SANC Council 2018-2023 announced – Meet the team

The SANC Registrar and Staff would like to welcome the 2018-2023 Council members who have been appointed by the Minister of Health, Dr A Motsoaledi, with effect from 23 August 2018:

Mr Simon Choma
Dr Nelouise Geyer
Dr Mauwane Digamela
Dr Lulama Nkonzo-Mtembu
Mr Tshidiso Ntshabele
Dr Agnes Makhene
Ms Trudy Kaseke
Dr Sindisiwe Mthembu
Dr Penelope Orton
Dr Hester De Swardt
Dr Sibusiso Zuma
Vice Chairperson
CEO & Registrar

Mr Wayne Manthe
Ms Thukane Magoro
Ms Sinojane Gumedze
Ms Sophy Molokwane-Machika
Prof Dherendra Gihwala
Ms Ziphora Ramaila
Mr Molefe Matsomela

Ms Sizo Mchunu
Prof Sinegugu Duma
Ms Duduzile Ngidi
Dr Nelouise Geyer
Dr Mauwane Digamela
Dr Lulama Nkonzo-Mtembu

ABSENT:
Ms Nonhle Gumede
Mr Lehlohonolo Rabotapi
Ms Sophy Molokoane-Machika
Dr Motlou Molepo
Chairperson

ABSENT:
Mr LeNthobologo Rabotapelo

Council members had their first Council meeting at the SANC office from 12 - 14 September 2018 during which they had an induction session to prepare them for the way forward. This session will be followed by a two-day strategy session that will establish the strategy to take the SANC forward in the next five years. We wish the Councillors well during their tenure.
The 2017 South African Nursing Council annual report is now available. The Council is proud to announce that it has received an unqualified audit opinion for 2016/17.

Other highlights from the report include:
- 42 620 receipts issued during 2016 roadshow to provinces
- 919 610 eRegister hits
- New IT systems in process to increase operational and financial efficiency
- Appointing a Registrar in 2017
- 304 285 nurses and midwives registered with the SANC during 2016
- 13 778 candidates passed examinations during 2016.

The electronic version is available at: www.sanc.co.za/publications.htm

APC virtual office schedule

The SANC Virtual Office is doing its annual visit to the provinces since 3 September offering limited services e.g. payment of annual licensing fees, selling of distinguishing devices and provision of SANC general information.

The schedule of dates are:

<table>
<thead>
<tr>
<th>Province</th>
<th>Days Allocated</th>
<th>Week 1</th>
<th>Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>KwaZulu-Natal</td>
<td>10 Days</td>
<td>03-07 Sept</td>
<td>17-21 Sept</td>
</tr>
<tr>
<td>North West</td>
<td>5 Days</td>
<td>10-14 Sept</td>
<td>N/A</td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>8 Days</td>
<td>26-28 Sept</td>
<td>01-05 Oct</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>5 Days</td>
<td>08-12 Oct</td>
<td>N/A</td>
</tr>
<tr>
<td>Western Cape</td>
<td>8 Days</td>
<td>15-19 Oct</td>
<td>31 Oct-02 Nov</td>
</tr>
<tr>
<td>Free State</td>
<td>5 Days</td>
<td>22-26 Oct</td>
<td>N/A</td>
</tr>
<tr>
<td>Limpopo</td>
<td>8 Days</td>
<td>05-07 Nov</td>
<td>19-23 Nov</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>5 Days</td>
<td>12-16 Nov</td>
<td>N/A</td>
</tr>
<tr>
<td>Gauteng</td>
<td>8 Days</td>
<td>28-30 Nov</td>
<td>03-07 Dec</td>
</tr>
</tbody>
</table>

Names of venues are available on the SANC website at www.sanc.co.za/news.htm as well as our Facebook page at www.facebook.com/sancorg
MANDATE OF THE SOUTH AFRICAN NURSING COUNCIL
- A COMPARISON WITH THE HPCSA

THE SOUTH AFRICAN NURSING COUNCIL

SANC
Regulator of the nursing profession

Regulated by Nursing Act, 2005

- Is a statutory professional body mandated to regulate the Nursing and Midwifery professions by establishing and maintaining nursing education and training and practice standards.
- Guards the interests of the public.

NOT:
Employer | Trade Union

Does not become involved in:
- Labour disputes
- Salaries and salary scales (OSDs)
- Working conditions, staff shortages, etc.

AS THIS IS THE RESPONSIBILITY OF THE EMPLOYER

NATIONAL MINISTRY OF HEALTH

Private Hospitals and Clinics

etc.
MANDATE OF THE SOUTH AFRICAN NURSING COUNCIL
- A COMPARISON WITH THE HPCSA

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**HPCSA**
Regulator of the medical profession (12 professional boards)
Regulated by Health Professions Act 56 of 1974

- The Health Professions Council of South Africa is a statutory body, established in terms of the Health Professions Act and is committed to protecting the public and guiding the professions.

Source: http://www.hpcsa.co.za/About

**NOT:**
Employer | Trade Union | Medical Association

Does not become involved in:
- Labour disputes
- Salaries and salary scales (OSDs)
- Working conditions, staff shortages, etc.

**AS THIS IS THE RESPONSIBILITY OF THE EMPLOYER**

**Private Practitioners such as:**
- Private hospitals
- Pharmacies
- Physiotherapists
- Optometrists
- Dentists
- Radiologists, etc.
Deadline for APC payment for 2019

CLOSING DATE FOR PAYMENT OF ANNUAL FEES
Please note that for the calendar year 2019, the closing date for the payment of Annual Fees is 31 December 2018. Payment must reach the SANC bank account on or before the closing date. You are therefore urged to pay as soon as possible in order to avoid the last minute rush.

Remember: Bank transfers from non-FNB banks take up to 3 working days – pay well in advance to meet the 31 December 2018 deadline.

SANC ANNUAL FEES INCREASE: 2018 vs 2019 - a comparison

ANNUAL FEE: 2018
Registered Nurses and Midwives R630.00
Enrolled Nurses and Midwives R380.00
Enrolled Nursing Auxiliaries R270.00

NO INCREASE ON FEES FOR 2019
Only increase was VAT - as increased and promulgated by Government from 14% to 15%. The VAT rate increase of 1% is rounded off to the nearest R10.00 to accommodate ATM deposits as ATMs do not accept coins.

ANNUAL FEE: 2019
Registered Nurses and Midwives R640.00
Enrolled Nurses and Midwives R380.00
Enrolled Nursing Auxiliaries R270.00
World Sight Day
11 October 2018

From: www.iapb.org; www.awarenessdays.com

World Sight Day (WSD) is an annual day of awareness held on the second Thursday of October, to focus global attention on blindness and vision impairment. World Sight Day 2018 is on 11 October 2018.

This annual event is aiming to draw attention to a range of issues surrounding blindness and visual impairment. It is seen as one of the most important communication and advocacy events on the eye health calendar.

This year, the ‘Call to Action’ for World Sight Day is:

Eye Care Everywhere.

Initially started by the Lions Club International Foundation as part of the Sight First campaign in the year 2000, World Sight Day is now coordinated by the International Agency for the Prevention of Blindness (IAPB) under the VISION 2020 global initiative which aims to promote “a world in which nobody is needlessly visually impaired”.

The main aims of World Sight Day include:

• To raise public awareness of issues surrounding blindness and visual impairment.
• To influence Governments, and in particular Health Ministers to participate in and donate funds to blindness prevention programmes.
• To educate about blindness prevention.
• To generate support for Vision 2020 programmes and activities.
Stroke happens when the blood supply to part of the brain is cut off. Without blood, brain cells can be damaged or die. Depending on which part of the brain is affected and how quickly the person is treated, the effects of stroke on survivors can be devastating to a person’s body, mobility and speech, as well as how they think and feel.

Stroke is a leading cause of death and disability globally. It can happen to anyone at any age, and impacts everyone: survivors, family and friends, workplaces and communities. From making individual changes, to advocating globally and locally for policies that will deliver healthier communities, we can all do something to prevent stroke.

6 key facts about stroke treatment

1. Early recognition makes a big difference
Knowing the signs of stroke and getting treatment quickly saves lives and improves recovery. If you think someone may have had a stroke, do this FAST check:

- **Face** - Is one side drooping?
- **Arms** - Raise both arms. Is one side weak?
- **Speech** - Is the person able to speak? Are words jumbled or slurred?
- **Time** - Act quickly and seek emergency medical attention immediately.

2. Around 1 in 10 more people make an excellent recovery when cared for in a specialized stroke unit
All patients with stroke (ischaemic or haemorrhagic) should be admitted to a specialized stroke unit, which involves a designated ward with a specialized team.

3. Clot-busting drugs (TPA or thrombolysis) increase the chance of a good outcome by 30%
Clot-busting drugs break up blood clots. This treatment can be administered up to 4.5 hours of symptom onset in many patients with ischaemic stroke. The earlier it is given, the greater the effect.

4. Clot retrieval treatment increases the chance of a good outcome by more than 50%
Clot retrieval treatment (mechanical thrombectomy) involves removing a blood clot and can improve survival rates and reduce disability for many people with ischaemic stroke caused by large artery blockage.

5. Rehabilitation is a critical step in the treatment process
Rehabilitation starts in the hospital as soon as possible following a stroke. It can improve function and help the survivor regain as much independence as possible over time.

6. One in four survivors will have another stroke
Treatments that prevent another stroke include drugs to lower blood pressure and cholesterol, antiplatelet therapies, anticoagulation for atrial fibrillation, surgery or stenting for selected patients with severe carotid artery narrowing.

Lifestyle changes can also greatly reduce the risk of another stroke. Changes include eating well, being physically active, being tobacco-free, managing stress, and limiting alcohol consumption.

World Stroke Day
www.worldstrokecampaign.org; www.wikipedia.org

World Stroke Day is observed on 29 October to underscore the serious nature and high rates of stroke, raise awareness of the prevention and treatment of the condition, and ensure better care and support for survivors. On this day, organizations around the world have facilitated events emphasizing education, testing, and initiatives to improve the damaging effects of stroke worldwide.

#SANCnews
SEPTEMBER 2018