Colleagues

When you read my previous message in December 2016 the country had not had sufficient rains to relieve us from the severe droughts. We are also still experiencing severe droughts in the Western Cape Province and in other parts of the country, which we hope will be relieved by the winter rains. We are aware of the impact of the drought on farmers and their animals and the consequences thereof for veterinary services in the country. Council is also cognisant of the highly volatile social-, economic- and financial circumstances in the country but also internationally. It is against this backdrop that we discussed the strategic goals for the Council and the veterinary and para-veterinary professions in February 2017. We identified three main goals which are:

- **Transformation** of the veterinary professions;
- **Improvement of communication** at all levels; and
- **Restructuring** of the Council.

These goals were identified as we realised that the veterinary team and Council both need to remain relevant in a constantly fast-changing environment, we need to be prepared for eventualities and our members must be empowered to adapt fast to changing circumstances.

Some of the challenges in achieving these goals for the veterinary and para-veterinary professions were identified as follows:

- Basic education in SA is poor;
- Poverty and mal-nutrition cannot be alleviated without education;
- Animal- and human welfare must be addressed as one engagement-and extension service;
- Livestock farming is not seen as a career by the youth;
- Veterinary and para-veterinary professions are fragmented, divided and apathetic;

Continued on page 2
“Our members must be empowered to adapt fast to changing circumstances”

- There are huge gaps in business training for veterinary professionals;
- The veterinary profession is a high stress profession;
- Most people in SA do not have access to veterinary services;
- The veterinary professions need to keep abreast of technological advances;
- No accountability: politicians and policy makers do not follow their own rules; and
- Council is elected and designated on an all-in and all-out basis.

These challenges are but a few of those identified and the details and the goals as discussed by Council can be viewed at this link.

Please comment on the strategic plan and the goals. We intend to implement most of these goals within our term of office and will give the implementation plan our attention within the next few months.

We will host our second annual meeting on Thursday, 8 June 2017 which will in future be known as the Annual Council Indaba. An invitation and programme will be sent to all registered members. We will in the first session discuss the strategic goals and will explain what Council does for you, our colleagues. In the second session, an expert will present transformation; and in the same session we will deal with the dynamics of the roles of the veterinary and para-veterinary professions with practical examples, including how to obtain evidence for meat inspection investigations. We will finally provide a session dedicated to questions. Much thought went into the compilation of the programme as Council resolved that the topics had to be relevant for our colleagues to attend. We will make certain that you find this a valuable experience. Please book your seats.

On 28 March 2017, attorneys Adams and Adams, on behalf of Council and the South African Veterinary Association [SAVA], wrote to the Minister of Environmental Affairs to obtain certainty regarding the applicability of the National Environmental Management Biodiversity Act 10 of 2004 ("NEMBA") on registered veterinary professionals rendering veterinary services in terms of the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982 and, if necessary, to seek a limited exemption for veterinarians from certain provisions of NEMBA i.e. permits to treat Threatened or Protected Species [TOPS]. We will keep you up to date regarding the outcome of this process.

We are as concerned as our members having read the latest amendments to Act 101 of 1965 and the recently published regulations. We immediately requested a meeting with the Director General of the Department of Health [DoH] and the Registrar of Medicine to discuss the amendments to Act 101 of 1965, the recently published regulations and the discrepancies in the Act and regulations as well as proposals regarding dispensing requirements for veterinarians. Council discussed this matter at length at its meeting held on 14 & 15 March 2017 and deliberated on the approach that the veterinary profession should be taking. Our approach is to retain the dispensing rights for veterinarians however we recognised the fact that we should prove that we have standards in place to ensure that veterinarians are trained and licensed to dispense. We will report to you on further developments.

Compulsory Veterinary Community Service [CCS] entered the second year of implementation and a lot of the initial teething problems were addressed. There are still complaints regarding a lack of resources, a lack of mentorship, and a lack of consistency and forward planning. The Council serves on the CCS Forum and we will continue to bring all reported deficiencies to the attention of the Department of Agriculture, Forestry and Fisheries. Primary Animal Health Care [PAHC] is promoted to new graduates as the main purpose of CCS and is mainly dependent on education- and human resources and less on medicines and equipment. Please also familiarise yourself with remunerative work outside the scope of CCS published elsewhere in the forthcoming Newsletter.

Animal health technicians [AHTs] play an important role in the animal health sector (both in public- [government] and in private sectors). AHTs fulfil a critical role as they are responsible for primary animal health care [PAHC] and extension to resource poor communities and they are mainly responsible for animal health related duties [disease surveillance] under the Animal Diseases Act, Act 35 of 1984.

“Please comment on Council’s strategic goals”

“AHTs fulfil a critical role as they are responsible for PAHC and extension to resource poor communities and they are mainly responsible for animal health related duties”

“Please comment on Council’s strategic goals”

and we have subsequently been advised that vaccines are available. The main reason for the lack of vaccines appeared to relate to supply chain management and management of accounts.

We will soon enter the second round of routine inspections. It is satisfying to report that most facilities inspected in 2016 to date comply and that only minor adjustments need to be made at some practices. We trust that principals will gain from these inspections. Please read further about the feedback we received from the inspectors and principals of facilities, as well as the costs structures in the forthcoming Newsletter.

The Continued Professional Development [CPD] audit for 2017 will be concluded on 31 March 2017. Members had one year in which to submit proof of their twenty structured CPD points and to provide written confirmation of their forty unstructured CPD points. Members who did not submit proof of the relevant cycle for example, 2012-2015 or 2015-2016 for which they wanted to be evaluated. I have received a report from the Registrar that by 31 March 2017 more than two hundred and forty-two veterinarians out of the three hundred and twenty-nine veterinarians selected responded to the emails and SMSs sent to the randomly selected members. Unfortunately, those members who did not respond in time will now have to explain why they did not submit proof of the required CPD points within the year granted to them. The next random selection audit will commence and members [both veterinary and para-veterinary professionals] who have been selected will soon receive notification that they have one year in which to submit proof of CPD compliance.

Please contact any of your Councillors should you wish to discuss matters with us. You will find our contact details published in every Newsletter. Please remember to provide the administration with your latest contact details.

Looking forward to reading your responses and meeting you at our events.

Kind regards
Clive Marwick

“Please comment on Council’s strategic goals”

IVITATION TO THE ANNUAL COUNCIL INDABA

Please update your personal details. If you are experiencing challenges while registering, please send your updated details to registration@savc.org.za.

Thank you for your kind cooperation and your patience.

BENEFITS OF EMPLOYING REGISTERED QUALIFIED AHTS

Animal health technicians [AHTs] play an important role in the animal health sector (both in public- government) and in private sectors). AHTs fulfil a critical role as they are responsible for primary animal health care [PAHC] and extension to resource poor communities and they are mainly responsible for animal health related duties [disease surveillance] under the Animal Diseases Act, Act 35 of 1984.

Please read this article for a full background on AHTs.

WORLD VETERINARY DAY

• Prof Montz van Vuuren, Director Food Safety and Security drafted questions and answers on antimicrobial resistance to be used in all media to promote and celebrate the work of the veterinarians and para-veterinarians amongst clients and consumers.

COMPULSORY COMMUNITY SERVICES (CCS) FOR VETERINARIANS

Consult these questions and answers for any queries on CCS.
This is the second time that Council will be hosting an event to debate the important challenges facing the Veterinary and Para Veterinary Professions such as:

- The background to the Council’s Strategic goals for 2017-2019, the implementation of those goals and the impact thereof on you the veterinarian, veterinary nurse, veterinary technologist, laboratory animal technologist and animal health technician;
- What Council does for you including matters relating to, for example, Competition Commission matters; Compounding; Disciplinary matters; Legal challenges facing the veterinary professions; Medicines; Permits for Threatened and Protected Species; Shortage of veterinary nurses;
- Transformation [presentation by an expert];
- Inter-relationships between the Veterinary and Para Veterinary Professions; and
- Correct procedures to follow when any activity involving veterinary services, for example, specimen collection may end up in a court of law [presentation by an expert].

This is your opportunity to discuss Council issues that affect all of us.

The Indaba programme, included in this invitation, provides for feedback after each session and for a question session in the afternoon.

Venue: Pheasant Hill
Date: Thursday, 8 June 2017
Time: 7:30

Programme: [included on this link]

RSVP by 20 May 2017: Ms Neo Tsumaki at: meetings@savc.org.za. Please book your seat to avoid disappointment.
SAVC PORTAL CHALLENGES
To register online and information you need to know

Approximately seven hundred members responded with challenges experienced to register on the web portal. This insert serves as a bulk response to those members as we could not respond speedily to each of those members.

Two main reasons and solutions are:

1. The member’s latest cell phone number does not appear on the SAVC’s data base.

   Please send your latest cell phone number to registration@savc.org.za and you will receive an SMS as soon as it is updated. Once you receive the SMS you can go back to the web portal and register on the web portal as you will then be able to receive messages on your cell phone.

2. The member’s passport number does not appear on the SAVC’s data base as the date of birth was used to identify the person for purposes of invoicing.

   Please send a clear copy of your passport document [with a photograph] and your passport number will be updated on the system. You will then be able to receive messages on your cell phone.

Important information that you need to know:

1. Several members recorded themselves on the web portal as the “principal” of a facility, whilst it is not the case, others correctly recorded themselves as “staff” members but due to a system error it was recorded as “principal” of the facility. The latter was fixed by the SAVC’s IT developer. Please make the necessary changes when you login again.

2. If you did not complete the application form to register a facility in your name, then you should record yourself as a member of employee [staff member] and not as a principal.

   If a facility renders a veterinary service, then only a veterinarian can register the facility in his/her name as the rules pertaining to the minimum standards for veterinary facilities pertain to veterinarians. The principal of a veterinary facility is responsible for maintaining the minimum standards at the veterinary facility.

3. If you are indeed the new principal of the facility, but you have not yet completed an application form to register the facility in your name please email facilities@savc.org.za and request the application and checklist forms or visit the SAVC’s Website on this link: LINK.

4. If your business is registered in a Close Corporation or an Incorporated Company with the Registrar of Companies, then the same business entity must be registered with Council and the facility will be registered in the name of the business entity. Both veterinarians and para-veterinary professionals may be the sole - or shared shareholders of an incorporated company or close corporation.

Please open these links and register your business entity: LINK.

Thank you for your kind cooperation and your patience.

Please contact Ms Ronel Mayhew at systems@savc.org.za or Mr Sive Nqawe at bookkeeper@savc.org.za should you have any questions or problems.

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Benefits of employing registered qualified AHTs in cooperatives, feedlots and wholesalers

WILLIAM KUTU, COUNCILLOR (AHT REPRESENTATIVE)

Animal health technicians [AHTs] play an important role in the animal health sector (both in public- [government] and in private sectors). AHTs fulfill a critical role as they are responsible for primary animal health care (PAHC) and extension to resource poor communities and they are mainly responsible for animal health related duties (disease surveillance) under the Animal Diseases Act, Act 35 of 1984.

DUTIES OF AN ANIMAL HEALTH TECHNICIAN

The main duties of an animal health technician are: to ensure a healthy, productive and reproductive livestock and animal population in South Africa by means of the following:

- prevent, control and eradicate animal diseases through disease investigation;
- sampling, collecting & evaluating epidemiological data;
- implementing sound animal health strategies;
- veterinary extension; and
- primary animal health care activities.

AHTs are trained to deal with challenges facing both animal- and human diseases.

QUALIFICATIONS AND EMPLOYMENT SECTOR

AHTs are the holders of amongst other qualifications:

- Diploma Animal Health;
- National Diploma Animal Health;
- B.Sc., Agric. (Animal Health);
- B.Tech Animal Health;
- Masters degrees; and
- PhDs.

AHTs are mostly employed in state veterinary services.

BACKGROUND

The animal health sector is faced with, amongst others, challenges which impact negatively on food security and safety of the country:

- The rise in emerging [new] flood of infectious diseases that threatens not only human health and well-being (food security and economic means), but also fauna and flora comprising the critically needed biodiversity that supports the living infrastructure of our world;
- Anti-microbial resistance [AMR] and other medicines. Unacceptable levels of residues in food;
- Rapid spread of zoonotic diseases such as Rabies, Brucellosis and Tuberculosis;
- 75% of emerging animal diseases can be transmitted to humans; and
- 60% of human pathogens are of animal origin.

MOTIVATION

- Feedlots, wholesalers, cooperatives and other outlets sell use veterinary medicine and/or stock remedies that need special consideration in terms of storage, usage and disposal. Only a qualified AHT, veterinarian and veterinary nurse as field and clinical workers possess the knowledge required to provide owners/clients regarding medicines and/or stock remedies. Qualified AHTs are registered with the SAVC, therefore professionalism is regulated.
- The scope of practice of AHTs provides a high level of animal health know-how to deal with societal needs and consequently promotes agricultural economic growth.
- AHTs [registered and qualified] possess knowledge and skills in disease prevention and control linked to intensive production in poultry, pigs and ruminants.
- AHTs are trained to communicate and to educate the animal owning public [extension services]. They are able to provide a much needed educational service regarding the use of medicines and/or stock remedies within the wholesaler- and cooperative industries. Wholesalers and co-operatives need to understand the value of AHTs whose services have the potential to not only improve profit margins, but to expand the market by application of animal health knowledge and recommending alternative remedies in the event of unavailability of medicines and/or stock remedies and where medicines and/or stock remedies are not indicated for a particular disease/symptom.
- They may recommend a different substitute in case of an availability of a medicine which is not even related to the disease/symptom in question.
- Employers [wholesalers, cooperatives and others] will be able to monitor progress and will be able to build on animal health education should they employ AHTs which cannot be the case when lay persons are employed.

A network exchange/link/communication channel exists between state-, private- and unemployed animal health technicians through the association of animal health technicians, which contributes to alleviating challenges in terms of the lack of animal owner education, disease control and PAHC.

AHTs as regulated professionals can be held accountable for advice given to clients/ owners, treatment given to animals and for disease control activities, which is not the case when services are rendered by lay persons.

- Benefits for the country by employment of Animal Health Technician at Co-operatives, Wholesalers and others
- Improve animal health through extension services;
- Improve production through education;
- Contribute to the fight against AMR resistance;
- Contribute to food security and safety;
- Promote the One Health concept;
- Add value to the implementation of Primary Animal Health Care for all;
- Provide regulatory contact points for veterinary services in the country at co-operatives Improve farmer knowledge, improve production and add value for money;
- Provide a link and support to both state veterinary and private veterinary sectors.

Continued on page 10
Benefits for Feedlots when they employ Animal Health Technicians

Many pharmaceutical companies perform research at feedlots therefore if they employ AHTs then their products will be handled by qualified and well-trained AHTs who are accountable which is not the case when lay persons are employed.

CONCLUSION and WAY FORWARD

The South African Veterinary Council (SAVC) as regulator of the profession of AHTs is recognising the value of AHTs and exercise its powers to ensure that lay persons are not employed to render the services of AHTs.

Many veterinarians in private practice work as consultants in feedlots which is positive for the health of animals and humans but when they leave the feedlot after their visits who is handling the medicines? Veterinarians should be encouraged to advise that AHTs be employed at these feedlots.

Leaving animal health services in the hands of lay persons is contrary to food safety concerns of the country.

It is through the above motivation that registered qualified animal health technicians should be considered for employment in the feedlots, cooperatives and wholesalers to ensure food safety (protecting consumers from food related health risks) and to promote animal production (reduce losses caused by animal diseases). The South African Association of Animal Health Technicians possesses the list and contact details of unemployed animal health technicians.

Transgressions

TRANSGRESSIONS IN TERMS OF THE VETERINARY AND PARA-VETERINARY PROFESSIONS ACT

The following member were found guilty of unprofessional and/or improper and/or disgraceful conduct

<table>
<thead>
<tr>
<th>Name</th>
<th>Transgression (abbreviated)</th>
<th>Penalty imposed (abbreviated)</th>
<th>Date convicted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr LE Moos</td>
<td>Contravened rule 4 (1) and (3), read with Rules 1, 6, 14 (2), 19, 20, 21, 22, 23, and</td>
<td>1. Registration suspended for 36 months wholly suspended for 5 years on conditions that the</td>
<td>26/01/2017</td>
</tr>
<tr>
<td>D94/3575 Silverton</td>
<td>24 together with the Guidelines for the planning and management of veterinary community</td>
<td>respondent:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>engagement activities and Section 33 (8) (a), (b), (c) and (d) of the Act in that she:</td>
<td>a) enters into a mentorship program with the chairperson of the inspections committee;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 1. practiced from a facility that did not comply with minimum standards;</td>
<td>b) implant an alcohol dependency implant &amp; replace before it loses efficacy;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. conducted community engagement without accreditation from council;</td>
<td>c) comply with CPD requirements;</td>
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<td></td>
<td>3. practiced while under the influence of an intoxicating substance;</td>
<td>d) compliance with minimum standards within 12 months from date of penalty.</td>
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<td></td>
<td>4. failed to keep records for two patients that were sterilised;</td>
<td>2. Failing to comply with any of the conditions, within the period of 5 years, will result in</td>
<td></td>
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<tr>
<td></td>
<td>5. failed to comply with an order of council.</td>
<td>removal from the register for a period of 3 years.</td>
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INVITATION TO ATTEND THE FULL COUNCIL MEETING 27 JUNE 2017

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

Date: Wednesday, 27 June 2017 (morning session)
Time: 9:00
Venue: SAVC offices
RSVP: Before or on Friday, 9 June 2017
Contact: Ms Neo Tsusaki e-mail: meetings@savc.org.za or tel: 27(12) 345 6360/6347

Ten seats are available and will be allocated on a first come first serve basis.

Kindly note that you are invited to attend the meeting as an observer only, and at your own costs.

Furthermore, although Council aims to be as transparent as possible, it must be borne in mind that certain agenda items will not be discussed by Council in an open forum as those items may be privileged and can only be discussed in a closed session.
In celebration of World Veterinary Day on 29th April, Prof Moritz van Vuuren, Director Food Safety and Security drafted questions and answers on antimicrobial resistance which can be used in all media to promote and celebrate the work of the veterinarians and para-veterinarians amongst clients and consumers.

QUESTIONS AND ANSWERS
Compiled by Moritz van Vuuren, Director: Food Safety and Security Portfolio of the SAVC

1. Why has the World Veterinary Association in collaboration with the World Organization for Animal Health selected the topic “Antimicrobial resistance – from awareness to action” as the theme for World Veterinary Day on 29 April 2017?

Bacterial resistance against antibiotics received meaningful global attention during the past two decades, both from the perspective of creating awareness of the implications of the emergence of resistance for humans and animals, and to promote antibiotic stewardship to improve the outcomes for humans and animals suffering from bacterial infections and limit emergence of resistant pathogens. Despite all the warnings, action to tackle AMR has not yet matched the scale of the threat. There is now general consensus among the international and national organizations that drive these efforts that the awareness created during the past few decades must now translate into action.

2. Does that imply that bacterial resistance to antibiotics is a major global threat to animals and humans?

Today the world is not divided on the issue of resistance to antibiotics, and there is general agreement that that resistance is a major threat to human and animal health. All Member States of the WHO and OIE have committed their countries to develop National Action Plans for the control of resistance based on the WHO/OIE/OE tripartite alliance’s Global Action Plan for AMR that was published in 2015. All major national and international organizations dealing with the welfare of humans, animals and the environment are in agreement that AMR is one of the biggest risks for mankind and is placed in the same risk category as climate change and overpopulation.

3. Why and how did this turn of events occur?

The overuse and inappropriate use of antimicrobial drugs in humans, animals and crops have dramatically accelerated the emergence of antimicrobial resistance. This includes inter alia, but is not limited to the prescribing behaviour of medical practitioners, the over-the-counter use of antibiotics worldwide, and the use of antibiotics in the feed and water of food-producing animals. These behaviours lead to the release of antibiotics into ecosystems that provides numerous routes through which resistant bacteria can spread, genes that code for resistance can spread, resistance genes can be exchanged, and bacteria can be exposed to antibiotics, thereby driving the emergence of resistance.

4. What are antimicrobials and antibiotics?

The term antimicrobial is used to broadly refer to any product that has activity against the whole spectrum of micro-organisms such as bacteria, viruses, fungi and parasites. Antibiotics are substances that specifically kill or inhibit bacteria that cause disease in humans and animals, and is the focus of this discussion.

5. Can all antibiotics be used mutually in humans and animals?

There are some shared class antibiotics that can be used in both animals and humans, but this category of antibiotics should be used only with veterinary oversight in animals that need it for therapeutic purposes and where a valid veterinarian-client-patient relationship exists. Human-only antibiotics are not approved for use in animals. Animal-only antibiotics are not used in human medicine.

6. Please explain briefly how antibiotic resistance develops

When antibiotics are used to treat infections, most of the harmful bacteria will be killed or inactivated. However, some will survive as a result of a natural or acquired resistance mechanism and will pass on their resistance genes to its offspring. The new population will be more resistant and continue to spread its resistance to other bacteria.

7. Is it high doses of the antibiotic that drives resistance or low or subtherapeutic doses?

It is rather a case of the length of time that the bacteria are exposed to the antibiotic. Resistance will not develop each time an antibiotic is used, but the more it is used and over longer periods of time, the more chances there are for resistance to develop. The basic principle of antibiotic use as endorsed by the World Veterinary Association is, that antibiotics used for treatment should be used for as long as needed but for the shortest duration necessary, and at the appropriate dose and dosage intervals.

8. What is the responsibility of the veterinary profession in the control of AMR?

The veterinary services of all countries that includes veterinarians and para-veterinary professionals have a key role to play in the ongoing fight against AMR, notably through their role in regulating and supervising the use of antimicrobials, offering professional advice to farmers and animal owners and collaborating with the human health sector. The interconnectedness of human health, animal health and the environment is unquestionable, and therefore requires an interdisciplinary approach to successfully control AMR.

Continued on page 14
9. Is the veterinary profession tackling the control of resistance in isolation?

No, because of the interrelationships of antibiotic resistance between human, animal and environmental sectors, a multidisciplinary or One Health approach where veterinary, medical and environmental health professionals work together is crucial in tackling AMR. The South African Veterinary Council which is the veterinary statutory body for the veterinary profession, has embraced the One Health concept and supports and encourages a multidisciplinary approach to the control of AMR.

10. Why are the intensive animal industries and veterinarians working as consultants in those industries blamed by some for making a major contribution to the emergence of resistance?

Production animal veterinarians practice population medicine. Intensive production farms are dynamic, sensitive production units that require immediate action to safeguard the animals and prevent the spread of disease among large numbers of animals. Veterinarians have an obligation, ethically, to control diseases at the earliest possible stage, both in terms of animal welfare and food security for the country. There are particular circumstances that veterinarians can predict what’s going to happen because of previous experience with flocks/herds. If they are slow in medicating, they end up medicating more than they otherwise would have. Clearly antibiotic treatment will remain relevant on intensive production farms as animal welfare and food security are overriding factors. What is necessary is to diminish the need for antibiotics significantly, and so contribute to the global objective of reduced antibiotic use.

11. Does bacterial resistance against antibiotics also involve companion animals?

All animals and humans are affected and no one can escape the problem or claim to be unaffected by it. Multi-drug resistant bacteria are also found in our close companions such as dog, cats and horses and it therefore is important that owners of companion animals are aware of this possibility and must become knowledgeable about antibiotic stewardship.

12. What does antibiotic stewardship imply?

It is a collective set of strategies to optimize the appropriate use of all antibiotics to improve patient outcome and limit emergence of resistant bacteria whilst ensuring patient safe.

13. Does that imply that proven countermeasures to diminish AMR are available for immediate action in animal husbandry?

Yes, in its broadest sense it can be explained as the promotion of good practices in food animal production systems and in companion animal facilities, including animal hospitals. It can briefly be summarised as:

a) Antibiotic use in agriculture must be reduced without compromising the food producer’s capacity to meet the increasing global demand.

b) Antibiotic use in companion animals must be limited to situations where it is really needed and under veterinary oversight to ensure responsible use. It is documented that animal owners administer expired antibiotics to their pets prescribed for humans and other animals.

c) Surveillance of the use of antibiotics and resistance levels in bacteria found in humans and animals is urgently needed to provide a clear picture of local situations and to assess the impact of interventions.

d) Farming systems need to optimise antibiotic use through biosecurity, vaccination, on-farm hygiene and clean water. Poor sanitation and hygiene are major contributors to the emergence of resistance because it requires the use of more antibiotics and significantly increases the numbers of resistant bacterial organisms.

World Veterinary Day continues

Veterinarian of the year 2017

In celebration of the World Veterinary Day on 29 April 2017, the Heritage Committee of the SAVC thought it well to launch a second Veterinarian of the Year venture.

The response was so impressive and wide ranging that Council declined to adjudicate but rather decided to celebrate all the nominated professionals. Congratulations!

It is both humbling and inspiring to be able to rub shoulders with such veterinary and para-veterinary heroes in the Animal Health Team and we invite you to see who was nominated - and why - at the following link:

LINK

May their leadership, love, integrity, drive and professionalism inspire us all to respect each other more each day, and to reach higher heights in our own journey!

Kind regards
Anne de Vos
Chairperson, Heritage Committee

Members of the Heritage Committee: Black Veterinary Forum; South African Veterinary Association; Department of Agriculture, Forestry and Fisheries and SAVC
Compulsory Community Service (CCS) for veterinarians

1. What is CCS?
   - CCS is a programme implemented by the National Department of Agriculture, Forestry and Fisheries (DAFF).
   - Veterinarians who register with the South African Veterinary Council (SAVC) for the first time are employed by DAFF for 12 months to perform veterinary community service.
   - A primary objective of CCS is to promote accessibility of veterinary services particularly in under-serviced and under-resourced areas.

2. Is CCS an internship?
   - CCS is not an internship, nor is it in-service training. CCS veterinarians are fully qualified.
   - Veterinary qualifications and Day One competencies are the same as for graduates who qualified prior to the introduction of CCS in 2016.

3. Who must do CCS?
   - Every veterinarian who registers for the first time with the SAVC is registered by the SAVC to perform CCS.

4. What are the spheres of veterinary science in which CCS veterinarians function?
   - Primary Animal Health Care (PAHC)
     - Clinical services in a clinic/hospital environment
     - Clinical services outside a clinic/hospital environment
     - Animal welfare and advisory/extension services

   - Government regulatory services
     - Animal health
     - Laboratory services
     - Veterinary public health services
     - Export and import facilitation services

5. Can CCS veterinarians issue veterinary health certificates?
   - Yes, the veterinary qualification and the Day One competencies of CCS veterinarians qualify them to perform any function relevant to their functions.
   - CCS veterinarians undergo a period of induction upon assumption of duty, which covers all aspects of their duties in state veterinary services.

6. Is there a difference in services performed by CCS veterinarians and state veterinarians?
   - There is no difference between services rendered by CCS veterinarians and state veterinarians.
   - The job descriptions of both CCS veterinarians and state veterinarians are the same.
   - CCS is a tool used to increase the capacity in state veterinary services by increasing the pool of veterinarians available to deliver the service, especially in under-resourced areas.

7. Is there a difference in conditions of service between CCS veterinarians and state veterinarians?
   - There is no difference in conditions of service between CCS veterinarians and state veterinarians except that CCS veterinarians are only employed for a fixed term of 12 months.

8. What is a CCS Supervisor?
   - A CCS Supervisor means an administrative manager employed at the CCS place (place where the veterinarian is performing his/her CCS activities), who shall be responsible for administrative functions of the CCS programme e.g. signing of job descriptions, leave, performance agreements, mileage claims etc. The supervisor can be the same person as the Advisor; and may or may not be a veterinarian.

9. What is a CCS Advisor?
   - A CCS Advisor (previously known as a mentor), means a veterinarian fully registered with the SAVC and associated with the place where CCS will be performed, who acts as an experienced and trusted advisor on the technical functions performed by CCS veterinarians.

10. What process is followed to place CCS veterinarians in a CCS place?
    - The CCS veterinarians are placed via a random electronic programme based on individual choices. Only CCS applicants with valid medical conditions, which include dread diseases, physical disability and any other condition requiring specialised care are given preference and considered for posts that are suitable to their needs.

11. Who employs CCS veterinarians?
    - DAFF employs all CCS veterinarians.
Compulsory Community Service (CCS) for veterinarians continues

12. What is the relationship between the state veterinary services and CCS veterinarians in Provinces in which they are placed?

Elected provincial coordinators implement and coordinate CCS Programmes in the Provinces. State veterinarians and private veterinarians at the CCS places serve as advisors and/or supervisors.

13. Can a CCS veterinarian work as a locum?

Yes, provided that the following conditions have been met:
- Permission by the executive authority to perform remunerative work outside employment of the state has been granted in terms of Section 30 of the Public Service Act, 1994;
- Permission has been granted by the SAVC for extension of CCS veterinarian registration to perform locums;
- The locum work is performed outside the hours of employment in the state. Where a CCS veterinarian is required to work for the state beyond normal office hours, such work takes precedence over any locum work; and
- The prospective employer provided confirmation of such employment as a locum.

14. Why are CCS veterinarians permitted to locum?

- CCS veterinarians are fully qualified veterinarians and therefore qualify to perform remunerative work outside their employment similar to any other public servant.
- State veterinarians and CCS veterinarians are allowed to perform locum work under the Public Service Act, provided that there is no conflict of interest with their work in the state and the work is performed outside hours of work in the state.

15. Can CCS veterinarians volunteer their services?

Yes, but only following approval by the direct supervisor and DAFF, and only outside of the prescribed working hours. No further permission (as in question 13 above) will be required.

16. What is required of veterinarians who are prepared to act as Advisors?

Make yourself available as an Advisor. The Advisor must meet the following requirements:
- Conduct an on-site job induction and orientation of CCS veterinarians;
- Have the appropriate experience and expertise in the relevant discipline as reflected in the work plans for CCS veterinarians;
- Be willing to provide adequate advice and dedicate sufficient time to CCS veterinarians;
- Be willing to submit the required reports and Employee Performance Management Development System (EPMDS) evaluations on time;
- Have a positive attitude towards the CCS programme; and
- Not be an advisor to more than five (5) CCS veterinarians

17. Who may be exempted from performing CCS?

The Minister of Agriculture, Forestry and Fisheries may, after consultation with the SAVC, exempt persons who obtained veterinary related post-graduate qualifications outside the Republic of South Africa, from performing CCS.

18. What documents must first be in place before veterinary graduates can be employed to perform CCS?

- A security clearance (all state employees)
- A valid work permit (non-South African citizens)
- Legal visa (non-South Africans citizens)

Update on permits to treat Threatened or Protected Species [TOPS]

Council and SAVA are still working together on getting the TOPS permit issues sorted out.

Adams and Adams Attorneys wrote to the Minister of Environmental Affairs to find out whether the National Environmental Management Diversity Act (NEMDA) was applicable to Veterinarians (we believe not), and if necessary seek exemptions where required.

If the Minister does not answer, then we will seek relief from the courts.

To date no response has been received.

Veterinary services for all

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

At the request of a member of the veterinary profession Council wishes to inform all members of the veterinary and para-veterinary professions that Council supports and is excited about involvement of state veterinary services in primary animal health care services, some of which have been in existence for many years, and especially where such services have been unavailable to the indigent.

These services align with the Council’s vision to advance public and animal health through quality veterinary services for all. All citizens of the country may receive these services from the state. The Constitution of the country determines this.

The member of the profession who made the request that the information should be shared is concerned that:
- the veterinary profession in general is not aware of these services; and
- veterinarians must compete with state veterinary services, which services are funded by the state.

According to the National Department of Forestry and Fisheries (DAFF), all people may make use of State veterinary services, but in general a scale of fees will be used:
- All State veterinary facilities must be registered with the SAVC, and must comply with the same standards as private- or welfare facilities;
- Council is of the opinion that we can no longer rely on public funded animal welfare organisations to provide health care to those in need.

We congratulate State veterinary services for initiating primary animal health care services where it is needed and encourage private practitioners to work together with State veterinary services in cases where more advanced medical- and/or surgical care are required.
Shortage of veterinary nurses – alternatives

PROF DIETMAR HOLM, FACULTY OF VETERINARY SCIENCE REPRESENTATIVE ON COUNCIL

From the Faculty’s side the following response:

1. As you know a Faculty decision was taken in the last 2 years that we will not increase the intake of Diploma in Veterinary Nursing (DVN) students beyond 50 until the Bachelor of Veterinary Nursing (BVN) programme is approved.

2. As you know the BVN programme was yet again not approved by the CHE in 2016, and is again under review. This means that we will not be able to take students into the BVN first year before 2019 (earliest - if all goes well - more likely 2020 or beyond).

3. During the past few years we have lost a number of selected students from the point of selection to the point of graduation, reasons for this were:
   • Low realisation rate of selected students from the designated groups (selected students that don’t turn up)
   • Failures
   • Loss of DVN students to the Bachelor of Veterinary Science (BVSc) programme due to a specific selection category catering for para-veterinary students in the application process of the BVSc programme; this caused the DVN programme to be used as a “stepping stone” into BVSc by some applicants.

4. The Faculty implemented the following measures to address the above 3 points, respectively:
   • Over-selection into the DVN programme: for the 2017 intake we significantly over-selected (by approximately 20%), as a result we have 56 students in DVN I in February 2017.
   • We are in the process of reviewing the selection criteria for DVN with the focus of using selection criteria that will help to improve pass rates.
   • We have done away with the category for para-veterinary students in our selection system for BVSc to avoid the DVN programme being used as a stepping stone.

5. While we are in the process of reviewing the selection criteria for DVN we will review our previous decision under point 1, and reconsider an increased intake into this programme.

Case studies

In future, one or more case summaries will be published in the Newsletter on findings of guilt on charges of unprofessional conduct by veterinary and para-veterinary professionals.

For this issue, two matters were chosen:

Firstly, a contravention of section 34 of the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982 (the Act), as its outcome is relevant to each practising veterinary professional.

A veterinary professional (compounding veterinarian) was found guilty of unprofessional conduct by contravening Section 34(1) of, by compounding autogenous vaccines for use in animals without a client-patient-relationship, i.e. under his professional care, by compounding an autogenous vaccine for bulls in the absence of a client-patient-relationship and/or on the instruction of a person with whom he was not in partnership, or with whom he was not associated as a principal, assistant or locum tenens, thereby keeping an open shop.

IN SHORT, the veterinarian was charged with compounding a vaccine for an animal not under his professional care.

The facts were as follows:

1. The sample was taken by an animal health technician, under the supervision of another veterinarian (not the client’s veterinarian), and handed to a veterinary technologist, who in turn submitted the sample to the veterinarian to compound an autogenous vaccine for the client of the veterinary technologist who gave advice to the farmer (the client).

2. The veterinary technologist made a diagnosis and recommended treatment to his client directly, which is not allowed under the rules pertaining to the para-veterinary profession of veterinary technologists. This part of the matter is still under review in the High Court in respect of the sentence handed down to the veterinary technologist.

3. The animals (patients) were not under the professional care of the compounding veterinarian who had no contact at all with either the client or the patients prior to preparing the autogenous vaccines.

4. The overseeing veterinarian did not submit the sample to the compounding veterinarian, did not make the diagnosis or prescribed the treatment. If he had done so, the process would have been legitimate.

The law:

1. The compounding veterinarian not only compounded the autogenous vaccine in the absence of a client-patient-relationship, but also on the instruction of a person with whom he was not in partnership, or with whom he was not associated as a principal, assistant or locum tenens.

2. The veterinarian therefore kept an open shop.

The penalty:

1. A fine of R 25 000.00; and

2. The compounding veterinarian’s registration as a veterinarian was suspended for 2 years, which penalty was wholly suspended for 4 years, subject to the condition that the veterinarian is not found guilty of any medicines’ related offence within the period of suspension (4 years).
What does the penalty mean:

1. If that veterinarian commits a similar offence within 4 years of being found guilty, the veterinarian would be suspended from practice for a period of two years.

2. Council views medicine related offences in a serious light and had the offence not been committed prior to 19 December 2014, the fine could have been the maximum fine of R500,000, which came into effect on 19 December 2014. The fine of R20,000 was the maximum fine capable of being handed down at the time the offence was committed.

Secondly, a veterinarian pleaded guilty to five charges of unprofessional conduct by contravening the provisions of Rule 4 (1) and (3), read with Rules 1, 6, 14 (2), 19, 20, 21, 22, 23, and 24, together with the Guidelines for the planning and management of veterinary community engagement activities and Section 33 (8) (a), (b), (c) and (d) of the Act in that the veterinarian:

1. Did not meet the minimum standards for a veterinary clinic during an ad hoc inspection undertaken by a SAVC appointed inspector at the registered Clinic, from which the veterinarian practiced as a veterinarian;

2. Contravened the Guidelines for the planning and management of veterinary community engagement activities (spayathons/spay campaign) in that the veterinarian conducted a spay campaign without being accredited by Council to do so and as a result bringing the profession into disrepute;

3. While attending to a client at the registered veterinary facility, acted unprofessionally by being under the influence of an unknown intoxicating substance which impaired the veterinarian’s ability to function and behave professionally thus compromising the welfare of the patient, thereby bringing the profession into disrepute.

4. Failed to keep clinical records for two patients that were sterilised on certain dates;

5. Failed to comply with an order by Council that the veterinarian did not conclude the enrolment for the annual veterinary registration examination within the stipulated time.

IN SHORT, the veterinarian was charged with non-compliance of minimum standards, non-accreditation of community outreach engagements (spay campaigns), being under the influence of an intoxicating substance when attending to patients, failure to keep clinical records and failing to comply with a Council instruction.

The facts were as follows:

1. The registered veterinary facility did not comply with the minimum standards applicable in 11 respects, some of them serious.

2. Veterinary community engagement activities (spayathons/spay campaigns) were performed without the requisite authorisation from Council to ensure that certain minimum standards were complied with when performing spays at a place other than a registered facility. Some of these were performed under dubious circumstances.

3. The veterinarian was intoxicated while attending to clients and patients, impairing the veterinarian’s abilities and compromising the welfare of the patients.

4. Clinical records were not kept.

5. The veterinarian was temporarily suspended after a hearing, in terms of the regulations relating to suspensions which came into effect on 9 November 2015, due to the severe reputational damage to the profession caused by all the surrounding circumstances, pending the outcome of a final hearing into all the accusations against the veterinarian.

The law:

1. A clinical veterinary facility has to comply with relevant minimum standards.

2. Veterinary community engagement activities may only be performed at a temporary facility away from a registered veterinary facility after authorisation by Council to ensure that there will be a veterinarian who would be responsible for the outcome of the surgery to be performed and that emergency care is available in the event of complications. But also to ensure that there will be follow up care in the event of a complication with surgery, it is for that reason that the relevant accredited veterinarian has to inform the state-, private and animals welfare veterinarians of the intended engagement and should they be required to stand in where the veterinarian performed the spays have left the area.

3. A veterinarian has a positive duty to ensure that he/she is not under the influence of a substance which could impair his/her faculties and compromise the welfare of the patients.

4. Clinical records must be kept in accordance with the rules at all times, even during veterinary community engagement activities. The fact that the patient may be a welfare case does not mean that patient should be subjected to a lesser standard of care. In a similar vein the veterinarian performing these activities cannot contract out of the duty to clinically examine the patient to ensure that the patient is healthy enough to undergo the surgical procedure.

5. Veterinarians could be temporarily suspended from practice in terms of the regulations relating to suspensions which came into effect on 9 November 2015, due to a variety of reasons (all serious) pending the outcome of a final hearing into all the accusations against a veterinarian.

The penalty:

The members of the Inquiry Body (IB), having considered arguments in both aggravation and mitigation of sentence, including but not limited to interest of society, interest of all parties concerned as well as those of the animals, deemed the following to be a just penalty. The penalty was as follows:

Counts 1, 2, 3, 4 and 5 were taken together for purposes of an appropriate sanction:

The respondent’s registration was suspended for a period of thirty-six (36) months, which suspension was wholly suspended for a period of five (5) years, subject to the following conditions:

1. The respondent’s registration from practise (removal from the register) is suspended for a period of thirty-six (36) months, which suspension is wholly suspended for a period of five (5) years, subject to the following conditions:
   (a) The Respondent must ensure that the Clinic complies with the relevant minimum standards within one (1) year of the date that the sanction was handed down.
   (b) The respondent must report to the Chairperson of the Inspections Committee, within forty-eight (48) hours from date of the penalty being handed down, to draft an agreement for mentoring and monitoring the respondent on a regular basis over a period of two years, which agreement must be approved by the Investigation Committee;
   (c) The Clinic must be inspected within one (1) month from the date the sanction is handed down, or on such other date as the Chairperson of the Inspections Committee agrees upon, to establish what is required for the facility to comply with the minimum standards of a veterinary clinic;
   (d) The respondent must, in conjunction the Chairperson of the Inspections Committee within two weeks of the date of the inspection, draft and submit a plan with definitive timelines to the IB for its approval, to ensure compliance with the minimum standards for a veterinary clinic within a period of no longer than twelve (12) months from the date the sanction is handed down. The respondent must subject the Clinic to an inspection by the Chairperson of the Inspections Committee again at six (6) and twelve (12) months from the date of sanction.
   (e) The inspection report by the Chairperson of the Inspections Committee must provide evidence of compliance with the plan referred to in point (b) above.
   (f) The respondent must submit written proof of participation in an alcohol dependency programme on an outpatient basis to the administration, on a two (2) monthly basis, until such programme is completed and confirmed as such by the head of the programme in writing to the administration;
   (g) The respondent must submit written proof from her physician that an alcohol dependency implant treatment was implanted, as well as the period of its efficacy;
   (h) The respondent must, at relevant intervals and at his/her own cost, replace the implant prior to it losing its efficacy and she must provide written proof from his/her physician to the administration on each occasion that the implant was replaced, within a week of having the procedure performed, for the duration of this suspended sanction, i.e. five (5) years.
   (i) The respondent must comply with CPD requirements during the relevant CPD cycles.

Continued on page 24
(j) The respondent may not commit any transgression similar to those the veterinarian was found guilty of, during the period of suspension. The rules referred to are Rule 4 (1) & (3), 6, 14(2), 19, 20, 21, 22, 23, and 24, as well as the Guidelines for the planning and management of veterinary community engagement activities, i.e. if the respondent performs any sterilisations at a premise other than a registered veterinary facility, the veterinarian must ensure that he/she receives prior written authorisation from Council to do so.

2. Should the Respondent fail to comply with any one or more of the conditions stated above, within the period of suspension [five (5) years], the veterinarian will be removed from the register for a period of 3 years.

What does the penalty mean:

1. The penalty means that the temporary suspension of the veterinarian from practise was uplifted and that the veterinarian could practise, subject to strict conditions.

2. It further means that the veterinarian has to work closely with a person appointed by the Council to monitor the veterinarian’s progress towards complying with the required minimum standards within a carefully regulated process and to simultaneously ensure that the veterinarian receives treatment for the veterinarian’s dependency problem.

3. Council closely monitors the process to ensure that the penalty is complied with.

4. If the veterinarian does not comply with the penalty in every respect within 5 years of the penalty being handed down, the veterinarian will be suspended from practise for a period of three years.

5. The penalty also means that the IB took the personal circumstances of the veterinarian and the valuable service that the veterinarian could still render to the community into account, although the conduct the veterinarian was found guilty of, was regarded as serious. Simultaneously Council set up a supervised process to ensure that the veterinarian received the treatment required and that the welfare of the patients was not compromised.

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Safe actives at higher concentrations, to ensure the best results possible.

VISITATIONS 2017

TSHWANE UNIVERSITY OF TECHNOLOGY (TUT), FACULTY OF SCIENCE – VETERINARY TECHNOLOGY

The SAVC visitation to the Tshwane University of Technology took place from 29 September – 1 October 2015. The training institution provided a progress report on recommendations made by the visitation team to the SAVC Education Committee meeting (23 January 2017). The committee has recommended a re-visit by the team leader, Prof Estelle Venter and two members of the original visitations team. The visit could not be coincided with the visit of Prof Venter to South Africa and Mr J Müller has been appointed as team leader. Mr F Dreyer and Ms R Theron would accompany Mr Müller.

SAVC FULL REGISTRATION EXAMINATION 2017

The Full Registration Examination will be held at the Faculty of Veterinary Science, University of Pretoria (Onderstepoort campus) on the following dates:

Computer Based Examination (CBE)

- Tuesday 3 and Wednesday 4 October 2017 (veterinary and para-veterinary professions)
- Thursday 12 October 2017 (veterinary nurses and animal health technicians)
- Friday 13 October 2017 (veterinary technologists)*

*The practical examination for veterinary technologists will be held at Tshwane University of Technology

Prof Banie Penzhorn has been appointed as examination officer for 2017. All examination documents were placed on the SAVC website by the end of February 2017. The deadline for application was 1 April 2017.
WHERE CAN YOU OBTAIN CPD POINTS and speak to a Councillor?

**RuVASA**
- Misty Hills Country Hotel, Midrand
- 31 May – 2 June 2017

**National Veterinary Clinicians Group of the SAVA**
- PreCongress day: July 24 2017
- Birchwood

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

**World Veterinary Association Congress**
- Incheon, Korea
- 28 - 31 August 2017

**Free State**
- To be confirmed
- 1 - 2 September 2017

**Western Cape**
- Durbanville (venue to be confirmed)
- 15-16 September 2017
- Western Cape

**World Veterinary Association Congress**
- Southern Africa
- To be confirmed
- 27-28 October 2017

**Northern KwaZulu/Natal**
- Next congress: 2018

**Mpumalanga**
- Next congress: 2018

**KwaZulu/Natal State Veterinary Meetings**
- Durban
- November 2017 - to be confirmed

**Mpumalanga State Veterinary Meetings**
- White River
- November 2017 - to be confirmed

**Full Council**
- 27 June 2017
- Cut-off date for submissions: 5 June 2017

**Executive Committee**
- 26 June 2017
- Cut-off date for submissions: 4 June 2017

**Education Committee**
- 10 July 2017
- Cut-off date for submissions: 23 June 2017

**Standards Committee**
- 10 July 2017
- Cut-off date for submissions: 23 June 2017

**Finance Committee**
- 26 June 2017
- Cut-off date for applications: 5 June 2017

**Committee on Food Safety and Security**
- 26 June 2017
- Cut-off date for applications: 5 June 2017

**Investigation Committee**
- 30 August 2017
- Cut-off date for submissions: 16 August 2017

**Inspections Committee**
- 25 July 2017
- Cut-off date for submissions: 11 June 2017

**Registration & Authorisation Committee**
- 27 September 2017
- Cut-off date for applications: 31 July 2017

**Review Committee**
- To be confirmed
- Cut-off date for applications

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**SAVC LATEST MEETING DATES 2017**

**North-West University (NWU), UNISA and TSOLO AGRICULTURE AND RURAL DEVELOPMENT INSTITUTE (TARDI) – ANIMAL HEALTH TECHNICIANS**

Arrangements have been made for the SAVC visitations scheduled to take place at UNISA (24 – 28 July 2017) and at North-West University (22 – 26 August 2017).

All members of the visitation teams, appointed by Council and listed below, have been asked to resign from the Advisory Committees in order to fulfill their duties as SAVC visitation team members.

- Dr Gideon Brückner (Team leader for both visitations)
- Prof Vinny Naidoo (Council member)
- Mr William Kutu (SA Association of Animal Health Technicians)
- Ms Tracey Mumby (International visitor – San Diego Zoo)
- Mr Dawid Visser (Team member from previous visitation)
- Mr Johan Oosthuizen (UNISA) will attend the NWU visitation and Dr Mulunda Mwanza (NWU) will attend the UNISA visitation
- Dr Mphane Molefe (Department of Agriculture, Forestry and Fisheries)

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

The Programme Co-ordinators, Mr Oosthuizen for UNISA and Dr Mwanza for NWU, have drawn up programmes for the visitations and Dr Brückner approved the programmes.

In the visitation programme one hour is set aside for an open meeting, where anyone wishing to discuss a matter privately with the visiting group of experts can do so. This “open hour” will be widely announced within the institution, so that everyone at the institution should be aware of this opportunity.

**Open Hour will take place as follows:**

<table>
<thead>
<tr>
<th>UNIVERSITY</th>
<th>DATE</th>
<th>TIME</th>
<th>VENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNISA (Florida campus)</td>
<td>Thu, 27 July 2017</td>
<td>11h30 – 12h45</td>
<td>Shuttle departs at 11h00 from the bus stop at the main entrance of the Florida campus</td>
</tr>
<tr>
<td>North-West University (Mafikeng campus)</td>
<td>Wed, 23 August 2017</td>
<td>14h00 – 15h00</td>
<td>Animal Health Board Room Building FG1 School of Agriculture</td>
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**Please contact your Councillor fulfilling the duties of the stress portfolio**

Dr Anne de Vos
apdevos@telkomsa.net
082 784 9383

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North-West University Mafikeng Campus, Science building.
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**Vision**

Advancing public and animal health through quality veterinary services for all

**Mission**

The South African Veterinary Council seeks, through the statutes of the Veterinary and Para-Veterinary Professions Act, 1982 to

- serve the interests of the people of South Africa by promoting competent, efficient, accessible and needs-driven service delivery in the animal health care sector;
- protect the health and well-being of animals and animal populations;
- protect and represent the interests of the veterinary and para-veterinary professions;
- regulate the professional conduct of the veterinary and para-veterinary professions; and
- set and monitor standards of both education and practice for the veterinary and para-veterinary professions