profession.

Sunridge Park Veterinary Hospital—Excellent, This well planned hospital facility will be used as a branch veterinary hospital in the near future. (Temporarily used as a branch consulting room.)

Wesering Veterinary Consulting Room—Uitstekend, hierdie skoon en aantreklike faciliteit met operasie kamer, hospitaal, apparatuur... voldeel aan alle voorwaardes om as Veterinære Kliniek te regisseur.


Bayview Animal Clinic—Good, very clean and well maintained facility.

Brakfontein Veterinary Clinic—Good

Charlo Veterinary Consulting Room—Good, a branch of Mount Croix Hospital.

Humansdorp Veterinary Clinic—Good, hierdie 3 venoot praktyk lever diens van hoë gehalte vanaf ‘n ou maar ruim en doelmatige faciliteit.

Linton Grange Animal Hospital—Good, an old but spacious and in good repair facility.

Mount Croix Animal Hospital—Good.

St Francis Animal Consulting Room—Good, a pleasant facility with potential.

Summerstrand Veterinary Consulting Room—Good.

Tanax Veterinære Sprekklam—Good, ’n Besondere netjies georganiseerde faciliteit wat pas by die omgewing van die berge.

Uitenhage Vet Hospital—Good, ’n uitgebreide groot doelmatige faciliteit in ’n nuwe ruim gebouw—kompleks.

Wolmer Dierenhospitaal—Good, hierdie 3 man / vrou praktyk is ruim en aantreklik en sal na voltooiing van die bouwerk esteties en funksioneel van hoë standaard wees.”

Not all principals in this area took part in the pilot project—some of the principals indicated that they would be abroad and some were renovating their facilities.

Inspections are held within five year intervals.

Principals whose facilities do not comply with the minimum standards for facilities, whether you are a private practitioner or rendering clinical veterinary services from any other facilities including animal welfare facilities and state veterinary facilities could apply for exemption from those requirements.

**MINIMUM REQUIREMENTS**

Common shortcomings identified during the inspections in the Port Elizabeth metropolitan area were to be rectified as follows:

- Installation of an air conditioner/ or installation of extraction fan/ or adequate ventilation;
- Installation of passive gas scavenging equipment;
- Separating the prep room and operation rooms or separate operating room;
- X-Ray machine to be removed from the theatre/ and or suitable space for the imaging equipment; and
- Weighing facilities.
Removals from the Register

- Members who failed to pay the maintenance fees to maintain their registration with Council for the period 1 April 2005 to 31 March 2006 have been removed from the register;
- A list of unallocated payments received on the SAVC's bank statements is circulated with this Newsletter. Please contact the administration if you can confirm that any of these payments were made on your behalf to ensure that your name is immediately reinstated on the register;
- In the event that you did not make payment of the maintenance fees contact the administration to ensure that you re-register with Council;
- Please be aware that it is illegal to practice as a Veterinarian or as a Para-Veterinarian in South Africa if you are not registered in terms of the Act with the SAVC.

Inspections Veterinary Clinical Facilities
Members are once again reminded that routine inspections will no longer be optional, will become mandatory and will be regulated once the regulations have been promulgated and published in Government Gazette. All facilities have to comply with the minimum standards as contained in the rules for the Veterinary profession. The regulations are expected to be published by 1 April 2006.

All facilities wherefrom a veterinary clinical service are rendered must be registered with Council.

New Staff member
Mr Sabelo Nkosel has been appointed as legal assistant as from 1 September 2005. Council welcomes Mr Nkosel in his new position and trusts that he will enjoy a happy and long association with Council.

Council Meeting dates 2006
- Council: 24 January, 16 May and 3 October;
- Executive Committee: 14 March, 25 July and 13 & 14 November;
- Education Committee: 23 January, 15 May and 24 July;
- Investigation Committee: 19 January, 9 March, 18 May, 20 July and 12 October;
- Specialist Committee: 23 January, 15 May and 24 July;
- Registration & Authorisation Committee: 23 January, 15 May and 24 July;
- Fees Committee: 15 May.

Any matters to be included on agendas must reach the administration at least 14 days prior to meetings.

Animal Health Technicians Registration matters

It has come to Council's notice that there may still be a number of Animal Health Technicians (AHTs) who are not registered with Council and/or did not submit an application to register with Council.

Council informed the National and Provincial State Veterinary Authorities of the names of those AHTs who are not currently registered with Council. If you know of a colleague who is performing the functions of an AHT, but who is not currently registered please advise your colleague to immediately apply for registration with Council.

A number of people currently working as AHTs will have to successfully sit a Special Registration Examination to qualify for registration.

Candidates who choose not to write the examination may apply for authorisation in terms of the Act. However, writing the examination would be in your own interests as there is no difference in the maintenance fees payable to Council between registered and authorised AHTs.

The deadline to indicate which option applicants wish to pursue, namely registration by examination or authorisation, is 15 December 2005. No applications will be accepted after this date.

The financial expenses for candidates to sit the examinations will not be covered by the SAVC, but will be at the cost of either the candidate or the employer of the candidate.

AHTs who do not pass the examination may apply for authorisation to continue their duties as AHTs.

Details of the Special AHT Registration Examination are:

- The date of the examination is 14 February 2006;
- There will be a written and practical component to the examination. The practical examination will commence immediately after a 2 hour written component and both should be finalised by 16 February 2006;
- For the practical component logbooks MUST be handed in, at the examination venue, to the Chief Examiner prior to commencement of the written examinations;
- There will be two separate venues for examination—namely a Northern and Southern venue—and examinations will be held at both venues on the same day;
- Both in the Northern and Southern venue the written and practical component will be held in the same place and this locale will be communicated to all candidates not later than 10 January 2006;
- The Northern venue will cover the following areas: Mpumalanga, Limpopo, Gauteng, North West, KwaZulu Natal and Free State. The Chief Examiner for this group is Dr Matt Eckron who can be contacted at (matt@nooitgedacht1.agric.za);
- The Southern venue will cover the following areas Western Cape, Northern Cape and Eastern Cape; The Chief Examiner is Dr Gideon Bruckner who can be contacted at (gideon@elsenburg.com);
- Prospective candidates should consult the course notes of the Technikon S A (now UNISA), University of North West, Mero Veterinary Manual and Textbook on Livestock Diseases (Coetzter, Thomson and Tustin) to prepare themselves for the examination.

DID YOU READ THIS NEWSLETTER? PLEASE NOTE THAT MATTERS REPORTED ON AFFECT YOU. YOU ARE INVITED TO SUBMIT YOUR COMMENTS TO THE ADMINISTRATION
Subject Monitoring 2006

Members of the Veterinary- and Veterinary Nursing professions are invited to submit their nominations for monitors who would monitor the subjects as follows:

Bachelor Veterinary Science (BVSc I)
Applied Physiology 400
General Pharmacology 400
Applied Veterinary Microbiology & Parasitology 400
Toxicology 400
General and Organ Pathology 400
Introductory Clinical Studies 400

Diploma Veterinary Nurse (DVN I & II)
Veterinary Ethology 110
Physiology 104

Biochemistry 200

Criteria for transport of Biological Veterinary Specimens

Council requested the SAVA to investigate the requirements for safe transport of pathology specimens. A report was received from the SAVA confirming that the Association was satisfied that pathology specimens are transported safely and that veterinary laboratories are adequately monitored in respect of the transport of pathology specimens. The report advised that SANAS, -the Single National Accreditation body for South Africa and a Section 21 company recognised by the SA Government through a Memorandum of Agreement with the Department of Trade and Industry- has constituted the Veterinary Laboratory Specialist Technical Committee (VLSTC) composed of specialist veterinarians, technologists and natural scientists who are experts in their fields and represent both the private and public sectors. This committee compiled documents on technical items including: R55-01 Haematology; R61-01 Cytology; R63-01 Transport of Pathology Specimens; and R66-01 Biochemistry. Generic checklists have been compiled for: Bacteriology; Histopathology; Molecular Biology; Haematology; Cytology; Transportation of Pathology Specimens, Electron Microbiology and Biochemistry. These are working documents and amended from time to time.

The document SANAS R63-01, Criteria for Transport of Biological Veterinary Specimens inter alia, describes the managerial and technical accreditation requirements for Transportation of Biological Veterinary Specimens to Laboratories. It is used in conjunction with the requirements of the "Generic Checklist for Accreditation of Veterinary Laboratories" and the clauses mentioned in this document refer to the corresponding clauses in ISO/IEC17025 Standard.

Council Objectives

The objects of the Council are-

(a) to regulate the practising of the veterinary professions and para-veterinary professions and the registration of persons practising such professions;
(b) to determine the minimum standards of tuition and training required for degrees, diplomas and certificates entitling the holders thereof to be registered to practise the veterinary professions and para-veterinary professions;
(c) to exercise effective control over the professional conduct of persons practising the veterinary professions and para-veterinary professions;
(d) to determine the standards of professional conduct of persons practising veterinary professions and para-veterinary professions;
(e) to encourage and promote efficiency in and responsibility with regard to the practice of the veterinary professions and para-veterinary professions;
(f) to protect the interests of the veterinary professions and para-veterinary professions and to deal with any matter relating to such interests;
(g) to maintain and enhance the prestige, status and dignity of the veterinary professions and para-veterinary professions and the integrity of persons practising such professions;
(h) to advise the Minister in relation to any matter affecting a veterinary profession or a para-veterinary profession.

Removals from the Register

Section 23 of the Veterinary and Para-Veterinary Professions Act determines that: "Unregistered persons shall not practise veterinary or para-veterinary professions. (1) (a) No person shall in any manner whatsoever practise a veterinary profession or a para-veterinary profession unless he is registered or deemed to be registered in terms of this Act to practise the profession concerned."

A list of members, who were removed from the register for failing to pay the maintenance fees for the period 1 April 2005 to 31 March 2006, is circulated with this newsletter.

Please inform your colleague to contact the Administration if s/he is practising in South Africa and his/her name appears on the list.

Members whose names appear on the list have to re-register with Council unless they can provide proof of payment of the maintenance fees prior to removal from the register.

The names of those members who provide proof of payment will immediately be re-instated on the register.

Please contact Ms Gedrude Mazibuko or Mr Ralph Manda at Tel: (012) 324 2392 or E-mail: savc@intekom.co.za

Registration of Facilities

Please inform your colleague, if the name of his/her facility does not appear on the list, circulated with this Newsletter, to register his/her facility with Council. All facilities wherefrom Veterinary clinical services are rendered must be registered with Council and must comply with the minimum standards for facilities as contained in the rules for the Veterinary Profession. Members can submit applications for exemption from the minimum requirements if their facilities do not comply with the minimum standards.

Members are welcome to contact the Administration for the Definitions and References and a list of Requirements.
Adequate Ventilation in the Theatre

During the pilot inspections held in a number of provinces, a requirement for theatres, namely adequate ventilation as per Rule 31 came under scrutiny and as a result of advice given to a practitioner by an inspector in this regard and the practitioner’s response it was extensively debated by the SAVA and SAVC.

A part of Rule 31 is extracted and reads as follows:

31. (1) A small animal hospital shall, in addition to the requirements of rule 23 consist of:
(A) one or more rooms for the treatment and pre-operative preparation of patients, which shall be convenient to the operating room;
(b) a separate room which is equipped as an operating room and has:
(i) an adequate light source;
(ii) a surgical table with an impervious operating surface that can be easily cleansed and disinfected;
(iii) a gas anaesthetic apparatus;
(iv) an adequate supply of oxygen;
(v) a radiographic viewer; and
(vi) adequate ventilation.
(2) The operating room must be of adequate size and there must be an adequate supply of equipment and instruments at all times.
(3) There shall be no thoroughfare through an operating room and it shall not be used as a storage room.
(4) Only final preparation of the patient shall be done in the operating room.
(5) Aseptic conditions shall be maintained in the operating room, which include the use of sterilised gowns, gloves, masks, caps and drapes, and the sterilisation and re-sterilisation of all surgical instruments at least every three weeks.

(6) Suitable scrubbing facilities shall be available.

Although Council considered the inclusion of the definition of Adequate Ventilation in the rules as follows:

“Controlled one directional air flow from the theatre by way of an air conditioner in the theatre and/or an inlet fan and extraction fan in the room’s adjacent to the theatre”

it was resolved that the status quo, should remain i.e. the rules will not be amended and the requirement as per the definition should only be a recommendation, this fits in with the request of the SAVA.

The purpose of the requirement as in the definition has been motivated by Prof A M Lübbe, member of the Council’s pre-advice inspections committee, who strongly supported the recommendation and who is of the opinion that the recommendation should be a requirement/minimum standard.

Prof Lübbe addresses the essence of air flow from the theatre, why it is necessary to have correct theatre clothing and the minimum requirements for adequate theatre air flow/ventilation.

Members are welcome to contact the Administration for copies of the motivation and recommendations as well as the literature supporting these recommendations.

Animal Health Technicians

Animal Health Technicians (AHTs) who are not currently registered with Council should take note that they cannot practice their profession if not registered with Council.

If you did not apply to Council to register please contact the Administration immediately.

Members who wish to sit the examination on 14, 15 and 16 February 2006 must please take note of the arrangements as follows:

- The deadline to indicate which option applicants wish to pursue, namely registration by examination or authorisation, is 15 December 2005;
- The date of the examination is February 2006;
- There will be a written and practical component to the examination. The practical examination will commence immediately after a 2 hour written component and both examinations should be finalised by 16 February 2006;
- There will be two venues. The venue for the Northern panel will be at Nooitgedacht ADC, Mpoloko (just outside Ermelo on the Bethal Road). The venue for the Southern panel will be at the Animal Disease Surveillance Unit, Dohne Research Station, Stutterheim, Eastern Cape;
- There are no examination fees. However, applicants will be responsible for their own expenses for travel and accommodation.

Ear Cropping

Council informed members in its Newsletter 42 of July 2006 that ear cropping is an unethical procedure. Members who persist with these procedures will be charged with unprofessional, improper or disgraceful conduct. If you are aware of professionals or laypersons performing ear cropping report their actions to Council.

Contributions for the Newsletter are not necessarily representative of the views of Council.

**DID YOU READ THIS NEWSLETTER? PLEASE NOTE THAT MATTERS REPORTED ON AND DISCUSSED AFFECT YOU. YOU ARE INVITED TO SUBMIT YOUR COMMENTS TO THE ADMINISTRATION AT SAVC@INTEKOM.CO.ZA**
Animal Health Technicians

The special registration examination to bring members of this profession on board could not take place on 14, 15 and 16 February 2006 as prospective applicants did not have the required information to prepare for the examination. The special examination is now scheduled for 9, 10 and 11 May 2006.

SAVC Webinar Important Links
Visit these interesting links for access:

- The website and address:
  http://www.savc.co.za/webinar.htm

- The information on the latest maintenance fees, other fees, methods of payment and Council's bank details:
  http://www.savc.co.za/feeppay.htm

- The guidelines for CPD:
  http://www.savc.co.za/cpddguide.htm

- The annual log form:
  http://www.savc.co.za/anncrdp.htm

- The application for accreditation of activities:
  http://www.savc.co.za/cpdapply.htm

CCPDC GUIDELINE TO BE PUBLISHED IN MAY/JUNE

You will receive your user-friendly CPD guide in June 2006.

SAVC E-mail Addresses

Due to the increasing use of electronic mail as a means of communication members are now provided with the following addresses to communicate directly with particular sections in the SAVC office as follows:

All registration and authorisation applications:
 savc.registration@intekom.co.za

All matters relating to complaints against lay persons and registered persons:
 savc.complaints@intekom.co.za

All matters relating to meetings i.e. arrangements, requests for, preparation of agendas, availability and apologies:
 savc.meetings@intekom.co.za

All matters relating to arrangements and applications for ALL examinations i.e. professions / foreign qualifications / special examinations for persons without qualifications and/or with other S A qualifications AND all matters relating to the arrangements for monitoring of standards of training:
 savc.exams@intekom.co.za

All matters relating to completion of the CPD annual log form and applications for accreditation:
 savc.cpd@intekom.co.za

All other matters leading matters relating to policy, submissions to Council, letters to the editor of the Council Newsletter, the website manager, visitation 2006, can be addressed to:
 savc@intekom.co.za

Payments to Council

Please note that the correct reference must be used when making payments to Council i.e. Bank deposit /transfer or electronic transfer. When making payment of MAINTENANCE FEES do not use the Council's ABSA bank code as reference this will NOT identify YOUR payment. Use the INVOICE NUMBER on YOUR INVOICE issued on 1 April 2006. For all other payments e.g. registration or application for a letter of professional good standing use your NAME and SURNAME as reference. See the example circulated with the Newsletter. Maintenance fees for 1 April 2006-31 March 2007 are:

Veterinarians: R 920.00
Para-Veterinarians: R 365.00

Code of Conduct and Practice for Veterinarians

Members will be issued with the amendments to the Code of Conduct and Practice for the Veterinary Profession during or after June 2006. Contact the administration for your copy of the amendments or visit the SAVC website at: www.savc.co.za

Facility Inspections

Routine inspections will only be held once the regulations are published in Government Gazette. Visit the SAVC website and click on the following links to register your facilities and to perform a self-evaluation:

http://www.savc.co.za/forms10.inspect.htm

Ensure that your facility is registered and click on:
http://www.savc.co.za/forms13.fac.htm

SAVA Congress 6-9 June 2006

With this Newsletter is circulated the SAVAs preliminary programme. Kindly note that a roster of Council member attendance at the SAVC stand is circulated with this Newsletter.

Contact Your Council Member

Sybrand van den Berg
Tel:(031) 407 8349
Cell:(083) 301 2400

John Adam
Tel:(021) 978 3015

Steven Cornelius
Tel:(011) 951 1973

Anne de Vos
Tel:(051) 924 3028

Roenel Kenyon
Tel:(082) 656 8318

Faculty, Vet Sc, U.P.
Vacant

Clive Marwick
Tel:(051) 943 0430

Susan Masapu
Tel:(011) 515 1108

Reborne Marone
Tel:(033) 321 4599

Mike Modiasane
Tel:(012) 313 6293

Maki Moorosi
Tel:(051) 560 1629

Jeffrey Mphahlele
Tel:(011) 503 3001

Johan Muller
Tel:(021) 926 8010

Nangomso Nombokela
Tel:(082) 411 4534

Ian Radmore
Tel:(013) 741 3218

Llewelyn Sinclair
Tel:(011) 717 1303

Quinzi Sonntag
Tel:(021) 450 9340

Joseph van Hoorenden
Tel:(063) 832 5711

Stuart Varrie
Tel:(083) 650 3651

Visitation Programme

22-26 May 2006

Monday
08:00 Shortened version of programme
08:00 Arrive (Dean, Deputy Dean)
08:20 Meet Faculty Management
09:15 Visit Arnold Thielier Facilities
10:00 Visit OTAU & Dept. Prod.Agricultural Studies
11:15 Visit Dept. Anatomy & Physiology
12:00 Visit Dept. Vet. Tropical Diseases & Dept. Para-clinical Science Path. & VPH
13:00 Lunch break
13:30 Visit Dept. Paraclinical Sciences Path. & VPH
14:15 Visit Companion Animal Clinical Studies & OVAV
16:30 Meet Heads of Dept. & Director Clinical Services
17:00 Depart

Tuesday
08:00 Team members meet
08:30 Team members visit departments
09:30 Meet reps. of teaching staff
10:45 Meet reps. of support staff
12:00 Team meet and lunch break
13:45 Team members visit departments
15:00 Meeting: Academic Information services
15:00 Meeting: Telematic & Computer based systems
17:00 Depart

Wednesday
08:00 Team members meet
08:30 Team members visit departments
09:30 Meeting: reps. postgraduate students, clinical assistants & residents
10:45 -
12:00 Team meet and lunch break
13:45 Team members visit departments
13:45 Meet student class representatives
17:00 -
17:00 Depart

Thursday
08:00 Team members meet
08:30 Discussion/preparation of report
11:45 Meet Regulatory veterinary authorities
12:00 Lunch break
14:00 Open hour
16:30 Meet Research committee
17:30 Depart

Friday
08:00 Team members meet
08:30 Meet University Management
11:00 Meet Alumni- SAVA;
11:30 Meet Alumni- VNASSA;
11:30 Meet Alumni- Medunsa
12:00 Team meeting, prepare report & lunch break
16:30 Meet Dean & Senior management, student & staff representatives, deliver verbal report
17:30 Social Function
18:30 Depart

Dr Max Zuber has been appointed as observer of the Australasian Veterinary Boards Council (AVBC) on the Visitation Team.

DO YOU READ THIS NEWSLETTER? PLEASE NOTE THAT MATTERS REPORTED ON AFFECT YOU. YOU ARE INVITED TO SUBMIT YOUR COMMENTS TO THE ADMINISTRATION at savc@intekom.co.za
Guideline of Tariffs
2007

The Fees Committee of the SAVC met during May 2006 and the following
important matter was raised:

Setting of Minimum and Maximum Tariffs

It is proposed that in future the Guideline of
Tariffs issued by the SAVC will consist of a
minimum/lower tariff and a maximum/upper
tariff.

The proposal states that: there will no
longer be a single "guideline" fee stated
which is currently used as the basis for
the calculation of the lower and upper
range based fee structure.

The minimum/lower tariff is to be used as a
guideline in cases of complaints of touting.
Council will investigate the conduct of
Veterinarians that charge less than the
minimum tariff and these members are to
report to the Investigation Committee that
fees they charge are not tantamount to
touting. Factors that would be taken into
consideration to justify their conduct are:

- The geographical area of the practice;
- The community serviced by the practice;
- The equipment and standard of facilities;
- The experience of the veterinarian
concerned.

The maximum/upper tariff will be used to
determine whether or not clients were
overcharged. However, if veterinarians
wish to charge above/ more than the
maximum/ upper tariff they are entitled to
charge the amount in the tariff change
provided they are informed of the fact prior to rendering any veterinary
service and written consent is obtained
from the clients.

ALL MEMBERS ARE INVITED TO
COMMENT ON THE PROPOSED
CHANGE BY NOT LATER THAN 31
AUGUST 2006

Guideline of Tariffs: 1.01.2007 to 31.12.2007

Kindly indicate whether you agree or disagree
with this proposal. Please submit by not later
than 31 August 2006 your motivated input for
any increase/ decrease of the current
published tariffs and clearly indicate what the
proposed minimum and maximum tariffs for the
various procedures should be.

John Adam, Chairperson, Fees Committee

Marketing yourself as a Specialist...

An example of how this part of the act is
abused is referring to a general
practitioner within your practice as an
"orthopaedic surgeon", or "spinal surgeon", or "gynaecologist". In human medicine,
these are specialties, and the use of these
terms by veterinary general practitioners is
clearly designed to mislead the public.

Another example is where clients are
referred to a specialist who then refers
them on to someone else in the practice
but fails to inform the client that the other
veterinarian is not a specialist.

It is very awkward to have to explain to
clients who think they have already had a
specialist opinion that they have been
misled and I constantly find myself having
to bite my tongue to protect unscrupulous
colleagues from being reported to Council
for misrepresentation. In addition, many
clients may not seek a specialist opinion in
the belief that they already have one.

The author requested to remain anonymous.
RENAL TRANSPLANTATION

KIDNEY TRANSPLANT IN CATS

Chronic renal disease with subsequent renal failure commonly affects geriatric cats but also, although less commonly, younger and middle-aged cats. Current treatment options for these conditions include dietary amelioration, diuretics, phosphates binders, potassium supplements, immunosuppressive therapy, antihypertensives and erythropoetin, to symptomatic, and aims to ameliorate the clinical signs of chronic kidney disease. These therapeutic efforts can ameliorate the disease and improve the quality of life of the cat.

The following factors are of paramount importance in a kidney transplantation programme:

1. Availability of a skilled professional team
2. The techniques necessitate involvement of two surgical teams harvesting the donor kidney and implanting the kidney into the recipient cat simultaneously. These techniques have been practiced by a number of surgical teams in centimetre, in all over the world and published information is readily available to developing surgical teams.
3. Availability of equipment
4. Standardised facilities for advanced surgery should be available.
5. Anaesthetising blood vessels necessitates the need for at least an operating microscope.
6. Suitable candidates for renal transplantation

Cats acceptable for kidney transplantation have no other medical condition but kidney disease and are in the early stages of uncomplicated renal disease. A cat weighing 3 over 5 kg. Any cat with a disease that would potentially affect the transplanted kidney (e.g. pyelonephritis) is not a suitable candidate for kidney transplantation. Cats that suffer from kidney disease conditions like idiopathic chronic interstitial nephritis, glomerulonephritis, or polycystic kidney disease may have very good candidates.

Transplantation should be considered when the cat is in early stages of the disease, usually weighted by weight loss. Patients that are decompensated that are in need of vigorous supportive therapy can only be considered for kidney transplantation when they have been stabilised. Transplantation is never an emergency surgery. Immunosuppression is needed to prevent rejection. Cats with previous or current urinary tract infections are not acceptable candidates. Despite aggressive antibiotic therapy and apparent resolution, infection tends to reactivate with immunosuppression, leading to pyelonephritis and subsequent failure of the transplanted kidney to an overwhelming sepsis.

Cats with previous or current urinary tract infections are not acceptable candidates. Despite aggressive antibiotic therapy and apparent resolution, infection tends to reactivate with immunosuppression, leading to pyelonephritis and subsequent failure of the transplanted kidney to an overwhelming sepsis. Cats with previous or current urinary tract infections are not acceptable candidates. Despite aggressive antibiotic therapy and apparent resolution, infection tends to reactivate with immunosuppression, leading to pyelonephritis and subsequent failure of the transplanted kidney to an overwhelming sepsis.

THE APPROACH TO A SOFT TISSUE SARCOMA

"The approach to a soft tissue sarcoma requires careful planning prior to excision to ensure an optimal outcome. In particular, the management of sarcomas of non-ossifying tissues, such as soft tissue sarcomas (STS), may present an unwelcome treatment challenge if managed inappropriately from the beginning..."

This CPG guideline is Circulated with the newsletter.

LAYERPERSONS

CPD GUIDELINE

REGISTRATION MATTERS

Diseases Systems other than the Kidney are Likely Affecting Compliance

Diagnosis and Treatment of Soft Tissue Sarcomas

- The approach to a soft tissue sarcoma requires careful planning prior to excision to ensure an optimal outcome. In particular, the management of sarcomas of non-ossifying tissues, such as soft tissue sarcomas (STS), may present an unwelcome treatment challenge if managed inappropriately from the beginning...

Council wishes to thank Drs Anthony Zambelli, Joho Schomans and Bruce Meyers for taking the initiative and drafting a guideline for the profession. Peer reviewers Drs Remo Locatelli, Larry van Niekerk, Louis Coetzee and Albin Carter are thanked for their review of this document.

On investigation it transpired that the individual concerned was not and had never been registered as a veterinarian, but was in possession of a false BSc (Veterinary) Degree certificate purporting to be from the University of Pretoria. The Faculty at Onderstepoort confirmed that the individual had never been registered as a student and that the degree did not exist.

When contacted by the Registrar, the veterinarian failed to maintain that he did indeed possess the false degree qualification and had indeed passed the exam. He could not provide any evidence of his qualification. He refused to provide any evidence of his qualification.

As a last word of encouragement, when prosecutors decline to prosecute, but further complaints are received against the same person, the prosecutor can then request the closed docket and prosecute the person. Members are therefore invited to report any case of non-compliance to Council and not get involved in the Veterinary Council of South Africa (VCA) directly.

Henry Kruger

House Calls, Farm Calls, Mobile Veterinary Services...

Members who do only house or farm calls are reminded that they can request exemption from the minimum standards for facilities but need to have a base facility that meets the following requirements:

- An external and internal neat appearance;
- An office where the clients and representatives can be received and interviewed;
- A room where pharmaceuticals can be stored according to manufacturers requirements; and
- Refrigerating facilities for biologicals.

MAINTENANCE FEES

4 April 2006 - 31 March 2007

The fees were payable on 4 April 2006. Statements will be issued on 10 April 2006 and be due on 31 March 2007. Members who do not make payments within 30 days of receipt of the statement will be removed from the register.

REGISTRATION IN NEIGHBOURING COUNTRIES

Members are reminded that they should pay the Veterinary Council in neighbouring countries that they should forward their fees for licensing with the relevant authorities in these countries prior to commencing with services in those countries.

Contact details of the Veterinary Councils can be obtained from the web site of the Veterinary Council for South Africa (VCA) at www.vetsa.co.za.

SAVC WEBSITE

www.savc.co.za

P O BOX 40510, ARCADIA, 0007
Tel: (012) 324 2392 Fax: (012) 324 2394
Emergency Veterinary Services for all patients

From the President’s Desk
Sybrand van den Berg

During a recent discussion with a colleague he shared the following experience, which took place at a private human hospital. An elderly lady standing outside the entrance of the hospital appeared confused and lost. Upon questioning the following facts emerged; a fall at home had resulted in a fracture of her arm. A taxi had transported her to the closest hospital where she was informed that hospital policy required upfront payment of R 5 000.00. As she did not have the required amount she was indeed refused treatment. Private medical facilities are generally owned by wealthy individuals or organisations with profit generation as the main goal. Indigent persons and persons without medical aid are thus reliant on state hospitals where treatment is not always optimal.

What would you have done or how would you have reacted if you were the child of an elderly parent in need of urgent treatment or if you were the doctor on duty, the hospital rector or a shareholder of the private facility?

Are these circumstances unique to human medical facilities? Apparently not! According to the legislation governing the veterinary and para-veterinary professions veterinarians are expected to provide emergency treatment when requested to do so and/or when a case is presented. Requests to provide emergency treatment are not problematic during normal hours, but may be so after hours. Such out of hours animal hospital cases usually entail inconvenience and sacrifices for the veterinarian and the owner.

Private veterinary facilities in South Africa are built and equipped by veterinarians with own or borrowed funds. Although the Guideline of Tariffs provides for surcharges for after hour services many animal owners are unable to pay those after hour rates. Dishonest owners and owners of neglected animals who exploit circumstances and refuse to pay for services create an unwillingness amongst veterinarians to provide emergency services. This is understandable. However, the tragedy in this scenario is that the suffering animal becomes the victim of these circumstances. There is also concern about the perception of some of our colleagues who believe that they are protected by the constitution of our country and that they may practise their right to freedom of “choice”. They believe that they may “choose” to whom or what and when they may render a service. This misconception is discussed in this newsletter by our Registrar, Hanri Kruger.

I am, without ignoring the dilemmas of our profession, concerned that the desire for financial gain will override our sound judgement in dealing with animal suffering. Where individuals cannot pay for a service it would be appropriate, after emergency treatment and stabilization of the animal, to refer the animal to an animal welfare facility. If such a service is not available other options such as euthanasia should be discussed. This is discussed in the revised Code of Conduct. Welfare veterinary services and/or the expertise to deal with advanced cases are not always available for example for the treatment of colic in horses. It is not possible for the Council to draft guidelines for all possible scenarios, but input from practitioners will be appreciated.

It is however, my conviction that our profession consists mainly of colleagues who place the relief of pain and suffering first and who will do the right thing and not be dictated to by inhumane practice policies.

Our colleague took the elderly lady to his personal doctor who provided her with free medical treatment. Bravo for humanity and bravo to our colleague!

WWW.SAVC.CO.ZA
After an extended process of requesting and collecting input from the profession, collating and using this input as the basis for discussion - with regards to sections of the Code that the profession identified as needing revision - an interim Code was developed. This interim Code was published on the Council website for comment. The professions' attention was drawn to this in the last Council Newsletter and most interest groups were individually informed by the Council administration. Further input received was discussed at the Council meeting of 3 October 2006 and the revised Code of Conduct was accepted at this meeting.

This is an opportunity to thank all those members of the profession who, during the above process, took the time to comment. Your concerns and contributions formed the basis of the revision and hopefully you will find that the revised Code not only addresses these but also reflects changes that you wanted to see. In addition a conscious effort was made to make it a user-friendly document. It is inevitable that a document of this type will contain sections that you may not agree with, however, if you did take the opportunity presented to comment on these be reassured your opinion was considered.

Council felt that the Code should not be a document that is "cast in stone". To this end it has been decided that no hard copy will be produced. To retain the dynamism needed the Code will be presented in electronic format on the website of the Council. Any member wishing to download the document is obviously free to do so but please be aware that ongoing changes are going to be made to reflect developing issues that the profession deems important.

Should members of the profession wish to request a section of the Code to be reviewed they are free to do so at any time. This request, addressed to the administration, should also contain a definite proposal as to the alterations that members would like to see introduced to the Code and a short motivation. The proposal will be published in the Council Newsletter with an invitation to the profession to comment. The comments received and the original proposal will serve on the agenda of the following Council meeting so a decision can be made.

The profession will be alerted, on an ongoing basis, via the Council Newsletter to changes to the Code and will be directed to the revised Code on the website.

In this way the Code becomes a living document reflecting the altering circumstances of the social and professional environment in which the profession operates.

"FOREWORD

The aim of the code of conduct is to make a user-friendly document available to members supplementary to the laws, rules and regulations to which they are subject in terms of current legislation. This code must not be seen as a separate document, but must serve as an additional aid to practice management on a high ethical and moral level.

It is impossible to make provision in this code for every possible incident which may occur, and it should rather be regarded as a dynamic guide which may be updated on a continuous basis at the request of the members. It is also fitting at this stage to thank the members and groups that made contributions towards the second revised edition. There are always those persons who take the responsibility for adapting and incorporating all the inputs into a final document. In this regard the profession wishes to thank in particular colleagues Peter Ardington, Stuart Varrie and our registrar, Mrs Hamil Kruger as well as the administrative staff.

It is recommended that you consult the code on a continuous basis, as some of the guidelines included in the code have been formulated in response to complaints by the public against the profession. The SAVC therefore aims to update and supplement the code electronically on an ongoing basis as the need arises. The profession will also be informed continually, via the SAVC newsletter, of any changes or additions to the code. Finally, any suggestions from colleagues which may further promote and enhance the profession will always be welcome.

Sybrand van den Berg"

CODE OF CONDUCT

AND PRACTICE

"...Code is provided to the profession as an indication of what the Council considers to be proper ethical conduct.

Members should be aware that in the case of a complaint Council and/or its committees is neither bound by precedent nor limited to considering forms of unprofessional, improper or disgraceful conduct which have occurred in the past or which arise out of matters referred to in this Code. Any member who is in any doubt as to the ethical propriety of any proposed course of action on which the Code is silent is invited to contact and consult Council before going ahead."
Control of Cat Populations

Vetshops

Male cats anyway, as intact male cats are well suited as pets.

Compulsory identification and registration will mainly target the cat owners that are most likely to have neutered male cats anyway. However, if done in conjunction with impounding and destroying unidentified roaming cats, it may make it easier to ascertain whether a roaming cat is a feral or whether it has an owner.

Confinement of cats within an enclosed garden or indoors is very difficult, due to the nature of cats and the lifestyle of most people in South Africa. Although a good idea in principle, this is likely to be unsuccessful to implement practically.

Restrictions on the number of cats per household is supported with due consideration to be given to bona fide cat breeders.

It will be very difficult to define a 'retralcoholic cat'. It is also not clear what the purpose and expected outcome of such a system will be. It may discourage cat owners to register and identify their cats, for fear of being fined. A situation could arise where cat owners rather take the chance that their cats will not be caught roaming.

If compulsory registration and identification is in place, unregistered cats can be seized, checked for identification and, identified, returned to the owner. If not, they can be destroyed as already mentioned.

Rabies vaccination is already compulsory, but often not done because there is no checking to ensure compliance. The feeling is that, likewise, any laws regarding registration, identification and control of cats may also be on paper only, without the necessary manpower and legal backing to ensure the desired impact is achieved.

Feral cats

The concept of a 'managed' feral colony is feasible, although it is questionable whether the municipalities will have the capacity to manage this.

Feeding of cats by the general public is often not a voluntary act, but rather feral cats coming into homes and helping themselves to whatever is available, including owned cats' food. Discouraging active feeding of feral colonies is supported.

The culling of sick, maimed or injured feral cats is supported.

Final comments

Although some of the ideas have merit, the entire effort will only be successful if it can be effectively implemented, controlled and maintained. This function will have to be executed by the municipalities. Therefore the outcome of the effort will only achieve its goals if it is a priority of the municipalities.

Vetshops

Council is inundated with requests for information on how Vetshops must be run, what may be sold, who may own vet shops and why there is no control.

Some of the questions / issues associated with Vetshops are clarified:

Vetshops are not regulated by Council.

The South African Veterinary Association (SAVA) registered the name “Vetshop” as a trade name in the name of the SAVA therefore Vetshops are run under auspices of the SAVA.

Other organisations/companies/co-ops have been using names that have a “vet” prefix or suffix in its name.

Products that are registered in terms of Act 36 of 1947 are not for sale by veterinarians only, but may be sold by anyone.

It is a condition of the SAVA when it allows veterinarians to use their “Vetshop” trademark that only veterinarians may sell products earmarked for sale by veterinarians/registered or authorised persons and may not be sold on the premises unless a veterinarian is present at all times.

The Registrar of Act 36 of 1947 will not act against any veterinarian who owns a vetshop and sells Act 36 products without being on the premises. The mere fact that there is non-compliance with an in-house rule (SAVA) does not justify any action by the SAVC and the same applies where manufacturers have elected to supply certain products through their preferred retailer being veterinarians (e.g. foodstuffs to be sold by veterinarians only).

All small animal (dogs and cats) vaccines and other vaccines where appropriate must have the statement “Only for use by or under the supervision of persons registered in terms of or authorised in terms of section 23 (1) (c) of the Veterinary and Para-Veterinary Professions Act, 1982.” Where registered vaccines are thus sold by whomsoever to be used without veterinary supervision the difficulty in enforcing this requirement becomes apparent.

Members are advised to take issues regarding the sale of Act 36 of 1947 products up with the Registrar of Act 36 of 1947 and the holder of the Vetshop trademark - the SAVA.
Differential standards for veterinary facilities
progress or decline?

Setting and maintaining standards for veterinary practice is one of the functions of Council. Council has always worked from the premise that a good quality veterinary service should be available to all animals. Where principals of facilities could not meet the minimum standards for facilities exemption has been granted on good motivation.

The introduction of compulsory facility inspections was preceded by a voluntary inspection programme which commenced in October 2000 and ended in 2004 when a total of 229 facilities countrywide were inspected by groups of 2 to 5 inspectors. The compulsory facility inspections will only commence once the relevant section in the Act has been amended and the regulations have been published in the Government Gazette.

The status quo with regards to the registration of facilities is that all facilities that provide clinical veterinary services have to be registered with Council. This includes animal welfare facilities and state veterinary offices where clinical veterinary services are provided. Currently, a facility can be registered as either a veterinary hospital or clinic, or a veterinary consulting room. Two sets of standards exist for clinics/hospitals, and for consulting rooms. The minimum standards for facilities are available on the SAVC’s website at www.savc.co.za under “Rules for Veterinarians”. Guidelines exist for veterinary mobile services, but a mobile service or ambulance cannot be registered independently and has to be connected (by written agreement) to a registered base facility.

Guidelines also exist for veterinarians who do only farm or house calls (production animal and equine veterinarians) and therefore need only a limited base facility. Current Council requirements for such a facility are: An external and internal neat appearance; an office where the clients and representatives can be received and interviewed; a room where pharmaceuticals can be stored according to manufacturers requirements; and refrigeration facilities for biologicals. The naming of these facilities still requires the input of the profession.

When a facility is registered, it has to comply with all the set standards, unless exemption is granted for specific requirements. Currently, exemption is only granted for non-structural requirements and then only for a limited time period. Application for renewal of an existing exemption should be made timeously, and re-motivated and exemption is not automatically granted.

Welfare sterilisation campaigns are often conducted in remote areas in temporary facilities, and are specifically geared for mass surgery. As such, the facility often does not comply with the minimum standards and veterinarians providing service on behalf of welfare organisations should apply for exemption well in advance of such campaigns.

Community veterinary clinics, welfare facilities and state offices providing primary veterinary health care generally do not comply with the minimum standards for facilities. The question is whether such facilities should have a separate set of standards in order to be able to provide a clinical veterinary service, especially in communities that do not have access to clinical veterinary services otherwise.

The idea of differential standards for primary veterinary care or welfare, has many implications. If we accept lesser standards for such facilities, are we saying that certain animals deserve less than the best level of veterinary service? Or would the benefit of increased access to some level of veterinary service for animals that would otherwise have no access to such services outweigh the risk of reduced standards? Do lower standards for facilities necessarily imply poorer quality veterinary service? Would it be fair to veterinarians who have to comply with higher standards? What would determine whether a facility qualifies for a different standard?

These are questions that Council will be considering in the near future. Differential standards will affect individual veterinarians either directly or indirectly. It is important for veterinarians to consider the impact of such a decision and provide input to Council. Not only will it affect individuals and groups of veterinarians, but also communities and their animals. The overall impact of differential standards will be carefully assessed before any decision is made.

Quixi Sonntag, Vice-President
As a result of an incident whereby the principal of a facility failed to inform Council that he did not treat the animal or was not the attending veterinarian until the day of an inquiry, Council resolved to, by the amendment of Rule 26 of the rules for the veterinary profession, avoid similar incidents and unnecessary additional costs in future.

Rule 26 deals with record keeping and *inter alia* states that the attending veterinary professional must maintain records for each animal or group of animals, that records must be legible, accurate and permit prompt retrieval; what information records should hold: what security arrangements must be in place; keeping of diagnostic images and that records should be presented to Council on request.

The proposed amendments expand on the requirements and include a definition of the principal and a responsibility on the principal as follows:

"Principal" means the veterinary professional in whose name the veterinary facility is registered.

(8) (a) The principal of a veterinary facility will be responsible to confirm the identity of the attending veterinary professional/veterinary specialist to Council, where a complaint is lodged against his/her veterinary facility.

(b) Should the principal of a facility fail to comply with the provisions of Rule 8(a), he/she will be held accountable for any unprofessional conduct arising from such a complaint."

Council requests your consideration of the proposed amendments of Rule 26 as it is Council’s opinion that, after care is taken by the Administration in liaison with prospective clients to avoid frivolous complaints, careful screening of complaints by the Investigation Committee, inquiries should take place with the minimum unnecessary costs and delays.

*Please submit your comments to savc@intekom.co.za.*

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**Dr S M Waddingham** submitted the following opinion on record keeping after she was found guilty in September 2007 of *inter alia* not keeping proper records and had to, as part of her suspended sentence, submit an article on record keeping.

Good record keeping is the best insurance you will ever have against falling foul of the Veterinary Council or your clients.

Very simply, the better your record keeping, the more chance you will have to exonerate yourself of any charge brought against you to the Veterinary Council by your clients.

We have all seen what it is like to try and make a proper diagnosis when the farmer doesn’t keep good records of his cows calving and bring up dates, or when an owner of a bitch on heat thinks it was about 2 weeks ago that the heat started etc.

It’s the same thing when you are up at the stand and you are trying to defend yourself about something that happened years ago. If you have incomplete records you cannot be adamant about anything. Your credibility falls to an all-time low and you can be found guilty when in actual fact you may not have been!

The busier you are the more time or money you should spend on good record keeping. We as vets often spend most of our time on the here and now: Stopping the bleeding, dealing with life and death situations. In the heat of the moment many things are said or not said. Most clients aren’t thinking about how they will find the finance to save their pet.

If it all works out well and the pet lives, they generally will find the money and pay for it, but if you are unlucky and things don’t turn out well in the client’s eyes, they will be searching for a reason to not have to undergo more hardship to pay the bill. Beware the client who says: “Don’t worry, whatever it takes I’ll pay. Just save my pet.” The alarm bells should start clanging now, let alone ringing!

It’s at these moments that it’s very important to sit down and write down what was said, exactly what was done, and exactly the symptoms the animal showed. Better still, get the owner to sign a form for giving you permission to do the work, to keep the animal in hospital, even pay a deposit. Make sure he/she understands it’s difficult for you to quote, write it down and stipulate a little about it, e.g. 2 days in hospital, etc. Do whatever it takes to get quality records especially when people are in a highly emotional state. It is at these times that you are most in danger of ending up with the Veterinary Council sending a please explain letter.

The second scenario where good record keeping can save you is when an owner has taken his/her pet for a second opinion.

For some reason we as vets often bad mouth each other or even just give a nuance of a feeling to the client that our treatment is better than the previous vet’s was. A client, who picks up this attitude...
regulations shall include, but not limited to:

5.4.1 Facilities for laboratory, diagnostic and research services

5.4.2 Facilities for State Veterinary Services community service must be approved by the Minister, and if a period of community service is interrupted, such period shall consist of periods which, when added together are not less than one calendar year in total, including approved periods of leave.

9.3 Compulsory community service shall be completed within a maximum period of 15 months from the date of obtaining the qualification for registration as a veterinarian in the Republic of South Africa and in the case of persons who qualified outside Republic of South Africa from the date of the first registration with the Council.

7 NON-COMPLIANCE

7.1 Failure to comply with the requirements of regulation 6.3 will lead to removal from the register referred to in regulation 3.2 and a person shall not be entitled to practise a veterinary profession in terms of the Act.

7.2 A person contemplated regulation 7.1 shall, if still intending to pursue a veterinary career, lodge with Council an application for re-registration for the sole purpose of performing compulsory community service.

7.3 The Council may, upon consideration of an application contemplated in regulation 7.2 and any input from the Department, grant such individual restricted registration.

7.4 Non-compliance will be dealt with in terms of sub-section 43(3) of the Act.

8 EXEMPTIONS FROM THE PERFORMANCE OF COMPULSORY COMMUNITY SERVICE

The Minister may on application, after consultation with the Council, exempt persons who fall within the following categories from compulsory community service:

a) Who obtained qualifications outside the Republic of South Africa;

b) Who are nationals of the SADC countries who obtained their qualifications in the Republic of South Africa and who do not practise a veterinary profession in the Republic;

c) Who have been classified as internationals in terms of University fee structure, and have paid fees as such and who do not practise a veterinary profession in the Republic and

d) South African nationals relocating back to the Republic of South Africa who obtained their qualifications before implementation of compulsory community service.

9 GENERAL

The Minister may amend these regulations or make any other regulations necessary to achieve the objects of compulsory community service.

PROPOSED AMENDMENT OF RULES TO INCORPORATE MINIMUM STANDARDS FOR PLACES WHERE COMPULSORY COMMUNITY SERVICES ARE TO BE PERFORMED

These minimum standards were included in the draft regulations on CCS.

Additions are in cursive

Please submit your comments to Council by not later than 31 August 2008.

Definitions

“veterinary facility” means a facility at or from which a person practises a veterinary profession and includes any place where compulsory community service is performed by a registered veterinarian.

General principles

4.15 The place at or from which a person practises a veterinary profession shall comply with the applicable general minimum standards for a veterinary facility and the specific minimum standards for a consulting room, an animal hospital, laboratory, diagnostic and research facility as the case may be, which are specified in these Rules, and be registered with Council.

PART V: MINIMUM STANDARDS FOR VETERINARY FACILITIES

General structural requirements

23.

(a) A veterinary facility where a state regulatory service is being rendered shall:

(e) consist of, but not limited to, a fully furnished office which shall be maintained at an acceptable standard and appearance that is consistent with the professional image and appeal;

(b) have general office equipment (or access to) such as a computer, fax, telephone, photocopier, effective Internet connection and emails;

(c) a lockable room for storage of equipment and scheduled medicine in accordance with relevant legislation (s) where scheduled medicine or sensitive equipment are used;

(d) a fridge or a facility for storage of thermosensitive pharmaceuticals and other biological products at recommended temperature(s) where such products are used;

(f) an appropriate range of medical instruments and protective clothing where applicable;

(g) where necessary, appropriate equipment for recording, filing and communication systems that is necessary for recording/reporting/auditing of various diseases/cases/events/clients according to OIE guidelines and other relevant legislations(s);

(h) access to resources/libraries or other educational material necessary to rapidly retrieve necessary scientific and/or legislative materials necessary to make sound decisions/judgments/actions that will foster a rapid response, and a culture of continuous professional development and scientific knowledge development.
POLICY: APPROVAL OF THE NAMES OF VETERINARY FACILITIES

In terms of rule 19 veterinary facilities may be identified by means of an identification board that contain the words "veterinary consulting room" or in the case of a veterinary facility which complies with the minimum requirements of a hospital the words "veterinary clinic" or "veterinary hospital" or "animal clinic" or "animal hospital". The Council may, on application, approve that such words as the Council may in each case determine, be used on an identification board.

CURRENT POLICY

1. Geographical, street, suburb and district names are acceptable. Names which imply too wide a practice area are not permitted. Suburb and street names are given preference and town names are granted only in exceptional circumstances.

2. The use of "made-up" names, including those which contain the prefix or suffix "vet" are permitted, provided that such a name is followed by "veterinary hospital/clinic/consulting room". All applications for made-up names are referred to Council for approval.

3. Duplication of names are avoided with the exception of common street or suburb names in different towns, which are further than 50 km apart.

4. The duplication of "made-up" names is not permitted.

5. The use of a veterinarian's name as a prefix is not permitted.

6. Only names ending in "hospital/clinic/consulting room" or other registrable facilities are registered.

7. Species practices, e.g. bird or equine practices, can be registered.

8. Organ and discipline practices are registered provided that:
   a) such a practice is registered in the name of a registered specialist in the organ/discipline involved;
   b) should such a practice be sold to a non-specialist, the name has to change;
   c) a specialist should be on duty at all times at such a practice, e.g where it is necessary for a locum to be employed at such a practice, this locum must be a specialist in the applicable field.
   d) general veterinary work is permitted to be performed at such a practice; and
   e) such a practice is not obliged to operate on a referral basis.

9. The words "veterinary" and "veeartsenykundige" are acceptable for use in the name of a facility as are "animal" or "dier".

10. "After -hours facilities can be registered.

Input is solicited from the profession on the registration of veterinary facilities that only render limited services or alternative veterinary therapy, complementary veterinary therapy and other therapeutic options e.g. hydrotherapy, acupuncture, homeopathy. Please submit your input to: savec.registration@intekom.co.za.
Guidelines: Compounding of Veterinary Medical Preparations for Animal Patients

Council approved the Guidelines as previously published with amendments after consideration of the inputs received from the profession. Of particular importance is the inclusion of the amendment as follows: "Compounded drugs may not be utilised for animals in food production except for individual diseased animals." The Guidelines are available at: www.savc.co.za.

Facilities for Limited Veterinary Services

The Administration will upon application register a facility that only renders limited veterinary services for example homeopathy, acupuncture etc. and veterinary behavioural therapy. The facility complies with the requirements of rules 23, 24, 25(1)(d), 25(1)(e), 26 and 27 (these rules are available at: http://www.savc.co.za/vetsrules.htm);

- The principal confirms access to a base facility unless therapy is done strictly on referral from a veterinarian; and
- Erects a signboard below the identification board of the veterinary facility indicating the type of limited veterinary service being rendered from the premises.

Should an applicant require any further exemption from these rules a motivation why these minimum requirements should not apply will have to be submitted for a recommendation to Council by the Registration and Authorisation Committee; and

If any further exemption is granted it will be permanent and limited to a time period provided that the nature of the services rendered from the premises are not altered.

Molecular Diagnostics-The Future

Molecular Diagnostics Services has as its focus the use of the most advanced technology to perform molecular and genetic analysis in the veterinary field. All tests are quality controlled and are highly accurate and sensitive. MDS offers molecular tests for a wide range of genetic markers and diseases.

They have now expanded their range of tests to include rapid point of care diagnostic kits. These tests enable the veterinarian to rapidly establish whether the animal has been exposed to or is infected with a specific pathogen. The tests typically require a blood prick or other body fluid sample to provide a visual result within minutes without expensive equipment. The results are extremely sensitive and specific.

Transgressions of the Veterinary and Para Veterinary Professions Act, Act 19 of 1982

D83/1833, Dr Hernan Gregorio Azorin was found guilty of unprofessional conduct in that on or about 17 April 2007, he, in contravention of Rule 7, sent unsolicited printed material to residents of Simon’s Town. Dr Azorin received a reprimand on 29/01/2009.

D83/1995, Dr Jacob Jacobus Pretorius was found guilty of unprofessional conduct in that during the period 11-16 May 2008, he failed to follow the correct protocol in that his choice of medicines in combination and the dosage for Finadyne was inappropriate in the circumstances for the seven (7) Labrador puppies under his treatment. Dr Pretorius was cautioned on 07/05/2009.

VISITATIONS 2010

Visitation to the North West University will take place from 21-25 June 2010 and to UNISA will take place from 26-30 July 2010. The Teams will be announced in the next Newsletter.

Animal Diseases Act, 1984 (Act No. 35 of 1984)

Amendments to the Regulations have been published on 22 May 2008. Government Notice No R 558. Also available at www.savc.co.za.
**REGISTRATION OF VETERINARY FACILITIES WHEREFROM CLINICAL SERVICES ARE RENDERED: WHAT IS REQUIRED OF STATE VETERINARIANS?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must clinical services rendered on a part-time basis by a state veterinarian be rendered from a registered facility?</td>
<td><strong>YES</strong>, all clinical services whether private or public must be rendered from a registered facility, which facility must comply with the minimum standards for facilities.</td>
</tr>
<tr>
<td>May a Director of State Veterinary Services register a state veterinary facility in his/her name?</td>
<td><strong>YES</strong>, a facility can be registered in the name of the Director provided that s/he is a registered veterinarian and will take responsibility for the standards at the facility.</td>
</tr>
<tr>
<td>What happens if a facility does not comply with the minimum requirements for facilities?</td>
<td>The state veterinarian who wishes to render clinical services must apply for exemption from the minimum standards based on a motivation for the need. Apply at: <a href="mailto:savc.legal@gmail.com">savc.legal@gmail.com</a> or visit the website at: <a href="http://www.savc.co.za">www.savc.co.za</a> and click on application forms.</td>
</tr>
<tr>
<td>Why must a state veterinarian, who intends to only render private clinical services from 17:00 to 19:00 at a registered facility have a written arrangement with a private practitioner / colleague?</td>
<td>The colleague must be available to take over the treatment of those animals treated by the state veterinarian when the state veterinarian is not available during the day. Clients must be informed where they can obtain a service when the state veterinarian is not available during the day. The Code of Conduct and Practice for veterinarians states that: <strong>A veterinary practice should have an arrangement</strong> with one or more veterinarians to ensure that a veterinarian is able to be contacted at all times and within the bounds of practicality be available to, as soon as possible, attend to any complications arising from the 24 hour service requirements.</td>
</tr>
<tr>
<td>Why can the administration not register my mobile facility if I don't have a registered back-up facility?</td>
<td>The primary purpose of mobile animal services is to deliver a range of primary and secondary health care services and it is required that the mobile facility is run by registered staff, complies with the minimum standards and be attached or affiliated to a fully equipped back-up veterinary facility able to provide advanced secondary and tertiary health service as well as emergency care. Council will consider exemption from this requirement if sufficient motivation is submitted.</td>
</tr>
<tr>
<td>Are these requirements any different from what is required of private practitioners?</td>
<td><strong>NO</strong>, all registered veterinarians must comply with the same requirements for facilities.</td>
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</tbody>
</table>
Due to the increasing number of complaints from colleagues regarding the sale of certain products in vetshops, as well as the increasing abuse of the use of the 'vels only' agreement between industry and the profession, Council has decided to regulate the retail section of the profession, namely the definition and code of practice of a veterinary shop ('vetshop').

This is an attempt to eliminate or deter unscrupulous colleagues who may abuse their status as a veterinarian in obtaining certain products and selling them from dubious venues without the necessary professional backup and knowledge by trained lay staff, thus bringing the profession into disrepute.

The relationship we have with industry is a unique one and one which we should nurture and passionately protect as this is a precariously created niche which could very easily be lost to us through mismanagement and abuse. Perhaps its time to take stock and calculate what your retail percentage means to your turnover, how well would your practice survive if it were usurped tomorrow?

Rules Pertaining to Vetshops

The most important rule which must be abided by is that the vetshop MUST be 100% owned by a veterinarian, anything else is illegal and has to be corrected forthwith by restructuring the ownership of the business.

All veterinary retail outlets that want to trade with the registered trade mark of 'vetshop' will have to be registered with the SAVC as a 'vetshop'.

Due to the fact that a veterinarian falls under the Veterinary and Para Veterinary Professions Act, Act 19 of 1982 he/she will be accountable for all actions/products/sales from his/her vetshop and may be brought before an inquiry body of Council if he/she contravenes the rules, or is found to be unprofessional in his/her actions.

There are minimum requirements pertaining to the structure of the vetshop, the interior, the shopfitting, the cleanliness and the contents, these also have to be abided by.

A vetshop may not facilitate any veterinary consultations or procedures, these should all be referred to a registered veterinary practice in the area.

Veterinary or para veterinary supervision at a vetshop is essential, with active and visible participation in the activities of the vetshop.

SALE OF MERCHANDISE
The following products may be sold in a veterinary shop:

(1) (i) Medicines that are registered as schedule 0 medicines in terms of the Medicines and Related Substances Control Act, Act 101 of 1965,

(ii) Stock remedies registered without any conditions for sale or use in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, Act 36 of 1947; and

(iii) Any other veterinary pharmaceutical products including products for which the manufacturer has limited the sale to veterinary professionals.

(2) Stock remedies registered with restricted requirements such as for "use by or under the control of a veterinarian only" in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, Act 36 of 1947 may only be sold if a veterinarian has advised as to the suitability of the stock remedy and is present in the veterinary shop at the time of the sale.

(3) No medicines registered as schedule 1 or any higher schedule in terms of the Medicines and Related Substances Control Act, Act 101 of 1965 may be sold from a veterinary shop.

(4) No live animals are to be kept, displayed or sold at a veterinary shop.

Council appeals to the profession for input on these regulations and possible additions, to facilitate dialogue and constructive input which could be used to enhance these regulations, thereby enabling members of the profession to co-exist in a 'fair retail environment'.

Please visit the SAVC's website www.savc.org.za for all the current regulations regarding vetshops.

On the Home page please click on: "Merchandising Regulated Rules" OR


Glen Carlisle,
Chairperson
Investigation Committee
MOBILE

DEFINITION:-
A mobile clinical facility is a vehicle or trailer appropriately equipped to allow primary animal health care and education to be rendered to indigent and isolated communities. This includes facilities for Compulsory Veterinary Community Services (CCS).

STRUCTURAL REQUIREMENTS:-
1. Must be constructed from strong resilient materials that can resist rough roads and severe weather conditions and must be able to be secured against theft.
2. Access must be of such a nature that neither personnel nor animals are endangered.
3. The internal walls and floor surfaces, shelves and tables should be constructed of impervious materials that they can be properly cleansed and disinfected so that hygienic conditions can be maintained.
4. Must have one or more consulting cubicles.
5. Have a source of power, or access thereto.
6. Adequate and efficient lighting and ventilation.
7. Have facilities and equipment, or access thereto, for the hygienic disposal of soiled dressings, animal tissues, carcasses and any other contaminated and unwholesome matter or objects to prevent the contamination of the facility or environment.
8. Have a fire extinguishing apparatus on board.
9. Carry a supply of water if access to clean water is not available, adequate for the operational needs of the facility.
10. Maintain secure storage of scheduled drugs in accordance with relevant legislation. When the facility remains stationary and unused for a period of time, or when left unattended scheduled drugs must be removed and secured in a safe place.
11. Have facilities for storing biologicals and pharmaceuticals at recommended temperatures.
12. Carry an appropriate range of drugs, instruments and protective clothing according to the type of services and species serviced.
13. Have access to a means of communication to contact the base facility.
14. Have an adjoining, under-cover facility to render services or for educational purposes for clients.
15. Equipped with adequate audiovisual equipment for educational purposes.
16. An office must be available equipped with relevant reference material.
17. Have equipment to determine the weight of patients adequately.

PROCEDURAL REQUIREMENTS:-
1. Must be operated by personnel registered with the South African Veterinary Council.
2. All personnel shall be trained in the basics of aseptic techniques.
3. All personnel shall be trained in the safe handling of animals and educated about the danger of zoonotic diseases.
4. Must comply with the requirements for adequate record keeping.
5. Appropriate arrangements must be in place to care for animals should emergencies arise or where aftercare is required. In instances where a fully back-up facility does not exist within a radius of 70 km, the services are exempted from the requirement, provided that an application for exemption was approved by Council. Should a back-up facility come into existence within that radius then the exemption will no longer apply.

6. Mobile facilities must be inspected on an annual basis.
7. When a demand for minor surgical procedures exists, refer to the "Requirements for Mobile Theatres."

GENERAL REQUIREMENTS
1. The safety of personnel, of the facility or equipment must be secured at all times.
2. There should be access to toilets and appropriate changing areas at all times.
3. Access to refreshments/food must be available.

MINIMUM STANDARDS FOR MOBILE THEATRES

DEFINITION:-
A mobile theatre is a vehicle or trailer appropriately equipped to allow sterilisations and minor surgical procedures to be performed in a controlled environment to indigent or isolated communities.

STRUCTURAL REQUIREMENTS:-
A mobile theatre can consist either as a self-propelled facility or mounted on a base which is transported to the site.
1. Must be constructed from strong resilient materials that can resist rough roads and severe weather conditions and must be able to be secured against theft.
2. Access/entrance to the theatre must be of such a nature that neither personnel nor animals are endangered.
3. The internal walls and floor surfaces, shelves and tables should be constructed of impervious materials that can be properly cleansed and disinfected so that hygienic conditions can be maintained.
4. Have a light source, which is adequate to ensure the completion
WHAT’S IN A FACILITY NAME? PLEASE COMMENT

Approval of facility names is not a simple matter, as much as choosing the best or most suitable name and reflecting a professional image is also not a simple matter. Most members will agree that the choice of a name should leave no doubt in the mind of the public as to what service is rendered; what area is relevant in which the service is rendered or that the practice can be located easily; whether their animals [the specific specie] can be treated there; and whether the name projects a professional image of the practice or not.

However, when confronted with making a choice or having to approve a name it is not a simple matter. The profession was requested in Newsletter 68, March 2012 to make input on the Guideline of Names for Veterinary Facilities. Only two members responded. Council resolved to dissolve the Guidelines or to reduce it with only the following to guide the profession:-
- The name must be professional and in good taste;
- The facility name may not contain the name of the veterinarian;
- The facility name may not be comparative;
- There may not be a duplication of names;
- The name may not be such as to cover a too wider geographical area e.g.

Kwazulu/Natal Veterinary Clinic; Waterberg; Bosveld ... Even though large areas [Cape] had been approved in the past it is not advisable as the public may be under the impression that your services cover the area as indicated.

The ultimate aim of these guidelines, without becoming too prescriptive or pedantic, is to be fair to all colleagues, be professional, and to avoid any doubt or confusion with the public as to the professional service provided, the hours of that service provider, and the type or special interest/species of service offered by that specific practice.

The choice of name will however still have to take the rules relating to identification of veterinary facilities into consideration. The Rules are extracted for ease of reference:

1. It shall be permissible to identify a veterinary facility by means of an identification board.
   - An identification board referred to in rule 19 (1) shall, subject to the provisions of rule 19 (4), only contain—
     1. In the case of a veterinary facility which does not comply with the minimum standards of a hospital —
      - The words "veterinary" or "animal consulting room";
      - The consulting hours;
      - A telephone number of the veterinary facility; and
      - A logo or
     2. In the case of a veterinary facility which complies with the minimum requirements of a hospital - the words "veterinary clinic" or "veterinary hospital" or "animal clinic" or "animal hospital";
      - The words "veterinary clinic" or "veterinary hospital" or "animal clinic" or "animal hospital";
      - The consulting hours;
      - A telephone number of the veterinary facility; and
      - A logo.
   3. An identification board may be illuminated.

4. The Council may, on application, approve that such words as the Council may in each case determine, be used on an identification board together with the applicable words referred to in rule 19 (2)(a) or 19 (2)(b) as the case may be, as the name of the veterinary facility concerned.

RODEOS

In an attempt to develop welfare guidelines and/or decide whether rodeos are acceptable under certain circumstances or not the veterinary professions are requested to provide the SAVC, the South African Veterinary Association [SAVA] and the National Council of SPCA's with their opinion on the matter.

During a recent meeting held between the three parties and other animal welfare organisations aspects pertaining to rodeos, and published here, were highlighted as follows:

- The SAVA published its position statement on animals in entertainment and the level of veterinary supervision on its website, however the statement does not specifically address rodeos.
- Rodeos is an extremely difficult issue to address because people keep horses for equine sports. The horse owners are encouraged to participate in equine sports so that their horses do not deteriorate. Should their horses deteriorate the welfare will be involved due to neglect;
- The basic approach is that a veterinarian should be in attendance to address any eventualities;
- Rodeos are not entirely supported even if veterinarians are present as it poses a high risk and are viewed as a very dangerous sport for animals;
- Rodeos pose a problem as not only the health but the well-being of the animals are compromised. The horses are already stressed and the manner in which they are handled intensifies the stress levels.
- The only way to declare rodeos illegal would be through government who should be advised by the veterinary profession should the profession be of the opinion that rodeos should be banned.

Your comments are valued. Please comment at: registration@savc.org.za

CONTINUED PROFESSIONAL DEVELOPMENT (CPD)

The trial period for Continued Professional Development for veterinary para professionals has been extended with twelve months.
VETERINARY SERVICES:
REGISTRATION OF FACILITIES

An audit of the nine hundred [900] veterinary facilities currently registered with Council has been finalised in September 2012. Routine inspections are to be introduced in 2013 which implies that, provided the total number of registered facilities remains the same, one hundred and fifty facilities [150] will be inspected annually and that every facility will be inspected once in a six-year cycle.

MEMBERS HAVE BEEN REQUESTED TO MAKE INPUT ON THE FUTURE BUDGETS OF COUNCIL AND THE QUESTION WAS POSED WHETHER A FACILITY REGISTRATION OR AN INSPECTION FEE SHOULD BE CHARGED. YOUR INPUT ON THE QUESTION WILL BE APPRECIATED.

We wish to thank all those members who assisted the administration by updating their facility records with the administration during the audit. What did the audit reveal?

It was recorded that a number of facilities no longer existed and the administration was unaware of the fact.

- In some instances the principal had departed and/or the practice was moved to new premises and no notification and/or new application was received for registration of the new facility.
- We found that some mobile services operated independently from fully equipped back-up facilities.
- We suspect that there may be others which we have not been informed of.
- In yet other instances we did not receive applications for exemption from the minimum standards although the facilities do not comply with the minimum standards.

It has come to our notice during the audit after having received requests for clarification of the rules that some members may not be aware -

- that all the rules apply to ALL registered members;
- that veterinary services have to be rendered from registered facilities;
- of the requirements [minimum standards] for veterinary facilities;
- of the required processes that need to be followed when facilities do not comply with the requirements [minimum standards] for facilities;
- of who has to apply for exemption from the minimum standards;
- of what the applications for exemption from the minimum requirements need to consist of;
- that laboratories do not register with the SAVC; and
- that close corporations [existing] and incorporated companies have to be registered with Council.

It needs to be emphasised that any registered veterinarian who practices a veterinary profession has to practice from a registered facility [Rule 4 (5)] which has to comply with the applicable minimum standards for a consulting room; or an animal hospital which are specified in the rules for the veterinary profession. [Part V-VIII of the rules]

Should the facility not comply with the requirements as specified in the rules then the registered veterinarian who is the owner or principal partner has to apply for exemption from the minimum standards.
Registration of facilities

Please be reminded that you may only render veterinary services (e.g. chemically immobilise animals, give veterinary advice and/or make a diagnosis, or dispense medicine) if you operate from a facility registered with Council.

Please contact Ms C Block at facilities@savc.org.za to register a facility or to confirm that your facility is registered.

In this regard please take note of Rule 4.5
“The place at or from which a person practises a veterinary profession shall comply with the applicable minimum standards for a consulting room, or an animal hospital, as the case may be, which are specified in these Rules, and be registered with Council.”

IN MEMORUM

Dr Gysbert Johannes Scholtz (Nelspruit)
Prof Louis Coetzee (Lyttleton)
Dr Dawid Gordon Clow (Kenilworth)
Dr Johannes van Niekerk (Lynnwood Ridge)
Dr John Larsen (Randburg)
Dr Schalk Willem de Klerk (Eerstemyn)
Dr Duncan Christie (Nelspruit)

MEETING DATES 2014

Full Council
21-22 Oct 2014
Cut-off date for submissions
23 Sep 2014

Executive Committee
20 Oct 2014
Cut-off date for submissions
22 Sep 2014

Education Committee
21 July 2014
Cut-off date for submissions
7 July 2014

Finance Committee
28 Jan 2015
Cut-off date for submissions
14 Jan 2015

Committee on Food Safety
29 July 2014
Cut-off date for submissions
15 July 2014

Investigation Committee
24 July 2014 (tbc)
Cut-off date for submissions
26 Jun 2014

Inspections Committee
As and when required

Registration & Authorisation Committee
7 Oct 2014
Cut-off date for applications
22 Aug 2014

Review Committee
9 Oct 2014

Committee on Specialisation
8 Oct 2014
Cut-off date for applications
10 Sep 2014

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yet possible. However, Council has given this matter its earnest consideration and has allocated funds towards this activity although Council will review proposals before any funding is spent.

Meetings and face-to-face liaison
Apart from a two-day full Council meeting three times a year there are ten active committees whose meetings are funded annually: a day fee in remuneration per member for attendance; travel and accommodation; refreshments and support. Council also funds Councillors to attend the group and branch congresses of the SAVA and of para-veterinary associations as well as Council and staff attendance of grass roots student liaison, parliamentary presentations and other external liaison.

Operational costs
Any principal of a practice or veterinary manager will know that staff salaries are usually the greatest expense in any workplace. This applies to a high service oriented organisation such as the SAVC. There are also normal operational costs such as electricity, rates and taxes, paper, postage, Internet, maintenance to name but a few.

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**VETERINARY FACILITIES**

**ROUTINE INSPECTIONS**

The Inspections Committee of Council met on Friday, 8 February 2013 to discuss the routine inspections which will commence once the Amendment Act 16 of 2012 is in operation. The Committee also met with DAFF to clarify the way forward with regard to Compulsory Community Service [CCS].

Council subsequently approved the recommendations of the Committee on 13 February 2013 and this is how inspections will be conducted:

Which facilities will be inspected?

All facilities from which veterinary services are tendering including private practices, abattoirs and laboratories will be inspected.

How will these inspections be funded?

The relevant principal, state veterinary office or institution will pay an inspection fee. The user-pays principle applies.

As there are many facilities and few inspectors, which facilities will be inspected first?

All new facilities, as well as facilities that previously did not comply with the minimum standards, will be on the first list of inspections. All facilities for which exemption has been requested will be inspected when exemption is applied for. The Council’s registered facility list will be supplemented by a list of facilities where CCS will take place and which list will be provided by the Department of Agriculture, Forestry and Fisheries [DAFF]. Approximately 150 facilities will be inspected per annum.

How will a principal or manager be informed of the proposed inspection?

The Council will inform a principal or manager by submission of the self-evaluation form [checklist] to the principal together with proposed dates and the name and contact details of the inspector. A principal may on motivation request that the particular identified inspector not be appointed. Upon receipt of the completed self-evaluation form the inspector will be supplied with the completed self-evaluation, a date for the inspection will be confirmed and the Inspector will complete his/her own checklist. A discussion will take place between the inspector and the principal/manager of the facility.

Who will qualify as inspectors for routine inspections?

All persons registered with the SAVC will qualify as inspectors if they comply with the following criteria:

- Have at least five years experience in a particular field;
- Do not reside or work in the same area/city/suburb in which the facility is to be inspected is located;
- Must be available during normal office hours;
- Must be conversant in at least two official languages;
- May not have any transgressions recorded against his/her name.

Inspectors will receive thorough training, induction and will be remunerated.

If you are interested in being considered as an inspector please submit your details to the administration at: project@savc.org.za.

What is the role of the Inspections Committee?

The Inspections Committee will meet at

Continued on page 7
least five times per annum and assess upon receipt of the self-evaluations and the inspector's evaluations whether the facility or the inspector's evaluations whether the facility complies with the minimum standards and make recommendations to Council on the accreditation of the facility.

The principal/manager will then receive a notification from Council and will be given an opportunity to respond to possible deficiencies or may receive a certificate of accreditation for a period of six years after which the facility will be inspected again.

Rule 27 (4) of the rules for Veterinarians state that "An imaging logbook shall be kept listing the identity of animal and owner, numerical number, exposure figures, anatomical position and diagnosis."

Members are requested to inform Council whether they agree that in the case of ultra sound imaging:

- A record of what is done should be maintained in a logbook;
- Maintaining an image for production animals is totally impractical; and
- Second opinions require at least the record details.

Members please submit your input to project@savc.org.za

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**Mobile facilities**

Rule clarified and improved

Council resolved to amend Rule 29 (1) (c) on recommendation of the Inspections Committee and at the request of practitioners who wanted the rule clarified. Rule 29(1) reads as follows:

"29. (1) The primary purpose of mobile animal services is to deliver a range of primary and secondary health care services and these facilities shall -

(a) be operated by personnel registered with the Council;
(b) maintain professional standards at all times; and
(c) be attached or affiliated to a fully equipped back-up veterinary facility able to provide advanced secondary and tertiary health service as well as emergency care."

The amendment will read as follows:

"(c) "be an extension of an existing facility able to provide advanced secondary and tertiary health care services as well as emergency care."

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MINIMUM STANDARDS FOR CLINICAL FACILITIES

PLEASE MAKE YOUR OPINION KNOWN

It has been drawn to Council's attention that there may be practitioners in poultry consulting and in wildlife practice whose practice does not fit the herd health requirements described below. These practitioners are requested to make input on what standards they propose be applied to their practices.

Council also requests that animal behaviour practitioners, whose standards for practice differ from the complementary practice as described on this page, provide Council with the standards for animal behaviour practice.

Livestock health and production practitioners are requested to provide Council with the standards for keeping of medicines in light duty vehicles during the course of their services rendered on farms.

The minimum standards are encapsulated in the rules pertaining to the veterinary profession. Practitioners may apply for exemption from compliance with the minimum rules. The minimum standards are now being reviewed. The rules can be accessed at: http://www.savc.org.za/pdf_docs/rules_veterinary_professions.pdf.

You are welcome to provide your proposals to the Inspections Committee on the existing rules and in particular Chapters V-VIII of the rules.

Herd health practice: policy on the registration of veterinary facilities

Applications for exemption from compliance of the rules in terms of Rule 40 would be considered on merit.

Herd health practitioners who request exemption from the minimum standards and who do house or farm calls (rule 30) will have to have a base facility that meets the following requirements:

(a) An external and internal neat appearance;
(b) An office where clients and representatives can be received and interviewed;
(c) A room where pharmaceuticals can be stored according to manufacturers requirements; and
(d) Refrigeration facilities for biologicals.

The following criteria are used when exemption should be granted from the minimum requirements, namely:

- A clear need for the veterinary services and the community the applicant intends to serve has to be defined;
- Input from other private practitioners servicing the area must be obtained and considered;
- Exemption will only be limited to a period of time, alternatively in areas where no other veterinary services exist and until such time another practitioner delivers veterinary services from a compliant facility in the same area;
- The welfare of the patient and the quality of veterinary services should not be compromised; and
- Exemptees should be limited to equipment/structural requirements that cannot be complied with.

Complementary veterinary services

The Administration may register a facility that only renders complementary veterinary services provided that the facility:

- Complies with the requirements of rules 23, 24, 25(1)(d), 25(1)(e), 26 and 27;
- The principal confirms access to a base facility unless therapy is done strictly on referral from a veterinarian; and
- Has a signboard below the identification board of the veterinary facility indicating that only alternative veterinary services are being rendered from the premises and the extent of these services.

Should an applicant require any further exemption from these rules a motivation why these minimum requirements should not apply will have to be submitted to the Inspections Committee for a recommendation to Council, and if any further exemption is granted it will be permanent and not limited to a time period provided that the nature of the services rendered from the premises are not altered.
OUTDOOR CAGES AND OUTDOOR EXERCISE FACILITIES

Clinics/hospitals

Rules 31(9), 32(9) and 33(8) read as follows: "An area in which patients can be exercised indoors or outdoors shall be designed and constructed in a manner that will prevent escape and promote the maintenance of hygiene."

The motivations for this rule are:
1. Allowing free movement of an animal at least once a day. The benefits are self-explanatory;
2. Allow animals that are house trained to relieve themselves;
3. To allow staff to clean and if necessary to disinfect cages, stalls, etc.; and
4. To observe animals in a dynamic state to monitor musculoskeletal mobility and for diagnostic purposes when indicated.

During the voluntary inspections performed during 2006/7, many small animal facilities in particular, lacked such facilities.

The explanations given were:
a. Lack of space. This is especially prevalent in facilities situated in commercial complexes/shopping centres;
b. Noise factor;
c. Odour factor;
d. Animal is walked on a leash in street;
e. We are of the opinion that it is not necessary.

The rule can be scrapped, adapted or maintained.

Inspection format: checklist

The facility checklist was amended by Council on 13 February 2013 to include the following:

Page 2: [Under item 3.] Staff registered / authorised by the SAVC
Identification of all para-veterinary professionals in addition to veterinary nurses namely: animal health technicians, laboratory animal technologists, veterinary technologists and animal welfare assistants;

Page 3: Under the introduction
Provision is made for the taking of photographs by the inspector and acceptance of photographs by the inspections committee as proof that a deficiency was addressed;

Page 4: [Under item 1.] General structural requirements for veterinary facilities
Item 1.15 was added as follows: "Adequate ventilation in all facilities;"

Page 5: [Under item 4.] Records at veterinary facilities
Item 4.1 was amended to include the client details to read "Legible, accurate records of each animal and client;"

Page 7: [Under item 7.] General requirements for anaesthesia
Item 7.6 was amended to include a lock-up safe for highly scheduled medicines and will read as follows: "Lock-up facilities available for scheduled medicines and a lock-up safe for highly scheduled medicines;"

Page 7: [Under item 7.] General requirements for anaesthesia
Item 7.11 was amended to ensure that staff members are trained and registered or exempted and will read as follows: "All persons administering anaesthesia must be properly trained, registered or exempted;"; and

Page 8: [Under item 9.] Ward
Item 9.1 was amended to provide for proper identification of each patient.

We welcome the input of our colleagues. The checklist is available on the SAVC’s website at:

Please send your proposals to Ms L du Plessis at: project@savc.org.za
POLICY ON VETERINARY SHOP STAFF TRAINING

MERCHANDISING

BACKGROUND
The South African Veterinary Association (SAVA) approached the South African Veterinary Council (SAVC) in order to regulate veterinary shops. The regulations of the Veterinary and Para-Veterinary Professions Act have subsequently been amended, with input from the profession, to include regulations pertaining to veterinary shops. These regulations refer to the registration of veterinary shops and the minimum standards for such shops (structural and procedural requirements).

According to the legislation, "veterinary shop" means a facility at or from which a person who practises a veterinary profession sells veterinary pharmaceutical products, including products for which the manufacturer has limited the sale to veterinary professionals, to the public.

Veterinary shops have to be registered in terms of the regulations. In the minimum requirements for veterinary shops, Regulation 42 states the following:

(2) All staff employed at a veterinary shop should have completed a minimum training course acceptable to council to ensure that they are adequately and appropriately trained and qualified to offer a professional service to the public;

Council therefore has to determine the minimum requirements for the training of veterinary shop staff. Council does not prescribe the content of courses presented by service providers for the training of veterinary shop staff but establishes the minimum requirements for such training in order to comply with the regulations. Veterinary shop owners must provide evidence that their staff members were adequately trained when requested to do so by the SAVC.

Minimum requirements for training of veterinary shop staff

After appropriate training, the veterinary shop staff member should be able to:

1. Demonstrate an understanding of the impact of important legislation, including the Veterinary and Para-Veterinary Professions Act (Act 19 of 1982), Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act (Act 36 of 1947) and the Medicines and Related Substances Control Act (Act 101 of 1965), on the veterinary retail shop and its staff members. This would include basic understanding of the following concepts:
   1.1 The scope of work of a veterinarian, veterinary nurse, animal health technician, veterinary technologist and animal welfare assistant.
   1.2 Scheduling of veterinary medicines and in what circumstances a prescription is required.
   1.3 The main objectives of the relevant laws and what is applicable to veterinary shops.
   1.4 The limitations of a veterinary shop staff member in terms of the legislation and when to refer clients to a veterinarian.

2. Demonstrate appropriate product related knowledge with regards to the veterinary pharmaceutical products sold in the veterinary shop where he/she is employed. The level of knowledge required is limited to the information available on the label and/or package insert.

3. Demonstrate effective communication skills and professionalism within the context of the veterinary shop. This may include the following:
   3.1 Good language skills
   3.2 Telephone etiquette
   3.3 Conflict resolution skills
   3.4 Appropriate appearance and demeanor.

Please send your proposals to Ms. Westcott at: education@savc.org.za
BULLETINS

PRACTICE IN NEIGHBOURING COUNTRIES
Council once again remind the members of the veterinary profession that should they wish to practice in neighbouring countries that they would have to register with the registering authorities of those countries.

Council received yet another request, this time from the Veterinary Council of Zambia, who requested that the profession in South Africa be informed of Act No.45 of 2010 in terms of which all persons have to register: “...any veterinary surgeon wishing to travel to practice veterinary medicine in Zambia that they are able to do so if they are registered with the Veterinary Council in Zambia.” The request was received from Dr Joseph Sitali, Registrar of the Veterinary Council of Zambia.

To register in Zambia please contact the Registrar at PO Box 32117, Lusaka, Zambia; at: vczregistrar@vaz.org.zm; or at jsitali65@gmail.com

All correspondence should be addressed to the Registrar of Zambia.


VISIT THIS LINK AND READ MORE ABOUT:
What an eighty one year old member of the profession say about veterinary science training and why he maintained registration as a veterinarian although he only practiced for a few years. (This letter is in Afrikaans)

Registration of facilities

Did you know that you may only render veterinary services (e.g. chemically immobilise animals, give veterinary advice and/or make a diagnosis, or dispense medicine) if you operate from a facility registered with Council?

Please contact Ms C Block at facilities@savc.org.za to register a facility or to confirm that your facility is registered.

In this regard please take note of Rule 4.5
“The place at or from which a person practises a veterinary profession shall comply with the applicable minimum standards for a consulting room, or an animal hospital, as the case may be, which are specified in these Rules, and be registered with Council.”
IT Tender Transformation

We reported in previous Newsletters 74, 75 and 76 that the SAVC will embark on an IT transformation process.

Council wishes to pursue the IT transformation process as the IT transformation is crucial to the Council, the Administration and the image of the profession.

It was therefore decided in February 2014 to proceed with the process as soon as the relocation to the new premises, 25 Victoria Link, Route21 Corporate Park, Nellmapius Drive, Irene Ext 72, is accomplished.

Please contact Mrs Ronel Mayhew at systems@savc.org.za for input.

Workshop: Highly Scheduled Medicines
Prof Vinny Naidoo on Veterinary dispensing
"Can certain medication only be dispensed by a person with a licence?"
With SAPS, National Public Prosecutor, MCC, NSPCA, NHR, etc.

Workshop: Minimum Standards for Facilities
Mrs Dinamarie Stoltz, SAVC Director Legal Affairs
For representatives of the members of the veterinary profession representing groups, e.g. wildlife group, ruminant group, equine group, behaviour group.

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Review of the minimum standards for Veterinary facilities and professional practice

Council resolved to review the minimum standards for facilities. The review of the minimum standards for facilities commenced in 2013 and input was sourced from the various groups of the South African Veterinary Association (SAVA). Most of these groups provided input on the minimum standards for their particular field of practice. These inputs will be debated together with other inputs at a workshop to be scheduled for a date during the first two weeks of September or during the first two weeks of October 2014. An invitation to attend the workshop will be addressed to all members of the veterinary profession. The invitation will be published on the SAVC’s website and members will be alerted by sms.

The standards of practice will be discussed once the outcome of the workshop on the minimum standards for facilities is known. The standards of practice relate to professional services and how members should practice professionally. The Review Committee of the SAVC is currently reviewing all rules and all the above mentioned standards will be incorporated in the amendment rules. It is therefore important that members provide their inputs to these rules to ensure that the SAVC is informed on the needs of the veterinary profession. It is also important that members attend the workshop and/or provide written input on the above standards and all the rules affecting the profession.

Those members who did not have the opportunity to attend a CPD talk on rules presented by the Director Legal Affairs, Mrs Dinamari Stoltz are requested to view page 18 & 19 of this Newsletter for such an opportunity and provide written input on the changes to the rules and/or to attend the forthcoming events.

Members can access the CPD lecture at www.savc.org.za or visit the link: http://www.savc.org.za/14-latest-news/latest-news/384-lectures-review-of-the-rules-medical

Acceptance of Veterinary Qualifications for Registration Purposes

The SAVC wishes to confirm that the BVSc degree [UP] is currently accepted by both the Australasian Veterinary Boards Council (AVBC) and the Royal College of Veterinary Surgeons (RCVS) for registration purposes without the holder of the BVSc degree [UP] having to pass a registration examination.

The RCVS has indicated that the RCVS is interested, as in the case of the AVBC, who already has an agreement with the SAVC, to enter into an agreement with the SAVC regarding the accreditation of veterinary qualifications offered in the UK and South Africa. The SAVC and RCVS are currently looking into the terms of the agreement.

Veterinary qualifications are no longer automatically accepted for registration purposes as acceptance of qualifications is based on the regular assessment of the qualifications and validation of the standard of the tuition and training offered by veterinary faculties or schools.

The terms “reciprocity” and “automatic acceptance” are no longer part of any considerations in the agreements entered into when qualifications are assessed.
HWSETA - 17 SEPTEMBER 2014

Little has been done for the veterinary services as far as skills development is concerned. Therefore, there was a need to foster a stakeholder partnership between the HWSETA and South African Veterinary Council (SAVC) to strengthen skills development in the animal health sector.

This initiative culminated to the Stakeholder Partnership Workshop which was held on the 17th of September 2014. The workshop provided a platform for the identification of a working group. The working group will develop and implement a concrete plan of action to fund skills development for the animal health sector.

WORKSHOP ON ILLEGAL USAGE OF HIGHLY SCHEDULED MEDICINES - 30 SEPTEMBER 2014

This workshop dealt with the definition and explanation of veterinary anaesthesia, medicines commonly used in wildlife immobilisation, rules determining veterinary functions and legal procedures in place to deal with illegal users of highly scheduled wildlife anaesthetic/immobilisation medicines.

WORKSHOP ON MINIMUM STANDARDS FOR VETERINARY FACILITIES - 10 OCTOBER 2014

The workshop was well attended by amongst others representatives from the veterinary profession, both private and state, the various interest groups from the South African Veterinary Association and the Department of Agriculture, Forestry and Fisheries, as well as academia. The following matters were discussed as part of the review process of applicable legislation and rules that Council embarked upon:

1. Basic principles for the different kinds of facilities based on the legislation and professional codes;
2. Current rules on minimum standards for veterinary facilities;
3. Proposals on changes to the minimum standards;
4. Standards of veterinary services rendered;
5. Possible business structures that may be introduced subsequent to the completion of the current review of the rules; and
6. Veterinary retail outlets and the supervision thereof (the current Rule 41).

The outcomes of the workshop on veterinary para-professions held on 19 August 2014 and the workshop on highly scheduled medicines held on 30 September 2014 were discussed as well. These documents are linked hereto for your information. The document relating to the workshop on minimum standards is a discussion document only, with the red indicating the input received during the workshop. You are again kindly invited to submit any input you may have on these issues to legaldirector@savc.org.za for consideration by the Review Committee. Please bear in mind that if you do not make any input, you cannot complain later if and when the rules are amended and they do not suit you! Your input is valued and necessary! Click on this link: Self-evaluation form Veterinary Facilities.docx.

The workshop on Minimum Standards held in the new boardroom at the SAVC’s offices in Route21 Corporate Park on 10 October 2014. Fifty eight members of the professions attended this workshop.

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Registration of facilities

Please be reminded that you may only render veterinary services (e.g. chemically immobilise animals, give veterinary advice and/or make a diagnosis, or dispense medicine) if you operate from a facility registered with Council.

Please contact Ms C Block at facilities@savc.org.za to register a facility or to confirm that your facility is registered.

In this regard please take note of Rule 4.5
“The place at or from which a person practises a veterinary profession shall comply with the applicable minimum standards for a consulting room, or an animal hospital, as the case may be, which are specified in these Rules, and be registered with Council.”

IN MEMORIAM

Dr James Francis Brownlie
Dr Ian South Canham
Dr Lize Posthumus
Dr Angus Llewellyn Pringle
Dr Leon Johann Venter
Sr Wilna Wilkinson
Prof Peter Gilbert Howell

MEETING DATES 2015

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<td>Committee on Specialisation</td>
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3. For the period unknown to Council, and including from 4 to 6 November 2013, he acted in contravention of rule 2 of the Rules Relating to the Practising of Veterinary Professions in that he:

3.1 Performed a surgical operation or procedure on an animal(s); and/or

3.2 Administered medicines to an animal(s) whilst not being registered as a veterinarian

Mr Matthee has to pay a fine in the amount of R15 000. In addition, his registration as a Veterinary Technologist is suspended for a period of 12 months, which suspension is wholly suspended for three [3] years on condition that he is not found guilty of similar offence.

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**ALERT to veterinarians practising from unregistered facilities and/or from no “structured” facilities and other important things!!!**

A person practising the veterinary profession must personally be registered at the Council in terms of Sections 23, 24 and 25 of the Veterinary and Para-Veterinary Act, Act 19 of 1982 (the Act). In addition, the practice (irrespective of kind of service being rendered, i.e. mobile or otherwise) from which a veterinarian renders a service must be registered as a veterinary facility with the Council in terms of Regulation 1 and 2 of the Regulations relating to the registration of veterinary facilities published in Government Gazette no 29792 on 20 April 2007, as amended on 8 June 2012 in Government Gazette no 35413. Without this practice number no medicines may be supplied to a veterinarian in terms of the Medicines and Related Substances Control Act, Act 101 of 1965 (Medicines Act). A valid prescription must contain a practice number in terms of Regulation 11 and 28 of the General Regulations promulgated under the Medicines Act. Prescriptions may not be filled if the practice number is absent. It is both unprofessional conduct (very serious) and a criminal offence to practise from an unregistered facility. The registration number of a company or Close Corporation is not to be confused with the registration number issued by Council. The company or Close Corporation registration number is issued by the Companies and Intellectual Property Commission and does not suffice for the purposes of the Act or the Medicines Act.

Rule 23, read with Rule 4 (5), of the Rules relating to the practising of the veterinary profession (the Rules) provide that the minimum standards for a veterinary facility must be maintained and that it must be a permanent structure, albeit a prefabricated building or something similar. The physical facility is further necessitated by the provisions of the Medicines Act that prescription books (Regulation 11) and registers for Schedule 5 and 6 medicines (Regulation 30) must be kept for a period of five years. The physical register for scheduled medicine must be capable of being produced summarily should a Medicines Control Council inspector visits you, otherwise all medicines found on the premises will be confiscated. If the physical facility does not fully comply with all the minimum standards as prescribed by the Rules exemption may be applied for under rule 40. You also have to keep scheduled medicines securely locked up in a dispensary and limit access to those. A locked vehicle does not suffice and would be no excuse if scheduled medicines are stolen from such a locked vehicle (mobile facility).

Section 34 further provides that a veterinarian may not keep an open shop. That means that medicines may only be supplied to a client and an animal with which you have a client-patient relationship. You may not even fill a prescription for another veterinarian, unless in an emergency, and the only medicine for three days!

Don’t get caught unravelling

and suffer the inevitable consequences! Be wise and register your facility now!

Click on this link to access the facility application form
LIMITED SERVICES PRACTICE
The veterinary profession
is a caring profession
we need the public to know this

DR TARYN BRIGHT

In short how did she go about it

I basically just identified a small building located on the premises of a well known animal shelter located in a good area. I
altered the building to meet the minimum requirements, bought the required equipment and put out the word that I do only
sterilisations and at a competitive rates. Clearly the only sterilisations part of that message was totally ignored as I was soon
treating kennel cough, snuffles, Parvo, biliary, skin issues, GIT problems etc as well as offering the run of the mill advice
on training, feeding, flea control, deworming etc. Just because I had opened as a clinic that only did spays and neuters did
not mean that the animals I saw to sterilise as well as other pets in the household did not suffer from the common maladies
that affect our pets.

What went wrong/why didn’t it work

I think it didn’t work because the pet owning public expect that if you can sterilise their pet then you should be able to fix
the GIT issue Fluffy has or remove the little lump...

I think some colleagues went along with restricting their surgical spectrum to sterilisations to also do vaccinations and that’s
it. I think that maybe its seen as being a way to easily earn a living as you need is a spay set or two, an anaesthetic
machine and to order in a few boxes of vaccines and some syringes and needles and you are all set to go....

I have heard some worrying cases of colleagues who offer limited services doing spays and neuters during normal working
hours and being unavailable after hours for follow ups or advice...

Deductions/conclusions/advice; what would she like to see-In the rules

I discovered that people are happy to find a Vet that does cheaper sterilisations but they also want that Vet to do general
run of the mill GP work. Maybe it’s all about educating people about what services you do offer but I feel that if a sick animal
presents to you and it’s not specialist work, you should do the work, mostly for the welfare of the animal. Turning people
away I worry creates a perception that we as Vets don’t care about their animal and in turn, I worry that owner then think
why should they?

I would like to see all limited services clinics still having a full complement of equipment and drugs...

My advice is maybe just accept that you are going to have to do some GP Vet work...

... but people turn to Vets when they have a sick animal and I feel now, that by turning them away, that we may send out the
wrong impression. We already struggle with poor owner compliance for even basic preventative care and by turning someone away, who has taken the trouble
to bring a sick animal in, we may be sending out the wrong message and the
health and welfare of that animal may be compromised.

What is your opinion? Please write to the SAVC at:
legaldirector@savc.org.za

Click on this link to view the full article.
The Facility registration process

At present, and until the amendments to regulations and rules have been finalised, applicants are issued with a practice/facility number in order for the veterinarian to continue practicing and to be able to procure medication.

The registration process should not take longer than three days – provided that all forms are completed correctly and the application forms are commissioned. When applications are received, registration staff members confirm that all necessary forms are submitted.

Applications where exemption from the minimum standards are requested are forwarded to the Inspections Committee for their input and recommendation, where after all facility registration applications will be submitted to full Council for ratification.

Please contact Charmaine Block (facilities@savc.org.za), or Lorraine du Plessis (project@savc.org.za) for queries pertaining to the registration of facilities.

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THE PRESIDENT'S MESSAGE.................................1

- Council took leave of our President, Dr. Boitshoko Ntshabele, who formally resigned as member of Council on 24 July 2015 and who has been seconded to the Embassy in Brussels, Belgium representing SA as Agricultural attaché.

- Dr. Charlotte Nkuna joined Dr. Clive Marwick and Dr. Jana Pretorius as member of the Executive of Council.

- Dr. Mphane Molefe, Deputy Director, Veterinary Public Health was designated by the Minister in the place of Dr. Ntshabele, as officer of the Department of Agriculture, Forestry and Fisheries.

The Executive met with the Minister of Agriculture, Forestry and Fisheries, Minister Senzeni Zokwana on 24 August 2015. They have once again discussed the issue of the permits required of veterinarians to treat Threatened or Protected Species and Dr. Mike Modisane, Chief State Veterinarian of SA was tasked to arrange a meeting between Minister Zokwana and the Minister of the Department of Environmental Affairs.

SAVA CONGRESS ..............................7

Administration attended the SAVA congress (Drakensberg 27-30 July 2015) to be of assistance to the veterinary and veterinary-para professionals who attended the congress.

UPDATE ON COMPULSORY VETERINARY COMMUNITY SERVICE (CCS): CCS FORUM.....11

The answers to the questions are available on the SAVC's website on the home page: CCS Questions & Answers.

The SAVC received a letter from a group of students who expressed their concerns regarding their work outside the scope of CCS. The Council will discuss these concerns on 20 October 2015.

Dr. Paul van Dam (Managing Director SAVA) addresses concerns to final year veterinary students in his open letter on p.10, especially regarding remuneration.

ARE YOU A COMPLIANT PROFESSIONAL?.............12

It has come to Council's notice that several veterinarians and veterinary para-professionals are in default of requirements and may be unaware of the serious consequences. Some of the main obligations being registering oneself and one's facility.

ARE YOU RENDERING SERVICES FOR WHICH YOU NEED EXTENTION OF YOUR REGISTRATION?........13

Application for extension of registration is considered by Council on merit and on individual basis. Please contact Ms. Talita Coetzee, registration coordinator for full details at authorise@savc.org.za.

MINIMUM STANDARDS FOR LABORATORIES............13

Laboratories have to comply with structural requirements to prevent accidental contamination of staff and environment and cross contamination of samples.

Currently, only a veterinarian may register a laboratory as the minimum standards for laboratories are part of the rules for veterinarians; and veterinarians have to take responsibility for the compliance of the standards for laboratories. This may change depending on the outcome of the forthcoming review of the scope of practice [rules] for veterinary technologists.

THE PITFILTERS OF POINT OF CARE INSTRUMENTATION AND TESTING (POC)..............16

When doing testing care should be taken to ensure that

- The sample is collected and handled properly;
- The test is performed carefully following the manufacturer's instructions;
- The results are reported accurately and in a timely manner;
- Maintenance procedures are performed on the instruments;
- Staff members that are going to operate any POC device are trained, and their competency assessed before performing patient tests.

BETTER SCIENCE FROM FEWER ANIMALS...............19

The SAVC's new rules for research animal facilities place a strong emphasis on ensuring high scientific quality, animal welfare and ethical standards.

The Animal Ethics Committees (AECs) are responsible for ensuring that the core ethical principles of the Three Rs is being applied—i.e. the Replacement of animals by non-animal models where possible; the Reduction of the number of animals used to the minimum required to produce valid scientific results; and the Refinement of procedures in order to limit potential suffering—thus safeguarding animal wellbeing.

WHAT ABOUT STRESS?.....................21

The Council is aware of the burden of stress especially when a complaint arrives at the practice with an SAVC accompanying letter. Council and the administration took a number of steps to ensure that the receipt of a complaint do not unnecessarily cause stress. One of the most important steps being to mediate possible complaints at an early stage when calls are received.
Better science from fewer animals: Minimum standards for research animal facilities

The South African Veterinary Council (SAVC)’s new rules for research animal facilities place a strong emphasis on ensuring high scientific quality, animal welfare and ethical standards. This is appropriate, given our moral responsibility not only to the subjects of the research, i.e. the animals in our care; but also to the beneficiaries of the research, whether these are humans, animals or the environment.

Research animal facilities are defined in the rules as facilities or areas where animals may be used, maintained or bred for scientific purposes, which includes research, teaching, testing, validation, production or observation; and covers all species, including laboratory animals, rodents, companion animals, production animals, domesticated animals, wildlife and exotic species.

The minimum standards for research animal facilities define the nature of the physical environment where the scientific activities are conducted; as well as health and safety, hygiene, biocontainment, biosecurity, standardisation of techniques and other aspects of high-quality biological science.

Ethical standards are established by the requirement that Animal Ethics Committees (AECs), which function in accordance with the relevant South African National Standard, must approve all animal care and use. AECs are responsible for ensuring that the core ethical principles of the Three Rs is being applied – i.e. the Replacement of animals by non-animal models where possible; the Reduction of the number of animals used to the minimum required to produce valid scientific results; and the Refinement of procedures in order to limit potential suffering – thus safeguarding animal wellbeing.

Animal welfare is further bolstered by defining appropriate standards for animal housing, husbandry, environmental enrichment, emergency care, anaesthesia and surgery; the requirement for at least daily welfare monitoring of experimental animals by competent personnel; at least weekly veterinary health and welfare examination; and regular inspections by registered animal welfare organisations.

Continued on page 20

News from the SAVA.
The South African Veterinary Association is very proud of our monthly magazine, VetNews.
VetNews is the official mouthpiece of the association.

The September issue is full of interesting and informative information, including the message from our new president, Dr Johan Marais, on page 2 and Prof Darrel Abernethy’s review of the Future of Veterinary Education in SA on page 9 and read about what the SAVA is doing for it’s members.

Members can also earn CPD points when completing the questionnaire linked to the CPD article (sorry - only members can do the questionnaire!) For more information on how to become a member, visit our website (www.sava.co.za) or email marketing@sava.co.za
Continued from p 19 - Better science from fewer animals: Minimum standards for research animal facilities

The competence of personnel, which impacts on both animal welfare and scientific quality standards, is emphasised by the requirement that all persons who perform procedures on animals must be registered or authorised by the SAVC. Sufficient numbers of registered veterinary and para-veterinary professionals are required in order to provide adequate supervision of authorised personnel.

Veterinary involvement extends to training and competence confirmation of personnel, responsibility for scheduled drug control, compliance with applicable legislation and the maintenance of standards. Of direct relevance to veterinarians serving on AECs and those working in facilities, is that they may not, directly or indirectly, assist, allow or enable unqualified or unregistered persons to perform procedures which by law only a veterinarian or a para-veterinary professional is allowed to perform.

Research animal facilities must be registered with the SAVC. The principal veterinarian, in whose name the facility is registered, takes responsibility for minimum standards. They should be au fait with the activities of the facility to be able to take responsibility for standards and compliance. As for other classes of SAVC-registered facilities, research animal facilities are subject to SAVC inspections.

It is clear that education and training will prove increasingly valuable to those involved in the above processes. The South African Association for Laboratory Animal Science (SAALAS) is hosting a conference later this year to address this aspect (see announcement below).

The SAVC's minimum standards parallel international trends. It is increasingly being recognised how the reproducibility of animal research is dependent on quality standards; how improved welfare standards provide healthier animals and consequently more dependable model systems; and how this decreases variability in biological responses, strengthens statistical power and reduces sample size.

And so we see how high quality standards lead to better science from fewer animals.

Dr Bert Mohr
University of Cape Town, President: SAALAS

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Education and Training in Laboratory Animal Science – National Conference

The South African Association for Laboratory Animal Science (SAALAS) is hosting a national conference in November 2015, with the aim to establish the education and training needs in the field of Laboratory Animal Science in Southern Africa and to develop targeted solutions to address those needs.

A common education and training framework will be sought to ensure the competence of persons involved in the care and use of animals for scientific purposes and to facilitate meeting the requirements of applicable regulatory and national standards, in order to ensure scientific quality, animal welfare and compliance.

Consideration will be given to the training, supervision, competence assessment and continuing education of persons who take care of, euthanise, or perform scientific procedures (basic to advanced) on animals, those who design procedures and projects, laboratory animal technologists and other veterinary para-professionals, laboratory animal veterinarians, facility managers and members of institutional animal ethics committees.

Plenary presentations by leading international experts in the field of laboratory animal science education and training will inform on existing modular training structures and learning outcomes, which may be adapted or adapted to suit local needs, also with a view towards facilitating the free international movement or exchange of personnel where internationally accredited training courses may be established locally.

Conference invitees will include representatives from Southern African and other English-speaking African institutions and main stakeholder organisations that use or govern the use of animals for scientific purposes, including the South African Veterinary Council, comparable regulatory bodies from other African countries, government departments with oversight of animal use, tertiary institutions engaged in education in the field, animal welfare organisations, qualifications authorities, laboratory animal science and research associations.

The conference will be held in Pretoria from 25-27 November 2015, with further details to be announced soon on www.saalas.org

Dr Bert Mohr
President, SAALAS

ACCOMMODATION
Accommodation available Bushman's Rock. Delegates are responsible for their own bookings and accounts. Accommodation is not included in the registration fee.

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CONFERENCE ORGANISER
Tel: +27 12 346 0687
Fax: +27 12 346 2929
petrie@savetcon.co.za
www.savetcon.co.za

Please register online at www.savetcon.co.za
REGISTRATION OF VETERINARY FACILITIES INCLUDING CCS FACILITIES

All facilities from which veterinary services are rendered should be registered with the SAVC and managed by a veterinarian registered with the SAVC. The principal of a veterinary facility, which should be a SAVC registered veterinarian, should submit a facility application form to have a veterinary facility registered.

Such an application form should be accompanied by a minimum standards compliance checklist which can be downloaded from the SAVC’s website. There are different versions of the checklist relating to the registration of different types of veterinary facilities, including:

- clinical veterinary facilities,
- mobile animal service facilities,
- CCS and regulatory service facilities,
- small animal hospitals,
- equine hospitals/clinics,
- production animal hospitals/clinics,
- veterinary behavioural consultancies,
- veterinary laboratory facilities,
- animal research facilities,
- herd health practices (production animals),
- herd health practices (wildlife),
- consultants in industry and other consultancies, and
- non-practising facilities.

Click here for more information in this regard.

The SAVC is in the process of finalising the registration of all Compulsory Veterinary Community Service (CCS) facilities for 2016. The principals of these facilities must ensure that their facilities are in fact registered with the SAVC and that they submitted a completed Rule 26 minimum standards checklist for CCS and regulatory services by.

Please contact Ms N van Heerden (project@savc.org.za) or Ms C Block (facilities@savc.org.za) for any questions regarding facility registrations.

Animal health training

LAUNCHING OF UNISA’S MOBILE CLINIC - 24 NOVEMBER 2015

The veterinary mobile clinic that has long been awaited was finally delivered on Friday, 23 October 2015. This event signalled the official commissioning of the use of the mobile clinic to train students as animal health technicians and to provide Animal Health Care to the communities. Mr Johan Oosthuizen was instrumental in this process. ■

Continued on page 18
REMEMBERS

RECORD KEEPING

Failure to keep proper records relevant to a number of aspects of practice, but particularly regarding diagnostic imaging [X-rays etc] became the subject of several inquiries during the past few months.

Proper record keeping will assist the veterinarian in answering a complaint. It will assist the veterinarian in recalling the details of a case treated many months previously, which may have been forgotten. Important facts usually need to be submitted in the answering affidavits to Council.

Good records are also important in addressing any uncertainties when taking over the treatment from a colleague.

Members are required to submit their records relevant to a particular case within 72 hours. This specific requirement came into effect on 9 November 2015. Colleagues are well advised to submit records in the prescribed time to facilitate timely processing and conclusion of the complaint. Failure to submit records within 72 hrs may result in an additional charge of unprofessional conduct against the veterinarian.

VACCINE BATCH NUMBERS AND CERTIFICATION

Although stickers are available, veterinarians should record the vaccination name, batch and expiry date on the patient’s record, as this information may be required later if the vaccination certificate is misplaced by the client. Certificates are legal documents and may only be written and issued by veterinarians. It is important for veterinarians to take certification very seriously as the information and certificates issued may have serious legal implications for the veterinarian if the certificate is questionable or litigation is initiated by the owner, or in the case of horse racing, by the National Horse Racing Authority.

RECORD DISCHARGE INFORMATION

All relevant patient discharge information should be recorded. Discharge instructions, even the obvious, must be provided to clients. Veterinarians deal with people from all walks of life. Depending on the client’s background, level of education or interest in their patient may have a totally different understanding or perspective on the situation as to what we as veterinarians think they may have. Make sure the correct information is given to the client on discharge of the patient, preferably in writing.

FACILITIES HAVE TO BE REGISTERED AND IDENTIFIED

All facilities from which veterinary services are rendered MUST be registered with the SAVC.

Mobile facilities (herd health visits, house and farm calls) must have a physically registered base in which medicines are stored and records are kept and from which a mobile service may be rendered.

PERMISSIONS AND CLEAR COMMUNICATION

Clear and continuous good communication is an essential tool in veterinary practice and will stand colleagues in good stead when a complaint is lodged with the SAVC.

Please remember to obtain permission, from the client for services before embarking on unexpected procedures not previously discussed with the client during the admission of a patient, and provide estimates for the services. In terms of the new rule 9 it is imperative to discuss fees with the client. An approximation of fees must be provided to the client as soon as practically possible after the patient has been examined, when a service is required in addition to the original service required or as soon as possible after a patient has been stabilised in the event of
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an emergency. This is also an absolute requirement of the consumer Protection Act, Act 68 of 2008. Though standard fees may be prominently displayed in the reception area, it would be wise to discuss these with the client as well.

VETERINARY PARA-PROFESSIONALS

Diagnostic results must be communicated directly with the responsible veterinarian who then interprets these results. Only a veterinarian may interpret results, diagnose conditions and confirm diagnoses. The veterinarian remains responsible for what is communicated with the client.

EMPLOYING UNREGISTERED PERSONS:

Several veterinarians in all sectors (animal welfare, private and state services) are the subject of investigation by the IC as they are employing unregistered persons to perform both veterinary and veterinary para-professional services.

Please ensure that only registered persons qualified to render veterinary services and veterinary para-professional services are employed. Failure to do so could lead to being charged by the SAVC as well as lead to an investigation into the conduct of the employer or unregistered persons.

TRAINING LAY PERSONS TO RENDER VETERINARY SERVICES

This rule fell by the wayside in the new rules. It may need to be addressed in the second round of review in 2016.

Please do not train lay persons to perform any veterinary services. This has ethical and welfare implications and will lead to investigations under the Veterinary and Para-Veterinary professions Act, Act 19 of 1982 as well as lead to criminal investigations with the SAPS.

VETERINARY SERVICES

If a veterinarian or para-veterinarian renders veterinary or para-veterinary services in an incorporated company, they as directors must be registered with the SAVC. No veterinary services may be rendered, even in laboratories, if all the directors are not registered with the SAVC.

KEEPING AN OPEN SHOP AND PRESCRIBING

Section 34 of the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982, provides that a veterinarian may not keep an open shop and in addition, may only provide or prescribe medicines for animals under his/her professional care.

WHAT DOES KEEPING AN OPEN SHOP MEAN?

Simply put it means; providing medicines to any person who is not a client and for animals which are not under that veterinarian’s direct professional care. The veterinarian has a duty in terms of rule 10 to ensure that the administration of a particular medicine is justified having regard to a number of factors, which means that the veterinarian must personally verify that the administration of a medicine is justified. To this end a veterinarian may not provide/ dispense medicine to any veterinarian or person with whom he/she is not in partnership, or associated as a principal or an assistant or a locum tenens, for treatment of an animal which is not under his/her professional care. This also holds true for compounded medicines and/or autogenous vaccines. It is considered a medicines related offence and constitutes serious unprofessional conduct, which may attract the maximum fine and/or removal from the register.

WHAT DOES “UNDER A VETERINARIAN’S PROFESSIONAL CARE” MEAN?

It means that the specific animal or group of animals must be under the direct care of that particular veterinarian who must satisfy IHC/IC that the administration of a particular medicine or treatment is justified, having regard to all the relevant facts. In addition, these new rules provide that “the dispensing, distribution, manufacturing, prescription or administration of any prescription medicine, or compounded vaccine or medicine, or any one or more medicines in combination, or the extra-label use of a medicine, in the absence of a “veterinarian-client-patient relationship” constitutes unprofessional conduct.

MISCONCEPTIONS ABOUT GUILTY PLEAS

Council has recently been confronted by an argument that should a veterinarian plead guilty to a charge of unprofessional conduct and such plea is accepted by the Investigation Committee, that only a warning may be issued in terms of section 32(6C), read with section 35(1)(a) of the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982, irrespective of the seriousness of the unprofessional conduct committed.

The argument is opportunistic and disingenuous, as the legislator could never have intended such an unfortunate interpretation. It would also, of necessity, mean that no pleas of guilty would be entertained by the Investigation Committee (IC) in the event of serious unprofessional conduct and that the veterinarian has to go through the full inquiry, with its concomitant stress and legal costs, should a legal representative be appointed.

The process is as follows:

1. The plea of guilty is sent to IC for consideration and recommendation.
2. Should the IC decide to recommend the acceptance of the plea of guilty to the Inquiry Body (IB), it will consider an appropriate sentence.
3. Should the IC (the committee referred to in section 32(6A) of the Act) be of the opinion that only a warning is warranted, it will inform the Administration who will then issue the warning. In such an event the matter does not proceed to an inquiry.
4. Should the IC be of the opinion that the transgression warrants more than a warning, the plea of guilty will be referred to an IB (Inquiry Body) for consideration of the plea prior to conviction and for sentencing purposes.
5. The IB may or may not decide to accept the plea of guilty after a plea explanation is submitted.
6. If the plea of guilty is not accepted by the IB, the matter will proceed to an inquiry.
7. If the plea of guilty is accepted and the respondent convicted, the IB will decide on an appropriate sentence having regard to aggravating and mitigating circumstances presented.

PRACTICE IN NEIGHBOURING COUNTRIES

Council once again reminds members of the veterinary profession in SA that should they wish to practice in neighbouring countries that they would have to register with the regulating authorities of those countries.

Council often receives requests from the Veterinary Councils of Zimbabwe, Botswana and Namibia that the professions in South Africa be informed of the requirement of registration in those countries.

Please register before you embark on practicing in neighbouring for that matter any other countries.

Export or import of medicines are regulated by the Medicines Control Council, Department of Health. Medicines may not be taken across to other countries without the required permits.
Routine Inspections of veterinary facilities

The South African Veterinary Council (SAVC) is currently planning the forthcoming routine inspections of all registered veterinary facilities.

The purpose of these routine inspections is to assist principals of veterinary facilities to maintain and improve minimum standards for facilities and to ensure that veterinary services are rendered at a required standard in South Africa. Each facility inspected [within a six-year cycle] and for which compliance of the required minimum standards for the relevant facility is confirmed, will receive a certificate confirming accreditation and compliance. In the event that the facility is not compliant and has to undergo changes, the certificate will not be issued until such time that compliance is confirmed. These certificates may be displayed in public areas.

Routine inspection is a self-funded process. This means that the inspector day fee, travel and accommodation will be funded by the inspection fees charged to the facilities which are to be inspected. The facility principal, of those facilities selected in any particular year (approximately two hundred-and fifty pa), will pay the inspection fee of approximately R 3 970 (2016) before the date of inspection which date of inspection will be agreed upon in liaison with both the principal and the inspector and communicated accordingly.

Communication regarding the facilities selected for inspection during the upcoming financial year (1 April 2016 – 31 March 2017) will be communicated within the next two weeks. In order for the administration to adequately plan for these inspections, prior confirmation of details regarding each facility is important, therefore an application for evaluation of a veterinary facility will have to be completed by the principal.

All facilities who have not yet completed the updated version of the facility application form and relevant minimum requirements checklists will be requested to do so as the contents of these forms will guide the inspection.

These forms should reflect the current status of a facility’s compliance. Links to all minimum requirements checklists are listed below and may be read in conjunction with the new Rules for veterinary facilities available at this link (p51-p103):

- **Rule 18-24** (Clinical Veterinary Facilities);
- **Rule 25** (Mobile Animal Services);
- **Rule 26** (Compulsory Veterinary Community Service [CCS] and Regulatory Service Facilities);
- **Rule 27** (Small Animal Hospital / Clinic);
- **Rule 28** (Equine Hospital / Clinic);
Recent amendments to the SAVC’s Rulebook have been published for comment. An update on employer permissions is provided. The changes are explained at the following link: [link]

UPDATE ON EMPLOYER PERMISSIONS

Despite having obtained legal opinion which supports the SAVC’s stance that employees who work in the public service and who wish to work for remuneration outside of the public service employment, should obtain and submit written permission from the relevant authorities to the Council, Council deliberated and resolved not to require the submission of written proof, but to amend the facility application form to ensure that all principals of facilities confirm the details and make a declaration on the following:

1. Details as to whether a principal of a facility is employed in any way (e.g. Industry, Animal Welfare, Public Service etc.);

2. In the event of employment, whether the principal of the facility has permission from her/his employer to perform emergency veterinary treatment during work hours, veterinary treatment after-hours and weekend work;

3. If the answer to item 2 above is in the affirmative, then the contact details of the employer will be required.

These details as per item 1-3 will be verified during the forthcoming routine inspections.

Please click on this link for an application form to register your facility.