Government Gazette
Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID AFRIKA

Vol. 635 11 May Mei 2018 No. 41621

ISSN 1682-5843

9 771682 584003 41621

For purposes of reference, all Proclamations, Government Notices, General Notices and Board Notices published are included in the following table of contents which thus forms a weekly index. Let yourself be guided by the gazette numbers in the righthand column:

Weekly Index

Alle Proklamasies, Goewermentskennisgewings, Algemene Kennisgewings en Raadskennisgewings gepubliseer, word vir verwysingsdoeleindes in die volgende Inhoudopgawe ingesluit wat dus weeklikse indeks voorstel. Laat uself deur die Koerantnommers in die regterhandse kolom lei:

Weeklikse Indeks

Contents

Closing times for **ORDINARY WEEKLY** *GOVERNMENT GAZETTE* 2018

*The closing time is **15:00** sharp on the following days:*

- **28 December 2017,** Thursday for the issue of Friday **05 January 2018**
- **05 January,** Friday for the issue of Friday **12 January 2018**
- **12 January,** Friday for the issue of Friday **19 January 2018**
- **19 January,** Friday for the issue of Friday **26 January 2018**
- **26 January,** Friday for the issue of Friday **02 February 2018**
- **02 February,** Friday for the issue of Friday **09 February 2018**
- **09 February,** Friday for the issue of Friday **16 February 2018**
- **16 February,** Friday for the issue of Friday **23 February 2018**
- **23 February,** Friday for the issue of Friday **02 March 2018**
- **02 March,** Friday for the issue of Friday **09 March 2018**
- **09 March,** Friday for the issue of Friday **16 March 2018**
- **15 March,** Thursday for the issue of Friday **23 March 2018**
- **22 March,** Thursday for the issue of Thursday **29 March 2018**
- **28 March,** Wednesday for the issue of Friday **06 April 2018**
- **06 April,** Friday for the issue of Friday **13 April 2018**
- **13 April,** Friday for the issue of Friday **20 April 2018**
- **19 April,** Thursday for the issue of Thursday **26 April 2018**
- **25 April,** Wednesday for the issue of Friday **04 May 2018**
- **04 May,** Friday for the issue of Friday **11 May 2018**
- **11 May,** Friday for the issue of Friday **18 May 2018**
- **18 May,** Friday for the issue of Friday **25 May 2018**
- **25 May,** Friday for the issue of Friday **01 June 2018**
- **01 June,** Friday for the issue of Friday **08 June 2018**
- **08 June,** Friday for the issue of Friday **15 June 2018**
- **15 June,** Friday for the issue of Friday **22 June 2018**
- **22 June,** Friday for the issue of Friday **29 June 2018**
- **29 June,** Friday for the issue of Friday **06 July 2018**
- **06 July,** Friday for the issue of Friday **13 July 2018**
- **13 July,** Friday for the issue of Friday **20 July 2018**
- **20 July,** Friday for the issue of Friday **27 July 2018**
- **27 July,** Friday for the issue of Friday **03 August 2018**
- **02 August,** Thursday for the issue of Friday **10 August 2018**
- **10 August,** Friday for the issue of Friday **17 August 2018**
- **17 August,** Friday for the issue of Friday **24 August 2018**
- **24 August,** Friday for the issue of Friday **31 August 2018**
- **31 August,** Friday for the issue of Friday **07 September 2018**
- **07 September,** Friday for the issue of Friday **14 September 2018**
- **14 September,** Friday for the issue of Friday **21 September 2018**
- **20 September,** Thursday for the issue of Friday **28 September 2018**
- **28 September,** Friday for the issue of Friday **05 October 2018**
- **05 October,** Friday for the issue of Friday **12 October 2018**
- **12 October,** Friday for the issue of Friday **19 October 2018**
- **19 October,** Friday for the issue of Friday **26 October 2018**
- **26 October,** Friday for the issue of Friday **02 November 2018**
- **02 November,** Friday for the issue of Friday **09 November 2018**
- **09 November,** Friday for the issue of Friday **16 November 2018**
- **16 November,** Friday for the issue of Friday **23 November 2018**
- **23 November,** Friday for the issue of Friday **30 November 2018**
- **30 November,** Friday for the issue of Friday **07 December 2018**
- **07 December,** Friday for the issue of Friday **14 December 2018**
- **13 December,** Thursday for the issue of Friday **21 December 2018**
- **19 December,** Wednesday for the issue of Friday **28 December 2018**

LIST OF TARIFF RATES

FOR PUBLICATION OF NOTICES

COMMENCEMENT: 1 APRIL 2018

NATIONAL AND PROVINCIAL

Notice sizes for National, Provincial & Tender gazettes 1/4, 2/4, 3/4, 4/4 per page. Notices submitted will be charged at R1008.80 per full page, pro-rated based on the above categories.

Pricing for National, Provincial - Variable Priced Notices		
Notice Type	**Page Space**	**New Price (R)**
Ordinary National, Provincial	1/4 - Quarter Page	252.20
Ordinary National, Provincial	2/4 - Half Page	504.40
Ordinary National, Provincial	3/4 - Three Quarter Page	756.60
Ordinary National, Provincial	4/4 - Full Page	1008.80

EXTRA-ORDINARY

All Extra-ordinary National and Provincial gazette notices are non-standard notices and attract a variable price based on the number of pages submitted.

The pricing structure for National and Provincial notices which are submitted as **Extra ordinary submissions** will be charged at R**3026.32** per page.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

The **Government Printing Works** (**GPW**) has established rules for submitting notices in line with its electronic notice processing system, which requires the use of electronic *Adobe* Forms. Please ensure that you adhere to these guidelines when completing and submitting your notice submission.

Closing Times for Acceptance of Notices

1. The *Government Gazette* and *Government Tender Bulletin* are weekly publications that are published on Fridays and the closing time for the acceptance of notices is strictly applied according to the scheduled time for each gazette.

2. Please refer to the Submission Notice Deadline schedule in the table below. This schedule is also published online on the Government Printing works website www.gpwonline.co.za

   All re-submissions will be subject to the standard cut-off times.
   All notices received after the closing time will be rejected.

Government Gazette Type	Publication Frequency	Publication Date	Submission Deadline	Cancellations Deadline
National Gazette	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 days prior to publication
Regulation Gazette	Weekly	Friday	Friday 15h00, to be published the following Friday	Tuesday, 15h00 - 3 days prior to publication
Petrol Price Gazette	As required	First Wednesday of the month	One week before publication	3 days prior to publication
Road Carrier Permits	Weekly	Friday	Thursday 15h00, to be published the following Friday	3 days prior to publication
Unclaimed Monies (justice, labour or lawyers)	January / As required 2 per year	Any	15 January / As required	3 days prior to publication
Parliament (acts, white paper, green paper)	As required	Any		3 days prior to publication
Manuals	As required	Any	None	None
State of Budget (National Treasury)	Monthly	Any	7 days prior to publication	3 days prior to publication
Legal Gazettes A, B and C	Weekly	Friday	One week before publication	Tuesday, 15h00 - 3 days prior to publication
Tender Bulletin	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 days prior to publication
Gauteng	Weekly	Wednesday	Two weeks before publication	3 days after submission deadline
Eastern Cape	Weekly	Monday	One week before publication	3 days prior to publication
Northern Cape	Weekly	Monday	One week before publication	3 days prior to publication
North West	Weekly	Tuesday	One week before publication	3 days prior to publication
KwaZulu-Natal	Weekly	Thursday	One week before publication	3 days prior to publication
Limpopo	Weekly	Friday	One week before publication	3 days prior to publication
Mpumalanga	Weekly	Friday	One week before publication	3 days prior to publication
Gauteng Liquor License Gazette	Monthly	Wednesday before the First Friday of the month	Two weeks before publication	3 days after submission deadline
Northern Cape Liquor License Gazette	Monthly	First Friday of the month	Two weeks before publication	3 days after submission deadline
National Liquor License Gazette	Monthly	First Friday of the month	Two weeks before publication	3 days after submission deadline
Mpumalanga Liquor License Gazette	2 per month	Second & Fourth Friday	One week before	3 days prior to publication

GOVERNMENT PRINTING WORKS - BUSINESS RULES

Extraordinary Gazettes

3. *Extraordinary Gazettes* can have only one publication date. If multiple publications of an *Extraordinary Gazette* are required, a separate Z95/Z95Prov *Adobe* Forms for each publication date must be submitted.

Notice Submission Process

4. Download the latest *Adobe* form, for the relevant notice to be placed, from the **Government Printing Works** website www.gpwonline.co.za.

5. The *Adobe* form needs to be completed electronically using *Adobe Acrobat* / *Acrobat Reader*. Only electronically completed *Adobe* forms will be accepted. No printed, handwritten and/or scanned *Adobe* forms will be accepted.

6. The completed electronic *Adobe* form has to be submitted via email to submit.egazette@gpw.gov.za. The form needs to be submitted in its original electronic *Adobe* format to enable the system to extract the completed information from the form for placement in the publication.

7. Every notice submitted **must** be accompanied by an official **GPW** quotation. This must be obtained from the *eGazette* Contact Centre.

8. Each notice submission should be sent as a single email. The email **must** contain **all documentation relating to a particular notice submission**.

    8.1. Each of the following documents must be attached to the email as a separate attachment:

        8.1.1. An electronically completed *Adobe* form, specific to the type of notice that is to be placed.

            8.1.1.1. For National *Government Gazette* or *Provincial Gazette* notices, the notices must be accompanied by an electronic Z95 or Z95Prov *Adobe* form

            8.1.1.2. The notice content (body copy) **MUST** be a separate attachment.

        8.1.2. A copy of the official **Government Printing Works** quotation you received for your notice . *(Please see Quotation section below for further details)*

        8.1.3. A valid and legible Proof of Payment / Purchase Order: **Government Printing Works** account customer must include a copy of their Purchase Order**. Non-Government Printing Works** account customer needs to submit the proof of payment for the notice

        8.1.4. Where separate notice content is applicable (Z95, Z95 Prov and TForm 3, it should **also** be attached as a separate attachment. *(Please see the Copy Section below, for the specifications)*.

        8.1.5. Any additional notice information if applicable.

9. The electronic *Adobe* form will be taken as the primary source for the notice information to be published. Instructions that are on the email body or covering letter that contradicts the notice form content will not be considered. The information submitted on the electronic *Adobe* form will be published as-is.

10. To avoid duplicated publication of the same notice and double billing, Please submit your notice **ONLY ONCE.**

11. Notices brought to **GPW** by "walk-in" customers on electronic media can only be submitted in *Adobe* electronic form format. All "walk-in" customers with notices that are not on electronic *Adobe* forms will be routed to the Contact Centre where they will be assisted to complete the forms in the required format.

12. Should a customer submit a bulk submission of hard copy notices delivered by a messenger on behalf of any organisation e.g. newspaper publisher, the messenger will be referred back to the sender as the submission does not adhere to the submission rules.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

QUOTATIONS

13. Quotations are valid until the next tariff change.

    13.1. ***Take note:*** **GPW**'s annual tariff increase takes place on ***1 April*** therefore any quotations issued, accepted and submitted for publication up to ***31 March*** will keep the old tariff. For notices to be published from 1 April, a quotation must be obtained from **GPW** with the new tariffs. Where a tariff increase is implemented during the year, **GPW** endeavours to provide customers with 30 days' notice of such changes.

14. Each quotation has a unique number.

15. Form Content notices must be emailed to the *eGazette* Contact Centre for a quotation.

    15.1. The *Adobe* form supplied is uploaded by the Contact Centre Agent and the system automatically calculates the cost of your notice based on the layout/format of the content supplied.

    15.2. It is critical that these *Adobe* Forms are completed correctly and adhere to the guidelines as stipulated by **GPW**.

16. **APPLICABLE ONLY TO GPW ACCOUNT HOLDERS**:

    16.1. **GPW** Account Customers must provide a valid **GPW** account number to obtain a quotation.

    16.2. Accounts for **GPW** account customers **must** be active with sufficient credit to transact with **GPW** to submit notices.

        16.2.1. If you are unsure about or need to resolve the status of your account, please contact the **GPW** Finance Department prior to submitting your notices. (If the account status is not resolved prior to submission of your notice, the notice will be failed during the process).

17. **APPLICABLE ONLY TO CASH CUSTOMERS:**

    17.1. Cash customers doing **bulk payments** must use a **single email address** in order to use the **same proof of payment** for submitting multiple notices.

18. The responsibility lies with you, the customer, to ensure that the payment made for your notice(s) to be published is sufficient to cover the cost of the notice(s).

19. Each quotation will be associated with one proof of payment / purchase order / cash receipt.

    19.1. This means that **the quotation number can only be used once to make a payment.**

GOVERNMENT PRINTING WORKS - BUSINESS RULES

COPY (SEPARATE NOTICE CONTENT DOCUMENT)

20. Where the copy is part of a separate attachment document for Z95, Z95Prov and TForm03

20.1. Copy of notices must be supplied in a separate document and may not constitute part of any covering letter, purchase order, proof of payment or other attached documents.

The content document should contain only one notice. (You may include the different translations of the same notice in the same document).

20.2. The notice should be set on an A4 page, with margins and fonts set as follows:

Page size = A4 Portrait with page margins: Top = 40mm, LH/RH = 16mm, Bottom = 40mm;
Use font size: Arial or Helvetica 10pt with 11pt line spacing;

Page size = A4 Landscape with page margins: Top = 16mm, LH/RH = 40mm, Bottom = 16mm;
Use font size: Arial or Helvetica 10pt with 11pt line spacing;

CANCELLATIONS

21. Cancellation of notice submissions are accepted by **GPW** according to the deadlines stated in the table above in point 2. Non-compliance to these deadlines will result in your request being failed. Please pay special attention to the different deadlines for each gazette. Please note that any notices cancelled after the cancellation deadline will be published and charged at full cost.

22. Requests for cancellation must be sent by the original sender of the notice and must accompanied by the relevant notice reference number (N-) in the email body.

AMENDMENTS TO NOTICES

23. With effect from 01 October 2015, **GPW** will not longer accept amendments to notices. The cancellation process will need to be followed according to the deadline and a new notice submitted thereafter for the next available publication date.

REJECTIONS

24. All notices not meeting the submission rules will be rejected to the customer to be corrected and resubmitted. Assistance will be available through the Contact Centre should help be required when completing the forms. (012-748 6200 or email info.egazette@gpw.gov.za). Reasons for rejections include the following:

24.1. Incorrectly completed forms and notices submitted in the wrong format, will be rejected.

24.2. Any notice submissions not on the correct *Adobe* electronic form, will be rejected.

24.3. Any notice submissions not accompanied by the proof of payment / purchase order will be rejected and the notice will not be processed.

24.4. Any submissions or re-submissions that miss the submission cut-off times will be rejected to the customer. The Notice needs to be re-submitted with a new publication date.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

Approval of notices

25. Any notices other than legal notices are subject to the approval of the Government Printer, who may refuse acceptance or further publication of any notice.

26. No amendments will be accepted in respect to separate notice content that was sent with a Z95 or Z95Prov notice submissions. The copy of notice in layout format (previously known as proof-out) is only provided where requested, for Advertiser to see the notice in final Gazette layout. Should they find that the information submitted was incorrect, they should request for a notice cancellation and resubmit the corrected notice, subject to standard submission deadlines. The cancellation is also subject to the stages in the publishing process, i.e. If cancellation is received when production (printing process) has commenced, then the notice cannot be cancelled.

Government Printer Indemnified Against Liability

27. The Government Printer will assume no liability in respect of—

    27.1. any delay in the publication of a notice or publication of such notice on any date other than that stipulated by the advertiser;

    27.2. erroneous classification of a notice, or the placement of such notice in any section or under any heading other than the section or heading stipulated by the advertiser;

    27.3. any editing, revision, omission, typographical errors or errors resulting from faint or indistinct copy.

Liability of advertiser

28. Advertisers will be held liable for any compensation and costs arising from any action which may be instituted against the Government Printer in consequence of the publication of any notice.

Customer inquiries

Many of our customers request immediate feedback/confirmation of notice placement in the gazette from our Contact Centre once they have submitted their notice – While **GPW** deems it one of their highest priorities and responsibilities to provide customers with this requested feedback and the best service at all times, we are only able to do so once we have started processing your notice submission.
GPW has a 2-working day turnaround time for processing notices received according to the business rules and deadline submissions.
Please keep this in mind when making inquiries about your notice submission at the Contact Centre.

29. Requests for information, quotations and inquiries must be sent to the Contact Centre ONLY.

30. Requests for Quotations (RFQs) should be received by the Contact Centre at least **2 working days** before the submission deadline for that specific publication.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

Payment of cost

31. The Request for Quotation for placement of the notice should be sent to the Gazette Contact Centre as indicated above, prior to submission of notice for advertising.

32. Payment should then be made, or Purchase Order prepared based on the received quotation, prior to the submission of the notice for advertising as these documents i.e. proof of payment or Purchase order will be required as part of the notice submission, as indicated earlier.

33. Every proof of payment must have a valid **GPW** quotation number as a reference on the proof of payment document.

34. Where there is any doubt about the cost of publication of a notice, and in the case of copy, an enquiry, accompanied by the relevant copy, should be addressed to the Gazette Contact Centre, **Government Printing Works**, Private Bag X85, Pretoria, 0001 email: info.egazette@gpw.gov.za before publication.

35. Overpayment resulting from miscalculation on the part of the advertiser of the cost of publication of a notice will not be refunded, unless the advertiser furnishes adequate reasons why such miscalculation occurred. In the event of underpayments, the difference will be recovered from the advertiser, and future notice(s) will not be published until such time as the full cost of such publication has been duly paid in cash or electronic funds transfer into the **Government Printing Works** banking account.

36. In the event of a notice being cancelled, a refund will be made only if no cost regarding the placing of the notice has been incurred by the **Government Printing Works**.

37. The **Government Printing Works** reserves the right to levy an additional charge in cases where notices, the cost of which has been calculated in accordance with the List of Fixed Tariff Rates, are subsequently found to be excessively lengthy or to contain overmuch or complicated tabulation.

Proof of publication

38. Copies of any of the *Government Gazette* or *Provincial Gazette* can be downloaded from the **Government Printing Works** website www.gpwonline.co.za free of charge, should a proof of publication be required.

39. Printed copies may be ordered from the Publications department at the ruling price. The **Government Printing Works** will assume no liability for any failure to post or for any delay in despatching of such *Government Gazette*(s).

GOVERNMENT PRINTING WORKS CONTACT INFORMATION

Physical Address:	**Postal Address:**	**GPW Banking Details:**
Government Printing Works	Private Bag X85	**Bank:** ABSA Bosman Street
149 Bosman Street	Pretoria	**Account No.:** 405 7114 016
Pretoria	0001	**Branch Code:** 632-005

For Gazette and Notice submissions: Gazette Submissions:	**E-mail:** submit.egazette@gpw.gov.za
For queries and quotations, contact: Gazette Contact Centre:	**E-mail:** info.egazette@gpw.gov.za
	Tel: 012-748 6200
Contact person for subscribers: Mrs M. Toka:	**E-mail:** subscriptions@gpw.gov.za
	Tel: 012-748-6066 / 6060 / 6058
	Fax: 012-323-9574

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF HIGHER EDUCATION AND TRAINING

NO. 477 **11 MAY 2018**

NATIONAL QUALIFICATIONS FRAMEWORK ACT, 2008 (ACT No. 67 of 2008) GUIDELINES ON STRATEGY AND PRIRITIES FOR THE NATIONAL QUALIFICATIONS FRAMEWORK (NQF), 2018/19

I, Grace Naledi Mandisa Pandor, Minister of Higher Education and Training, in terms of section 8(2) (c) of the National Qualifications Framework Act (67 of 2008), hereby publish *Guidelines on Strategy and Priorities for the National Qualifications Framework, 2018/19*.

The *Guidelines* give direction to the work of the South African Qualifications Authority (SAQA) and the Quality Councils during the period 1 April 2018 to 31 March 2019.

G.N.M. Pandor

Ms GNM Pandor, MP

Minister of Higher Education and Training

Date: 8-3-2018

MINISTERIAL GUIDELINES ON STRATEGY AND PRIORITIES FOR THE NATIONAL QUALIFICATIONS FRAMEWORK (NQF) 2018/2019

INTRODUCTION

1. The Minister of Higher Education and Training has overall executive responsibility for the National Qualifications Framework (NQF), the South African Qualifications Authority (SAQA) and the three Quality Councils, namely the Quality Council on Higher Education and Training (CHE), the Quality Council for Trades and Occupations (QCTO) and the Quality Council for General and Further Education and Training (Umalusi). Part of the Minister's executive role is to advance the achievements of the objectives of the NQF, to uphold the public credibility of the NQF, and to encourage collaboration among the QCs and SAQA. The NQF Act provides for Minister to publish guidelines which set out the government's strategy and priorities for the NQF. These guidelines may be published annually.
2. There is growing acknowledgement and understanding of the NQF as *a system* which overarches the entire education and training system of South Africa (White paper for Post-school education and training, 2013). The NQF is described in the NQF Act as a comprehensive system approved by the Minister for the classification, registration, publication and articulation of quality-assured national qualifications. This means that teaching, learning, assessment and certification of education and training are incorporated within the context of an enabling NQF, and its policies and regulations.
3. The objectives of the NQF are broad policy statements which underpin the strategies and activities to implement and further develop the NQF. The 2018/2019 Guidelines are focused particularly on the NQF objectives which set out the government strategies and priorities for the NQF in this period. These strategies and priorities must drive the implementation agenda of the NQF to support the implementation of government's Medium Term Strategic Framework (MTSF) which is a high-level strategic document for Cabinet to use to monitor the implementation of the National Development Plan (NDP). The DHET is responsible for Outcome 5 of the MTSF which is to ensure the development of a skilled and capable workforce to support an inclusive growth path.
4. The objectives of the NQF are designed to contribute to the full personal development of each learner and the social and economic development of the nation at large, and they clearly support Outcome 5. Therefore these Guidelines in particular must require SAQA and the QCs to re-focus their agency towards the achievement of the objectives of the NQF. The objectives of the NQF are to:

    a) Create a single integrated national framework for learning achievements;
    b) Facilitate access to, and mobility and progression within education, training and career paths;
    c) Enhance the quality of education and training; and
    d) Accelerate the redress of past unfair discrimination in education, training and employment opportunities.

5. The recent publication of the draft research report on the *Evaluation of the Implementation of the NQF Act from 2008 to 2016* reveals that there is wide-spread

acceptance in South Africa of the NQF as the overarching system for education and training, and this is particularly welcome. The report also reveals implementation challenges which are not sufficiently enabling for the host of public and private education and training and skills development providers, and are hampering effective implementation of transformation and redress, access, mobility and quality teaching and learning for the beneficiaries of the NQF system.

6. The National Plan for Post-school Education and Training (NPPSET), which is derived from the White Paper for Post-school Education and Training will in all likelihood give more direction or substance to possible amendments to the NQF Act and possibly the Determination of the sub-frameworks, and the agency required of SAQA and the QCs. At the stage of the final publication of the NPPSET SAQA and the QCs will be required to be guided by the recommendations of the NPPSET. The National Skills development Plan IV, the SETA Landscape document, and the final Evaluation report on the implementation of the NQF Act, all still need to be finally published. It is expected that these reports will all impact the current work of SAQA and the QCs. In the meantime, there are overarching requirements for the NQF-related organisations which must continue, and these 2018/2019 *Guidelines* give direction to the work of SAQA and the three QCs at this time.

STRATEGIC CONSIDERATIONS

7. Transformation of education, training and skills development opportunities for all South Africans remains a key strategy of the government. Too many people are still left out of opportunities to participate equally in quality, relevant and credible teaching, learning and assessment opportunities. The *National Development Plan 2030: Our Future – Make it Work (November 2011)(NDP)* and the *White Paper for Post-school Education and Training* (*White Paper*) are policy statements for better planning, targeted provision and improved support services over the period to 2030 in order to eliminate progressively the worst deficits in provision. Social, economic, and community development and growth have to be yardsticks against which the policies and activities of each of our policies and interventions need to be measured.
8. Articulation and the progressive implementation of enabling mechanisms such as recognition and validation of prior learning within the NQF system, accreditation of credible and capable providers, and quality-assured certification remain priorities. They must be geared up to accelerate the redress of past unfair discrimination in education, training and employment opportunities. Opportunities for access, mobility and progression underpins the achievement of a skilled and capable workforce to support an inclusive growth path and therefore these strategic drivers remain a core focus of the implementation of the NQF through the activities of SAQA and the QCs in the 2018/19 period .

PRIORITIES FOR THE PERIOD TO MARCH 2019

9. These priorities are informed by the strategic considerations outlined above. The more detailed elements outlined in these priorities are drawn from the emerging findings and recommendations from the *Evaluation Research into the Implementation of the NQF Act, from 2008 to 2016,* and by the *Monitoring Report on progress with the mandatory*

role of the South African Qualifications Authority (SAQA) and the Quality Councils: Council on Higher Education and Training (CHE), Quality Council for Trades and Occupations (QCTO) and Umalusi for the 2016/17 Financial Year.

10. A well-functioning system achieves its outcomes only if its components inter-connect, and inter-relate efficiently, working together for a common purpose. The priorities and timelines for completion of the work by SAQA and the QCs signals a renewed determination to eliminate the institutionalised obstacles to redress, transformation, mobility, access and progress in our teaching and learning system. The priorities listed here are matters of particular importance in the current period. They represent a select number of activities and do not describe the full range of statutory functions for which SAQA and the QCs are responsible.
11. The Director-General of the Department of Higher Education and Training established the Inter-departmental NQF Steering Committee (IDNQFSC) with the agreement of the Director-General of the Department of Basic Education in order to ensure that NQF responsibilities are properly co-ordinated. A key component of the work of the IDNQFSC, as per the Terms of Reference of the IDNQFSC is to give particular attention to ensure that (i) SAQA and the QCs implement the NQF Act as prescribed in the respective sections which deal with their roles and responsibilities; (ii) they implement all aspects of the agreed Implementation Plan 2016 to 2020; (iii) they complete the transition from the SAQA Act, 1996 to the NQF Act, 2008; and (iv) deal with any other matters which arise as a result of government strategies and priorities related to the NQF as a system, and its implementation. SAQA and the QCs are required to work cooperatively and in collaboration with the IDNQFSC to address the following issues:

Priority 1: The current RPL, Credit Accumulation and Transfer, and Assessment Policy of the CHE and the RPL Policy of the QCTO must be aligned to the Minister's RPL Coordination Policy and to SAQA's RPL policy. The DHET's RPL Coordination Unit must be assisted by SAQA to ensure the alignment is done within three (3) months of the publication of these Guidelines.

Priority 2: SAQA must work collaboratively with the QCTO to ensure that the OQSF is finalised and published by 30 June 2018.

Priority 3: SAQA and the QCs must work collaboratively to ensure that progress is made in all areas of further development and implementation of the NQF, as set out in the *NQF Implementation Plan 2015 to 2020,* and report thereon to the Minister by 31 March 2019.

Priority 4: SAQA and the QCs must work collaboratively to ensure that previously registered skills programmes are converted into part qualifications and registered as such on the NQF. Progress reports must be submitted quarterly to the Minister.

Priority 5: The QCs must finalise and implement their part qualifications policies and processes, and communicate and advocate their policies and approaches widely to their stakeholders, other relevant constituents (such as the NSA, organised business and organised labour) and the beneficiaries of the NQF system.

Priority 6: SAQA and the QCs must consult with the relevant branches in the DHET, in order to prepare advice for the Minister about types of qualifications which will be offered in the TVET and CET Colleges. These qualifications must ensure the establishment and implementation of meaningful learning pathways for TVET and CET learners into further and higher education learning pathways. This advice should reach the Minister by 30 September 2018.

Priority 7: The QCs must upload all data about misrepresented qualifications and providers which misrepresent themselves and their offerings to SAQA with immediate effect. SAQA is to provide data upload requirements. This will ensure that the reports that SAQA sends to the Minister every two months are accurate, honest and reliable, and mitigate the current risks associated with incorrect and incomplete data.

Priority 8: SAQA must engage with professional bodies, the CHE, the QCTO and the DHET, as a matter of urgency to ensure a process is put in place to eliminate all exclusionary and non-transformational practices of the professional bodies. A report must be provided to the Minister within three (3) months of the publication of this Guideline.

Priority 9: The QCs should provide SAQA with quarterly reports about accreditation and certification backlogs. SAQA should compile a consolidated report on the status of these elements of the quality assurance system, and compile honest and credible information to the Minister on a quarterly basis.

Priority 10: A contract between SAQA and Umalusi was signed recently which requires SAQA to pay Umalusi for verification data; and to pay each time for verification data for the same candidate's information. This must be re-negotiated through DHET mediation, as the system cannot contain such duplication inefficiencies.

CONCLUSION

12. These 2018/19 *Guidelines* are directives to SAQA and the QCs to further develop and implement the South African NQF, and to ensure that the NQF objectives are met and implemented across the education and training spectrum. The NQF as a system has been part of the education, training and skills development landscape in South Africa since 1995. The time has now come to address all the issues which have long been spoken about, but which still hamper the implementation of the NQF, as envisioned in the objectives of the NQF.

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NO. 478 **11 MAY 2018**

GENERAL NOTICE IN TERMS OF RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT 22 OF 1994) AS AMENDED

Notice is hereby given in terms of **Section 11(1) of the Restitution of the Land Rights Act 1994 (Act 22 of 1994) as amended,** that a land claim for **Restitution of Land Rights** has been lodged by **Mr. Busani Elijah Mahlangu (Identity No. 4904275424082)** on behalf of **Mahlangu Family** on the property mentioned hereunder situated in **Emakhazeni Local Municipality** in **Nkangala District** in the **Mpumalanga Province** as per **reference KRP: 9766**

CURRENT PARTICULARS OF THE PROPERTY
VAN WYKSVLEI 407 JT

Description of property	Owner of Property	Title Deed No.	Extent of Property	Bonds	Bond Holder	Other Endorsements
Portion 9	Van Bergvlei Trust (4268/2001)	T39303/2002	62.6319ha	• B29418/2002	• Firstrand Bank Ltd	• K512/1970RM
				• B6285/2011	• Firstrand Bank Ltd	• VA1153/2010 in favor of Firstrand Bank Ltd
				• B82848/2003	• Firstrand Bank Ltd	• VA626/2010 in favor of Bergvlei van Trust

The Regional Land Claims Commissioner, Mpumalanga Province will investigate all the claims in terms of the provisions of the Act, any party interested in the above mentioned property is hereby invited to submit within 30 (thirty days) from the date of publication of this notice to submit any comments, or further information to:

Commissioner for Restitution of Land Rights
Private Bag X7201
Witbank
1035
or Shop No. E 8
Saveways Crescent Centre
Cnr OR Tambo and Mandela Street
Witbank
1035
TEL NO: 013 655 1000
FAX NO: 013 690 2438

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NO. 479 **11 MAY 2018**

AMENDING NOTICE NO: 744 OF 2001 IN THE GOVERNMENT GAZETTE NO: 22145 DATED 23 MARCH 2001

Notice is hereby given in terms of **Section 11A {4} of the Restitution of Land Rights Act 1994 [ACT 22 OF 1994] as amended**, that the **Regional Land Claims Commissioner for Restitution of Land Rights** is amending the said gazette to include **John Mthimunye (Identity No. 531026 5373 082) on behalf of Mthimunye Family**. The Commissioner is hereby amending the gazette notice to include the abovementioned claimant which was inadvertently excluded in the said gazette notice. The property is situated in **Thembisile Local Municipality** under **Nkangala District** in the **Mpumalanga Province as per reference KRP No. 348 & 9540**

CURRENT PARTICULARS OF THE PROPERTY
AASVOGELKRANS 275 JS

Description of Property	Owner of Property	Title Deed Number	Extent of Property	Bonds	Bond Holder	Other Endorsement
The Remaining extent of Portion 1 of the farm 275 JS	Manala Mgibe Communal Prop [20050802]	T150533/2005	1266.8708 ha	None	None	None

The Regional Land Claims Commissioner, Mpumalanga Province will investigate all the claims in terms of the provisions of the Act, any party interested in the above mentioned property is hereby invited to submit within **30 [thirty days]** from the date of publication of this notice to submit any comments, or further information to:

Commissioner for Restitution of Land Rights
Private Bag X7201
Witbank
1035
or Shop No. E 8
Saveways Crescent Centre
Cnr OR Tambo and Mandela Street
Witbank
1035
TEL NO: 013 756 6000
FAX NO: 013 752 3859

CHECKED BY: MISS CAROLINE FIPAZA
LEGAL OFFICER
DATE: 29/03/2018

MR. L.H. MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER
MPUMALANGA PROVINCE
DATE: 2018/03/29

SOUTH AFRICAN REVENUE SERVICE

NO. 480 **11 MAY 2018**

INCIDENCES OF NON-COMPLIANCE BY A PERSON IN TERMS OF SECTION 210(2) OF THE TAX ADMINISTRATION ACT, 2011 (ACT NO. 28 OF 2011) THAT ARE SUBJECT TO A FIXED AMOUNT PENALTY IN ACCORDANCE WITH SECTIONS 210(1) AND 211 OF THE ACT

In terms of section 210(2) of the Tax Administration Act, 2011, I, Mark Stanley Kingon, Acting Commissioner for the South African Revenue Service, hereby list the non-submission of returns as required in terms of Government Gazette No. 41186 dated 20 October 2017, by the persons specified in paragraphs 2.1 and 2.2 of the Schedule to that notice by the dates specified in paragraph 3.1 of the Schedule to that notice, as extended by Government Gazette No. 41306 dated 8 December 2017, as an incidence of non-compliance that is subject to a fixed amount penalty in accordance with section 210(1) and 211 of the Act.

MS KINGON
ACTING COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE

SUID-AFRIKAANSE INKOMSTEDIENS

NO. 480 **11 MEI 2018**

GEVALLE VAN NIENAKOMING DEUR ’N PERSOON INGEVOLGE ARTIKEL 210(2) VAN DIE WET OP BELASTINGADMINISTRASIE, 2011 (WET NO. 28 VAN 2011) WAT ONDERHEWIG IS AAN ’N VASTEBEDRAGBOETE OOREENKOMSTIG ARTIKELS 210(1) EN 211 VAN DIE WET

Ingevolge artikel 210(2) van die Wet op Belastingadministrasie, 2011, lys ek, Mark Stanley Kingon, Waarnemende Kommissaris van die Suid-Afrikaanse Inkomstediens, hiermee dat die nie-indiening van opgawes soos ingevolge Staatskoerant No. 41186 gedateer 20 Oktober 2017 vereis, deur die persone in paragrawe 2.1 en 2.2 van die Bylae tot daardie kennisgewing bepaal teen die datums in paragraaf 3.1 van die Bylae tot daardie kennisgewing bepaal, soos deur Staatskoerant No. 41306 gedateer 8 Desember 2017 verleng, as ’n geval van nienakoming wat onderhewig is aan ’n vastebedragboete ooreenkomstig artikel 210(1) en 211 van die Wet.

MS KINGON

ACTING COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE

DEPARTMENT OF TRANSPORT

NO. 481 **11 MAY 2018**

NATIONAL RAILWAY SAFETY REGULATOR ACT, 2002 (ACT NO. 16 OF 2002)

DETERMINATION OF PERMIT FEES UNDER SECTION 23(2) (a) OF THE NATIONAL RAILWAY SAFETY REGULATOR ACT, 2002

I, Bonginkosi Emmanuel Nzimande, Minister of Transport, in terms of section 23(2)(a) of the National Railway Safety Regulator Act, 2002 (Act No. 16 of 2002) as amended, hereby determine as indicated in the Schedule, fees that the Railway Safety Regulator must charge for safety permits, with effect from 1 April 2018 to 31 March 2019.

The Safety Permit Fees are published for compliance and general information.

DR B.E NZIMANDE, MP
MINISTER OF TRANSPORT
DATE: 10/04/2018

SCHEDULE

PERMIT FEES PAYABLE TO THE RAILWAY SAFETY REGULATOR

DEFINITIONS

1. **For the purpose of calculating fees:**

"annual passengers" means the total number of passengers transported aboard railway operator's passenger or commuter rolling stock between two points (i.e. a station of boarding and of disembarkation) with the exception of a train operator's personnel, over the period of an operator's most recently completed financial year;

"annual tons" The total sum of the mass of dangerous or general goods loaded onto a locomotive by a train operator in the preceding financial year, and transported along the portion of a rail network for which the train operator has a permit to traverse;

"cape gauge" A type of railway track where the distance between the two rails of the track is 1,067 millimetres in length;

"general freight or passenger operators ""means network, train or station operators (or a combination thereof) whose operations include the transportation of passengers and freight that excludes dangerous and/or mining goods;

"mine operations" means the operations undertaken above surface by train, network, and station operators to support mining activities;

"non-rail related revenue" means revenue generated by Train Operators, Network Operators or Station Operators whose railway operation is incidental to its main business;

"passengers" means people transported by a train between two points (i.e. a station of boarding and of disembarkation) with the exception of a train operator's personnel;

"**rail-related revenue"** means the gross inflow of cash arising from all rail operating activities of an operator;

"**relevant risk based fee rate**" means the rand value equivalent of the risks attributable to rail activities. The units of measurement include R/Kilometres (for network

operations), R/number of stations (for station operator), R/passenger kilometres (for passenger operations), and R/ton kilometre (for freight operations);

"standard gauge" railway track where the distance between the two rails of the railway track is 1,435 millimetres in length; and

"tourist passengers" means passengers transported aboard railway operator's rolling stock between two points (i.e. a station of boarding and of disembarkation) for recreational purposes, with the exception of a train operator's personnel and commuter passengers.

APPLICATION FEES

2. A non-refundable application fee must accompany an application for a safety permit. The fees specified in the categories **OPERATOR CATEGORY AND AMOUNT** column of the Schedule shall be payable in respect of the corresponding **APPLICATION FEES FOR GENERAL SAFETY PERMIT** that is applied for as specified in the first column of the Schedule indicated as follows:

APPLICATION FEES FOR GENERAL SAFETY PERMIT	**OPERATOR CATEGORY AND AMOUNT (RANDS)**		
	Transportation of Mining Goods	Transportation of Dangerous Goods	Transportation of passengers or General Freight
Group A: Train, Network and Station operators Application Fee	R53 650.00	R53 650.00	R53 650.00
Group B: Train, Network and Station Operators Application Fee	R17 580.00	R17 580.00	R3 176.00
Group C: Train, Network and Station Operators Application Fee	R7 372.50	R7 372.50	R3 176.00

OTHER SAFETY PERMIT FEES FOR RAILWAY OPERATIONS

3. The fees specified in the categories OPERATOR CATEGORY AND AMOUNT column of the Schedule shall be payable in respect of the corresponding APPLICATION FEES FOR OTHER SAFETY PERMIT being applied for specified in the first column of the Schedule indicated as follows:

APPLICATION FEES FOR OTHER SAFETY PERMIT	OPERATORS CATEGORY AND AMOUNT		
	GROUP A	GROUP B	GROUP C
Temporary Safety Permit	R121 929.00	R97 543.00	R13 413.00
Construction Train Safety Permit	R609 646.00	R79 254.00	R3 658.00
Test and Commissioning Safety Permit	R1 219 292.00	R121 929.00	R48 772.00

PERMIT FEE RATES FOR NON RAIL-RELATED REVENUE GENERATING TRAIN OPERATORS, NETWORK OPERATORS AND STATION OPERATORS

4.1 The fees payable shall be calculated by multiplying the unit specified in Column 3 with the relevant risk based fee rate specified in Column 4 in respect of the corresponding activities specified in Column 2 of the Schedule, except where a flat rate has been indicated.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4		
Operator Category	Rail Activities	Unit	Relevant Risk Based Fee Rate		
			Mine Operations	Dangerous Goods Operations	Transportation of Passenger Operations
(a) Train	Running Lines for Tourist / Passengers	Total annual passenger number x Total length of running line (Km)	N/A	N/A	7.287731101
	Private Siding Lines for General Freight/ Dangerous Goods	Annual Tons x Total length of siding (Km)	Flat Rate: R63 900.00	Flat Rate: R426 000.00	Flat Rate: R9 344.00
	Private Siding Lines for Tourist / Passengers	Total annual passenger number x Total length of siding (Km)	N/A	N/A	Flat Rate: R9 344.00
(b)Network	Running Lines for Cape Gauge	Total length of Cape Gauge running line (Km)	N/A	N/A	N/A
	Siding Lines for Cape Gauge	Total length of Cape Gauge siding (Km)	36.51813528	13504.4742	3380.41692
(c) Station	On and off boarding sites/ zones for passengers	Number of stations	N/A	N/A	Flat Rate: R103 897.00

PERMIT FEE RATES FOR RAIL-RELATED REVENUE GENERATING TRAIN OPERATORS, NETWORK OPERATORS AND STATION OPERATORS

4.2 The Operators have been grouped as follows:

(a) Group A: Train Operators, Network Operators and Station Operators

Railway Operators who transport 500 000 tons or more of general goods, 50 000 tons or more of dangerous goods, or passengers are liable to pay railway safety permit fees determined in accordance with the formula below.

(b) Group B: Train Operators, Network Operators and Station Operators

Railway Operators who transport between 200 000 tons and 500 000 tons of general goods, less than 50 000 tons of dangerous goods or tourists are liable to pay railway safety permit fees determined in accordance with the formula below.

(c) Group C: Train Operators, Network Operators and Station Operators

Railway Operators who transport less than 200 000 tons of general goods are liable to pay a flat fee of R9 344.00

4.3 (a) The formula below is used as a basis to calculate Group A Operators annual safety permit fee:

W = (Y – U– V) * X/Z

Where:

U is the total amount of the railway safety permit fees payable by all Group C Operators for the most recently completed and audited financial year; **(R 55 252.89)**

V is the total amount of the railway safety permit fees payable by all Group B Operators for the most recently completed and audited financial year; **(R 2 743 749.54)**

W is the amount of railway safety fees payable by the relevant Group A Operators. (Use formula to determine contribution);

X is the annual rail-related revenue of the relevant Group A Operators for the most recently completed and audited financial year;

Y is the total amount of the railway safety permit fees due to the Railway Safety Regulator for the 2018/19 financial year; **(R 161 700 000.00)** and

Z is the total annual rail-related revenue of all the Group A Operators for the most recently completed and audited financial year **(R 99 073 899 653.16)**

(b) Table below is used as a basis to calculate railway Operators annual safety permit fee:

OPERATOR GROUP	BAND	PERMIT FEE PAYABLE (Proportionate revenue distribution)
GROUP A: **Train** **Station** **Network**	Dangerous goods ≥ 50 000t General goods ≥ 500 000t All passengers	**W = (Y-U-V) * X/Z**
GROUP B **Train** **Station** **Network**	Dangerous goods < 50 000t General goods ≥ 200 000t and < 500 000t All tourists	0.17% of relevant (with respect to the most recently completed and audited financial year) annual rail-related revenue
GROUP C **Train** **Station** **Network**	General goods < 200 000t	Flat Rate: **R9 344.00**

APPLICATION OF NOTICE

5.1 The permit fee rates and formulae specified in sections 4.1 and 4.3 of this schedule do not apply to the following legal entities:

(a) Transnet SOC Ltd.

(b) Passenger Rail Agency of South Africa (PRASA)

(c) Bombela Operating Company

(d) All registered non-South African train operators operating in the Republic of South Africa.

5.2 The permit fee rates determined for the 2018/19 financial year shall apply to the following entities:

(a) Transnet SOC Ltd: **R98 935 085.33**

(b) Passenger Rail Agency of South Africa (PRASA): **R29 491 461.79**

(c) Bombela Operating Company: **R2 500 000.00**

(d) Non-South African train operators operating in the Republic of South Africa will pay their 2017/18 permit fee amounts plus a **10%** annual increase;

- CFM Mozambique Railways: **R3 223 585.76**

- Swaziland Railways: **R141 352.57**

- Botswana Railways: **R1 171 280.00**

SHORT TITLE AND COMMENCEMENT

6. This notice is called the Determination of Permits Fees for the 2018/19 financial year, and will come into operation at a date to be determined by the Minister.

Note:

I. No operator will pay less than what they are currently paying + CPI% adjustment rate.

II. All operators are required to provide the Railway Safety Regulator ("Regulator"), on the National Information Monitoring System (NIMS), with all applicable data to ensure that the Regulator conduct audits for calculations of operator fees to ensure accuracy and validity of information reported.

III. All safety permits are valid for twelve (12) months unless agreed otherwise with the Regulator.

BOARD / RAAD

NOTICE 234 OF 2018

National Agricultural Marketing Council
Promoting market access for South African agriculture

APPLICATION FOR THE CONTINUATION AND AMENDMENT OF STATUTORY MEASURES (REGISTRATION, RECORDS AND RETURNS) RELATING TO MAIZE PRODUCTS AND WHEATEN PRODUCTS, IN TERMS OF THE MARKETING OF AGRICULTURAL PRODUCTS ACT, ACT NO 47 OF 1996

••••

INVITATION TO DIRECTLY AFFECTED GROUPS IN THE GRAIN INDUSTRY TO FORWARD COMMENTS REGARDING THE REQUEST FROM THE SOUTH AFRICAN GRAIN INFORMATION SERVICE (SAGIS)

The National Agricultural Marketing Council (NAMC) received a request from the South African Grain Information Service (SAGIS), on behalf of directly affected groups in the grain industry, for the continuation and amendment of statutory measures that relate to the registration and the keeping of information and submitting monthly returns in respect of maize products and wheaten products manufactured, processed, imported and/or exported. These measures were approved by the Minister and published on 14 November 2014, to lapse on 14 November 2018. The request is for the continuation of these statutory measures for a further four year period until November 2022. The requested amendment only refers to the relocation of SAGIS to the Grain Building.

The information collected by SAGIS is the only reliable information available in South Africa regarding the manufacture, processing, import and export of maize products and wheaten products. This is only possible by means of statutory measures and is crucial for the effective operation of the maize and wheat markets and for market participants to be able to plan properly. The supply of generic market information to all role players, on a continuous basis, is therefore essential. The maintenance of macro industry information is regarded as critical for strategic planning by the maize and wheat industries, as well as for individual directly affected groups.

For the above reasons, SAGIS requested for the continuation of the statutory measures in order to provide for the registration of the relevant parties and for the gathering and dissemination of proper market information to the benefit of the maize and wheat industries. SAGIS has been established as an objective and reliable provider of information, both nationally and internationally.

All manufacturers, importers and exporters of maize products and wheaten products should register with SAGIS. Furthermore, each manufacturer, importer and exporter of maize products and wheaten products, excluding such manufacturers, importers and exporters that are not registered VAT vendors, shall keep complete records for each calendar month in respect of maize products and wheaten products that are manufactured, imported or exported by them for own use or for commercial purposes. This shall include any person who acts in the capacity of the aforementioned persons.

The term "maize product" means the following products derived from maize:
Maize Chop
Maize Grits
Maize Rice
Samp
Sifted Maize Meal
Special Maize Meal
Super Maize Meal and
Unsifted Maize Meal

The term “wheaten product” means the following products derived from wheat:
Brown Pan Baked Bread (400g/600g/700g/other)
White Pan Baked Bread (400g/600g/700g/other)
Whole Wheat Pan Baked Bread (400g/600g/700g/other)
Other Pan Baked Bread
Wheat Bran
Wheat Meal
Brown Bread Flour
Cake Flour
Other Bread Flour
Self-Raising Flour and
White Bread Flour

The continuation and amendment of the statutory measures, if approved by the Minister of Agriculture, Forestry and Fisheries, will come into operation on the date of publication for a further period of four years.

Directly affected groups in the grain industry are kindly requested to submit any comments regarding the proposals to the NAMC in writing (fax 012 341 1811/ 012 341 1911 or e-mail to lizettem@namc.co.za) before or on 25 May 2018, to enable the Council to formulate its recommendation to the Minister in this regard.

Enquiries: Ms Lizette Mellet
National Agricultural Marketing Council
Private Bag X 935
PRETORIA
0001
Tel: 012 341 1115
Fax 012 341 1911

ECONOMIC DEVELOPMENT DEPARTMENT

NOTICE 235 OF 2018

COMPETITION TRIBUNAL

NOTIFICATION OF COMPLAINT REFERRAL

The Competition Tribunal gives notice in terms of Section 51(3) & (4) of the Competition Act 89 of 1998 as amended, that it received the complaint referrals listed below. The complaint(s) alleges that the respondent(s) engaged in a prohibited practice in contravention of the Competition Act 89 of 1998.

Case No.	Complainant	Respondent	Date received	Sections of the Act
CR006Apr18	Competition Commission	Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints South Africa Inc (VW PQ36 Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR007Apr18	Competition Commission	Takata Corporation; Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints South Africa Inc (Cajun SW Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR008Apr18	Competition Commission	Takata Corporation; Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints South Africa Inc; Autoliv Inc; Autoliv Southern Africa (Pty) Ltd (VW 120up Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR009Apr18	Competition Commission	Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints South Africa Inc (BMW PL7 Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR010Apr18	Competition Commission	Takata Corporation; Takata South Africa (Pty) Ltd; Autoliv Inc; Autoliv Southern Africa (Pty) Ltd (Cajun SB Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR011Apr18	Competition Commission	- Takata Corporation; Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)

		South Africa Inc; Autoliv Inc; Autoliv Southern Africa (Pty) Ltd (BMW PL6 Tender)		
CR012Apr18	Competition Commission	Takata Corporation; Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints South Africa Inc; Autoliv Inc; Autoliv Southern Africa (Pty) Ltd (VW PQ25 Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR013Apr18	Competition Commission	Takata Corporation; Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints South Africa Inc (BMW PL2 Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR014Apr18	Competition Commission	Takata Corporation; Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints South Africa Inc; Autoliv Inc; Autoliv Southern Africa (Pty) Ltd (VW B6B7 Passat Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR015Apr18	Competition Commission	Takata Corporation; Takata South Africa (Pty) Ltd; TRW Automotive Inc; TRW Occupant Restraints South Africa Inc (Golf Cabrio Tender)	09/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)
CR016Apr18	Competition Commission	Aranda Textile Mills (Pty) Ltd	10/04/2018	4(1)(b)(i),4(1)(b)(ii), 4(1)(b)(iii)

The Chairperson
Competition Tribunal

ECONOMIC DEVELOPMENT DEPARTMENT

NOTICE 236 OF 2018

COMPETITION TRIBUNAL

NOTIFICATION OF DECISION TO APPROVE MERGER

The Competition Tribunal gives notice in terms of rules 34(b)(ii) and 35(5)(b)(ii) of the "Rules for the conduct of proceedings in the Competition Tribunal" as published in Government Gazette No. 22025 of 01 February 2001 that it approved the following mergers:

Case No.	Acquiring Firm	Target Firm	Date of Order	Decision
LM287Feb18	Government Employees Pension Fund	CPV Power Plant No.1 Equity SPV (RF) (Pty) Ltd	11/04/2018	Approved
LM256Dec17	Mondi Ltd	The Draycott and Greytown Plantations	18/04/2018	Approved
LM279Feb18	RMB Ventures Seven (Pty) Ltd	Gemelli (Pty) Ltd	24/04/2018	Approved
LM236Nov17	African Rainbow Capital Fund	Fledge Capital (Pty) Ltd	25/04/2018	Approved Subject to Conditions

The Chairperson
Competition Tribunal

DEPARTMENT OF LABOUR

NOTICE 237 OF 2018

Notice published by the Essential Services Committee ('the Committee') in terms of section 71, read with section 70(2) (a) of the Labour Relations Act, 1995 (Act No 66 of 1995 as amended)

A. Notice is hereby given in terms of section 71(8) of the Labour Relations Act, 1995 (Act No 66 of 1995 as amended), that under section 71(9) the Committee has varied the following designations:

1. The regulation and control of air traffic; and the Weather Bureau of the Department of Environmental Affairs and Tourism, being a service which supports the regulation and control of air traffic, issued on 06 June 1997, under GN R784,

   is hereby varied to read:

   The regulation and control of air traffic, and the weather services in support of air traffic and navigation control services.

2. The whole of the services provided by old age homes registered in terms of the National Welfare Act (Act No.100 of 1978), issued on 24 December 2004, under GN R1462 GG 27104; and the whole of the services provided by Children's Homes and places of care in terms of section 30 of the Child Care Act of,

   is hereby varied to read as follows:

   The whole of the services provided by Old Age Homes, Children's Homes and places of care that are state owned, state funded or state subsided.

3. The following blood transfusion services, issued on 27 March 1998, under GN R436 GG 18761:

   Eastern Province Blood Transfusion Service;
   Western Province Blood Transfusion Service;
   Natal Blood Transfusion Service;
   Northern Blood Transfusion Service; and
   Border Blood Transfusion Service,

   is hereby varied to read as follows:

   Blood transfusion services including the collection, processing, testing, and distribution of blood.

B. Notice is hereby given in terms of section 71(8) of the Labour Relations Act, 1995 (Act No 66 of 1995 as amended), that under section 71(7) the Committee designates the following services as essential:

1. The following services provided at all airports in South Africa:

   a) security services with the exception of security at the parking areas at all airports
   b) electrical services at airports
   c) safety services at airports

   This designation being operative from 14 December 2011, the date in which it was made, but was erroneously not gazetted.

2. a) Care and support services provided in residential facilities in which people with disabilities are accommodated, and
   b) Care and support services provided for in residential facilities for people living with disabilities.

3. Security in Stadiums, for sporting events attended by more than 200 people.

4. The following services provided to persons suffering from cerebral palsy:

   (a) Nursing Services (which includes services rendered by sisters and senior sisters)
   (b) Caregiving (including the service rendered by the housemother's

5. The life guarding and or lifesaving services at the beaches.

6. The following services rendered by mental and related institutions:

   a) Mental health care
   b) Diagnostic assessments of new referrals in respect of people with intellectual and psychiatric disabilities
   c) Psychological assessment
   d) Therapeutic Counselling services and any other form of counselling
   e) Mental health crisis management
   f) Court preparation and assistance for victims who are users
   g) Rehabilitation services
   h) Treatment (including assistance with adherence to medication)
   i) Training (only to the extent that it is offered to the mental health users).

7. The following nuclear services:

   a) Services rendered at the Safari 1 Research Reactor;
   b) Nuclear Liabilities Management Services;
   c) Nuclear Operations and Maintenance services;
   d) SHEQ Department Services;
   e) Facilities Management; and
   f) Telecommunication

8. Manufacturing and supply of parenteral nutrition, which service includes:

   a) Compounding
   b) Quality control including bin sterilization and specialized cleaners
   c) Dispensing; and
   d) Delivery of parenteral nutrition.

9. The services rendered by Mud guards and Team Leaders at tailing dams

10. The distribution of chronic medication

11. The services rendered by Medical Officers in public health services

12. Security services in education institutions

13. Radiology services rendered in and for public health care

14. Reticulation of natural gas.

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 238 OF 2018

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT No. 22 OF 1994) AS AMENDED.

Notice is hereby given in terms of Section 11(1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994), as amended. The claim for the restitution of land rights has been submitted to the Regional Land Claims Commissioner of the Western Cape. The particulars regarding this claim are as follows:

Project Name	**: Essop Family Claim**
Reference Number	**: E198**
Dispossessed Party	**: Wallied Mohamed Essop**
Property Description	**: Erf 8273 Cape Town.**
Extent	**: 80m^2**
Capacity	**: Ownership**
Area	**: Cape Town**
Date submitted	**: 31 December 1998**

The Regional Land Claims Commission will investigate this claim in terms of provisions of the Act in due course. Any party who has an interest in the above-mentioned land is hereby invited to submit, within 60 days from the publication of this notice, any comments / information to:

The Office of the Regional Land Claims Commissioner: Western Cape
Private Bag X9163
Cape Town
8000

Tel: 021*4090300
Fax: 021*424-5146
Regional Land Claims Commissioner: Western Cape

CHECKED .....
MR B.MARS
SENIOR ADMIN OFFICER: LEGAL
DATE: 19/12/17

APPROVED.....
MR L.H MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER
DATE: 2018/03/15

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 239 OF 2018

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT 1994, (ACT No. 22 OF 1994) AS AMENDED.

Notice is hereby given in terms of Section 11(1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994), as amended. These claims for the restitution of land rights have been submitted to the Regional Land Claims Commissioner for the Western Cape. The particulars regarding this claim are as follow:

Number of Claims : 1
Areas : District Six
Claimants : Owner
Property/ies : As listed below
Date Submitted : 12 August 1997

REF NO	CLAIMANT	PROPERTY DISCRIPTION	CURRENT OWNER
KRK6/2/3/A/1/0/331/1841 **(I76)**	Mogamat Allie Isaacs	Erf 8819 in District Six	City of Cape Town

The Regional Land Claims Commission will investigate this claim in terms of provisions of the Act in due course. Any party who has an interest in the above-mentioned land is hereby invited to submit, within 60 days from the publication of this notice, any comments / information to:

The Regional Land Claims Commission: Western Cape
Private Bag X9163
Cape Town
8000

Tel: (021)409-0300
Fax: (021)418 0205

CHECKED.....
DATE: 23/02/2018

APPROVED:.....
DATE: 2018/02/26
Mr. L. H. Maphutha
Regional Land Claims Commissioner

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 240 OF 2018

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT No. 22 OF 1994)

Notice is hereby given in terms of Section 11(1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994), as amended. This is a claim for the restitution of land rights that has been submitted to the Regional Land Claims Commissioner for the Western Cape. The particulars regarding this claim are as follows:

Claim Ref. Number	Claimant	Claim submission date	Claimed Property	Extent (sqm)	Year of Dispossession
M1217	Mr S.E. Motloung	31/12/1998	Erf 124984 Portion of Erf 82511 Retreat	245 square meters	1953

The Regional Land Claims Commission will investigate this claim in terms of provisions of the Act in due course. Any party who has an interest in the above-mentioned land is hereby invited to submit, within 60 days from the publication of this notice, any comments / information to:

The Regional Land Claims Commission: Western Cape
Private Bag X9163
Cape Town
8000
Tel: (021)409-0300
Fax: (021)424-5146

CHECKED.....

DATE.....19/03/2018.....

APPROVED.....

DATE.....2018/03/19.....

Mr. L.H Maphutha
Regional Land Claims Commissioner

DEPARTMENT OF TRANSPORT

NOTICE 241 OF 2018

ANOTHER CMTP INSPIRED INITIATIVE

SMALL HARBOURS DEVELOPMENT

ANNOUNCEMENT AND INVITATION TO COMPLETE QUESTIONNAIRE

The Comprehensive Maritime Transport Policy (CMTP) in acknowledging the non-existence of a cohesive legislative and regulatory framework on small harbours for ensuring oversight, custodianship, management, operations and regulations of the country's small harbours cautioned that if the situation were not addressed, it would remain a critical challenge or constraint to future development of small harbours. Accordingly, the CMTP instructed the Department of Transport to develop the small harbours regulatory framework for governance of safety of navigation, security, protection of marine environment and operations.

As part of the process of developing the governance framework, the Department of Transport therefore invites maritime stakeholders and interested parties to complete the Small Harbours Questionnaire downloadable from www.transport.gov.za NB. A copy of a blank Questionnaire is also available on request from mokgoshl@dot.gov.za

Completed Questionnaire must be sent to the Department of Transport for the attention of Chief Director Maritime Policy and Legislation, Private Bag X193, PRETORIA, 0001 OR be emailed to ntulid@dot.gov.za or matlalatm@dot.gov.za and mokgoshl@dot.gov.za .

The deadline for submission of completed Questionnaires is 30 days from the date of publication of this notice.

DEPARTMENT OF TRANSPORT

NOTICE 242 OF 2018

INTERNATIONAL AIR SERVICE ACT, (ACT NO.60 OF 1993)
GRANT /AMENDMENT OF INTERNATIONAL AIR SERVICE LICENSE

Pursuant to the provisions of section 17 (12) of Act No.60 of 1993 and Regulation 15 (1) and 15 (2) of the International Air Regulations,1994, it is hereby notified for general information that the applications, detail of which appear in the Schedules hereto, will be considered by the International Air Services Council (Council) representation in accordance with section 16(3) of the Act No. 60 of 1993 and regulation 25(1) of International Air Services Regulation, 1994, against or in favour of an application, should reach the Chairman of the International Air Services Council at Department of Transport, Private Bag X 193, Pretoria, 0001, within 28 days of the publication hereof. It must be stated whether the party or parties making such representation is / are prepared to be represent or represented at the possible hearing of the application.

APPENDIX II

(A) Full name, surname and trade name of the applicant. (B) Full business or residential address of the applicant. (C) Class of licence applied for. (D) Type of International Air Service to which application pertains. (E) Category or kind of aircraft to which application pertains. (F) Airport from and the airport to which flights will be undertaken. (G) Area to be served. (H) Frequency of flight

(A) Airwork Africa (Pty) Ltd. (B) Suite 4, Hangar 38, Wonderboom Airport, Pretoria. (C) Class II & III; I/N267 & I/G277. (D) Type N1, N2, G3, G7, G8, G15 & G16 (Ship to shore). (E) Category H1 & H2. (F) Wonderboom Airport. (G) Worldwide. **Changes to the Management Plan:** Chantel van der Merwe is appointed as the Air Service Safety Officer.

(A) Mafoko Aviation Services (Pty) Ltd. (B) 1059 Pretorius Str, Hatfield, Pretoria, 0083. (C) Class II; I/N299. (D) Type N1 & N2. (E) Category H2. (F) OR Tambo International Airport. Changes to the Management Plan: Mr Lebo Taite Nare is appointed as the Chief Executive Officer.

BOARD NOTICE 56 OF 2018

SOUTH AFRICAN COUNCIL FOR THE LANDSCAPE ARCHITECTURAL PROFESSION

2nd Floor, Block A Corobay Corner, 169 Corobay Ave, Waterkloof Glen,Pretoria 0181

registrar@saclap.org.za

www: saclap.org.za

FOR IMPLEMENTATION APRIL 2018

PROCEDURE FOR THE NOMINATION OF COUNCIL MEMBERS

FOR THE SOUTH AFRICAN COUNCIL FOR THE LANDSCAPE ARCHITECTURAL PROFESSION (SACLAP)

The South African Council for the Landscape Architectural Profession, has in terms of sections 36(2)(a) of the Landscape Architectural Profession Act, 2000 (Act No. 45 of 2000) (the Act) made the following Rules in order to undertake the Nomination Procedure as per Section 4 of the Act.

These rules supercede all other rules published in this regard before this date. The effective date is 1 April 2018.

The full document is available for download from our website www.saclap.org.za

REGISTRAR
Ms Cecilia Chinga

BOARD NOTICE 57 OF 2018

SOUTH AFRICAN COUNCIL FOR THE LANDSCAPE ARCHITECTURAL PROFESSION

2nd Floor, Block A Corobay Corner, 169 Corobay Ave, Waterkloof Glen,Pretoria 0181

registrar@saclap.org.za

www: saclap.org.za

FOR IMPLEMENTATION 1 APRIL 2018

RATES 2018/2019

FOR THE SOUTH AFRICAN COUNCIL FOR THE LANDSCAPE ARCHITECTURAL PROFESSION (SACLAP)

The South African Council for the Landscape Architectural Profession has, under Section 12 (1) of the Landscape Architectural Profession Act, (Act No. 45 of 2000), the power to determine the applicable fees and charges.

These rates are applicable from 1 April 2018 and will be reviewed in March 2019 to co-incide with the SACLAP financial year

No rates are charged on a pro-rata basis

These rules supersede all other rules published in this regard before this date. The effective date is 1 April 2018.

The full document is available for download from our website www.saclap.org.za

REGISTRAR
Ms Cecilia Chinga

BOARD NOTICE 58 OF 2018

ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (AHPCSA)

ALLIED HEALTH PROFESSIONS ACT (ACT No. 63 of 1982) AS AMENDED

INQUIRY BY THE PROFESSIONAL BOARD FOR CHIROPRACTIC AND OSTEOPATHY (PBCO) INTO THE UNPROFESSIONAL CONDUCT[1] OF A REGISTERED PRACTITIONER, IN ACCORDANCE WITH SECTIONS 23 AND 24 OF THE ALLIED HEALTH PROFESSIONS ACT 63 OF 1982, AS AMENDED ("the Act").

Particulars of the practitioner following the outcome of the inquiry by the PBCO to charges relating to unprofessional conduct and which finding was ratified by the council, are published for general information:

NAME	NATURE OF CONDUCT/OFFENCE	PENALTY IMPOSED
Dr. S, R. LEWIS	PRACTITIONER WAS CHARGED AND PLEADED GUILTY TO THE FOLLOWING CHARGES: 1. Practitioner performed a dry needling technique without obtaining the required consent from his patient; 2. Practitioner did not take all reasonable steps to obtain the required informed consent from his patient; 3. Practitioner failed to allow his patient to participate in the decision making of the treatment/s; 4. Practitioner contravened the basic principles of medical ethics in that he did not act in the best interest of his patient and as a result caused her harm; 5. Practitioner engaged with patient's mother, over social networks and emails, in an aggressive and threatening manner, in contravention of the the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as mended (the Code of Ethics"); and 6. Practitioner disregarded his duties as a practitioner, as he permitted the patient's mother to sign the consent form on behalf of her daughter, despite the patient being an adult female.	Suspension for 14 days (two weeks) in terms of sections 24 (1)(b) and 26 of the Act; And A final warning and reprimand in terms of section 24 (1)(a) of the Act

[1] As defined in section 1 of the Allied Health Professions Act 63 of 1982, as amended.

	THE PBCO ACCEPTED THE PLEA OF GUILTY. PBCO RECOMMENDED THAT: THE PRACTITIONER BE SUSPENDED FOR 14 DAYS (TWO WEEKS) FROM PRACTICING THE PROFESSION FOR WHICH HE IS REGISTERED OR FROM PERFORMING ANY ACT SPECIALLY PERTAINING TO THE PROFESSION FOR WHICH YOU ARE REGISTERED; AND A FINAL WARNING AND REPRIMAND. THE COUNCIL UPHELD THE PBCO'S FINDINGS AND RECOMMENDED SANCTIONS.	

DR LOUIS MULLINDER
Registrar
Allied Health Professions Council of South Africa

BOARD NOTICE 59 OF 2018

THE SOUTH AFRICAN PHARMACY COUNCIL

COMPETENCY STANDARDS FOR PHARMACISTS IN SOUTH AFRICA

The South African Pharmacy Council hereby publishes for implementation the **2018 Competency Standards for Pharmacists** in terms of Section 33(o) of the Pharmacy Act, 53 of 1974.

SCHEDULE

1. Competency Standards for Pharmacists

TA MASANGO
REGISTRAR

South African Pharmacy Council

2018 COMPETENCY STANDARDS FOR PHARMACISTS IN SOUTH AFRICA

TABLE OF CONTENTS

ACRONYMS

BPharm	Bachelor of Pharmacy
CE	Continuing Education
CPD	Continuing Professional Development
cGMP	Current Good Manufacturing Practice
FIP	International Pharmaceutical Federation
GPP	Good Pharmacy Practice
ICPA	Independent Community Pharmacy Association
IPASA	Innovative Pharmaceutical Association South Africa
NCS	National Core Standards
NDP	National Development Plan
NHI	National Health Insurance
NMU	Nelson Mandela University
NQF	National Qualifications Framework
NWU	North-West University
PCDT	Primary Care Drug Therapy
PHC	Primary Healthcare
PIASA	Pharmaceutical Industry Association of South Africa
PIT	Pharmacist initiated therapy
PLASA	Pharmaceutical Logistics Association of South Africa
PSP	Pharmacy support personnel
PSSA	Pharmaceutical Society of South Africa
PTC	Pharmacy and Therapeutics Committee
RU	Rhodes University
SA	South Africa
SAAHIP	South African Association of Hospital and Institutional Pharmacists
SAPC	South African Pharmacy Council
SAQA	South African Qualifications Authority
SMU	Sefako Makgatho Health Sciences University
SOP	Standard operating procedures
TUT	Tshwane University of Technology
UK	United Kingdom
UKZN	University of KwaZulu-Natal
USA	United States of America
UWC	University of the Western Cape
WITS	University of the Witwatersrand

ACKNOWLEDGMENTS

The South African Pharmacy Council acknowledges the contributions of the following people in compiling the draft document for the development of the competency standards for pharmacists in South Africa (SA).

Panel of Experts:

Name	Organisation
Dr Susan Burton	Nelson Mandela University (NMU)
Prof Sandra van Dyk	North-West University (NWU)
Dr Carmen Oltmann	Rhodes University (RU)
Dr Moliehi Matlala	Sefako Makgatho Health Sciences University (SMU)
Prof Gill Enslin	Tshwane University of Technology (TUT)
Dr Frasia Oosthuizen	University of KwaZulu-Natal (UKZN)
Dr Mea van Huysteen	University of the Western Cape (UWC)
Ms Deanne Johnston	University of the Witwatersrand (WITS)
Dr Johann Kruger	Pharmaceutical Society of South Africa (PSSA)
Ms Lorraine Osman	Pharmaceutical Society of South Africa (PSSA)
Mr Jochemus Hattingh	South African Association of Hospital and Institutional Pharmacists (SAAHIP)
Mr Mehboob Ali Cassim	Independent Community Pharmacy Association (ICPA)
Ms Ravina Govender	Pharmaceutical Logistics Association of South Africa (PLASA)
Ms Christine Letsoalo	Innovative Pharmaceutical Association South Africa (IPASA)

DEFINITIONS

Antimicrobial stewardship: A coordinated programme that promotes the appropriate use of antimicrobials, improves patient outcomes, reduces microbial resistance and decreases the spread of infections caused by multidrug resistant organisms.

Behavioural competency: Typical behaviour observed when effective performers apply motives, traits or skills to job relevant tasks.

Competence: Ability to carry out a job or task. The evaluation of competence is based on the exit level outcomes (ELO) developed for the pharmacy profession.

Competency: A quality or characteristic of a person related to effective or superior performance. Competency consists of aspects such as attitudes, motives, traits and skills.

Continuing education (CE): A structured process of education designed or intended to support the continuous development of pharmacists to maintain and enhance their professional competence. CE does not necessarily equate to adequate learning to attain the competence of the professional, hence the profession increasingly adopts continuing professional development (CPD) worldwide as the way to ensure professional competence.

Continuing professional development (CPD): A process by which registered persons continually ensure and enhance their competence throughout their professional careers. CPD encompasses a range of activities including continuing education and supplementary training.

Culturally sensitive manner: Cultural sensitivity allows a person to respond in a respectful and appropriate manner to different types of people in a way that recognises and affirms their worth, regardless of their cultural background.

Cultural awareness: A person's understanding of the differences between themselves and people from other countries or other backgrounds, especially differences in attitudes and values.

Domain: Represents an organised cluster of competencies within a framework and the domains, with associated competencies.

Evidence-based practice: The use of good quality evidence to make sound clinical decisions.

Exit level outcome (ELO): A performance indicator based on standards that are measurable; often demonstrated through products or behaviours. The preregistration programme is based on a set of ELOs that describe the knowledge, skills and attitudes required of an entry level pharmacist. These ELOs form the basis for the (new) BPharm curriculum registered with the South African Qualifications Authority (SAQA).

GxP: A general term for guidelines for good manufacturing, clinical, laboratory, storage or distribution practices.

Life-long learning: All learning activities throughout life that improve knowledge, skills and competence within a personal, civic, social and/or employment-related field.

Palliative care: An approach used to improve the quality of life of individuals and their families who face problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and/or physical, psychosocial and spiritual issues.

Sector: A major field of professional activity in a defined environment such as the community, institutional (hospital), manufacturing and wholesale, academia, consultancy and administration areas.

Supply chain management: The management of the flow of goods and services. It involves the movement and storage of raw materials, of work-in-process inventory, and of finished goods from point of origin to point of consumption by the patient.

1. INTRODUCTION

Pharmacy is a diverse and exciting profession with professionals working across very different practice settings which include, but are not limited to, the academic, administration, community, consultancy, institutional (hospital), managed care, manufacturing, research and wholesale settings.

Pharmacists in each practice setting are required to accept responsibility for their self-development and assessment of continued competence throughout their professional working lives. This requires systematic maintenance and development of skills, attitudes and behaviours, broadening of knowledge while maintaining proficiency, providing quality service and/or products, responding to patient needs, and keeping abreast of changes in the profession.

Pharmacists are encouraged to identify the learning needs relevant to their existing and future roles in the profession and, through CPD, to update their knowledge, skills and behaviours. Pharmacists should plan their development as professionals according to these needs and continually assess the impact of their achievements and progress on their practice.

2. BACKGROUND

The South African Pharmacy Council (SAPC or Council) developed the first competence standards for pharmacists in 2006. These competence standards were based on the unit standards specified in the *Regulations Relating to Pharmacy Education and Training* published in terms of the Pharmacy Act 53 of 1074, as amended.

At a meeting on 13 and 14 May 2015, Council resolved that the competence standards and outcomes be reviewed in line with current practice, the revised BPharm qualification 2012/3 to 2018, and the International Pharmaceutical Federation (FIP) global competency framework (2012).

2.1 Process for reviewing competence standards

In reviewing the competence standards, the following were considered:

(a) the BPharm qualification approved by Council in 2011 and implemented in 2012/3;
(b) the competence standards developed in 2006;
(c) emerging trends in pharmacy practice;
(d) literature on national and international developments in pharmacy education and training;
(e) literature on competencies and an analysis of global competency frameworks in pharmacy;

(f) the Global Report on Continuing Professional Development (CPD) and Continuing Education (CE) in Pharmacy published by FIP in 2012[1];
(g) international benchmarking against the Republic of Ireland, New Zealand, Australia, the European Union, Singapore, Canada, and the United States of America (USA); and
(h) any other relevant information.

2.2 Rationale for the development of competency standards

The competency standards have been developed to encompass the changes and developments in all sectors of pharmacy and practice, including new technologies, work processes, changes in legislation and international trends, primarily to ensure public safety.

2.3 Areas influenced and informed by the competency standards

The competency standards will influence and inform the following areas:

(a) education and practice standards;
(b) BPharm curriculum development and review;
(c) the SAPC pre-registration policy for pharmacist interns;
(d) scope of practice of pharmacists;
(e) identification of learning needs for CPD for pharmacists in practice in different sectors of pharmacy;
(f) development of short courses to address learning gaps;
(g) evaluation of courses for advanced practice e.g. Primary Care Drug Therapy (PCDT);
(h) evaluation of courses for specialisations in pharmacy;
(i) assessment of pharmacists with foreign qualifications; and
(j) job descriptions and performance evaluation.

3. THE COMPETENCY STANDARD DEVELOPMENT TEAM

Council appointed a panel of experts to update and develop the competence standards. The panel consisted of one member each from the eight institutions[2] accredited to offer the BPharm, and members from the Pharmaceutical Society of South Africa (PSSA), the Independent Community Pharmacy Association (ICPA), the South African Association of Hospital and Institutional Pharmacists (SAAHIP), the Pharmaceutical Logistics Association of South Africa (PLASA) and the Innovative Pharmaceutical Association South Africa (IPASA).

[1] FIP competency framework was derived from a comparative study of common behaviours within frameworks used in Australia, Canada, New Zealand, Thailand, United Kingdom, USA and Zambia, which includes third world countries.
[2] All nine institutions accredited to offer the BPharm were invited to participate in the development of competency standards.

The panel advised that rather than simply developing the existing competence standards, Council should consider a structural approach to competency, one that incorporates both educational outcomes and behaviours instead of a stand-alone competence structure.

The draft competency standards were presented to a task team appointed by Council. The task team comprised two members each from the CPD, the Practice and the Education committees.

4. COMPETENCE STANDARDS VS COMPETENCY STANDARDS

The *competence* of a practitioner refers to the overarching capacity of that individual to perform. From the shared perspectives of patients, civil society and employers, *competence* suggests an expectation of effective, persistent behaviour of that healthcare professional.

A *competence* (plural *competences*) is a deconstructed item or functional task relating to the job of the healthcare professional. Collectively, competences represent the functional, the *what*, of a particular professional's work. The following may be considered to be competence standards:

(a) qualifications or evidence of subject mastery, literacy or numeracy (academic competence standards);
(b) mental and physical competence to practice; and
(c) practical skills, abilities and knowledge.

A *competency* (plural *competencies*) represents the individual qualities or attributes of professional activity, the *how* of performance. These are learned behaviours, and are thus able to be effectively incorporated into developmental programmes that require practitioners to apply learned behaviours. Since competency standards are developed with a focus on performance, they facilitate identification of the aspects of performance in the workplace and provide the best means to deduce professional competence. Competency is a broad concept that includes all aspects of practice, including:

(a) skills to perform particular tasks;
(b) managing a number of different tasks/activities within an occupation or profession;
(c) responding to problems and non-routine events; and
(d) dealing with all aspects of the workplace including working with others.

4.1 Moving from competence to competency

Competency standards provide a clear statement of what is considered to be important for ongoing competent performance in a profession. Behavioural competency is therefore a typical behaviour observed when effective performers apply motives, traits or skills to job relevant tasks. It is, therefore, implied that competences are acquired

during the early training of an individual in gaining the knowledge and skills to undertake tasks.

Behavioural competency relies on learned behaviours. It incorporates the inherent components of knowledge and skills and embraces attitudes and values; attributes that are necessary for the successful performance of tasks of the profession. Monitoring of behavioural competency permits identification of strengths and weaknesses and is useful for personal development and continuing education. It is, therefore, the basis for identification of appropriate CPD for the pharmacist. The differences between competence and competency are summarised in Table 1.

Table 1: Difference between competence and competency

Competence	Competency
Skills-based	Behaviour-based
Standard attained	Manner of behaving
What is measured	*How* the standard is achieved

5. DEVELOPMENT PROCESS

The development process consisted of eight phases:

Phase 1: **Panel of experts**
The proposed competency standards for pharmacists were developed in line with the FIP global competency framework (2012): April to June 2016.

Phase 2: **Task team appointed by Council**
Council's task team reviewed the draft document on 15 August 2016, 16 to 17 November 2016, and 8 to 9 February 2017.

Phase 3: **CPD, Education and Practice Committees**
The draft document was presented to the Council committees on 6 to 8 March 2017.

Phase 4: **Council**
Council approved the reviewed competency standards for public comment: 10 to 11 May 2017.

Phase 5: **Publication of competency standards for public comment**
The competency standards were published for public comment on 16 August to 16 October 2017.

Phase 6: **Task team**
Council's task team incorporated comments received from the profession: 6 November and 5 December 2017.

Phase 7: **CPD, Education and Practice Committees**
Circulate competency standards document to Council's CPD, Education and Practice committees for approval: 2018.

Phase 8: **Council**
Council approval of new competency standards for implementation in 2018.

6. DEVELOPMENT OF THE COMPETENCY STANDARDS

The 2006 SAPC competence standards were developed using a competence approach that focused only on knowledge and skills. Behavioural aspects and attitudes were not considered.

The 2018 SAPC competency standards for pharmacists were developed in line with the FIP global competency framework (2012).

The SAPC panel of experts held three meetings to develop a draft document. During the first meeting, the panel identified a number of inadequacies in the 2006 SAPC competence standards for pharmacists. The panel identified that:

(a) cultural aspects were either disregarded or not clearly evident;
(b) the standards were mostly task driven with a focus on capabilities and outcomes, and behavioural aspects were absent or not apparent;
(c) no consideration was given to aspects of multidisciplinary practice;
(d) new developments since 2006 were not addressed, such as preparations for the National Health Insurance, and the National Core Standards;
(e) the standards failed to provide a process to encourage practising pharmacists to incorporate changes in the undergraduate curriculum into daily practice; and
(f) there was a general lack of inclusion of pharmacoeconomic principles and practice.

The panel of experts agreed that the competence standards (2006) should be developed into competency standards based on the following principles:

(a) accommodate all sectors of the profession of pharmacy, including, academia, administration, community, institutional (hospital), managed care, manufacturing and wholesale practice;
(b) recognise the current BPharm qualification is a four year professional degree;
(c) inform the ELOs of the BPharm qualification;
(d) consider the National Qualifications Framework level (NQF) descriptors;
(e) contextualise the content for South African resources and needs;
(f) align with South Africa's policies and plans, e.g. the National Health Insurance (NHI) and the National Development Plan (NDP);

(g) support the implementation of the National Core Standards (NCS) and NHI; and
(h) guide the CPD of pharmacists.

A mapping tool, developed from documentation from selected countries that had drafted competency standards using the FIP global competency framework (2012), was used for benchmarking purposes. Information from the Republic of Ireland, New Zealand, Australia, the European Union, Singapore, Canada and USA was also used.

7. STRUCTURE OF THE COMPETENCY STANDARDS AND DOMAINS

In 2012, FIP published a global competency framework suitable to use as a mapping tool for the creation of country-specific competency standards. The FIP framework was developed following a comparative study conducted to identify common behaviours within the frameworks used in Australia, Canada, New Zealand, Thailand, United Kingdom, USA and Zambia.

FIP consolidated the information derived from the comparative study into four domains:

(a) pharmaceutical public health (population focus);
(b) pharmaceutical care (patient focus);
(c) organisation and management (system focus); and
(d) professional/personal (practice focus).

A competency framework consisting of six domains and a number of competencies suitable for the South African context, was developed. A domain represents an organised cluster of competencies within a framework and the domains, with associated competencies, are summarised in Table 2. The behavioural statements indicating how individuals working within a competency should behave in practice have also been drafted.

It is expected that a pharmacist at a higher level of practice, in addition to the behaviours associated with that level, must also exhibit the behaviours from the lower level(s) of practice.

Table 2: Summary of domains and competencies

DOMAINS	COMPETENCIES
1. Public health	1.1 Promotion of health and wellness 1.2 Medicines information 1.3 Professional and health advocacy 1.4 Health economics 1.5 Epidemic and disaster management 1.6 Primary healthcare
2. Safe and rational use of medicines	2.1 Patient consultation 2.2 Patient counselling 2.3 Patient medicine review and management

DOMAINS	COMPETENCIES
and medical devices	2.4 Medicines and medical devices safety 2.5 Therapeutic outcome monitoring 2.6 Pharmacist initiated therapy 2.7 Pharmacovigilance 2.8 Clinical trials
3. Supply of medicines and medical devices	3.1 Medicine production according to GxP 3.2 Supply chain management 3.3 Formulary development 3.4 Medicine dispensing 3.5 Medicine compounding 3.6 Medicine disposal/destruction
4. Organisation and management skills	4.1 Human resources management 4.2 Financial management 4.3 Pharmaceutical infrastructure management 4.4 Quality assurance 4.5 Change management 4.6 Policy development
5. Professional and personal practice	5.1 Patient-centred care 5.2 Professional practice 5.3 Ethical and legal practice 5.4 Continuing professional development 5.5 Leadership 5.6 Decision-making 5.7 Collaborative practice 5.8 Self-management 5.9 Communication
6. Education, critical analysis and research	6.1 Education and training policy 6.2 Provision of education and training 6.3 Practice embedded education or workplace education 6.4 Gap analysis 6.5 Critical analysis 6.6 Research 6.7 Supervision of other researchers 6.8 Collaborative research

8. COMPETENCY STANDARDS FOR PHARMACISTS IN SOUTH AFRICA

Competency standards were developed as a tool to help the professionals assess their own learning needs. Gaps in knowledge, skills, attitudes and values are identified by comparing personal knowledge, skills, attitudes and values with those required by the competency standards. Competency standards have also been structured to assist with identifying areas, within current or future practice, that may require modification and/or improvement in knowledge, skills, attitudes and values.

As pharmacists practise in a variety of practice settings, each professional must evaluate whether or not a specific competency standard applies to their practice.

9. LEVELS OF PRACTICE FOR PHARMACISTS

The 2018 competency standards for pharmacists take into consideration various processes of development and are applicable when a person is registered as a pharmacist and able to practise independently. The competency standards have been developed with three levels of behavioural statements linked to each competency in order to guide pharmacists in progressing from one level of practice to another.

The three levels are:

(a) **Entry level into practice**: generally recognised as the first three years of practice
(b) **Intermediate practice:** generally recognised as between three and seven years of practice
(c) **Advanced practice**: generally recognised as more than seven years of practice

The competency standards for specialisation and pharmacy support personnel will be presented in a separate document.

10. THE 2018 COMPETENCY STANDARDS FOR PHARMACISTS IN SOUTH AFRICA

The competency standards and associated behavioural statements are presented within the six domains.

DOMAIN 1: PUBLIC HEALTH

INTRODUCTION

Domain 1 covers public health and includes competencies that are required in both the public and private healthcare sectors to promote health and wellness through the provision of healthcare information and education to the public and other members of the healthcare team.

The provision of medicines and healthcare information and education forms an integral part of the scope of practice of a pharmacist. The availability of specialised pharmaceutical knowledge at all levels of care, including primary healthcare (PHC), is an important component for the delivery of effective and efficient pharmaceutical services.

The domain covers competencies that are required to promote health, promote and monitor adherence and apply pharmacoeconomic principles.

The public health domain competencies are:

1.1 Promotion of health and wellness
1.2 Medicines information
1.3 Professional and health advocacy
1.4 Pharmacoeconomics
1.5 Epidemics and disaster management
1.6 Primary healthcare

DOMAIN 1: PUBLIC HEALTH				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
1.1 Promotion of health and wellness	1.1.1	1.1.1.1 Advise on health promotion, disease prevention and control, and healthy lifestyles.	1.1.1.2 Assess healthcare needs of communities taking into account the cultural and social context and public health priorities in South Africa.	1.1.1.3 Collaborate with other healthcare professionals in the planning, development and implementation of evidence-based public health campaigns.
	1.1.2	1.1.2.1 Participate in public health campaigns.	1.1.2.2 Assist and encourage communities to make use of available health resources.	1.1.2.3 Incorporate national health and medicines policy and guidelines into organisational practices.
1.2 Medicines information	1.2.1	1.2.1.1 Participate in pharmaceutical and therapeutics committees.	1.2.1.2 Play an advisory role in pharmaceutical and therapeutics committees.	1.2.1.3 Play a leading role in pharmaceutical and therapeutics committees.
	1.2.2	1.2.2.1 Participate in antimicrobial stewardship.	1.2.2.2 Play an advisory role in antimicrobial stewardship	1.2.2.3 Play a leading role in an antimicrobial stewardship team.
	1.2.3	1.2.3.1 Apply principles of palliative care for management of patients with life-limiting conditions.	1.2.3.2 Recognise and manage the changing pharmacological and pharmaceutical care needs of patients with life-limiting conditions.	1.2.3.3 Develop and review policies to support the application of the palliative care approach in medicine management.
	1.2.4	1.2.4.1 Identify and use medicine information centres and relevant evidence-based sources of information for medicines.	1.2.4.2 Identify and use medicine information centres and relevant evidence-based sources of information for medicines.	1.2.4.3 Interpret and use relevant evidence-based sources when consulting on advanced medicine information queries.
1.3 Professional and health advocacy	1.3.1	1.3.1.1 Participate as a pharmacist within a healthcare team.	1.3.1.2 Promote the role of the pharmacist within healthcare teams.	1.3.1.3 Act as a patient advocate to ensure that pharmaceutical care is optimised.
	1.3.2	1.3.2.1 Apply health policy and procedures in practice.	1.3.2.2 Participate in the implementation of health policy.	1.3.2.3 Contribute to the development and review of health policy.
1.4 Pharmacoeconomics	1.4.1	1.4.1.1 Monitor and encourage adherence to formularies and guidelines.	1.4.1.2 Report on adherence to formularies.	1.4.1.3 Evaluate reports and develop interventions to improve formularies and guidelines.

DOMAIN 1: PUBLIC HEALTH				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	1.4.2	1.4.2.1 Apply developed interventions to ensure cost-effective use of medicines.	1.4.2.2 Collate reliable information and conduct analysis to ensure cost-effective use of medicines.	1.4.2.3 Develop interventions to improve cost-effective use of medicines.
	1.4.3	1.4.3.1 Participate in collecting pharmaceutical data to determine if pharmaceutical use is in accordance with the burden of disease.	1.4.3.2 Compile and analyse reports such as Defined Daily Doses (DDDs) and ABC analysis to determine if pharmaceutical use is in accordance with burden of disease.	1.4.3.3 Develop reporting systems to determine whether pharmaceutical services are in accordance with the burden of disease.
1.5 Epidemics and disaster management	1.5.1	1.5.1.1 Assist in the implementation of the outbreak/disaster plan.	1.5.1.2 Participate as a member of a disease outbreak/disaster response team.	1.5.1.3 Implement, monitor and evaluate the roll out of an outbreak/disaster pharmaceutical response plan.
	1.5.2	1.5.2.1 Identify disease trends in your pharmacy practice setting (patient based).	1.5.2.3 Identify and report disease trends in the community to the relevant authority.	1.5.2.3 Identify and report the incidence and prevalence of disease in the population with detection of source and cause of infectious diseases.
	1.5.3	1.5.3.1 Identify threats for outbreak/disaster in your pharmacy practice setting (patient based).	1.5.3.2 Identify threats for outbreak of disease/disasters in the community.	1.5.3.3 Identify possible threats for outbreak of disease/disasters in the population.
	1.5.4	1.5.4.1 Assist in managing outbreaks/disasters.	1.5.4.2 Implement activities aimed at managing outbreaks/disasters.	1.5.4.3 Plan actions and prepare for possible outbreaks/disasters.
1.6 Primary healthcare	1.6.1	1.6.1.1 Engage in lifestyle changes, in a multidisciplinary setting, that may prevent communicable and non-communicable diseases and/or improve therapeutic outcomes.	1.6.1.2 Work in a multidisciplinary healthcare team to optimise therapeutic outcomes.	1.6.1.3 Play a leading role in a multidisciplinary healthcare team to optimise therapeutic outcomes.

DOMAIN 1: PUBLIC HEALTH				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	1.6.2	1.6.2.1 Participate in screening and disease prevention programmes and campaigns.	1.6.2.2 Advocate for lifestyle changes that may prevent communicable and non-communicable diseases and/or improve the outcomes of medicinal therapy.	1.6.2.3 Advocate for lifestyle changes that may prevent communicable and non-communicable diseases and/or improve the outcomes of medicinal therapy.
	1.6.3	1.6.3.1 Advise patients on self-care and adherence to treatment regimens.	1.6.3.2 Implement strategies to encourage patients to take responsibility for their own health and adherence to treatment guidelines.	1.6.3.3 Develop strategies to encourage patients to take responsibility for their own health and adherence to treatment guidelines.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES

INTRODUCTION

Domain 2 covers the rational use of medicines, a concept adopted by the World Health Organization (WHO), which advocates that patients receive medicines and medical devices that are:

- appropriate to their clinical needs;
- in doses that meet individual requirements;
- for an adequate period of time; and
- cost-effective for the patient and community.

Participation of the pharmacist in the promotion of rational use of medicines will contribute to improved access to quality medicines and other pharmaceutical services.

Pharmacists have a professional obligation to the public to ensure an adequate and reliable supply of safe, cost-effective medicines and medical devices of acceptable quality as prescribed in the National Drug Policy (1996). Patients must be educated in respect of the correct use of medical devices that meet all regulatory, safety and performance requirements.

Patients and healthcare workers are encouraged to report all medicine safety related complaints, and pharmacists should monitor, record and process such complaints.

In the domain of safe and rational use of medicines and medical devices, effective verbal and non-verbal methods of communication with patients and other healthcare professionals, are essential competencies. Pharmacists require these competencies to improve patient health outcomes and to build and maintain professional working relationships within a healthcare team. This domain also encompasses activities such as pharmacist initiated therapy (PIT), medicine utilisation reviews and use evaluations, and monitoring of therapeutic outcomes.

The competencies required in the domain for the safe and rational use of medicines and medical devices are:

2.1 Patient consultation
2.2 Patient counselling
2.3 Patient medicines review and management
2.4 Medicines and medical devices safety
2.5 Therapeutic outcome monitoring
2.6 Pharmacist initiated therapy (PIT)
2.7 Pharmacovigilance
2.8 Clinical trials

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
2.1 Patient consultation	2.1.1	2.1.1.1 Undertake consultations, in an appropriate setting, with minimal interruption, while maintaining verbal, auditory and personal privacy.	2.1.1.2 Undertake more complex consultations, in an appropriate setting with minimal interruption, while maintaining verbal, auditory and personal privacy.	2.1.1.3 Ensure that appropriate facilities are available to permit patient consultation.
	2.1.2	2.1.2.1 Use appropriate communication and questioning techniques to gather relevant patient information on allopathic, complementary and alternative medicines and therapy use.	2.1.2.2 Provide accurate and evidence-based information on allopathic, complementary and alternative medicines and therapy use.	2.1.2.3 Provide guidance to pharmacists and pharmacy support personnel on allopathic, complementary and alternative medicines and therapy use, using evidence-based information.
	2.1.3	2.1.3.1 Consult with a patient and/or caregiver to determine health needs in a culturally sensitive manner.	2.1.3.2 Implement protocols to ensure that all personnel maintain cultural sensitivity in all patient interactions.	2.1.3.3 Develop and review protocols to ensure that all personnel maintain cultural sensitivity in all patient interactions.
	2.1.4	2.1.4.1 Identify the need for further information and/or referral to an appropriate healthcare provider/resource.	2.1.4.2 Implement protocols for referral in consultation with other members of the healthcare team.	2.1.4.3 Develop and review protocols for referral in consultation with other members of the healthcare team.
	2.1.5	2.1.5.1 Where appropriate and after obtaining patient consent, use diagnostic aids and/or tests.	2.1.5.2 Implement protocols to ensure appropriate use/application of diagnostic aids and/or tests.	2.1.5.3 Develop and review protocols to ensure appropriate use/application of diagnostic aids and/or tests.
	2.1.6	2.1.6.1 Where applicable, examine patient records to obtain patient medication and disease history.	2.1.6.2 Implement care plans based on patient records.	2.1.6.3 Develop and review a care plan based on patient records and monitor patient outcomes.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	2.1.7	2.1.7.1 Maintain confidentiality of patient information in line with legislative requirements.	2.1.7.2 Manage the risk assessment plan relating to breach of confidentiality of patient information in line with legislative requirements.	2.1.7.3 Develop and review the risk assessment plan relating to breach of confidentiality of patient information in line with legislative requirements.
	2.1.8	2.1.8.1 Keep and maintain appropriate records.	2.1.8.2 Implement procedures and protocols for document management and recordkeeping.	2.1.8.3 Develop and review procedures and protocols for document management and recordkeeping.
2.2. Patient counselling	2.2.1	2.2.1.1 Establish existing understanding and knowledge of health conditions, medicines use for a patient and the need for counselling.	2.2.1.2 Formulate a counselling plan according to the needs of the patient to ensure the safe and effective use of medicines.	2.2.1.3 Ensure that all patients receive appropriate counselling that is in line with faciity specific protocols.
	2.2.2	2.2.2.1 Counsel patients on the safe and rational use of medicines and medical devices (including selection, use, contraindications, storage, and side effects).	2.2.2.2 Implement systems to ensure that patient counselling is performed in accordance with GPP.	2.2.2.3 Develop and manage systems to ensure that patient counselling is performed in accordance with GPP.
	2.2.3	2.2.3.1 Listen effectively, using active and reflective listening techniques.	2.2.3.2 Respond appropriately to more challenging or complex scenarios that require attentive listening.	2.2.3.3 Use advanced listening skills to differentiate or distinguish challenging and complex scenarios.
	2.2.4	2.2.4.1 Use an appropriate counselling plan based on patient needs and ensure the safe and effective use of medicine.	2.2.4.2 Respond appropriately to more challenging or complex scenarios requiring patient counselling.	2.2.4.3 Develop and review counselling plan templates to ensure the safe and effective use of medicine.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	2.2.5	2.2.5.1 Maximise opportunities for counselling and the provision of information and advice to patients.	2.2.5.2 Identify opportunities for counselling and the provision of information and advice to patients.	2.2.5.3 Create opportunities for counselling and the provision of information and advice to patients.
	2.2.6	2.2.6.1 Communicate in a manner that demonstrates sensitivity to alternative customs and approaches to healthcare.	2.2.6.2 Implement communication techniques/systems that consider alternative customs and approaches to healthcare.	2.2.6.3 Develop communication techniques/systems that consider alternative customs and approaches to healthcare.
	2.2.7	2.2.7.1 Use language, including verbal and nonverbal cues, that the patient is likely to understand.	2.2.7.2 Implement and monitor the use of a language policy that includes verbal and nonverbal cues that the patient is likely to understand.	2.2.7.3 Develop a language policy that includes verbal and nonverbal cues that the patient is likely to understand.
	2.2.8	2.2.8.1 Where appropriate, use instructional aids.	2.2.8.2 Implement the use of instructional aids appropriately.	2.2.8.3 Develop instructional aids that can be used to maximise counselling.
	2.2.9	2.2.9.1 Obtain feedback from the patient to confirm their understanding of the information provided during the counselling process.	2.2.9.2 Implement processes and procedures to obtain patient feedback regarding counselling.	2.2.9.3 Develop processes and procedures to obtain patient feedback in counselling.
2.3 Patient medicine review and management	2.3.1	2.3.1.1 Confirm patient adherence to a medicine regimen or treatment plan.	2.3.1.2 Encourage and facilitate patient adherence to a medicine regimen or treatment plan.	2.3.1.3 Identify, prioritise and resolve medicines management problems.
	2.3.2	2.3.2.1 Assist with medicine utilisation reviews.	2.3.2.2 Perform medicine utilisation reviews, as appropriate, to ensure the rational use of medicine and positive clinical outcomes.	2.3.2.3 Recognise and manage trends associated with inappropriate medicine prescribing behaviour.
	2.3.3	2.3.3.1 Liaise with the prescriber or other healthcare professionals to ensure the optimal use of medicines.	2.3.3.2 Liaise with the prescriber or other healthcare professionals to implement a plan to ensure the optimal use of medicines.	2.3.3.3 Contribute to strategies to optimise patient medication management using clinical tools where appropriate.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	2.3.4	2.3.4.1 Use appropriate protocols to ensure cost-effective use of medicines and medical devices.	2.3.4.2 Use appropriate protocols to ensure cost-effective use of medicines and medical devices.	2.3.4.3 Develop protocols to ensure the cost-effective use of medicines and medical devices.
	2.3.5	2.3.5.1 Identify patients requiring additional monitoring.	2.3.5.2 Recognise and advise on any additional patient monitoring required.	2.3.5.3 Recognise and advise on any additional patient monitoring required in complex scenarios.
2.4 Medicine and medical device safety	2.4.1	2.4.1.1 Report dispensing errors, side and adverse effects.	2.4.1.2 Implement developed protocols to avoid common dispensing errors such as 'look-alike' and 'sound-alike' medicines.	2.4.1.3 Develop protocols to avoid common dispensing errors such as 'look-alike' and 'sound-alike' medicines.
	2.4.2	2.4.2.1 Keep abreast of emerging medicine safety information.	2.4.2.2 Implement and maintain a 'near-misses' and error reporting system.	2.4.2.3 Disseminate information relating to medicine safety and alter practice accordingly.
	2.4.3	2.4.3.1 Participate in prevention and resolution of medication errors.	2.4.3.2 Identify, record, act and report medication errors.	2.4.3.3 Review and interpret medication error reports to identify trends and implement appropriate corrective action.
	2.4.4	2.4.4.1 Identify medicines, and medical devices with quality issues and report according to applicable policies.	2.4.4.2 Source medicines and medical devices of an acceptable quality and standard, in accordance with relevant SOPs.	2.4.4.3 Develop SOPs to ensure that medicines and medical devices are of an acceptable quality and standard, and are sourced from licensed and approved suppliers.
	2.4.5	2.4.5.1 Identify medicines and medical devices that are a high risk in respect of medication errors or that exhibit increased safety risks and take steps to minimise and mitigate the risk.	2.4.5.2 Implement developed systems and protocols to minimise and mitigate medication errors and adverse effects.	2.4.5.3 Develop systems and protocols to minimise and mitigate medication errors and adverse effects.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	2.4.6	2.4.6.1 Store medicines and medical devices in a safe, secure, organised and systematic manner.	2.4.6.2 Implement developed systems to ensure safe, secure, organised and systematic storage of medicines and medical devices.	2.4.6.3 Develop systems to ensure safe, secure, organised and systematic storage of medicines and medical devices.
2.5 Therapeutic outcome monitoring	2.5.1	2.5.1.1 Monitor therapeutic outcomes.	2.5.1.2 Monitor and optimise therapeutic outcomes for more complex scenarios.	2.5.1.3 Ensure that protocols are in place to support the optimisation of therapeutic outcomes by pharmacists.
	2.5.2	2.5.2.1 Consult with other healthcare professionals to optimise therapeutic outcomes.	2.5.2.2 Contribute to the PTC or at formulary design level to optimise therapeutic outcomes.	2.5.2.3 Participate in optimisation of therapeutic outcomes at PTC/formulary design level.
2.6 Pharmacist initiated therapy (PIT)	2.6.1	2.6.1.1 Assess and treat a patient based on objective and subjective signs and symptoms as guided by relevant legislation and within the scope of practice.	2.6.1.2 Ensure all medicine selection and advice provided reflects best evidence and guidance.	2.6.1.3 Ensure that protocols are in place to facilitate supervision of pharmacy support personnel involved in pharmacist initiated therapy (PIT).
	2.6.2	2.6.2.1 Discuss the use of appropriate medicines and obtain consensus from the patient, taking into account patient preferences, allergies and medical history.	2.6.2.2 Implement the guidelines and policies on the appropriate use of medicines.	2.6.2.3 Develop guidelines and policies for appropriate use of medicines.
	2.6.3	2.6.3.1 Document any intervention, including medicine supply, according to current legislative requirements.	2.6.3.2 Implement the developed pharmacist intervention documentation system.	2.6.3.3 Develop a pharmacist intervention documentation system.
	2.6.4	2.6.4.1 Refer patients, when required, to an appropriate healthcare provider/resource.	2.6.4.2 Implement the referral system to an appropriate healthcare provider/resource.	2.6.4.3 Develop a patient referral system.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
2.7 Pharmacovigilance	2.7.1	2.7.1.1 Monitor, receive, record and report quality defects, adverse drug reactions and events.	2.7.1.2 Manage pharmacovigilance activities and classify the events accordingly.	2.7.1.3 Design and implement interventions to prevent and minimise adverse drug events.
	2.7.2	2.7.2.1 Perform post marketing surveillance studies.	2.7.2.2 Compile reports of the post marketing surveillance studies.	2.7.2.3 Review pharmacovigilance reports and report to regulatory authority.
2.8 Clinical trials	2.8.1	2.8.1.1 Apply master documents (e.g. SOPs) according to GxP.	2.8.1.2 Implement and monitor compliance in line with GxP.	2.8.1.3 Interpret guidelines, legislation and policies in line with GxP.
	2.8.2	2.8.2.1 Compile master documents.	2.8.2.2 Review master documents.	2.8.2.3 Approve master documents.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES

INTRODUCTION

Domain 3 includes competencies required to address the supply of medicines and medical devices, from production processes to the disposal of unused, expired and obsolete medicines and medical devices. The domain encompasses the planning and management of all activities involved in sourcing, procurement, and logistics management and includes coordination and collaboration with suppliers and other healthcare professionals in delivering pharmaceutical services to patients.

The pharmacist plays a critical role in the registration and manufacturing of safe, quality and effective medicines and medical devices. Procurement of safe, quality and effective medicines and medical devices involves the identification and careful selection of suppliers who provide products manufactured in accordance with current Good Manufacturing Practice (cGMP) and relevant legislation. In addition, behavioural statements for Domain 3 pertain to packaging, storage and transport of medicines and medical devices, and the legislation applicable to manufacturing, storage and distribution of medicines and medical devices.

The procurement, storage and distribution of pharmaceutical products are a major determinant in the availability of affordable, quality, safe and effective medicines. Given the impact of procurement activities on the operation and effectiveness of health services, it is essential that these activities are managed by pharmacists capacitated to apply sound procedures and who have access to reliable stock control, consumption and distribution information in order to manage medicine supply.

The dispensing process is also incorporated in the supply of medicines domain. The process in which the pharmacist interprets and evaluates a prescription, from both legal and pharmacological perspectives, selects appropriate medicine(s), prepares, packs and labels the medicine(s), and counsels the patient on the correct use of the medicine(s), are behaviours included in Domain 3. To improve therapeutic outcomes, the supply of medicines should include behaviours encompassing patient care encounters, prescription review, and medicine utilisation review.

In addition, pharmacists are responsible for minimising pharmaceutical waste. This includes the coordination of continuous monitoring of pharmaceutical waste generation, and the destruction or disposal procedures for any unused, unwanted or expired medicine.

The supply of medicines and medical devices competencies are:

3.1 Medicine production according to GxP
3.2 Supply chain management
3.3 Formulary development
3.4 Medicine dispensing
3.5 Medicine compounding
3.6 Medicine disposal/destruction

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
3.1 Medicine production according to GxP	3.1.1 Materials receiving	3.1.1.1 Apply SOPs and production documentation for receiving materials.	3.1.1.2 Implement and monitor compliance with regard to materials receiving requirements in accordance with SOPs.	3.1.1.3 Interpret guidelines, legislation and policies for receiving material.
	3.1.2 Storage of raw materials and finished products	3.1.2.1 Apply SOPs and production documentation for storage requirements.	3.1.2.2 Implement and monitor compliance with storage requirements in accordance with SOPs.	3.1.2.3 Interpret guidelines, legislation and policies for storage of raw materials and finished products.
	3.1.3 Production	3.1.3.1 Apply SOPs and production documentation according to the manufacturing process.	3.1.3.2 Implement and monitor compliance with production requirements in accordance with SOPs.	3.1.3.3 Manage deviations, investigate production failures, develop, review and update guidelines, SOPs and policies relating to the manufacturing process.
	3.1.4 Packaging	3.1.4.1 Apply SOPs and production documentation to packaging process.	3.1.4.2 Implement and monitor compliance with packaging requirements in accordance with SOPs.	3.1.4.3 Manage deviations, investigate packaging failures, develop, review and update guidelines, SOPs and policies relating to the packaging process.
	3.1.5 Final product release	3.1.5.1 Apply SOPs and review production documentation for final product release.	3.1.5.2 Implement and monitor compliance with the final product release specifications.	3.1.5.3 Review and approve manufacturing records for final product release.
	3.1.6 Quality management systems	3.1.6.1 Review and apply SOPs and production documentation in line with quality management systems.	3.1.6.2 Develop and implement quality management systems to ensure product safety, quality and efficacy.	3.1.6.3 Develop and manage quality management policies.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	3.1.7 Validation	3.1.7.1 Apply principles of validation.	3.1.7.2 Develop validation protocols and reports.	3.1.7.3 Approve validation protocols and reports.
	3.1.8 Regulatory	3.1.8.1 Apply section 15 of Act 101 to compile medicine registration dossiers.	3.1.8.2 Review the dossier for correctness and completeness, and respond to variations from the regulatory authority.	3.1.8.3 Approve the dossier for submission to the regulatory authority.
3.2 Supply chain management	3.2.1	3.2.1.1 Monitor and report stock requirements and shortages.	3.2.1.2 Implement medicines supply chain protocols to ensure access and availability of safe, effective, quality medicines and medical devices.	3.2.1.3 Develop and review protocols to ensure access and availability of safe, effective, quality medicines and medical devices for various supply and distribution models.
	3.2.2	3.2.2.1 Advise consumers/carers of reasons for the delay in supply of medicines and medical devices, and implement the contingency plans to ensure continuity of care.	3.2.2.2 Convey medicine or medical device shortage contingency plan information to the relevant healthcare professionals.	3.2.2.3 Develop, and monitor contingency plans for medicines and medical device shortages.
	3.2.3	3.2.3.1 Use the tools to monitor and review stock levels.	3.2.3.2 Assess and determine suitable stock levels and maintenance thereof.	3.2.3.3 Develop tools to monitor and review stock levels.
	3.2.4	3.2.4.1 Supply suitable alternative medicines and medical devices in emergency and life-threatening situations.	3.2.4.2 Source and obtain suitable alternative medicines and medical devices in emergency and life-threatening situations.	3.2.4.3 Liaise with prescribers and other stakeholders to identify suitable alternative medicines and medicine devices where supply difficulties are likely to occur.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	3.2.5	3.2.5.1 Procure medicines and medical devices in line with approved procurement/supply chain management policies and procedures appropriate to the practice setting.	3.2.5.2 Implement and manage procurement/supply chain management policies and procedures appropriate to the practice setting.	3.2.5.3 Develop and review procurement/supply chain management policies and procedures ensuring no conflict of interest or inappropriate inducements in the sourcing and supply of medicines.
	3.2.6	3.2.6.1 Distribute medicines and medical devices in line with approved protocols and policies developed in accordance with GxP.	3.2.6.2 Communicate policies and protocols for medicine and medical device distribution, developed in accordance with GxP, to other members of the healthcare team.	3.2.6.3 Apply GxP principles and relevant legislation in the development of policies and protocols for medicine supply management.
	3.2.7	3.2.7.1 Supply unregistered medicines in accordance with relevant legislation.	3.2.7.2 Manage the supply of unregistered medicines in accordance with relevant legislation.	3.2.7.3 Develop systems and protocols for the supply of unregistered medicines in accordance with relevant legislation.
	3.2.8	3.2.8.1 Implement an effective stock management and rotation system, including systems for forecasting patient needs and demands and contingency plans for shortages and discontinuations.	3.2.8.2 Work with documented policies and procedures to implement an effective stock management and rotation system, including systems for forecasting patient needs and demands and contingency plans for shortages and discontinuations.	3.2.8.3 Manage sector wide pharmaceutical quantification.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
3.3 Formulary development	3.3.1	3.3.1.1 Contribute to product selection based on systematic evidence-based evaluation criteria, e.g. suitability for intended use, quality and cost of medicines and medical devices, safety profile, reliability of source and bioequivalence.	3.3.1.2 Play an advisory role in product selection based on systematic evidence-based evaluation criteria, e.g. suitability for intended use, quality and cost of medicines and medical devices, safety profile, reliability of source and bioequivalence.	3.3.1.3 Play a leading role in product selection based on systematic, evidence-based evaluation criteria, e.g. suitability for intended use, quality and cost of medicines and medical devices, safety profile, reliability of source and bioequivalence.
3.4 Medicine dispensing	3.4.1	3.4.1.1 Evaluate, interpret and prepare the prescription in line with legislative requirements and inform patients of availability of generic medicines.	3.4.1.2 Manage, organise and prioritise the dispensing of prescriptions according to professional judgment, up-to-date clinical knowledge and in line with legislative requirements.	3.4.1.3 Manage, organise and prioritise the dispensing of prescriptions according to professional judgment, up-to-date clinical knowledge and in line with legislative requirements.
	3.4.2	3.4.2.1 Maintain, review and update patient history.	3.4.2.2 Ensure that patient history is recorded and stored appropriately in accordance with applicable legislation.	3.4.2.3 Ensure that patient history is recorded and stored appropriately in accordance with applicable legislation.
	3.4.3	3.4.3.1 Perform a therapeutic review of a prescription to ensure pharmaceutical and clinical appropriateness of the treatment.	3.4.3.2 Perform a therapeutic review of more complex prescriptions to ensure pharmaceutical and clinical appropriateness of treatment.	3.4.3.3 Undertake therapeutic review of highly complex prescriptions for patients with multiple coexisting conditions to ensure pharmaceutical and clinical appropriateness of the prescribed treatment for the patient.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	3.4.4	3.4.4.1 Apply GPP principles and ensure accurate dispensing in an organised and systematic way, and apply sequential accuracy checks to all phases of dispensing.	3.4.4.2 Apply GPP principles and ensure accurate dispensing in an organised and systematic way, and apply sequential accuracy checks to all phases of dispensing.	3.4.4.3 Put systems in place to ensure that all phases of dispensing as detailed in the GPP are complied with.
	3.4.5	3.4.5.1 Prepare extemporaneous preparations according to GxP.	3.4.5.2 Ensure that extemporaneous preparations are prepared in accordance with GxP.	3.4.5.3 Develop SOPs for preparation of extemporaneous preparations in line with GxP.
	3.4.6	3.4.6.1 Perform pharmaceutical calculations accurately.	3.4.6.2 Ensure that pharmaceutical calculations are accurate.	3.4.6.3 Provide reference sources and develop procedures for pharmaceutical calculations.
	3.4.7	3.4.7.1 Consult prescribers regarding anomalies or potential problems, e.g. incorrect doses, drug interactions.	3.4.7.2 Address prescription anomalies in clinical meetings with healthcare professionals.	3.4.7.3 Advise and guide prescribers on potential problematic treatment regimens.
	3.4.8	3.4.8.1 Document and record all interventions.	3.4.8.2 Implement a recordkeeping system and ensure that all interventions are documented.	3.4.8.3 Develop a recordkeeping system and undertake an analysis of all documented interventions to improve patient care.
	3.4.9	3.4.9.1 Use dispensing technology in line with practice specific protocols.	3.4.9.2 Implement and monitor the use of dispensing technology developed in line with protocols.	3.4.9.3 Develop protocols to ensure accurate use of all dispensing technologies.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
3.5 Medicine compounding	3.5.1	3.5.1.1 Apply pharmaceutical knowledge to the formulation and compounding of medicines.	3.5.1.2 Ensure that pharmaceutical formulation and compounding of medicines are in line with legislation.	3.5.1.3 Source appropriate references for formulation and compounding of medicines in line with GPP and GxP.
3.6 Medicine recall, disposal and destruction	3.6.1	3.6.1.1 Request patients to return any unused, unwanted and/or expired medicines to the pharmacy for safe disposal and implement the protocols for any returned, unused, unwanted, expired and recalled medicines, including the assessment of impact on patient care and required patient follow up.	3.6.1.2 Request patients to return any unused, unwanted and/or expired medicines to the pharmacy for safe disposal and implement the protocols for any returned, unused, unwanted, expired and recalled medicines, including the assessment of impact on patient care and required patient follow up.	3.6.1.3 Develop protocols to ensure the proper management of returned, recalled, expired and unusable products for safe disposal taking into consideration environmental legislations.
	3.6.2	3.6.2.1 Quarantine any returned, damaged, expired, recalled or discontinued medicines and implement and monitor the safe destruction and disposal of waste material, pharmaceutical products and cytotoxic products in accordance with relevant legislation.	3.6.2.2 Quarantine any returned, damaged, expired, recalled or discontinued medicines and implement and monitor the safe destruction and disposal of waste material, pharmaceutical products and cytotoxic products in accordance with relevant legislation.	3.6.2.3 Develop a protocol for the safe destruction and disposal of waste material, pharmaceutical products and cytotoxic products in accordance with relevant legislation.
	3.6.3	3.6.3.1 Apply the guidelines for recall of medicines.	3.6.3.2 Apply the guidelines for recall of medicines.	3.6.3.3 Ensure compliance to the guidelines for recall of medicines.

DOMAIN 4: ORGANISATION AND MANAGEMENT SKILLS

INTRODUCTION

Domain 4 includes competency standards that relate to the manner in which pharmacists apply organisational and managerial skills to ensure the effective and efficient delivery of pharmaceutical services. It includes behavioural statements relating to: the operation and maintenance of facilities and infrastructure; application of sound fiscal principles; and quality assurance to ensure sustainable pharmaceutical services that are adaptive to changing environments.

Human and financial resources are central to planning, delivering and managing pharmaceutical services. In pharmacy, the goal of human resources management is to develop and sustain an adequate supply of skilled professionals motivated to provide effective pharmaceutical services.

The organisation and management competencies are:

4.1 Human resources management
4.2 Financial management
4.3 Pharmaceutical infrastructure management
4.4 Quality assurance
4.5 Change management
4.6 Policy development

DOMAIN 4: ORGANISATION AND MANAGEMENT SKILLS				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
4.1 Human resources management	4.1.1	4.1.1.1 Contribute to the effective management of pharmacy personnel.	4.1.1.2 Effectively manage pharmacy personnel under personal supervision.	4.1.1.3 Identify human resources requirements and manage human resources effectively.
	4.1.2	4.1.2.1 Undertake continuing professional development.	4.1.2.2 Participate in the provision of staff training and continuing professional development.	4.1.2.3 Identify staff training needs, facilitate appropriate training opportunities and participate in continuing professional development.
	4.1.3	4.1.3.1 Conduct self-assessments or appraisal in line with the performance management policy.	4.1.3.2 Conduct staff assessments or appraisals in line with the performance management policy.	4.1.3.3 Review performance management policies and processes.
	4.1.4	4.1.4.1 Adhere to basic human resources management legislation, e.g. Labour Relations Act and Basic Conditions of Employment Act.	4.1.4.2 Monitor adherence to relevant human resources management legislation, e.g. Labour Relations Act and Basic Conditions of Employment Act.	4.1.4.3 Develop and train pharmacy personnel.
4.2 Financial management	4.2.1	4.2.1.1 Submit patient prescription claims to health funders to ensure optimum use of patient benefits.	4.2.1.2 Monitor patient prescription claims submitted to health funders to ensure optimum use of patient benefits.	4.2.1.3 Determine dispensing and professional fees to be charged in line with legislation.
	4.2.2	4.2.2.1 Work according to the approved budget.	4.2.2.2 Monitor income and expenditure in line with budget prescripts.	4.2.2.3 Develop and effectively analyse and manage financial data and budgets.
	4.2.3	4.2.3.1 Comply with all relevant legislative prescripts.	4.2.3.2 Monitor adherence to all relevant legislative prescripts.	4.2.3.3 Ensure adherence to all relevant legislative prescripts.

DOMAIN 4: ORGANISATION AND MANAGEMENT SKILLS				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	4.2.4	4.2.4.1 Perform cost benefit analysis.	4.2.4.2 Apply the principles of pharmacoeconomic assessments.	4.2.4.3 Apply the principles of pharmacoeconomic assessments.
4.3 Pharmaceutical infrastructure management	4.3.1	4.3.1.1 Identify pharmaceutical facility and equipment needs.	4.3.1.2 Identify pharmaceutical facility and equipment needs.	4.3.1.3 Identify pharmaceutical facility and equipment needs and develop a plan to achieve and meet the needs.
	4.3.2	4.3.2.1 Monitor the suitability of pharmaceutical facilities and equipment.	4.3.2.2 Monitor the suitability of pharmaceutical facilities and equipment.	4.3.2.3 Manage pharmaceutical facilities and equipment.
	4.3.3	4.3.3.1 Work according to the approved workplace procedures and policies.	4.3.3.2 Implement and monitor workplace procedures and policies.	4.3.3.3 Develop and review workplace procedures and policies as required.
	4.3.4	4.3.4.1 Prioritise and organise workflow and demonstrate time management skills.	4.3.4.2 Manage, prioritise and organise workflow and demonstrate time management skills.	4.3.4.3 Develop and review workflow systems in order to manage, prioritise and organise daily work and demonstrate time management skills.
	4.3.5	4.3.5.1 Maintain the existing pharmaceutical infrastructure.	4.3.5.2 Contribute to the improvement of the existing pharmaceutical infrastructure.	4.3.5.3 Ensure pharmaceutical infrastructure is in line with legislative requirements.
4.4 Quality assurance	4.4.1	4.4.1.1 Participate in the update of the SOPs and attend training on SOPs.	4.4.1.2 Contribute to the development, implementation, maintenance and training of staff in respect of SOPs.	4.4.1.3 Conduct regular audit activities, report and act upon findings.
	4.4.2	4.4.2.1 Assist with procedures and processes that ensure quality assurance is achieved.	4.4.2.2 Participate in quality assurance audits.	4.4.2.3 Use feedback from complaints and audits to implement improvement strategies, and monitor and evaluate the outcomes.

DOMAIN 4: ORGANISATION AND MANAGEMENT SKILLS				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	4.4.3	4.4.3.1 Work according to the approved document management and recordkeeping systems.	4.4.3.2 Implement a system for documentation and recordkeeping for quality assurance purposes.	4.4.3.3 Develop and update systems for documentation and recordkeeping for quality assurance purposes.
4.5 Change management	4.5.1	4.5.1.1 Participate in change management processes within the team.	4.5.1.2 Manage a change management process for the team.	4.5.1.3 Contribute to and lead a change management process beyond the team/workplace or across disciplines.
	4.5.2	4.5.2.1 Overcome internal barriers and self-limiting beliefs to change by analysing the climate and the readiness for change followed by measures to improve personnel growth and contribute to organisational success and outcomes.	4.5.2.2 Motivate staff to overcome barriers to change in order to drive organisational success and outcomes.	4.5.2.3 Develop strategies to inspire and motivate staff to overcome barriers to change in order to drive organisational success and outcomes.
4.6 Policy development	4.6.1	4.6.1.1 Apply policies and SOPs.	4.6.1.2 Implement and monitor policies and SOPs.	4.6.1.3 Develop a policy framework and SOPs

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE

INTRODUCTION

Domain 5 is the professional and personal practice domain and includes behavioural statements that relate to the practice of pharmacy in a professional, legal and ethical manner to deliver patient-centred pharmaceutical services in a multidisciplinary setting.

The professional and personal practice competencies are:

5.1 Patient-centred care
5.2 Professional practice
5.3 Ethical and legal practice
5.4 Continuing professional development
5.5 Leadership
5.6 Decision-making
5.7 Collaborative practice
5.8 Self-management
5.9 Communication

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
5.1 Patient-centred care	5.1.1	5.1.1.1 Assist patients to make informed healthcare decisions.	5.1.1.2 Educate and empower patients to manage their own health and medicine use.	5.1.1.3 Act as a patient advocate to ensure that patient care is optimised.
	5.1.2	5.1.2.1 Ensure patient safety and quality of care are at the centre of the pharmacy practice.	5.1.2.2 Monitor pharmacy practice to ensure patient safety and quality of care.	5.1.2.3 Put systems in place, including patient experience feedback, to ensure patient safety and quality of care are at the centre of the pharmacy practice.
	5.1.3	5.1.3.1 Uphold the patients' rights.	5.1.3.2 Monitor that patients' rights are upheld.	5.1.3.3 Champion patients' rights through the implementation of the Patients' Rights Charter.
5.2 Professional practice	5.2.1	5.2.1.1 Practise in a manner that upholds professionalism.	5.2.1.2 Monitor that pharmacy personnel practise in a manner that upholds professionalism.	5.2.1.3 Develop strategies to ensure that pharmacy personnel practise in a manner that upholds professionalism.
	5.2.2	5.2.2.1 Treat all with sensitivity, empathy, respect and dignity.	5.2.2.2 Monitor that patients are treated with sensitivity, empathy, respect and dignity.	5.2.2.3 Develop systems and processes to ensure that patients are treated with sensitivity, empathy, respect and dignity.
	5.2.3	5.2.3.1 Take responsibility for own actions and patient care.	5.2.3.2 Encourage pharmacy personnel to take responsibility for their own actions and patient care.	5.2.3.3 Teach pharmacy personnel to take responsibility for their own actions and patient care.
	5.2.4	5.2.4.1 Maintain a consistently high standard of work.	5.2.4.2 Ensure that pharmacy personnel consistently achieve a high standard of work.	5.2.4.3 Put systems in place to ensure that pharmacy personnel consistently achieve a high standard of work.
	5.2.5	5.2.5.1 Contribute effectively in a multidisciplinary team.	5.2.5.2 Contribute effectively in a multidisciplinary team.	5.2.5.3 Lead and participate effectively in a multidisciplinary team.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	5.2.6	5.2.6.1 Maintain appropriate boundaries with patients, staff and other healthcare professionals according to established ethical and professional practice guidelines.	5.2.6.2 Mentor and coach pharmacy personnel on maintenance of appropriate boundaries with patients, staff and other healthcare professionals using established ethical and professional practice guidelines.	5.2.6.3 Develop ethical and professional practice guidelines to establish appropriate boundaries with patients, staff and other healthcare professionals.
	5.2.7	5.2.7.1 Embrace technology and innovation that can improve patient care.	5.2.7.2 Encourage the use of technology and innovation to improve patient care.	5.2.7.3 Develop and establish policies and approaches that support the use of technology and innovation to improve patient care.
5.3 Ethical and legal practice	5.3.1	5.3.1.1 Apply the Pharmacy Act (No. 53 of 1974), the Medicines and Related Substances Act (No. 101 of 1965) and any other applicable legislation in daily practice.	5.3.1.2 Monitor compliance with the Pharmacy Act, the Medicines Act or any other applicable legislation in daily practice.	5.3.1.3 Develop and update protocols to ensure that practice is in line with current legislation.
	5.3.2	5.3.2.1 Practise within the scope of practice of a pharmacist, recognising own limitations of personal competency and expertise.	5.3.2.2 Practise within the scope of practice of a pharmacist, recognising own limitations of personal competency and expertise.	5.3.2.3 Practise within the scope of practice of a pharmacist, recognising own limitations of personal competency and expertise.
	5.3.3	5.3.3.1 Keep abreast of legislation and apply relevant amendments accordingly.	5.3.3.2 Keep abreast of legislation and apply relevant amendments accordingly.	5.3.3.3 Contribute to the development of new and amended pharmacy related legislation, and guidelines.
	5.3.4	5.3.4.1 Comply with professional indemnity requirements.	5.3.4.2 Encourage compliance with professional indemnity requirements.	5.3.4.3 Ensure compliance with professional indemnity requirements.
	5.3.5	5.3.5.1 Practise and adhere to the obligations of a pharmacist in terms of the	5.3.5.2 Apply the principles of ethics in managing ethical dilemmas in a structured manner.	5.3.5.3 Apply the principles of ethics in managing ethical dilemmas in a structured manner.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
		principles of the statutory Code of Conduct for Pharmacists.		
5.4 Continuing professional development	5.4.1	5.4.1.1 Inculcate the principles of life-long learning into daily practice.	5.4.1.2 Inculcate the principles of life-long learning into daily practice.	5.4.1.3 Inculcate the principles of life-long learning into daily practice.
	5.4.2	5.4.2.1 Take personal responsibility for engaging in CPD to achieve professional development goals, and document CPD activities appropriately.	5.4.2.2 Take personal responsibility for engaging in CPD to achieve professional development goals, and document CPD activities appropriately.	5.4.2.3 Take personal responsibility for engaging in CPD to achieve professional development goals, and document CPD activities appropriately.
	5.4.3	5.4.3.1 Critically reflect on personal practice and skills and identify and address learning needs.	5.4.3.2 Critically reflect on personal practice and skills and identify and address learning needs.	5.4.3.3 Critically reflect on personal practice and skills and identify and address learning needs.
5.5 Leadership	5.5.1	5.5.1.1 Build professional credibility and portray the profession in a positive light.	5.5.1.2 Apply assertiveness skills to inspire confidence as an accountable leader.	5.5.1.3 Lead by example.
	5.5.2	5.5.2.1 Provide appropriate supervision and mentoring to pharmacy support personnel.	5.5.2.2 Provide appropriate supervision and mentoring to pharmacy support personnel and other pharmacists.	5.5.2.3 Contribute to the initiation, development and continuous improvement of pharmaceutical services.
5.6 Decision-making	5.6.1	5.6.1.1 Make considered and timely evidenced-based decisions incorporating consultation if required.	5.6.1.2 Demonstrate attention to detail and accuracy in decision-making.	5.6.1.3 Play a leading role in pharmaceutical decision-making.
5.7 Collaborative practice	5.7.1	5.7.1.1 Practice in a multidisciplinary team with cognisance of the roles and services delivered by healthcare and other related professionals.	5.7.1.2 Practice in a multidisciplinary team with cognisance of the roles and services delivered by healthcare and other related professionals.	5.7.1.3 Advocate for the inclusion of pharmacists in all multidisciplinary healthcare teams.
5.8 Self-management	5.8.1	5.8.1.1 Work in an organised and efficient manner.	5.8.1.2 Work in an organised and efficient manner.	5.8.1.3 Develop systems and processes to ensure that work is carried out in an organised and efficient manner.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
	5.8.2	5.8.2.1 Ensure time and work processes are appropriately planned, prioritised and managed.	5.8.2.2 Modify behaviour and practice in response to feedback, experience and critical incidents.	5.8.2.3 Design behavioural and practice models in response to feedback, experience and critical incidents.
	5.8.3	5.8.3.1 Take appropriate responsibility in the workplace.	5.8.3.2 Take responsibility and be accountable for pharmacy practice issues in the workplace.	5.8.3.3 Identify gaps and areas for personal improvement and ensure implementation.
	5.8.4	5.8.4.1 Ensure punctuality and reliability.	5.8.4.2 Implement effective and efficient work methodology.	5.8.4.3 Develop time management strategies.
5.9 Communication	5.9.1	5.9.1.1 Use appropriate language and listening skills, and confirm understanding between patient and pharmacist.	5.9.1.2 Use appropriate language and listening skills, and confirm understanding between patient and pharmacist.	5.9.1.3 Determine the appropriate language and develop appropriate listening skills to use, and confirm understanding between patient and pharmacist.
	5.9.2	5.9.2.1 Understand and demonstrate respect, sensitivity, empathy and cultural awareness.	5.9.2.2 Embody and promote the principles of respect, sensitivity, empathy and cultural awareness.	5.9.2.3 Educate pharmacy personnel on the principles of respect, sensitivity, empathy and cultural awareness.
	5.9.3	5.9.3.1 Convey accurate and relevant information.	5.9.3.2 Demonstrate the principles of accurate, concise and relevant information.	5.9.3.3 Educate pharmacy personnel on the principles of accurate, concise and relevant information.
	5.9.4	5.9.4.1 Apply problem solving and conflict management skills.	5.9.4.2 Apply advanced problem solving and conflict management skills.	5.9.4.3 Educate pharmacy personnel on problem solving and conflict management skills.
	5.9.5	5.9.5.1 Build trust relationships to ensure effective communication with patients, healthcare professionals and relevant staff.	5.9.5.2 Advance trust relationships to ensure effective communication with patients, healthcare professionals and relevant staff.	5.9.5.3 Educate pharmacy personnel on the importance of trust relationships to ensure effective communication with patients, healthcare professionals and relevant staff.

DOMAIN 6: EDUCATION, CRITICAL ANALYSIS AND RESEARCH

INTRODUCTION

Domain 6 includes the behavioural statements relating to education and training, critical analysis and research.

Education is essential for the initial development of pharmacists and is required throughout a pharmacist's career to keep abreast of knowledge, skills, attitudes and values. Pharmacists should participate in the education and training of patients, interns, pharmacy support personnel and other healthcare practitioners.

Critical analysis competencies provide the link between practice and research by assisting in the identification of areas where research is required. Pharmacists should participate in practice-based research. The research may include investigations into prescribing practices, patterns of medicine usage, evaluation of medicine use, the monitoring of adverse reactions, the benefits of the pharmacist's advisory role, computerised data handling, health economics, legislation, and aspects of abuse and irrational use of medicines.

Practising pharmacists are increasingly participating in health systems and quality improvement research, which must be encouraged as a means of providing databases and information for future policy, guidelines and practice development. Such research is often conducted in collaboration with other healthcare providers.

The education, research and critical analysis competencies are:

6.1 Education and training policy
6.2 Provision of education and training
6.3 Practice embedded education or workplace education
6.4 Gap analysis
6.5 Critical analysis
6.6 Research
6.7 Supervision of other researchers
6.8 Collaborative research

DOMAIN 6: EDUCATION, CRITICAL ANALYSIS AND RESEARCH				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
6.1 Education and training policy	6.1.1	6.1.1.1 Apply national policy relating to pharmaceutical education.	6.1.1.2 Interpret national policy in order to design strategic approaches for pharmaceutical education.	6.1.1.3 Shape and contribute to national education policy.
6.2 Provision of education and training	6.2.1	6.2.1.1 Teach effectively according to an agreed training plan with guidance from a more experienced colleague.	6.2.1.2 Mentor and assist with implementation of training plans.	6.2.1.3 Design and manage a course of study, with appropriate use of teaching approaches, assessment and study methods.
	6.2.2	6.2.2.1 Perform self-assessment and identify own learnings needs.	6.2.2.2 Assess the performance and learning needs of others.	6.2.2.3 Shape, contribute to and be accountable for the performance and learning needs of others.
	6.2.3	6.2.3.1 Participate in developing the learning activities.	6.2.3.2 Plan a series of effective learning experiences for others.	6.2.3.3 Shape, contribute to and be accountable for the creation and/or development of pharmacy education qualification(s).
6.3 Practice embedded education or workplace education	6.3.1	6.3.1.1 Participate in the formal education of students in a practice environment.	6.3.1.2 Design and manage a study programme, based in a practice environment.	6.3.1.3 Shape, contribute to, or be accountable for the creation and/or development of practice-based components of pharmacy education qualification(s).
6.4 Gap analysis	6.4.1	6.4.1.1 Identify gaps in the practice of pharmacy and education using evidence based research.	6.4.1.2 Formulate appropriate and rigorous research questions to address gaps in the practice of pharmacy and education.	6.4.1.3 Design an appropriate research strategy to address research questions.
6.5 Critical analysis	6.5.1	6.5.1.1 Critically evaluate literature in the context of practice of pharmacy and education.	6.5.1.2 Apply critical evaluation skills in the context of practice of pharmacy and education.	6.5.1.3 Undertake peer review activities in the practice of pharmacy and education.

DOMAIN 6: EDUCATION, CRITICAL ANALYSIS AND RESEARCH				
COMPETENCIES	**BEHAVIOURAL STATEMENTS**			
	Item no.	**Entry Level into Practice**	**Intermediate Practice**	**Advanced Practice**
6.6 Research	6.6.1	6.6.1.1 Describe the core features of research protocols.	6.6.1.2 Design a research protocol to address previously formulated research questions.	6.6.1.3 Critically review research protocols.
	6.6.2	6.6.2.1 Conduct research according to approved protocol.	6.6.2.2 Present research findings at relevant fora.	6.6.2.3 Publish an article on research findings.
6.7 Supervision of other researchers	6.7.1	6.7.1.1 Apply research governance principles.	6.7.1.2 Supervise research at undergraduate level.	6.7.1.3 Supervise research at postgraduate level.
6.8 Collaborative research	6.8.1	6.8.1.1 Work as a member of a research team.	6.8.1.2 Establish new multidisciplinary links to conduct research projects.	6.8.1.3 Lead a multidisciplinary research team.

REFERENCES

1. FIP Education Initiatives, 2012. Pharmacy Education Taskforce. A Global Competency Framework. Version 1.
2. Management Sciences for Health, 2011. *Managing Access to medicines and other technologies.* Arlington, VA: Management Sciences for Health.
3. Pharmaceutical Society of Australia, 2010. *National Competency Standards Framework for Pharmacists in Australia.* Pharmaceutical Society of Australia; Australia.
4. Pharmacy Education in Europe (PHARMINE), 2011. *Identifying and defining competencies: Exploitation of results – recommendations on competency curriculum for professional pharmacists.*
5. South African Pharmacy Council (SAPC), 2006. *Continuing Professional Development (CPD) For Persons Registered With The South African Pharmacy Council*: Guidance Document. SAPC: South Africa
6. The Pharmaceutical Society of Ireland, 2013. *Core Competency Framework for Pharmacists.* The Pharmaceutical Society of Ireland: Ireland

BOARD NOTICE 60 OF 2018

Notice to Invite Nominations to Serve on the Board of the Mining Qualifications Authority

The Mining Qualifications Authority (MQA) is a Sector Education and Training Authority (SETA) responsible for the administration of skills development programmes for the mining and minerals sector. It was first established under the Mine Health and Safety Act No. 29 of 1996 and later registered as a SETA under the Skills Development Act No. 97 of 1998.

The MQA is listed as a Public Entity (Schedule 3A) according to the Public Finance Management Act (PFMA) No. 1 of 1999 in terms of government funding received for administrative purposes, as legislated by the Skills Development Act.

In terms of the requirements of the Skills Development Act (SDA), the Mine Health and Safety Act (MHSA), the Mine Health and Safety Regulations (MHSR), and as amendments thereto, nominations are herewith invited from registered trade unions and employer organisations operating within the South African mining and mineral sector, to be considered for appointment as members of the MQA's Accounting Authority (Board).

1. Term of Office

The term of office shall commence on 01 October 2018 and terminate on 30 September 2021.

2. Minimum Requirements for Nominees

Every nomination must be submitted in writing within thirty (30) days of publication of this notice and must contain:

a) the name, address, ID copy, ID number and a short curriculum vitae of the nominee;
b) if submitted by:
   i) a registered trade union, a statement of the number of employees registered as members of the union; or
   ii) an employer organisation, a statement of the number of employees employed by the organisation; and
c) any other information or documentation as required in this notice.

3. Selection Criteria for Nominees

Nominees should have knowledge, skills and expertise in the following areas:

- The functioning of an Accounting Authority in terms of the requirements relating to corporate governance, stakeholder management and ethics;
- Skills development legislation and the Mine Health and Safety Act;
- The MQA's responsibility in respect of service delivery;
- The Public Finance Management Act;
- The strategic leadership role of an Accounting Authority;
- Education, training, skills development and human resources development;
- Quality assurance of learning provision;
- General management and business skills;
- The communication and marketing role of the MQA in relation to its stakeholders; and
- Any other criteria as per the Mine Health and Safety Regulations.

MQA/COM/04/020 Revision: 0 Approved: EMCS Date: 20/10/2015

4. Disqualifying Criteria

A nominee will be disqualified for appointment as a member of the Accounting Authority, if such a person:

- is not a citizen and does not permanently reside in the Republic;
- is subject to an order of a competent court declaring such person to be mentally ill or disordered;
- is convicted whether in the Republic or elsewhere, of any offence for which such person is sentenced to imprisonment without the option of a fine;
- at any time prior to the date of commencement of the MHSA, was convicted or, at any time after such commencement, is convicted in the Republic for theft, fraud, forgery and making reference to a forged document, perjury, or an offence in terms of the Prevention of Corruption Act, 1958 (Act No.6 of 1958), the Corruption Act, 1992 (Act No. 94 of 1992), Part 1 to 4, or section 17, 20 or 21
  (in so far as it relates to the aforementioned offences) of Chapter 2 of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004); and
- whether in the Republic or elsewhere, is convicted of any other offence involving dishonesty.

5. General Information

- All nominations must be in accordance with the MHSA as read with MHSR chapter 18.2;
- Nominations must be accompanied by a letter of the organisation recommending the prospective member(s);
- Proof of qualifications/relevant experience of the nominee must accompany the nomination as well as a copy of a South African ID; and
- All nominations in accordance with the requirements will be submitted to the Honourable Minister of Mineral Resources for the necessary consideration.

Closing Date

Nominations must be submitted by hand or by courier by **12H00** on **Monday 11 June 2018** to the following address: The Chief Executive Officer: MQA, 7 Anerley Road, Parktown, Johannesburg, 2193.

Please ensure that all nominations are addressed for the attention of the Chief Executive Officer and indicate the following outside the envelope: “NOMINATION OF ACCOUNTING AUTHORITY MEMBER(S)”.

Nominations received after the closing date and time will not be considered.

For enquiries regarding the nomination process please contact Ms Angela Lehobo on 011 547 2608.

WARNING!!!

To all *suppliers and potential suppliers* of goods to the Government Printing Works

The Government Printing Works would like to warn members of the public against an organised syndicate(s) scamming unsuspecting members of the public and claiming to act on behalf of the Government Printing Works.

One of the ways in which the syndicate operates is by requesting quotations for various goods and services on a quotation form with the logo of the Government Printing Works. Once the official order is placed the syndicate requesting upfront payment before delivery will take place. Once the upfront payment is done the syndicate do not deliver the goods and service provider then expect payment from Government Printing Works.

Government Printing Works condemns such illegal activities and encourages service providers to confirm the legitimacy of purchase orders with GPW SCM, prior to processing and delivery of goods.

To confirm the legitimacy of purchase orders, please contact:

Renny Chetty (012) 748-6375 (Renny.Chetty@gpw.gov.za),

Anna-Marie du Toit (012) 748-6292 (Anna-Marie.DuToit@gpw.gov.za) and

Siraj Rizvi (012) 748-6380 (Siraj.Rizvi@gpw.gov.za)

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
Contact Centre Tel: 012-748 6200. eMail: info.egazette@gpw.gov.za
Publications: Tel: (012) 748 6053, 748 6061, 748 6065