



SADA

THE SOUTH AFRICAN
DENTAL ASSOCIATION

The Golden Compass

A Guide to Community Service for the newly qualified dentist

*A guide to Community Service for the
newly qualified dentist
Ensuring you do not lose your way*

Compiled by



YOUNGDENTISTS 
6th Edition 2021-2022 COUNCIL SADA

A clear glass filled with ice water and a slice of orange is centered in the upper half of the image. The glass is covered in condensation, and the background is a solid light green color.

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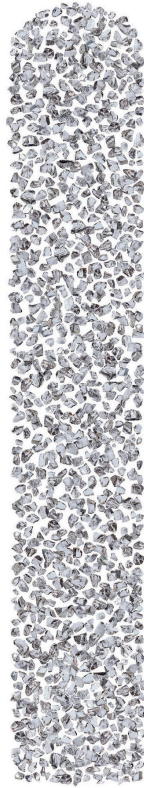
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Foreword

KC Makhubele
SADA Chief Executive Officer

Greetings, our valued newly qualified dentists

On behalf of SADA and the YDC, we congratulate you on your achievement – *Ha mi tlangela eka ku humelela ka n'wina!*

During the Covid-19 pandemic and the curves thrown not only to society as a whole but to all learning institutions, this has with no doubt added new challenges to you and your lecturers. As graduates you have endured additional challenges due to your career selection and we have no doubt that your journey to this point has not always been an easy one and at times may have been arduous. You may have even thought of giving up but you persevered and for that, we applaud you - *Well done!* You have achieved your goal despite what appears to be unending months of uncertainty arising from the pandemic.



Being a dentist goes beyond a mere career selection, it is a calling. If you are not made for this you will spend the rest of your life regretting. I am assured that all of you have come this far because you have recognised this calling. SADA understands this very well and the very reason we extend our hand to all dental students well before graduation. It is important that you know before this very important rewarding step of dgraduation in your journey that you experience SADA offerings.

Now that you have completed your dental school year as an undergraduate, your career is only truly beginning right now as you embark on your Community Service journey. The journey you are embarking on can be daunting - it can be equally enjoyable but it can be a lonely place too. You can set aside any fear you may have of being on your own as SADA will walk the journey with you. This publication has become a golden source of information as many before you have taken the journey you embark upon today. It is a navigation tool for you as you navigate your primary years of practice in the oral health profession.

You will find a lot of guidance from this book to ease your way into your Community Service year and continue your journey to a fulfilling career. My tips as you walk this journey are simple.

Firstly, join SADA as your professional association (free for students and a nominal fee for Community Service dentists), do not make a mistake of trying to go it alone. You will realise that this is the best thing you can do for yourself. Through SADA you will form a network of new friends of different age groups who can be a great support when you're finding your way. If you have not yet registered as a SADA member, please do so by visiting www.sada.co.za and completing the online application there, or email sadamembership@sada.co.za and our Membership team will assist you.

Secondly, a dental degree is just that “a degree” – You have learned “a degree” of knowledge in dentistry and you will never know everything there is to know. Be open to learn and grow as a dentist. Use the facilities that SADA and the Young Dentists Council provide across the country to learn and be better every year.

Thirdly, ensure you connect with one to three dentists who are much more experienced than you. They will become a valuable source of information; you don't have to reinvent the wheel. SADA has a countrywide network of general dental practitioners and specialists available to members. You are able to network with like-minded people, who have been where you are. We invite you to take advantage of these years of experience that you are able to draw on as a SADA new graduate. SADA has a mentorship programme. If you would like to know more about this please email our Professional Development Department at profdev@sada.co.za

Fourthly, ensure that you have the SADA contact information on your fingertips for when you are completely lost. Contact us by telephone ((011) 484 5288), email (info@sada.co.za), social media etc., but do not keep quiet and try to figure it out alone.

Fifth, don't be afraid to give things a go. You must have the courage to do new things or things you don't know much within the confines of the law and your skills, this is the only way you can be better and different from your colleague. Have some confidence in your own abilities.

SADA has the tools for you to easily achieve your HPCSA continuing professional development requirements through Branch events when possible, online CPD and their Annual Congress (this year will be virtual). The YDC Committee is comprised of oral health professionals who were also where you stand today, and they are committed to supporting you on your journey.

We wish you an amazing, successful and fruitful journey in oral health and we are sure you will be instrumental in producing smiles wherever you may go.



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A New Journey Begins...

*Dr Vishal Bhikha
YDC President*

A big high five, fist pump and congratulations to all who made it to this leg of the journey. After enduring sleepless nights, panic attacks and an immense workload as a dental student, you are about enter another chapter of your dental journey.... The Community Service year.

The 2021 year was a continuation of surprises and hiccups, with global Covid-19 pandemic disrupting our day-to-day livelihood, routines and endeavours. Some of you may have even lost a dear one due to the virus, others perhaps have had a family member or bread winner lose their job. Despite these trying times, your hope and determination brought light at the end of the tunnel. Even though difficult, these tough days taught us patience, strength through unity and the standing together as a nation. It gave us the opportunity to think differently and problems solve like we may not have had the opportunity to do so previously.



Entering the community service year is one that is generally undertaken with mixed emotions, from the excitement of earning a salary to a feeling of being overwhelmed by a new environment. The Community Service year is one that is full of diverse experiences, and for some it may be the most memorable year of their dental career.

The Young Dentists Council (YDC) under the wing of SADA would like to offer its hand to you as you embark on this journey. As one enters the domain of a being qualified practitioner, one should never feel that this journey is travelled in solitude. One of the aims of the YDC is to reach out to all young dentists and express to them that the SADA family is always there as a support structure in times of difficulty and even achievement.

The purpose of this manual is to empower and enlighten your voyage through the community service year. I believe that this manual will act as a very important tool with regard to the choices and decisions that you make during the year, keeping in mind the highest purpose of patient care, ethical standards and professional conduct.

I would like to take this opportunity to wish every graduate with the best wishes. May you succeed during your community service year and prosper with all future endeavours thereafter. Always maintain an attitude of gratitude and a desire for continuous learning and growth. The dental profession is a beautiful combination of science, engineering and art with the aim of achieving human health. South Africa needs you to build a better future of healthcare.

Ukuph' ukuziphakela (Giving, is to dish out for oneself) - Zulu Proverb

Preview of YDC Future Plans

Part of the mission of the YDC under the banner of SADA is to attract young and upcoming dentists to SADA and promote who the YDC/SADA are and what we stand for. One of the tasks we wish to undertake is; creating awareness amongst undergraduate dental students who are our budding future dentists. We wish to interact with dental students as early as third year of study. By then the students are starting to develop a sense of the dental profession.

The YDC promotes themselves as well as SADA through all available channels always explaining our true purpose and function to students. In all our endeavours we wish for students to understand the notion that during their academic period, prior to entering into community service and eventually into the real world that there is a body or “dental community” that maintains their best interests. We regard it important that every student before graduating feels part of the SADA family and that somebody has their back when dull days fall upon them. Ups and downs are part of everyone’s journey and therefore if students are given correct guidance and direction early in their career, the rest of the dental journey will be a pleasant one.

Activities that we plan to initiate at dental schools:

- 👏 Presentation and interactive sessions.
- 👏 Team building exercises.
- 👏 Social events for example: sports day, fun day, braai afternoon, picnic day with games.
- 👏 Constant liaising with students through student bodies, dental councils and class representatives.
- 👏 Promoting the attendance of CPD programmes at discounted rates.
- 👏 Issuing students with an individual SADA registration number and personal SADA card that can be used at CPD and other YDC/SADA gatherings.

Want a future that's as bright as a dental light? Whether you're a dental candidate student or are doing your Community service (CommServe) or a dentist in public service or private practice under the age of 35, you are eligible to join the Young Dentist's Council (YDC) - a platform designed to develop and nurture future leaders in the dental profession.

What is the YDC?

An organisation working under the mandate of the South African Dental Association (SADA), the YDC was launched in 2013 with the aim of connecting younger members and providing them with an enabling environment where they can debate and deliberate on matters affecting their careers and the dental profession. Today, the YDC is an enthusiastic, committed and concerned group of young dentists working together to nurture a brighter, more sustainable future.

Why should you join?

With its mandate of a brighter future for all, the YDC:

- ✎ Provides mentorships, support and advice during student years, comm serve and thereafter;
- ✎ Increases the public standing of young dentists among external individuals and organisations;
- ✎ Organises educational events at SADA branches;
- ✎ Facilitates networking with peers, seasoned professionals and industry experts;
- ✎ Offers clinical refreshers at a reasonable or subsidised fee to post-community service dentists and conducts surveys to determine future courses;
- ✎ Offers mentorships to help manage colleague expectations;
- ✎ Gives young dentists a voice to push for structural changes in the industry;
- ✎ Promotes the interests of young dentists by lobbying and advocating on their behalf;
- ✎ Liaises with international committees and councils and engages the medical aids and the Health Professions Council of South Africa (HPCSA) on matters such as globally benchmarked remuneration;
- ✎ Provides resources for professional development;
- ✎ Communicates issues facing the dental community;
- ✎ Supports private dentists who open new practices; and
- ✎ Bridges the divide between the thinking, understanding and needs of the next generation of dentists and those of our forebearers.

How much does it cost?

If you are in your first to fifth year of study, your SADA membership is free. In the first three years after you graduate, not only is your membership greatly discounted, but you get Dental Protection Membership at a preferential rate - giving you access to experienced, professional colleagues to help and advise you on any dento-legal problem you might face.

Sold? Sign up today Visit the SADA website, click on the Membership tab, go to the Join SADA page, enter the information requested and press submit. Applicants under the age of 35 will automatically become YDC members when becoming SADA members. For more information and to sign up, go to <https://www.sada.co.za/join-sada/>



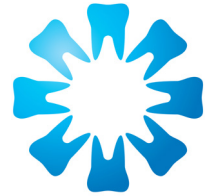
Structure

The YDC has a full complement of council members for the period 2020– 2022

Dr Vishal Bhikha (President)
Dr S Rathiram (Vice-President)
Dr S Rasool (Secretary)
Dr N Vermark
Dr A Ramdaw
Dr L Madimetja
Dr C Vilakazi
Dr L Grundling
Dr R Bisaal
Dr M Ngoepe

Students: Tinswalo Ngobeni (WITS)
Anke Graupner (UP)
Mluleki Maphumulo (SMU)
Sabrina Beeka (UWC)





About SADA

THE SOUTH AFRICAN
DENTAL ASSOCIATION




The leading professional industry membership body for dentistry in Southern Africa, the South African Dental Association (SADA) represents the majority of registered dentists in the country's private and public sectors. Membership is open to industry professionals from dental students to retired dentists.

The association is committed and engaged in processes relating to setting industry standards and formulating policies.

The voice for oral health care, SADA has 11 branches in all nine provinces and actively runs campaigns to educate and inform communities on issues of oral health and addresses such issues on both regional and national media platforms.

The association also has various affiliate memberships for dentistry professionals in South African Development Community (SADC) member states - Angola, Botswana, the Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe - as well as various other countries across the globe.

What we stand for

-  **Our vision** is to be recognised as the trusted leader and voice of oral healthcare in Southern Africa.
-  **Our mission** is to promote the interests, and serve the needs, of our members and above all encourage optimal oral healthcare for all South Africans.
-  **Our core values** are what we call the 2π / 2(PIE) - Professionalism, Integrity, Excellence, Passion, Innovation and Empathy.

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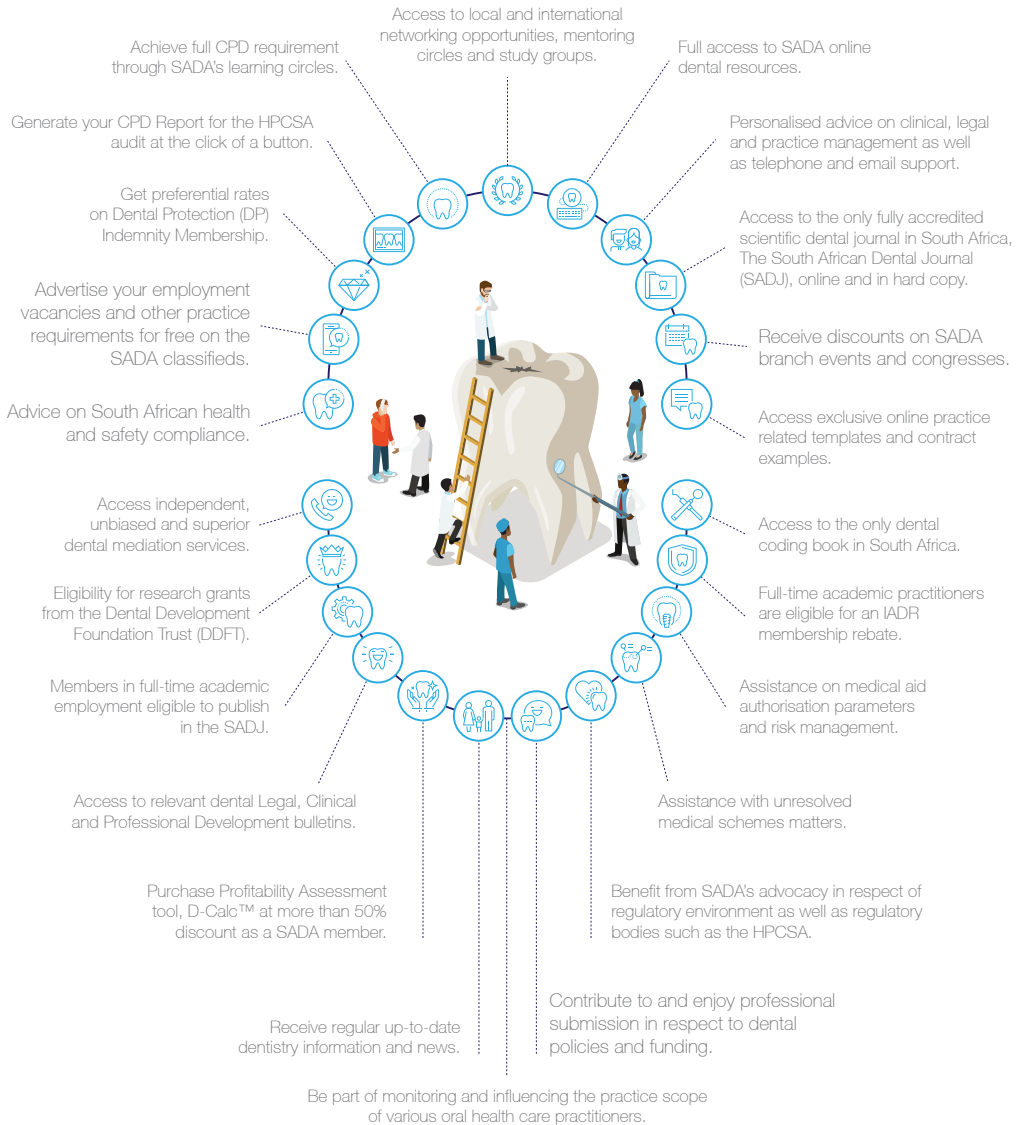
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BENEFITS OF JOINING SADA

SADA supports its members throughout their time in the profession - from young students in the field, through their professional careers, and into retirement.

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Congratulations!

*Dr Nthabiseng Metsing
SADA Head of Professional Development*

May I begin by adding my name to the list of many, congratulating you for reaching this milestone, and also welcome you to this noble profession.

Most of you may have begun this journey about 5 years ago and you will soon realize that those were certainly by far the easiest years of your chosen career. You will and should find solice however in knowing that each and everyone of those five years has fully equipped you with the skill and knowledge that you will need to overcome any obstacle which you may face in the future, so you are safe, “LOL, Wink”.



I completed my BDS degree in 2014 and did my community service in the North West at Klerksdorp hospital. So, I have been in your position not so many years ago. This means that not only do I know how you must be feeling but I can easily give you advice on how to overcome the challenges you will face in your community service. May I also caution you from allowing your challenges to overshadow the joy that earning your 1st salary presents. Of, course with that salary comes a lot of responsibilities.

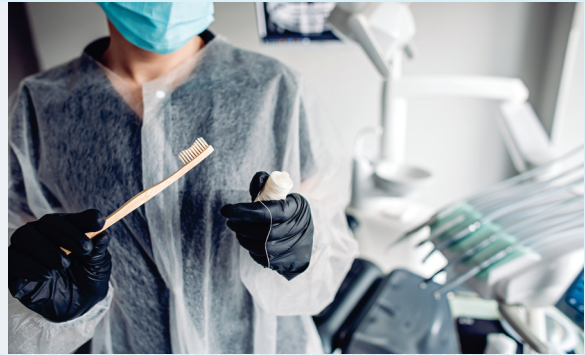
A salary means you can afford your own life, now you can finally buy that car you’ve always wanted, that home you’ve longed to own or even the shoes you have been eyeing. Whatever you decide to do with your salary all I can say to you is PLAN, PLAN and PLAN accordingly. This brings to a point where I’d like to share my personal story, take what you want from it and leave what you don’t need.

While I was a student, I swore that I’d never set foot back on Campus, little did I know that God or the Universe (whatever your belief is) had other plans for me. After my Commserve, the hospital I was at did not retain me. With no job I had to go back home. I got a locum position in Soweto, which lasted only two weeks because the owner and myself understood things differently, and followed with me securing a locum position in Pretoria, which lasted a year. Following this I opened my own practice, and because of the lack of planning, I found myself in huge debt only nine months later. By grace I managed to secure a position at the hospital I had sworn to never set foot in again. I found myself happy and fulfilled there.

It is important understand how your life can be flexible and dynamic and that with focus and being open to opportunity to learn from all experience you can really enjoy the journey. I wish you all the best in this journey called life, always strive to make a difference wherever you find yourself and above plan.

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Look before you leap into... Corporate Dentistry

*Dr Tinesha Parbhoo
SADA Head of Clinical Support Services*

While venturing out into the world of dentistry is indeed an exciting albeit nerve-wracking time, I urge you to think carefully about where you see yourself in the future. Without sounding like the voice of doom, it is important to determine, before joining any practice type or form, whether that is the best way to achieve your practice vision. Managing or working in a solo practice is different from practicing in a corporate-owned office and it is best to review all the caveats associated with such practice types prior to getting into bed with them.



What is Corporate Dentistry?

Corporate health organisations (CHOs) refer to companies that contract with dental practitioners to provide non-clinical services with regards to administrative and management affairs i.e., in short, they handle the business aspect of running a practice. They are specifically in charge of the practice's management and operations, while the licensed dentists conduct the actual doctor/patient interaction and care. In a conventional structure, the organisation generally owns the dental equipment and intellectual property, holds the leases and employs all of the nonclinical employees of the contractually affiliated practices.

The majority of these organisations are marketing-focused and use a common practice name across all locations to build brand awareness for e.g., the Medicross and Intercare groups, to mention but a few. This strategy allows for individual practice locations to benefit from a top-down marketing approach and an established brand reputation.

How is corporate dentistry advantageous?

Running a dental practice is a major responsibility! The numerous aspects of administering a practice, dealing with the needs and wants of patients, purchasing and maintenance of equipment and supplies, hiring and firing, dealing with staff challenges, working with third-party payers and myriad other responsibilities take time, energy, constant thought, effort and money. These responsibilities often take precious time away from family and home. Joining a corporate health entity may enhance the work-life balance of a practitioner:

- By freeing up the dentist's time and separating the nonclinical from the clinical, the corporate health organisations enable dentists to focus solely on their clinical practice. Rather than the dentist having to deal with all of the administrative and management functions of the dental practice, which can become detailed and time consuming, the dentist is instead able to focus on treating patients, which generally improves the standard of care.
- CHOs are generally more experienced in business than dentists. They often specialize in hiring and retaining employees, negotiating contracts with landlords and third-party funders, ordering of materials, recovering outstanding debt from patients, etc.
- CHOs provide for less interaction with schemes and third-party funders by taking over the negotiation of contracts with them.
- These organisations can reduce the cost of practicing by negotiating with distributors and obtaining price reductions.
- There are more network opportunities available for dentists and clinicians. Many of the corporate health set-ups employ a various number of dentists and sometimes specialists, allowing for sharing of opinions between practitioners and cross-referral of patients within the same practice. In addition, having a larger team and associate offices allow for team members to have the ability to take time off needed for priorities outside of the office.
- Small dental practices that join CHOs are often introduced to modern, state of the art technology that they may not otherwise be able to afford or be hesitant to purchase, allowing for a greater procedure diversity.
- CHOs have greater buying power. They often have the ability to negotiate lower prices on equipment and supplies, because they can get them in bulk at a discount.
- New dentists often have a difficult time jumping into the responsibilities associated with starting a practice. CHOs can offer significant help to bridge the gap between dental school and the “real world” of practice.
- CHOs create a standardized and uniform approach across their practices. Regardless of where the location is, the patient knows what kind of care and expectation to have when going to one of their facilities.
- What should you be weary of?
- One of the significant reasons some dentists elect dentistry as their career is to be their own boss. When joining a CHO, many dentists are forced to give up this level of autonomy.
- Joining a CHO may result in a lack of independence for the dentist. The practitioner is now obliged to operate by the rules and regulations set out by the organisation, which may not be aligned to the rules that the practitioner would enforce.
- Leaving a lengthy contractual agreement with a CHO might not always be easy. If you come to find that CHO isn't right for you— maybe the workload or your production quotas are too intense— it can be difficult to back out.

- Oftentimes, the payment structure for the dentist offered by CHOs is on a sliding scale. This might put undue pressure on the dentist, who feels he/she may need to reach certain “targets.”
- Most of the contracts between a CHO and dentist includes a “restraint of trade” clause, which dictates that a dentist may not practice within a set radius of your current location upon exiting the contract with the CHO.
- The equipment provided by the CHO does not belong to the dentist. Thus, if you prefer using a certain endodontic handpiece, for example, it may not form part of the set of equipment provided and will be for the dentist’s own account.
- If you decide to leave the CHO, the contract often stipulates that intellectual property such as goodwill of the practice legally belongs to the CHO and may not leave the premises.
- If bad debts are incurred by the practitioner for whatever reason, the contract signed may indicate that these are equally shared by the CHO and practitioner or be fully assumed by the dentist.
- The cost of dental materials may or may not be provided for by the CHO. If not, the dentist is fully liable for this cost.
- The dentist may not have a say in which members of staff are hired or fired, or the level of experience they require since this is a function performed by the CHO.

In summary, both the private practice model and CHO model both offer distinct pros and cons. Therefore, there is no clear-cut choice in which option is the “better” practicing environment for the practitioner. It is the responsibility of the individual to decide on which advantages are most important to them and their lifestyle and choose the appropriate setting for them to thrive in both professionally and personally.



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WHAT IS SENSITIVITY AND HOW COULD IT BE AFFECTING YOU?

Sensitivity is often described as a short, sharp pain in the teeth.

Sensitive teeth develop when the inner layer of your teeth (called dentine) becomes exposed

and is no longer protected by the hard enamel or gums. This means that triggers such as cold and hot drinks can activate nerves, deep inside the tooth, causing pain.

Triggers of sensitivity



Cold foods/
drinks



Cold
weather



Hot foods/
drinks



Sweet or sour
foods/drinks



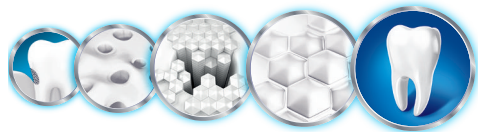
Touch (from
your toothbrush)

HOW CAN I LOOK AFTER MY SENSITIVE TEETH?

- Brush with **Sensodyne Repair & Protect Deep Repair** twice a day, every day, instead of a regular toothpaste
- Maintain good oral hygiene – brush twice a day, every day
- Avoid brushing aggressively*
- Use a soft toothbrush

SENSODYNE REPAIR & PROTECT DEEP REPAIR

- Clinically proven relief from the pain of sensitivity, and long-lasting protection so you can enjoy life without the worry of sensitivity
- Scientifically proven to go deep
- Creates a robust reparative layer over and within exposed dentine for strong repair



If your sensitivity pain continues, contact your dentist.

LIFE'S TOO SHORT FOR SENSITIVITY

* Ask your dentist or hygienist for advice on the most appropriate brushing technique for you.

Sensodyne Repair & Protect

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5 things you should know as a Dentist

Dr Ziyaad Seedat

Private Practice Dentist - Dr Tooth

You've just made it through the finish line and the world is yours to explore as a new dental professional. There are so many opportunities with this degree that no one really prepares you for as you enter this cut-throat world of Dentists. (Excuse the Pun).

1. Teeth are attached to people

👉 it's kind of obvious right? For the first few years in dental school, drilling on plastic teeth and fixing them seemed pretty straight forward and very mechanical.

👉 You just cut here, bond there, pack this, shape that and viola, Done! However, I began to realize that it was more than just mechanics. There was a person you were doing these things to and that person has emotions and real fears. That person also has expectations. Big ones!

👉 Those things and a host of others affect your ability to do the dentistry well. A person's emotions and demands can affect your practical skills as well as your ability to focus and perform well. A flinch from a patient or jump while you're extracting makes it easy for you as a practitioner to get nervous or frustrated. A frustrated dentist makes a rushed dentist. Some patients may even tell you hateful, offensive words causing you to not be compassionate. Sadly, this all comes with the job and you will need to overcome these challenges when working with real people.

2. New stuff does not mean lots of patients

👉 New dentists are easily targeted by sales reps and suppliers. We are new and naive in the game, eager to want to try out every new material or gadget and every rep will readily convince you of your need for something without you even realizing it. They will sell you on the best and convince you that

it's what will bring in more patients. However, it isn't necessarily the case. Yes, our profession requires us to be "with the times" but at the beginning, it doesn't have to be 5-star worthy or new.

👉 Most patients just want a clean, comfortable, fairly modern set up with a friendly dentist who cares for his patients. That's what sells. Fun fact: Most people assume that the fancier your equipment, the higher are your rates, even if they may not be.

3. Debt is so real!

👉 If you decide to open up a private practice, you will need to be financed. Make no mistake.

👉 A dental practice is one of the most expensive health related businesses to open. And the more your loan amount is, the longer it will take to actually take money home once you start making it. So, save in your com serve year if this is your plan. It will help.

4. Good Dentist vs Good Person

👉 Do patients want a great dentist who is good at what he/she does but does not smile, or do they want to come to a nice dentist, someone polite and gives them a great feeling when they leave. Majority of patients will tell you that the way the dentist behaves is what brings them back the next time.

👉 A Small tip that makes patients feel great and special to make notes about small details in their file, be it a child's name or a vacation they going on, bring it up at the next visit and "Wow, You're the only dentist that remembers me at every visit".

5. You can make a difference

👉 You've spent years of your life dedicated to learning the ins and outs of oral hygiene – and understanding just how serious untreated dental problems can become. Unfortunately, your patients tend to roll their eyes when they get a call from your practice reminding them to come in. Who knew that one check up every 6 months could be such an inconvenience?

👉 The truth is, poor oral health is a gateway to major diseases elsewhere in your body, including heart disease, diabetes, and osteoporosis – so it's imperative to keep your patients coming back regularly even if they don't know it, you could be saving someone's life.

👉 We promise. If you take this advice that we learned the hard way to heart, you will have a much smoother start to your career as a dentist!

👉 Welcome to a great profession!



Dear Diary...

Dr Sadiyah Rasool - YDC Secretary
A Community Service Experience

After our pre-examination study break in November, I had not seen a single patient, two months later; here I was walking into a totally new setting, unsure as to what to expect. The surroundings so different to the stressful yet, somehow comforting familiarity campus clinic greeted me with. The initial drive to the clinic the first morning of community service had me nervous, located in the middle of a taxi rank in the rowdy, hustle and bustle in the heart of the city centre. Patients filled the waiting area, in every corner and in every chair. The fan tried to mask the fact that it was blistering hot. I could not compare the speed at which I had to work at on my first day of clinic to the speed at which I worked at in an oral Surgery session in Tygerberg. After three days of grueling extractions, my palm felt like it would be caught in a perpetual spasm, and three weeks later, my right bicep was seemingly bigger than the left. This was my marked evolution into a true community service dentist with the stamp of blistered palms. It's amazing how we adapt to our surroundings when the people we work with are welcoming. Naturally one needs to be open-minded and respectful, following a system that we need to learn to slot ourselves into.

The adventure of trying new extraction techniques along with new patient chair positions and elevators that I had never laid eyes upon I approached with excitement. An internal groove of what works for you develops over time and assists in perfecting certain techniques. The support of fellow colleagues really helped in difficult cases. A point to bear in mind, don't feel embarrassed to ask for help and learn from people more experienced. It really helps instead of suffering without saying a word. My supervisor always told me, "Don't kill yourself. Don't choose to die alone." Initially it seemed embarrassing asking for advice or discussing a case, but it was actually a stepping stone, a window of growth that should be grabbed. Be open to learning new things and venturing out of the box that you once put yourself in as a clinician. Adapt to your surroundings, the need to broaden your second or third language skills may be imperative. Phrases that the dental assistants used daily became second nature, and slowly patient interaction improved. Simple things like discussing oral hygiene with patients and suggesting a scaling can make a world of a difference and can really improve patient quality of life. Take time to try and understand patients and explain things properly to both the young and the old. The patients' holistic health is a large contributor to oral health and should be evaluated, allowing for better health care practices which can lead to a preventative rather than symptomatic approach to dentistry.

Community service should be just that: acts of service within your professional capacity in order to uplift a patient and alleviate the burden of oral disease all with a smile whilst doing so. Days may be difficult, jaws may clench; always remember to breathe and think clearly, putting the patient first, and be proud of your interactions daily.

growing UP!

Dr Bulela Vava

“Public Health Enthusiast”

Many of us are familiar with the famous jingle from the Scott’s emulsion ad from years back. Though it “helped some of us to grow”, I think that went as far as we entered the last years of primary school and since then we have found different “helpers and or aids” to our growth.

Growing up is an inevitability of the human condition, and whether we want to or not, we have to take up the responsibilities that come with growing up and a change in the environment that had so sheltered us from the draconian realities of the real world. From this point forward, actions will actually have consequences that are no longer linked to academic performance, but to the rest of your life as a dentist, a husband or wife, your professional reputation and or your ability to continue generating an income. The transition from being a student to an employee for the first time is often a daunting one. The need for the counsel and objective pearls of wisdom regarding this dark hole called working life cannot be under estimated. We have compiled this chapter in an attempt to give young entry level dentists, the BIG TALK. We have put together some comprehensive information to help guide and inform you through some of the biggest decisions you will have to make as a dentist. No one likes to be responsible, but if you are going to be a dentist, a member of the most lauded medical professionals, RESPONSIBILITY is going to be a principle that should define how you live your life.

Budgeting

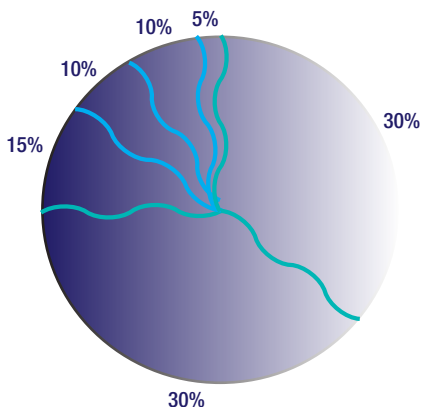
Like it or not, you will have to budget to ensure that you don’t lose what you earn. When it comes to handling finances we all differ, but it is crucial that one finds a balance between expenses, savings and investments to ensure a good quality of life.

Save, Invest, Spend, that should be the manner in which we look at the use of the money that we earn. “Spend what is left after saving.” But as we know, the playing ground is not always even, in cases of family responsibility and debt (student loans), prioritizing the payment and settlement of these loans and taking on responsibilities that you can handle should take precedence.

Be sure what your expenses are and ensure that they all fit proportionately into your budget. The fact that you are a dentist now doesn’t necessarily mean you can buy a Porsche convertible and live in a luxury apartment (if your employment location provides) overlooking the sea. All expenses should be subject to reasonable and proportionate allocation.



Basic budgeting distribution



- 5% Rainy Day easy access
- 10% Donation/Causes/Tithes
- 10% Travelling & Entertainment
- 15% Investments
- 30% Expenses
- 30% Savings

(What your budget should kind of look like)

The key is having a balance between money going out (expenses) and money staying or coming in (savings and investments).

Because the financial playing ground is not always even, those who have loans or want to buy or build parents houses etc., you can find some space within the investments and savings, but the redistribution to make room for paying back your study loans, could give you some breathing space, but the central idea is that you should proportionately distribute the use of your money in accordance to your personal needs, but never compromise on saving and investing.

ALWAYS SAVE AND INVEST, ALWAYS!

Disclaimer: The above information is useful but has not been obtained from, or been given by an authorised financial services provider.

Insurance - the big fuss

Be careful of insuring everything and anything under the sun. As good a thing insurance is, be careful of spending hard earned money insuring unnecessary items. Always weight your decision to ensure based on a justifiable perception of the risk. Like anything you buy on the shelf, ensure you get good value for money.

What to Insure

Yourself (Professional Indemnity Insurance, Disability, Life Cover); Car (You must carry car insurance if your vehicle is FINANCED); Expensive Technology e.g., Macbook Air, Your 50" LED TV, Hoverboard, Lightsaber (Authentic Star Wars edition); Property (If you decide to buy any)

Insuring Yourself

Though working as a community service practitioner for the government, offers

you some limited safety as you will be working under supervision, this is not always enough and or guarantees that negligence or “honest mistakes” will go without consequences. With this in mind there is some value in getting professional indemnity insurance.

As an oral health practitioner, your hands are your most important asset, as much as they are functionally responsible for putting food in your mouth, one would say they are equally financially responsible for putting that food on the table in the first place. With that in mind beyond indemnity, your life and ability to create an income as a professional should be treated as a highly valuable assets and as such will require insurance of one form or the other.

Dental Protection

Dental Protection is a member of Medical Protection Society Ltd (MPS). Not an insurance company, but a mutual non-profit organisation which exists to serve and protect members and safeguard their professional reputation, interests and Integrity. Dental Protection reportedly serves over 2700 members in South Africa.

Benefits: Indemnity Membership

Expert advice and peace of mind regarding dento-legal issues.

More info available at www.dentalprotection.org

SADA

The importance of aligning yourself with a professional association cannot be understated. As a dentist or rather as a health professional, living and operating in isolation is very much discouraged. With increasing demands placed on qualifying with all professional requirements, linking up or taking up membership in a professional organization like SADA definitely sets one apart. There is increasing support and definitely a platform to engage with other professionals and keep up to date with recent advances in technology or any political or legal issues affecting the practice of your profession. So, you may be wondering, who or what is SADA? SADA (South African Dental Association) is a professional association (the largest and most prominent of its kind in Southern Africa) that exists to promote the interests and serve the needs of its members in accordance with advancing the agenda for oral health care for all South Africans. In essence SADA exists to serve, guide and advocate for the oral health profession.

PPS

Like all newly qualified professionals, new dentists are always on the lookout for what privileges they qualify for after 5 years slaving to get that all important A4 size piece of paper be it special bank accounts, investment opportunities or even membership at the local golf club. Well as a young professional, PPS would say you don't have to look no further. PPS is a mutual financial services company that provides tailor made insurance, investment and healthcare solutions exclusively for graduate professionals. Interesting to note is that this company is the brainchild of 8 dentists who wanted a way of offering themselves financial security in the event that they got sick or injured and could not practise anymore. This idea led to the formation of the Professional Provident Society of South Africa in 1941. The company has since grown offering a wide range of financial solutions and products to graduate professionals across different fields.

Joining or becoming part of PPS should be a well thought out process considering all your financial needs, but insuring yourself and your ability to continue making an income even after sickness or disability is very important. Find more info on www.pps.co.za





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Community Service in a nutshell...

Dr Nosipho Mzobe

Prosthodontics Registrar, University of the Western Cape

Community or civic service is defined as an “organized period of substantial engagement and contribution to local, national or world community, recognized and valued by society, with minimal monetary cost to the participant” (McBride, Pritzker, Daftary, & Tang, 2006, p. 73)

Community Service in Higher Education was on the minds of policy writers from early on after the advent of democracy in 1994. Community Engagement became the third tier of what HEI’s (Higher Education Institutions) were aiming for, which would consolidate all the knowledge and skills that had been acquired or obtained during the years of tertiary education.

It was argued that community service would help enhance the culture of learning, teaching and service; and relieve some of the financial burden on students (Department of Education, 1997, p. section 2. The idea was for HEIs to “demonstrate social responsibility and their commitment to the common good by making available expertise and infrastructure for community service programme”.³⁶) HEI’s would in turn begin to produce graduates with critical, analytical, problem-solving and communication skills, as well as with the ability to deal with change and diversity. But exactly how HEI’s would do this was never spelt out (Maistry, 2012).

Compulsory community service after graduation currently only affects all health science degrees and law degrees. Currently one year of community service is tagged on after a period of internship. However, this is not applicable to dental students who proceed straight through to community service. Doctors were the first to be drafted into service in 1998, and since then other medical degrees have been added – dentists, physiotherapists, nurses and vets.

The policies and regulations pertaining to health science graduates are implemented by the Departments of Health, Public Servants and Agriculture, Forestry and Fisheries (for vets). They are therefore not technically under the auspices of the Department of Higher Education and Training (DHET).

How do I prepare myself for Public Service?

The skills and knowledge that were been acquired in the past 5 years are preparation for community service. Community service is the year where all these skill and knowledge will be consolidated and applied.



Registration with the National Department of Health

On-Line registration with the National Department of Health. The process begins with the National Department registering all the final year students onto their on-line placement system. Students are placed according to certain criteria such as bursary holders, married applicants and disabilities. The National department places bursary holders first then those who have been married for longer years with older children.

Selection of placement by a qualifying dentist is either to a rural or urban area. One of the main objectives of community service is to provide services at previously disadvantaged regions of South Africa. Qualifying dentists should expect to be placed in a rural area. It is wise to google the district where you will be placed so as to know its accessibility and plan ahead for any challenges that you may encounter.

Registration with the regulations board HPCSA

HPCSA registration is crucial for any clinician to practice in South Africa. This registration is a licence to practice and treat patients and is valid for a period of one year. It is important to ensure that your HPCSA registration is completed before completion of your studies. The documentation can be completed online and forwarded to the HPCSA or you can go to the HPCSA offices in Arcadia Pretoria and do the registration as a Community Service dentist physically. Please note that the HPCSA only deal with card transactions.

The importance of opening a banking account

Before you complete your final year as a dentist it is important that you have a bank account as this will be where your salary will be deposited.

The importance of having a tax number

A Tax number is also essential to have as this is additional information that will be required by the human resources department at the various institutions throughout South Africa. It is thus important to go to SARS so as to fill out an IT77 form, SARS will require your original green barcoded ID book and 3 months of bank statements with the bank stamp on it with the completed IT77 form.

The Importance of knowing what a Contract is and what it entails

To work for the department of Health as a community service dentist you will have to sign a contract with them. It is very important to know what a contract is and to familiarize yourself with the contents of the contract. In particular, you need to know what you can and cannot do whilst employed by the department of health in your capacity as a community service dentist. It is important to know whether or not you are allowed to do other clinical work besides that which you have been employed to perform. Even during your spare time.

It is also important to know if you are allowed to study further during your community service. The academic institutions might give you the permission but as an employee of the state you are governed by the contract that you have signed into. So, it is important for you to know what you can study and what you cannot study during your community service.

Pages 50-64 of this publication have a sample of a contract from the department of labour and an example of the conditions of employment. It would be wise to look at the sample of the contract in relation to the basic conditions of employment.

GUIDELINES

Notice period and termination of employment

In terms of the Basic Conditions of Employment Act, any party to an employment contract must give to the other written notice of termination as follows:

- One week, if employed for four weeks or less
- Four weeks if employed for more than four weeks.

Procedure for termination of employment

Whilst the contract of employment makes provision for termination of employment, it must be understood that the services of an employee may not be terminated unless a valid and fair reason exists and fair procedure is followed. If an employee is dismissed without a valid reason or without a fair procedure, the employee may approach the CCMA for assistance.

Pro-rata leave and severance pay might be payable.

In the event of a domestic worker being unable to return to work due to disability, the employer must investigate the nature of the disability and ascertain whether or not it is permanent or temporary. The employer must try to accommodate the employee as far as possible for example, amending or adapting their duties to suit the disability. However, in the event of it not being possible for the employer to adapt the domestic workers duties and/or to find alternatives, then such employer may terminate the services of the domestic worker.

The Labour Relations Act, 66 of 1995 sets out the procedures to be followed at the termination of services in the Code of Good Practice, in Schedule 8.

Wage/Remuneration/Payment

There is no prescribed minimum rate of remuneration. Additional payments (such as for overtime or work on Sundays or Public Holidays) are calculated from the total remuneration as indicated in clause 5.3 of the contract. The total remuneration is the total of the money received by the employee and the payment in kind (i.e., the value of food and accommodation etc.). Payment in kind may not be less than R100.

Transport allowances, bonuses, increases

These are not regulated by Basic Conditions of Employment Act and are therefore open to negotiation between the parties.

Hours of work

Normal hours (excluding overtime)

A domestic worker may not be made to:

- work more than 45 hours a week;
- work more than nine hours per day for a five-day work week;
- work more than eight hours a day for a six-day work week; and

Overtime

A domestic worker may not work more than three hours of overtime per day or 10 hours per week and must be paid at least 1.5 times the wage or may agree to receive paid time off.

Daily and weekly rest periods

A daily rest period of 12 consecutive hours and a weekly rest period of 36 consecutive hours, which must include Sunday, unless otherwise agreed, must be allowed.

The daily rest period may by agreement be reduced to 10 hours for an employee who live on the premises whose meal interval lasts for at least three hours.

The weekly rest period may by agreement be extended to 60 consecutive hours every two weeks or be reduced to eight hours in any week if the rest period in the following week is extended equivalently.

Meal intervals

A domestic worker is entitled to a one-hour break for a meal after not more than five hours work. Such interval may be reduced to 30 minutes, by agreement between the parties. If required or permitted to work during this period, remuneration must be paid.

Sunday work

Work on Sundays is voluntary and a domestic worker can therefore not be forced to work on a Sunday.

If the employee works on a Sunday he/she shall be paid double the daily wage.

If the employee ordinarily works on a Sunday he/she shall be paid one and one-half time the wage for every hour worked.

Public Holidays

The days mentioned in the Public Holidays Act must be granted but the parties can agree to further public holidays. Work on a public holiday is entirely voluntary and a domestic worker may not be forced to work on such public

holiday. The official public holidays are:

- 👏 New Year's Day (1 January)
- 👏 Human Rights Day (21 March)
- 👏 Good Friday (varies)
- 👏 Family Day (varies)
- 👏 Freedom Day (27 April)
- 👏 Workers Day (1 May)
- 👏 Youth day (16 June)
- 👏 National Woman's Day (9 August)
- 👏 Heritage Day (24 September)
- 👏 Day of Reconciliation (16 December)
- 👏 Christmas Day (25 December)
- 👏 Day of Goodwill (26 December)

Any other day declared an official public holiday from time to time should also be granted. These days can be exchanged for any other day by agreement.

If the employee works on a public holiday he/she shall be paid double the normal days wage.

Annual leave

Annual leave may not be less than 21 consecutive days for full-time workers or by agreement, one day for every 17 days worked or one hour for every 17 hours worked.

The leave must be granted not later than six months after completion of the period of 12 consecutive months of employment. The leave may not be granted concurrent with any period of sick leave, nor with a period of notice of termination of the contract of employment.

Sick leave

During every sick leave cycle of 36 months an employee is entitled to an amount of paid sick leave equal to the number of days the employee would normally work during a period of six weeks.

During the first six months of employment, an employee is entitled to one day's paid sick leave for every 26 days worked.

The employer is not required to pay an employee if the employee has been absent from work for more than two consecutive days or on more than two occasions during an eight-week period and, on request by the employer, does not produce a medical certificate stating that the employee was unable to work for the duration of the employee's absence on account of sickness or injury.

Maternity leave

The employee is entitled to at least four consecutive months' maternity leave.



The employer is not obliged to pay the domestic worker for the period for which she is off work due to her pregnancy. However, the parties may agree that the domestic worker will receive part of or her entire salary/wage for the time that she is off due to pregnancy.

Family responsibility leave

Employees employed for longer than four months and for at least four days a week are entitled to take three days' paid family responsibility leave during each leave cycle when the employee's child is born, or when the employee's child is sick or in the event of the death of the employee's spouse or life partner or parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling.

Deduction from the remuneration

The Basic Conditions of Employment Act prohibits an employer from deducting any monies from the workers' wages without his/her written permission.

Other issues

There are certain other issues which are not regulated by the Basic Conditions of Employment Act such as probationary periods, right of entry to the employer's premises, afternoons off, weekends off and pension schemes, medical aid schemes, training/school fees, funeral benefits and savings account, however the aforementioned may be negotiated between the parties and included in the contract of employment.

Prohibition of Employment

The Basic Conditions of Employment Act prohibits employment of any person under the age of 15 and it is therefore important for an employer to verify the age of the domestic worker by requesting a copy of the identity document or birth certificate.

Other conditions of employment

There is no provision, which prevents any other conditions of employment being included in a contract of employment but any provision which sets conditions which are less favourable than those set by the Act, would be invalid.

Please note: these guidelines are not meant to be a complete summary of the Basic Conditions of Employment Act and/or legal advice. Should there be any doubt as to rights and/or obligations in terms of the Act or terms of any clause of the suggested Contract of Employment, such queries can be directed to the local office of the Department of Labour, who will gladly assist.

Important documentation in public service

If you have prepared yourself by getting all the necessary documents in time you will not run the risk of not getting your first salary in time. The following

documents will be required by the human resources department before commencement of your duties:

- 👉 A certified copy of your I.D
- 👉 A certified copy of your degree.
- 👉 A certified copy of your matric certificate.
- 👉 A certified copy of your HPCSA registration.
- 👉 A certified copy of your marriage certificate.
- 👉 Your letter of employment.
- 👉 3 months bank statements with your address and banking details and bank stamp.
- 👉 A TAX number.

All this information is important for you to be loaded onto the system as a government employee. You will be issued with a persal number that you will retain as a government employee even post community service.

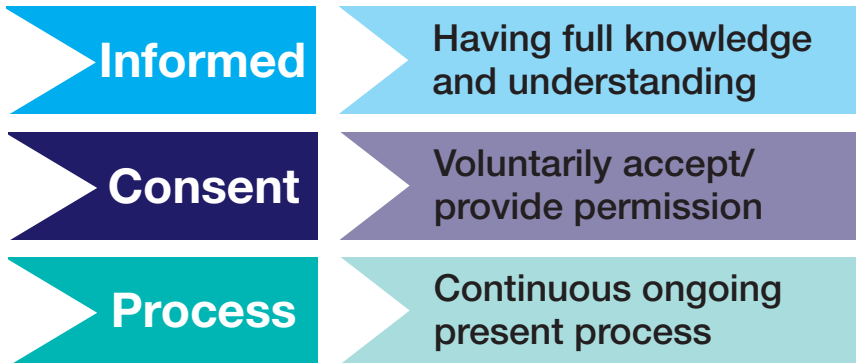
It is also important to familiarize yourself with the state's documentation within the clinics as these are the documents you will be filling on a daily basis. One of the most important documents that you will have to fill in is the informed consent document. It is important for you to familiarize yourselves with the National Health Act of 2003.

Informed Consent

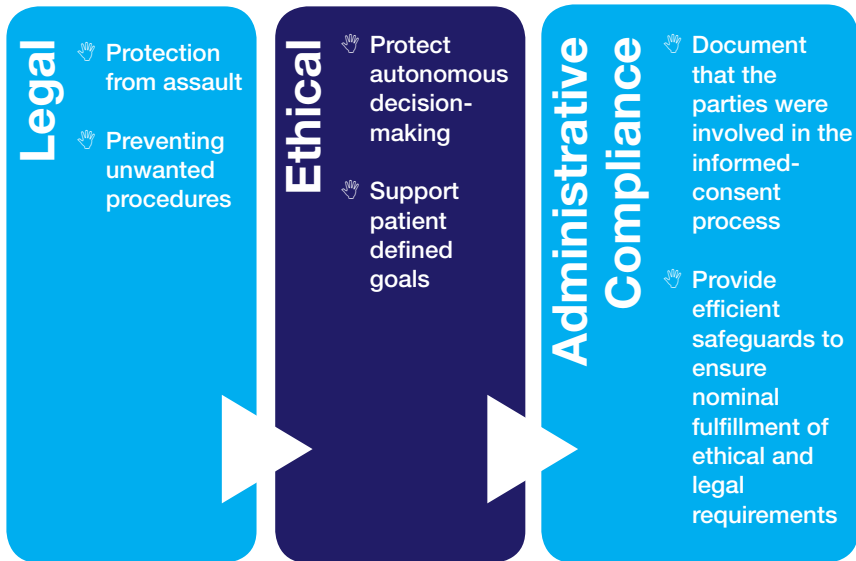
National Health Act 2003 stipulates that the patient should be comprehensively informed on the range of diagnostic and treatment options available. The patient should also be informed of the benefits, risks, costs and consequences of each treatment option and the implications, risks and consequences if the treatment is refused. In addition, the information given to the patient should be presented in a manner that does not place undue influence on the patient, giving the patient time for considering all the options before the agreement is signed. Informed consent is thus the process of ensuring understanding, comprehension and agreement and the refusal of treatment is of prime importance (L M Sykes *et al.*, SADJ 2017).

Informed Consent is the primary paradigm for protecting the legal rights of patients and guiding the ethical practice of medicine (D E Hall *et al.*, CMAJ 2012). This process requires the dentist to explain the proposed therapy, risks involved, time and cost implications, alternatives options and the consequences of no treatment. This should be followed by written information which the patient needs time to read, understand and consider. (LM Sykes *et al.*, SADJ 2017).

The Process



Multiple Goals of Informed consent



Seeking consent of patients to disclose is part of good communication between health care providers and patients and is an essential part of respect for the autonomy and privacy of patients. (S Naidoo SADJ November 2014, vol 69, p472-p473).

Informed Consent is extremely important, particularly in the current landscape that we are living in where patients are suing the government and the

department of health is in debt due to millions that need to be paid out due to clinicians not following the correct processing in obtaining informed consent.

Community Service completed - now what?

Public Sector

The public sector in South Africa can be categorised as state clinics, academic institutions that are linked to training hospitals and the military.

State Clinics

These are government owned institutions that provide mainly primary health care services which are aimed at the elimination of pain and sepsis. Their purpose is also the provision of prosthesis for rehabilitative purposes to improve function and aesthetics, however this service that is offered at limited state clinics and hospitals and is a crucial service that is unfortunately not offered at all the state public clinics and hospitals. This is mainly due to the funding that is received by each institution according to that institution's motivation. Historically all the Primary Health care funding was pooled into one fund. Meaning that all primary Health care services were given a portion from a lump sum. This has adversely affected dentistry in state clinics as the money given to dentistry was insufficient to cover the daily costs in terms of materials and equipment that are required for routine dentistry.

Working in the public state clinics begins with community service. Community or civic service is defined as an “organized period of substantial engagement and contribution to local, national or world community, recognized and valued by society, with minimal monetary cost to the participant” (McBride, Pritzker, Daftary, & Tang, 2006). It has been argued that community service would help enhance the culture of learning, teaching and service; and relieve some of the financial burden on students (Department of Education, 1997). The idea was for (Higher Education Institutions) HEI's to “demonstrate social responsibility and their commitment to the common good by making available expertise and infrastructure for community service programme”.) HEI's would in turn begin to produce graduates with critical, analytical, problem-solving and communication skills, as well as with the ability to deal with change and diversity. But exactly how HEIs would do this was never spelt out (Maistry, 2012). This is evident in dentistry as most state clinics and hospitals don't provide the materials and equipment that is required by dentists to perform routine dentistry in an optimum environment.

As a young dentist going into community service in the state public clinics one should not have high expectations in terms of materials, equipment and procedures due to the budgetary constraints in many municipalities. Hopefully this



bleak landscape will change in the future. The military hospitals have more to offer in terms of comprehensive treatments from primary to secondary and tertiary.

After community service working in most state clinics entails doing procedures in basic oral surgery, restorative dentistry, preventative dentistry and limited periodontics and limited oral Pathology. Working in referral hospitals broadens the scope of practice for young dentist as it gives them the opportunity of experiencing secondary and tertiary dentistry. This being orthodontics, moderate and advanced periodontal treatment and rehabilitative treatments of patients with resected jaws or patients without eyes or ears that need multidisciplinary diagnosis treatment plans which are inclusive of various departments such as surgery, oncology and the prosthodontics in dentistry.

Military Hospitals

Military hospitals and clinics services don't fall under Primary Health Care services. This is a huge advantage in terms of the services provided to the public. At Military Hospitals a young dentist will be exposed to primary, secondary and tertiary dental services which will enable the young clinician to grow in experience, skill, knowledge, analytical and critical thinking which will ultimately inculcate a culture of deeper learning, as they will be performing all of the procedures that they have been trained to do as dental students. Since services offered are not limited due to limited funds, they will be exposed to materials, equipment and dental technologies that they experienced in dental schools whilst rendering needed services to the military personnel and their families.

A career in the military entails basic military training which is mandatory. In the military you have two careers, one as a dentist and the other as an officer. You have the opportunity of advancing your career as a soldier by doing the courses that are run by the military which when completed successfully would elevate you to a higher ranking. As a soldier you are governed by different rules to those of civilians.



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Integrating into any size town or city I find myself in

Dr Gustav Erlank

Private Practice Dentist, Limpopo

One of the big issues during your community service year is adaptation. You as an individual, or your family, will have various factors and circumstances to which you will need to adapt. The biggest of them all might be the town in which you will spend the next year, and this is applicable to most community service dentist, as not all of us are fortunate to work in lovely clean coastal towns like you would have dreamt of. To provide some advice and guidelines to adapting to your new small or big town that you find yourself in, here are some ideas to think of when embarking on this journey.

Joining a local sports club

The days of just studying and finding yourself trapped between dentures and textbooks are over for those not planning on doing post graduate studies, thus you will find yourself amazed with the hours and hours of “free for me” time.

Getting to know the people in your town or your area and staying away from uncle Lazy, it is a good idea to join your local sports club and get active in your community. Various types of sport can be done even in the smallest of towns in South Africa. Soccer, Rugby, Tennis, Netball, Action cricket or Hockey are only some of the sports where you can easily find a local club to which you can join and actively participate. You will be amazed at how quickly you get to know the town through only those few people that you meet at the club, especially small towns, or at least enough to make you feel at home.

Setting some goals for yourself pertaining to your sport or activities

It is always nice to know where you are going with something and to be honest with yourself in what you want to achieve. Meeting people and getting to know your community is one great achievement, but staying fit and keeping yourself motivated for success is also an advisable goal to set for yourself. This goal can be as simple as to maintain your current health, having a stress reliever, losing some weight or gaining some for certain people, achieving new skills, learning a new sport or anything of such nature. This will add to your mental and physical health and also help you in managing your stress and frustration that you may encounter during this adaptation process of community service.

Joining a local religious fraternity

Let’s be honest, being a dental student in your final-year of study was a very challenging and exhausting experience and for some individuals not all matters



in our life enjoyed equal priority and attention. If you are a religious person and you are feeling the need to engage in activities and structures within your religious fraternity, this is your opportunity to uplift the spirit within you.

Community service gives you a great opportunity to invest in the matters that are close to your heart. Joining with your religious people and support groups of your choice gives you an opportunity to get to know your people, your community and make friends for life. This is an opportunity to make a difference in other people's life apart from the opportunity that you have at work. This is a matter in which you will feel that you are adding value to your community, your church and making the best out of your dental community service years.

Be an exploration freak

One of the saddest things to do is leave your community service year having not experienced being an ambitious explorer. It is true that people differ and that some prefer inner South Africa exploration and others the beautiful countries outside South Africa. Being a new citizen in town, and having an ambition to explore will add great value to your situation and integration process.

It is important to get to know your area, know where the most important stores, banks, the police station and hospitals are. Some may find themselves in very rural settlement without any of these, but this is then just a great opportunity to find the nearest ones close by to you by asking and meeting new people.

Some clinics or hospital will have active outreach programs giving you the opportunity to explore some local areas and the beautiful country within close range from your new home. Knowing the area and getting to know people that may help you in achieving this, gives you opportunity to plan weekend activities and enjoy life, making the most out of your community service. You just might never have this opportunity again to get to know that part of your country again.

Make your local newspaper your new buddy

This may sound silly, but it's true. Knowing your local newspaper and keeping updated with it can be a huge advantage for a new person in town. If you find yourself in a new town, small or big enough to have a local newspaper it is highly advisable to read it. Information like house or flat rentals, emergency contacts numbers, recent crime activities and most importantly "things to do" information can most likely be found in this newspaper.

For a young couple or a bachelor in need of furniture, great advertisements and local store pamphlets can be found in the newspaper.

There are many more ways of breaking the ice and getting to know your little "hometown" for community service, but these are some simple platforms from which you can embark on a life changing experience.

Working for the State in an Academic setting

Professor George White

HOD, Dental Management Sciences, University of Pretoria

Working for the State in an academic setting means that a qualified and registered dentist or oral hygiene joins a tertiary academic institution where the training of oral health care practitioners take place, and implies that such an oral health care professional is remunerated by the State. However, being an “academic” remunerated by the State means the employee is a “joint” appointee of whom three (3) core functions are expected:

- 👤 Service rendering (treatment of patients)
- 👤 Education (teaching, learning and assessment)
- 👤 Research (research and publication)

Four state facilities affiliated with academic institutions exist: three in Gauteng and one in the Western Cape and KZN each. The three (3) in Gauteng are affiliated with the University of Pretoria, Witwatersrand and Sefako Makgatho Health Sciences University respectively. In the Western Cape with the University of the Western Cape and in KZN with the University of KwaZulu Natal.

It is a challenging and demanding career, although quite satisfying if one succeeds in balancing the three core functions of working for the State in an academic institution. Being remunerated by the State, the State demands a large percentage of the academic’s time to be devoted to service rendering (treatment of patients). However, Universities put equally high pressure on an academic in terms of education and research outputs. In case of a vacancy, the recruitment process involves advertisement of the post, applicants are selected based on compliance with the minimum requirements for a particular post. Selected candidates are invited for an interview after which the most suitable candidate is recommended for the post. Approval must be granted by both the State and University.

Promotion is based on outputs regarding the three core functions. Universities furthermore expect academics to obtain postgraduate qualifications, e.g., MSc’s and PhD’s.

It is possible for an academic to apply for a vacant registrar post in order to specialise in a particular speciality. Applications are considered based on the minimum requirements for a registrar post.

Academics must be lifelong learners and role models. The field of education - teaching, learning and assessment - have become a demanding and specialised field. Stimulating and inspiring the modern student are challenging. Students must learn the right habits while in training. The right habits can only be learned from academics whom are role models. Proper role models are characterised by a sound value system, e.g., purposefulness, accountability, responsiveness (sense of serving), integrity, perseverance and ethical leadership.



Understanding the Entrepreneurial Spirit

*Dr Faizel Mansoor
Private Practice Dentist, Johannesburg*

Simply by selecting dentistry as a profession, we have engaged in a business that has a high level of potential success. However, we are limited in our physical capacity as dentists, our teams and our facilities. By default, we are limited in growth potential.

Dentists may have an entrepreneurial spirit but are we truly entrepreneurs? We also assume that owner dentists possess entrepreneurial traits but are we natural leaders? There are many successful introverted owner dentists who may not consider themselves “leaders”. Likewise, there are many ordinary members of our team who think like “entrepreneurs”.

Establishing a strategic fit for the type of practice that suites our personality trait the best, allows us to better map the future we envision. Therefore, a precursor to discovering the different types of practices is to first discover the entrepreneur within ourselves.

Am I an entrepreneur?

An entrepreneur dentist conceives the idea of starting a new practice or dental business, innovates to take advantage of opportunities and takes all types of risks to make the dental product or service a reality.

Are entrepreneurs, Leaders?

Entrepreneurial leadership is about creating an inspiring vision of the future by motivating, inspiring and coaching our teams to engage and be more effective at achieving that vision. This involves taking personal responsibility and managing change within a dynamic environment to make the venture successful.

Are entrepreneurs, Managers?

Managers play an entirely different role to an entrepreneur, unless, like owner dentists, they are managing their own business. In this case, the entrepreneur takes on some the traits of a manager out of necessity.

Am I an intrapreneur?

An intrapreneur dentist works within an existing structure, takes no risk but has the liberty of initiating innovation in the products, services and systems of the business with the objective of transforming them into a successful venture.

Understanding Practice Types

A business model describes how we create, deliver and capture value. It's a plan of how we will generate patient billings and/or sales from the products or services we plan to market, expenses it will incur and ultimately how we make a profit.

There are different types of dental business models like solo practices, independent group practices, combined group practices and franchise or corporate dentistry. Different practices operating in the industry are likely to have different business models that each fulfil patient needs at competitive and sustainable costs.

The comparative tables below illustrate 2 entrepreneurial options for dental practices.

Understanding Franchise Dentistry

Franchise dentistry seems to be gaining worldwide momentum and it would be prudent to unpack the risks and rewards in a little more detail. Generally, with shrinking third party funding pools, changing labour laws and constricting economies, dentists tend to favour a more secure business model with a proven system and without the complexities of the business of dentistry. In light of this, dental franchise companies may become much more relevant in South Africa.

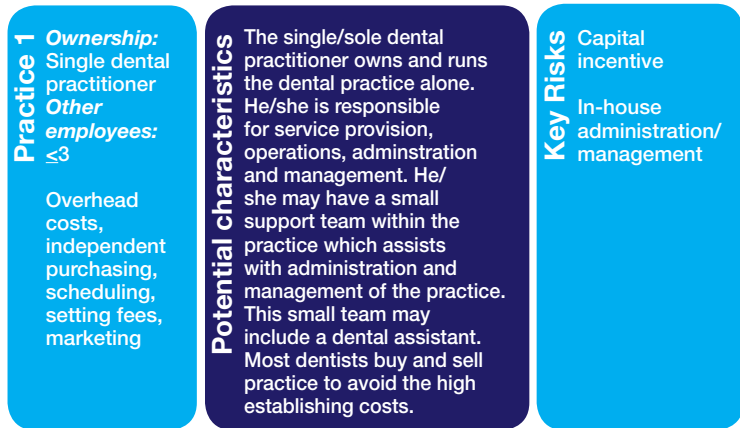
Any major decision should be based less on economic factors and more on long-term goals. Things to consider like practice location, scope of dentistry, patient preference and most importantly, autonomy, whether you want to be a boss or an employee needs to guide your decision. This can be a challenge since dentists are trained to be probability thinkers rather than possibility thinkers.

There are subtle differences between various dental franchise or corporate management groups in the world today. Some may infringe on treatment planning while others trust clinical reasoning in the hands of the treating practitioner. In the franchise setting the key attribute that we are giving up is control, however in reality established franchises have proven that the longer-term financial gains are enough to make up for short term loss of control.

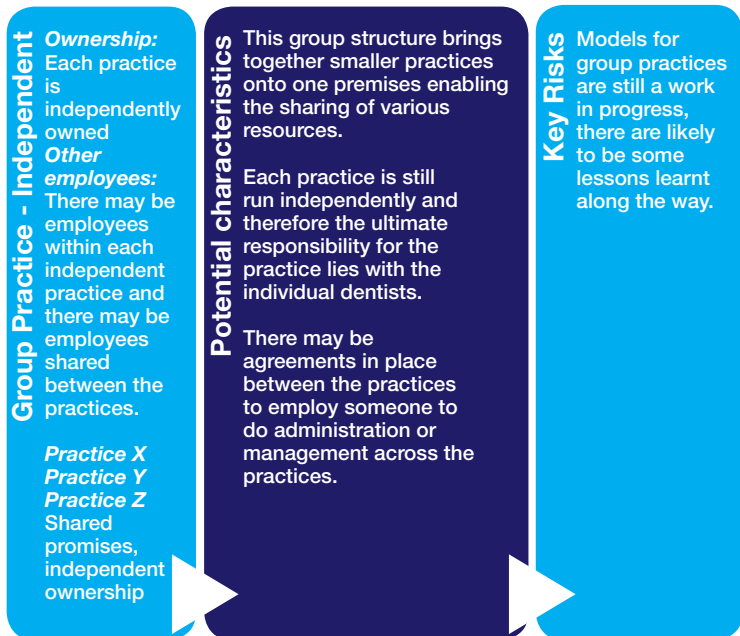
Franchised structures can also help cut down costs by centralizing administrative work such as human resources, payroll, accounts payable/receivable and marketing with the most tangible benefit being cost savings realized through group buying or negotiating power.

The key mind set shift for many independent practitioners is making the transition from ownership to leadership – an important distinction in

Solo Practice



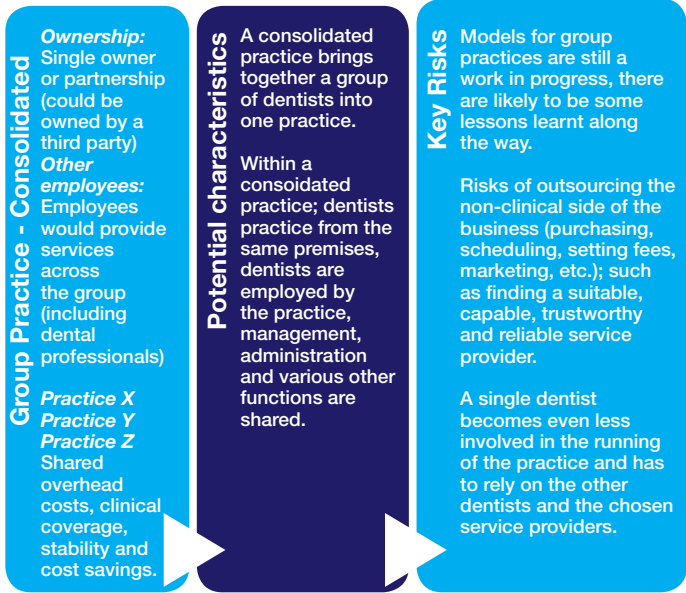
Independent Group Practice



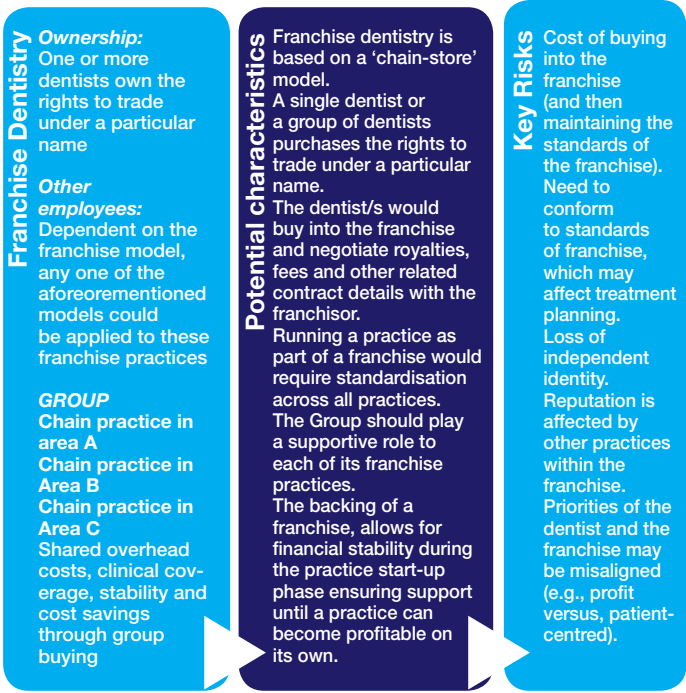
franchised models. It is therefore fair to say that certain personalities are a better fit than others in the franchising space.

*All graphics are reproduced from SADA Workshop 2014 Pre-reading

Consolidated Group Practice



Franchise Dentistry



You reap what you sow

Dr Bhawesh Sukha

Practitioner Dentist

The YDC is a council that looks to address the needs of young dentists in South Africa. Young dentists are defined by the following:

- ✎ Any dentist under the age of 35 that is a fully paid up member of SADA.
- ✎ However, if you feel like you could contribute more as a young dentist, and would like the opportunity to serve on the YDC, the following is required:
 - ✎ Active participation at the SADA branch in your area/district.
 - ✎ The ability to commit the time and effort it takes to fulfil the tasks of the YDC.

It is also a great idea to contribute by taking part in a YDC Roadshow held by your respective branch, if you feel that committing full time to the YDC may be too much. You could get in touch with us via your SADA branch if that is the case. A good way to start to feeling the community within the profession is to attend courses that have CPD value, even though you may not require that in your community service year. As a SADA member who has included the Educational Module in their annual SADA membership you will be able to attend SADA organized events at a reduced rate and will also receive a discount when attending the SADA National Congress.

Network and form professional friendships

When in your community service year try to get a hold of your fellow colleagues in the area/district you are in. If there are others nearby, this will help you go a long way through the year. It can help with coping with the problems/troubles/issues you all may face and serves as a forum where support can be shared and resolutions can be found that will be of benefit to all of you. A great way to do this is via your SADA branches and maybe they could help in putting together a social gathering where all of you could come together.

Your alma mater

Keep in touch with the university you graduated from as you may once again join them to further your studies. To keep you up to date with short courses and long courses you can do, maybe sign up to the old student societies that most Universities offer.

To summarize, my fellow Colleagues, ask not what your association (SADA) can do for you, ask what you can do for the profession.

If you have found this publication useful or have suggestions regarding topics which you feel would be worth covering please email us at info@sada.co.za

Journey into Private

Practice

Dr Sudhir Rathiram - YDC Vice President

Private Practice Dentist, Durban

Starting a private practice is the realization of a dream that can be the most exciting yet most intimidating step you will take in your career. The good news is that when you get yourself off to the right start you will be creating and maintaining the practice of your dreams. It is helpful to be guided along the way so here are a few tips to get you going and keep you going:

- 👉 For starters...CONGRATULATIONS!!! You have completed 5 years of Dentistry and an enlightening and diverse year of Community Service, now you need to register with the HPCSA as an Independent Private Practicing Dentist as well as attain a Practice Number through the Board of Healthcare Funders (BHF).
- 👉 Great now that you have attained the necessary licensing you should consult your bank and open a business account and register your business (i.e., private practice), advisably also register for VAT. Most banks nowadays will assist you with this however enlisting the assistance of a registered accountant is advisable.
- 👉 Right! Now you have all your paperwork in order and licensed its time to set up shop. Two avenues to consider:
 - 👉 buy an existing practice or
 - 👉 start off afresh and build a new practice
- 👉 Both options are great. It all is determined by what your dream is and whether one of the two options will fit into that vision.
- 👉 Here are a few things to consider when purchasing an existing practice:
 - 👉 reason for sale
 - 👉 assets included in the sale and value of those assets
 - 👉 will you be retaining and continuing services to existing patient data base also known as Goodwill
 - 👉 will staff be retained and their employment terms and conditions
 - 👉 business profile of the practice, gross turnover and net profit
- 👉 Here are a few things to consider when building a new practice from scratch:
 - 👉 Location, ensure that there is enough exposure to people traffic
 - 👉 Equipment, buy according to need and scope of practice. Focus on building one step at a time. Entrust the help of dental companies that

could assist in necessary planning, building and installation. Ensure when building use a licensed and registered plumber, builder and electrician as this will influence on insurance.

- 👉 Recruitment of staff: when starting off advisably employ a registered dental assistant and receptionist. Please affair yourself with the Department of labour terms of employment.
 - 👉 Attain a billing software system that you are comfortable with as you would need this when submitting medical aid claims
 - 👉 Contact and register with the various medical aid schemes should you wish to service medical aid patients. Be sure to read through the medical aid contracts carefully before signing.
 - 👉 Determine your cash rate, this can be difficult but don't be too anxious to ask experienced colleagues on the average cash rates for dental treatment and then decide on the rate that you will be comfortable with.
- 👉 **Fantastic! Now that you have done all that ground work, time to protect yourself and your assets. Insure the assets of your practice through an insurance company and insure yourself via Dental Protection.**
- 👉 **Filing system: set an alphabetical filing system and either purchase from a printing company or design your own style of patient record files.**
- 👉 **MARKETING... MARKETING... MARKETING... the success of any business grossly relies on marketing. Patients are not simply going to walk into the surgery; you need to set a marketing strategy into place.**
- 👉 **Breathe....relax and be patient. Good things take time and hard work always reaps great rewards!**



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Entering private practice

Dr Nirvada Niranjan

Dental Practitioner, Johannesburg

While this publication focuses largely on preparing you for your community service year, the reality is that this is only the first year of a long and fulfilling journey through dentistry. In South Africa, there are only approximately 20% of all dentists that continue to work in state or academic facilities. This means the vast majority of you will be spending the rest of your careers in private practice, be it as employees, associates or practice owners.

While the success of your practice is primarily dependent on your clinical skills and chairside manner, none of this will matter if you don't know how to bill appropriately. SADA invests a great deal of time and finances to develop and maintain the SADA Dental Codes which allows us to describe the dental procedures and services provided by oral health professionals through a universal dental language that is understandable by all oral health care providers. In so doing, it ensures accurate record keeping, standardization in reporting of procedures, and processing of dental insurance claims. The codes are not developed for the express purpose of submitting accounts to medical schemes, nor do they belong to the medical schemes or any regulatory authority or government body. Medical and dental codes belong to their respective professional associations; i.e. South African Medical Association (SAMA) and SADA. It is however a legal requirement for all dental invoices to include valid procedure codes and therefore a necessary requirement to understand the use of these codes if submitting account to third party funders.

Together with the dental codes and their descriptions, SADA publishes detailed guidelines to promote the proper use of the codes and ensure ethical billing practices. Our guidelines are constantly reviewed and revised in accordance with best practice standards following the guidance of respected academics and specialist societies.

As a SADA Advisory member you are also entitled to receive monthly Clinical and Legal Advisory Bulletins which are invaluable in guiding you on all matters of clinical and legal relevance to ensure optimal running of your practice. We advise on any changes within the regulatory environment that affect dental practice as well as how to interpret and comply with the various laws that affect dental practitioners. SADA maintains a regular schedule of engagements with all the various medical schemes and managed care organisations and advises members on the outcomes of these meetings. We escalate any issues or queries you may have and lobby on your behalf where benefits or protocols are grossly unfair or compromise best practice. We also offer our members assistance with in matters related to practice profiling and claims audits.



SADA also offers a fantastic mediation service, affording members an avenue to resolve patient complaints without resorting to litigation or HPCSA complaints. The Mediators office resolves on average 3-400 cases per year with both patients and dentists concurring on their immense satisfaction with the process.

We at SADA Head Office are always just a phone call or email away for any advice or clarity you may seek to ensure the optimal running of your practice and overall success of your business. The dental community environment created by your membership to SADA is here to guarantee a long and fulfilling career in a rewarding profession!



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national placements



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Erika Myburgh | erika@mederecruit.co.za | 082 440 9654

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Documentation

Examples

Pages 51-64 carry various examples of documentation.

They are made available for new graduates to be familiar with documentation which they will be required to complete and cross their paths.

These are examples of the most frequently used documents which we have.

There are certainly further documents which you may be required to utilize which we do not have examples of.

For easy reference a Sample of an Employment Contract and the Basic Conditions of Employment Act, 1997 are also included in these pages.



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Consent to Operation Page 1 Document Example

TPH 3 (R 05/06/08)

CONSENT TO OPERATION

HOSPITAL..... WARD.....
 CLINICAL DEPT.....

I,, the undersigned, hereby consent to the administration of a general or other anaesthetic and to the performance of an..... operation, the nature and possible effects of which have been explained to me and which I understand, on myself/my child/my husband/my wife/the patient..... I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation. *I understand that an assurance has not been given that the operation will be performed by a particular medical practitioner. *Signature of patient/father/mother/guardian/husband/wife/near relative (capacity)/Superintendent:

Witnesses: 1. Date: Time:

*Delete that which is not applicable.

PARTICULARS OF OPERATION

Date: Theatre:

Time of operation: a.m./p.m. to a.m./p.m.

Swabs	Complete	Incomplete
Instruments		
Suture needles	Used and removed	Not used
Tourniquet		
Drains	Number	Type
Catheters		
Plugs		
Specimens		

a.o.
 Checked by (signature and rank):

(1) (Scrub Nurse)
 (2) (Co-checker)

Consent to Operation Page 2 Document Example

TPH 3 (R 05/06/08)

CONSENT TO OPERATION

HOSPITAL..... Ward.....
 CLINICAL DEPT.....

Patient's No. Classification:

Gender: M F Age:

ADDRESSOGRAPH

ADMISSION

Admitted by: Date: Time:

Provisional diagnosis:

Doctor's signature (if available):

DISCHARGE

Date of discharge: Time:

Final diagnosis:

Doctor's signature:

REFUSED HOSPITAL TREATMENT

I, the undersigned, leave the..... Hospital on my own responsibility and against the advice of the attending doctor.

Witnesses: 1. Signature of patient:
 2. Date: Time:

I, the undersigned, take the patient..... out of the..... Hospital on my own responsibility and against the advice of the attending doctor.

Witnesses: 1. Signature:
 2. Date: Time:

Date: Time: Capacity:

For particulars of treatment use form TPH 3 (a).



Application for Patient Transport Document Example

Provincial Administration
HEALTH

Provinsiale Administrasie
GESONDHEID

81/511202 TPH 94a

..... Hospital • Hospitaal
To THE
Aan DIE SUPERINTENDENT Hospital • Hospitaal

APPLICATION FOR TRANSFER OF A PATIENT AANSOEK OM OORPLASING VAN 'N PASIËNT

Name
Naam Hosp. No. • Nr. Dr.

Res. Address • Woonadres

Age
Ouderdom Sex
Geslag

The above patient is AN EMERGENCY / A NON-EMERGENCY
Die bogenoemde pasiënt is 'N NOODGEVAL / NIE 'N NOODGEVAL NIE

*State here
*Vul hier in
Train • Trein
Ambulance • Amb.
Private transport
Privaat vervoer

And is transferred to you by
En word na u oorgeplaas per

(If by ambulance state reason)
(Indien per ambulans meld rede)

Transfer was arranged in consultation with
Oorplasing was gereël in oorlegpleging met

DIAGNOSIS
DIAGNOSE

Clinical history and results of special investigations, X-rays, etc., ready done:
Kliniese geskiedenis en resultate van spesiale ondersoeke, X-straal, ens., reeds gedoen:

Reason for transfer (Investigation and/or Treatment):
Rede vir oorplasing (Ondersoek en/of Behandeling):

Date
Datum Superintendent

REPORT (To be returned to original hospital): VERSLAG (Terug aan oorspronklike hospitaal):

Name
Naam Hosp. No. • Nr. Dr.

Lesotho © (2017) 64-7201 (15/11/20)

N.B. – This form in duplicate to accompany patient, third copy to be retained.
Hierdie vorm in duplo moet die pasiënt vergees en derde afskrif moet gehou word.



Department of Radiology Document Example

DEPARTEMENT RADIOLOGIE/DEPARTMENT OF RADIOLOGY MAG SLEGS DEUR GENEESHEER VOLTOOI WORD/MAY ONLY BE COMPLETED BY A DOCTOR						
..... HOSPITAAL/HOSPITAL			R6 No.:			
PASIËNT/PATIENT:		LOPEND WALKING <input type="checkbox"/>	BED VERVOER BED TRANSPORT <input type="checkbox"/>	DRAAGBAAR STRETCHER <input type="checkbox"/>		
HOSPR No.:		STOEL CHAIR <input type="checkbox"/>	DOEN IN SAAL DO IN WARD <input type="checkbox"/>			
GESLAG/SEX	OUDERDOM/AGE	INDELING/CLASSIFICATION	AFDELING/WARD	VOORHEEN GERADIOGRAFFEER/PREVIOUSLY RADIOGRAPHER	JA/YES	NEE/NO
VORIGE R6 ONDERSOEK MET DATUMS/PREVIOUS R6 EXAMS WITH DATES						
VOLLEDIGE KLINIESE BEVINDINGS EN INDIKASIE VIR AANVRAAG/COMPLETE CLINICAL FINDINGS INDICATIONS FOR REQUEST						
ONDERSOEK AANGEVRA/EXAMINATION REQUEST						
IS PASIËNT MOONTLIK SWANGER? IS PATIENT POSSIBLY PREGNANT?		JA/YES	NEE/NO	DEPARTEMENT HOOFD/HEAD OF DEPARTMENT		
VERSLAG/REPORT	JA/YES	NEE/NO	PRIVAAT PASIËNT/RADILOGIST/PRIVATE PATIENT RADIOLOGIST			
ERWYSENDE GENEESHEER (Drukskrif) / FERRING DOCTOR (Please Print)				HANDTEKENING EN DATUM / SIGNATURE AND DATE		
INTAL NOMMER/CONTACT NUMBER						
VIR DEPARTEMENT RADIOLOGIE/FOR DEPARTMENT OF RADIOLOGY						
ANKOMS (A) VERTREK (D) VAN PASIËNT/ARRIVAL (A) DEPARTURE (D) OF PATIENT		(A) (D)		DATUM VAN ONDERSOEK / DATE OF EXAMINATION		
RADIOGRAAF/RADIOGRAPHER		STUDENT: VOLLE NAAM/ FULL NAME				
DUURLIGTINGSTYD/SCREEN TIME / INTAL BELIGTINGS/No. OF EXPOSURES			FILMS: GROOTTE EN GETAL/FILMS: SIZE AND NUMBER			
			18 X 24	24 X 30	35 X 35	
			18 X 43	30 X 40	35 X 43	
ONTRAS TOEGEDIEN EN STERKTE/ONTRAST ADMINISTERED AND STRENGTH			HOEVeelHEID EN STERKTE/AMOUNT AND STRENGTH			

Print Printing Module No. 0712 555-100

National Health Laboratory Service Page 1 Document Example

NATIONAL HEALTH LABORATORY SERVICE

PATIENT	HOSP./CLINIC			ACCOUNT NO.		
	HOSPITAL NO.	WARD				
	SURNAME			TEL. NO.	H	W
	FIRST NAMES			EMPLOYER		
	ADDRESS			DOCTOR	FAX NO.	TEL. NO.
	DATE OF BIRTH	GENDER	M	F	ADDRESS	
	IDENTITY NO.	ETHNIC GROUP		COPIES TO		
	DATE TAKEN	TIME			ADDRESS	
	MED. AID NAME	HOSP. CLASS				
	MED. AID NO.	DEPENDENT CODE				

OTHER INVESTIGATION (Please Specify)	CLINICAL DETAILS

PLEASE SUBMIT A SEPARATE SPECIMEN FOR EACH DISCIPLINE
 PROFILES IN RED AS ACCEPTED BY THE NATIONAL PATHOLOGY GROUP

CHEMICAL PATHOLOGY	ENZYMES	ENDOCRINOLOGY	BONES & STONES	METABOLIC
ELECTROLYTES & RENAL	CARDIAC ENZYMES	THYROID FUNCTIONS	<input type="checkbox"/> CALCIUM <input type="checkbox"/> URATE	<input type="checkbox"/> LIPOGRAM
PLASMA/SERUM	<input type="checkbox"/> CK <input type="checkbox"/> CK-MB <input type="checkbox"/> LDH	<input type="checkbox"/> FREE T ₄ <input type="checkbox"/> TSH	<input type="checkbox"/> MAGNESIUM <input type="checkbox"/> ALK PHOS	<input type="checkbox"/> CHOLESTEROL
<input type="checkbox"/> U & E	AMYLASE	DRUG MONITORING	<input type="checkbox"/> PHOSPHATE	<input type="checkbox"/> HDL - CHOLESTEROL
<input type="checkbox"/> NA <input type="checkbox"/> K	PROTEINS	<input type="checkbox"/> PEAK <input type="checkbox"/> TROUGH	CSF	<input type="checkbox"/> FASTING TRIGLYCERIDES
<input type="checkbox"/> CL <input type="checkbox"/> TC0 ₂	<input type="checkbox"/> TOTAL PROTEIN	<input type="checkbox"/> CARBAMAZEPINE	<input type="checkbox"/> TOTAL PROTEIN <input type="checkbox"/> CHLORIDE	<input type="checkbox"/> GLUCOSE
<input type="checkbox"/> UREA <input type="checkbox"/> CREATININE	LIVER FUNCTION	<input type="checkbox"/> PHENYTOIN	<input type="checkbox"/> GLUCOSE	TOXICOLOGY
<input type="checkbox"/> BLOOD GASES	<input type="checkbox"/> LFTs <input type="checkbox"/> ALP <input type="checkbox"/> GGT	<input type="checkbox"/> DIGOXIN	<input type="checkbox"/> SALICYLATES <input type="checkbox"/> PARACETAMOL <input type="checkbox"/> BARBITURATES	
	<input type="checkbox"/> BILIRUBIN <input type="checkbox"/> ALB	<input type="checkbox"/> LITHIUM		
	<input type="checkbox"/> ALT <input type="checkbox"/> AST	<input type="checkbox"/> THEOPHYLLINE		

HAEMATOLOGY	IMMUNOLOGY / SEROLOGY	MICROBIOLOGY
<input type="checkbox"/> FBC <input type="checkbox"/> WBC - TOTAL	AUTO IMMUNE	SPECIMEN TYPE
<input type="checkbox"/> FBC/PLAT <input type="checkbox"/> ESR	<input type="checkbox"/> ANF <input type="checkbox"/> RF <input type="checkbox"/> ANTI-MITOCHONDRIAL	<input type="checkbox"/> BLOOD
<input type="checkbox"/> Hb <input type="checkbox"/> RETICS	<input type="checkbox"/> ANTI - D.S. DNA <input type="checkbox"/> ANTI - PARIETAL CELL	<input type="checkbox"/> CSF
<input type="checkbox"/> WBC - DIFF	<input type="checkbox"/> COMPLEMENT <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> ANTI - SMOOTH MUSCLE	<input type="checkbox"/> SWAB describe below <input type="checkbox"/> ASPIRATE
<input type="checkbox"/> PLATELETS	BACTERIAL	<input type="checkbox"/> SPUTUM <input type="checkbox"/> BAL <input type="checkbox"/> TA
<input type="checkbox"/> INR (PI)	<input type="checkbox"/> ASOT <input type="checkbox"/> ANTI - DNase B <input type="checkbox"/> ANTI - HYALURONIDASE	<input type="checkbox"/> MID STREAM URINE <input type="checkbox"/> CSU <input type="checkbox"/> SPA
<input type="checkbox"/> PTT	<input type="checkbox"/> TMX <input type="checkbox"/> WIDAL <input type="checkbox"/> BRUCELLA <input type="checkbox"/> WEIL FELIX	<input type="checkbox"/> STOOL <input type="checkbox"/> RECTAL SWAB
<input type="checkbox"/> T CELL SUBSETS	VIRAL	<input type="checkbox"/> THROAT SWAB
	<input type="checkbox"/> HEPATITIS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> FLUID (Specify)
	HEPATITIS B <input type="checkbox"/> Ab <input type="checkbox"/> Ag	<input type="checkbox"/> OTHER (Specify)
	<input type="checkbox"/> HIV 1/2	<input type="checkbox"/> COMMUNITY ACQUIRED
	<input type="checkbox"/> COXSACKIE <input type="checkbox"/> RUBELLA	<input type="checkbox"/> NOSOCOMIAL
	<input type="checkbox"/> HERPES	<input type="checkbox"/> ANTIMICROBIALS COMMENCED
	<input type="checkbox"/> TORCH	<input type="checkbox"/> NEUTROPAENIA
		<input type="checkbox"/> T-CELL DEFECT
		<input type="checkbox"/> B-CELL DEFECT

DESCRIBE WOUND AND SITE



NATIONAL HEALTH LABORATORY SERVICE							
PATIENT	HOSP./CLINIC			ACCOUNT NO.			
	HOSPITAL NO.	WARD		TEL. NO.	H W		
	SURNAME			EMPLOYER			
	FIRST NAMES			DOCTOR	FAX NO. TEL. NO.		
	ADDRESS			ADDRESS			
	DATE OF BIRTH	GENDER	M F	COPIES TO			
	IDENTITY NO.	ETHNIC GROUP		ADDRESS			
	DATE TAKEN	TIME		ADDRESS			
	MED. AID NAME	HOSP. CLASS		DEPENDENT CODE			
	MED. AID NO.	DEPENDENT CODE					
OTHER INVESTIGATION (Please Specify)			CLINICAL DETAILS				
<p style="text-align: center; color: red; font-weight: bold;">PLEASE SUBMIT A SEPARATE SPECIMEN FOR EACH DISCIPLINE</p> <p style="text-align: center; color: red; font-weight: bold;">PROFILES IN RED AS ACCEPTED BY THE NATIONAL PATHOLOGY GROUP</p>			URGENT				
LAB NO.'S							
CHEMICAL PATHOLOGY ELECTROLYTES & RENAL PLASMA/SERUM <input type="checkbox"/> U & E <input type="checkbox"/> NA <input type="checkbox"/> K <input type="checkbox"/> CL <input type="checkbox"/> TCO ₂ <input type="checkbox"/> UREA <input type="checkbox"/> CREATININE <input type="checkbox"/> BLOOD GASES		ENZYMES CARDIAC ENZYMES <input type="checkbox"/> CK <input type="checkbox"/> CK-MB <input type="checkbox"/> LDH <input type="checkbox"/> AMYLASE PROTEINS <input type="checkbox"/> TOTAL PROTEIN <input type="checkbox"/> ALBUMIN LIVER FUNCTIONS <input type="checkbox"/> LFTs <input type="checkbox"/> ALK PHOS <input type="checkbox"/> BILIRUBIN <input type="checkbox"/> AST <input type="checkbox"/> GGT		ENDOCRINOLOGY THYROID FUNCTIONS <input type="checkbox"/> T ₄ <input type="checkbox"/> FREE T ₄ <input type="checkbox"/> TSH DRUG MONITORING <input type="checkbox"/> PEAK <input type="checkbox"/> TROUGH <input type="checkbox"/> CARBAMAZEPINE <input type="checkbox"/> PHENYTOIN <input type="checkbox"/> DIGOXIN <input type="checkbox"/> LITHIUM <input type="checkbox"/> THEOPHYLLINE		BONES & STONES <input type="checkbox"/> CALCIUM <input type="checkbox"/> URATE <input type="checkbox"/> MAGNESIUM <input type="checkbox"/> ALK PHOS <input type="checkbox"/> PHOSPHATE CSF <input type="checkbox"/> TOTAL PROTEIN <input type="checkbox"/> CHLORIDE <input type="checkbox"/> GLUCOSE TOXICOLOGY <input type="checkbox"/> SALICYLATES <input type="checkbox"/> PARACETAMOL <input type="checkbox"/> BARBITURATES	
HAEMATOLOGY <input type="checkbox"/> FBC <input type="checkbox"/> WBC - TOTAL <input type="checkbox"/> FBC/PLAT <input type="checkbox"/> ESR <input type="checkbox"/> Hb <input type="checkbox"/> RETICS <input type="checkbox"/> WBC - DIFF <input type="checkbox"/> PLATELETS <input type="checkbox"/> INR (PI) <input type="checkbox"/> PTT <input type="checkbox"/> T CELL SUBSETS		IMMUNOLOGY / SEROLOGY AUTO IMMUNE <input type="checkbox"/> ANF <input type="checkbox"/> RF <input type="checkbox"/> ANTI-MITOCHONDRIAL <input type="checkbox"/> ANTI-D S DNA <input type="checkbox"/> ANTI-PARIETAL CELL <input type="checkbox"/> COMPLEMENT <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> ANTI-SMOOTH MUSCLE BACTERIAL <input type="checkbox"/> ASOT <input type="checkbox"/> ANTI-DNAse B <input type="checkbox"/> ANTI-HYALURONIDASE <input type="checkbox"/> TMX <input type="checkbox"/> WIDAL <input type="checkbox"/> BRUCELLA <input type="checkbox"/> WEIL FELIX VIRAL <input type="checkbox"/> HEPATITIS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> Ab <input type="checkbox"/> Ag <input type="checkbox"/> HIV 1/2 <input type="checkbox"/> COXSACKIE <input type="checkbox"/> RUBELLA <input type="checkbox"/> HERPES <input type="checkbox"/> TORCH STD <input type="checkbox"/> FTA <input type="checkbox"/> RPR <input type="checkbox"/> TPHA PARASITES <input type="checkbox"/> TOXOPLASMOISIS <input type="checkbox"/> AMOEBIC <input type="checkbox"/> BILHARZIA		MICROBIOLOGY SPECIMEN TYPE <input type="checkbox"/> BLOOD <input type="checkbox"/> CSF SWAB describe below <input type="checkbox"/> ASPIRATE <input type="checkbox"/> SPUTUM <input type="checkbox"/> BAL <input type="checkbox"/> TA <input type="checkbox"/> MID STREAM URINE <input type="checkbox"/> CSU <input type="checkbox"/> SPA <input type="checkbox"/> STOOL <input type="checkbox"/> RECTAL SWAB <input type="checkbox"/> THROAT SWAB <input type="checkbox"/> FLUID (Specify) <input type="checkbox"/> OTHER (Specify)		INVESTIGATION REQUIRED <input type="checkbox"/> PARASITES <input type="checkbox"/> MALARIA <input type="checkbox"/> MICROSCOPY <input type="checkbox"/> CULTURE <input type="checkbox"/> SENSITIVITY <input type="checkbox"/> ANAEROBIC CULTURE <input type="checkbox"/> TB MICROSCOPY <input type="checkbox"/> TB CULTURE <input type="checkbox"/> TB SENSITIVITY <input type="checkbox"/> FUNGAL MICROSCOPY <input type="checkbox"/> FUNGAL CULTURE <input type="checkbox"/> COMMUNITY ACQUIRED <input type="checkbox"/> NOSOCOMIAL <input type="checkbox"/> ANTIMICROBIALS COMMENCED <input type="checkbox"/> NEUTROPAENIA <input type="checkbox"/> T-CELL DEFECT <input type="checkbox"/> B-CELL DEFECT	
DESCRIBE WOUND AND SITE							

Sample Document



Dental Treatment Consent Form Document Example

DENTAL TREATMENT CONSENT FORM

Dentist's Name _____ Patient's Name: _____

Please read and initial the items checked below and read and sign at the bottom of form.

1. **X-RAYS** (Initials _____)

2. **DRUGS AND MEDICATIONS**

I understand that antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction). (Initials _____)

3. **CHANGES IN TREATMENT PLAN**

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give my permission to the Dentist to make any/all changes and additions as necessary. (Initials _____)

4. **REMOVAL OF TEETH**

Alternatives to removal have been explained to me (root canal therapy, crowns, and periodontal surgery, etc.) and I authorize the Dentist to remove the following teeth and any others necessary for reasons in paragraph #3. I understand removing teeth does not always remove all the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lip, tongue and surrounding tissue (Paresthesia) that can last for an indefinite period of time (days or months) or fractured jaw. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment, the cost of which is my responsibility. (Initials _____)

5. **CROWNS, BRIDGES AND CAPS**

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I understand that I may be wearing temporary crowns, bridges, or caps that may come off easily and that I must be careful of them until they are kept on until the permanent crowns are cemented. I realize the final opportunity to make changes in material, crown, bridge, or cap (including shape, fit, size and color) will be before cementation. (Initials _____)

6. **DENTURES, COMPLETE OR PARTIAL**

I realize that full or partial dentures are artificial, constructed of plastic, metal, and/or porcelain. The problems of wearing these

appliances have been explained to me, including looseness, soreness, and possible breakage. I realize the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be the "teeth in wax" try-in visit. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not included in the initial denture fee. (Initials _____)

7. **ENDODONTIC TREATMENT (ROOT CANAL)**

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment, and that occasionally metal objects are cemented in the tooth or extend through the root, which does not necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy). (Initials _____)

8. **PERIODONTAL LOSS (TISSUE & BONE)**

I understand that care must be exercised in chewing on fillings especially during the first 24 hours to avoid leakage. I understand that a more expensive filling that initially diagnosed may be required due to additional decay. I understand that significant sensitivity is a common after effect of a newly placed filling. (Initials _____)

9. **FILLINGS**

I understand that care must be exercised in chewing on fillings especially during the first 24 hours to avoid breakage. I understand that a more expensive filling that initially diagnosed may be required due to additional decay. I understand that significant sensitivity is a common after effect of a newly placed filling. (Initials _____)

10. **DENTURES**

I understand the wearing of dentures is difficult. Some spots altered speech and difficulty in eating are common problems. Immediate dentures (placement of dentures immediately after extractions) may be painful. Immediate dentures may require considerable adjusting and several relines. A permanent relines will be needed later. This is not included in the denture fee. I understand that it is my responsibility to return for delivery of the dentures. I understand that failure to keep my delivery appointment may result in poorly fitted dentures. If a remake is required due to my delay of more than 30 days there will be additional charges. (Initials _____)

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

Signature of Patient _____ Date _____

Signature of Parent/Guardian if patient is a minor _____ Date _____

Clinical Chemistry BAT436 Form Document Example

PP - 38

**ALL CLINICAL CHEMISTRY/
HAEMATOLOGY REQUESTS
AND MICROBIOLOGY BLOOD REQUESTS**

NHS
NHS Foundation Trust

Basildon and Thurrock University Hospitals

<p>Hosp. No. (AGE No)</p> <p>NHS. No.</p> <p>Surname</p> <p>Forename</p> <p>Date of Birth</p> <p>Address</p>	<p>Requests with no Hosp. or NHS number may not be processed.</p> <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>Male <input type="radio"/> Female <input type="radio"/> PP <input type="radio"/></p>																																																			<p>LAB USE ONLY</p> <p><input type="radio"/> M</p> <p><input type="radio"/> O</p> <p><input type="radio"/> F</p> <p><input type="radio"/> UE - Electrolytes</p> <p><input type="radio"/> LFT - Liver Function</p> <p><input type="radio"/> CA - Bone (Calcium)</p> <p><input type="radio"/> LIP - Fasting Lipids</p> <p>OR</p> <p><input type="radio"/> CHOL - Cholesterol</p> <p><input type="radio"/> GS - Glucose</p> <p><input type="checkbox"/> Tick if known Diabetes</p> <p>Thyroid Function: (tick one)</p> <p><input type="radio"/> TFT - Thyroid Disease?</p> <p><input type="radio"/> TFT2 - Free T4/Troxine</p> <p><input type="radio"/> TFT3 - Anti-TPO and RX</p> <p><input type="radio"/> LI - Lithium</p> <p><input type="radio"/> DIG - Digoxin</p> <p><input type="radio"/> DPH - Phenytoin</p> <p><input type="radio"/> CBZ - Carbamazepine</p> <p><input type="radio"/> Gentamicin</p> <p><input type="radio"/> Vancomycin</p> <p><input type="checkbox"/> Please tick if NOT Pre-dose</p>	<p>OTHERS (NOT BLOOD CULTURES) (state date of onset for viral Ab. screens)</p> <p><input type="radio"/> FBC - Blood Count</p> <p><input type="radio"/> Clotting Screen:</p> <p><input type="radio"/> WARF - On Warfarin</p> <p><input type="radio"/> HEP - On Heparin</p> <p><input type="radio"/> CONG - Diagnostic</p>
<p>Consultant</p> <p>Ward</p> <p>Sample Taken: <input type="checkbox"/> Date <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Time <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/></p> <p><input type="radio"/> >10hr Fasting <input type="radio"/> Not Fasting</p> <p>Blood taken by:</p> <p>Clinical Details</p> <p>Requested by:</p>	<p>Copy To</p> <p>Therapeutic Drug Monitoring Time/Date, Last Dose</p> <p>Dosage</p> <p>Specimen Type</p> <p><input type="radio"/> Blood</p> <p><input type="radio"/> 24hr Urine</p> <p><input type="radio"/> Random Urine</p> <p><input type="radio"/> Other Specify</p>	<p>July 11</p> <p>An NHS Trust</p>																																																			

BAT436 PWS / 4809



Follow-up of results is responsibility of request initiator

CONTRACT OF EMPLOYMENT

Entered into between:
(herein after referred to as "the employer")

Address of employer:
and
(herein after referred to as "the employee")

1. Commencement
This contract will begin on and continue until terminated as set out in clause 4.
2. Place of work
3. Job description
Job Title
(e.g., Domestic worker, child minder, gardener, etc)
Duties.....
4. Termination of employment (See Guidelines 2 and 3)
Either party can terminate this agreement with four weeks written notice. In the case where an employee is illiterate notice may be given by that employee verbally.
5. Wage (See Guidelines 4 and 5)
 - 5.1 The employees wage shall be paid in cash on the last working day of every week/month and shall be: R.....
 - 5.2 The employee shall be entitled to the following allowances/payment in kind:
 - 5.2.1 A weekly/monthly transport allowance of R.....
 - 5.2.2 Meals per week/month to the value of R.....
 - 5.2.3 Accommodation per week/month to the value of R.....
 - 5.3 The total value of the above remuneration shall be R.....
(The total of clauses 5.1 to 5.2.3)
(Modify or delete clauses 5.2.1 to 5.2.3 as needed)
 - 5.4 The employer shall review the employee's salary/wage once a year.
6. Hours of work (See Guideline 6)
 - 6.1 Normal working hours will be from am to pm on Mondays to Fridays and from am to pm on Saturdays.
 - 6.2 Overtime will only be worked if agreed upon between the parties from time to time.
 - 6.3 The employee will be paid for overtime at the rate of one and a half times his/her total wage as set out in clause 5.3.
7. Meal Intervals (See Guideline 7)
The employee agrees to a lunch break of one hour/30 minutes (delete the one that is that not applicable). Lunchtime will be taken from to daily.
8. Sunday work (See Guideline 8)
Any work on Sundays will be by agreement between the parties from time to time.
If the employee works on a Sunday he/she shall be paid double the wage for each hour worked.
9. Public Holidays (See Guideline 9)
The employee will be entitled to all official public holidays on full pay.
If an employee does not work on a public holiday, he/she shall receive normal payment for that day.
If the employee works on a public holiday he/she shall be paid double.

10. Annual Leave (See Guideline 10)
 - 10.1 The employee is entitled to days paid leave after every 12 months of continuous service. Such leave is to be taken at times convenient to the employer and the employer may require the employee to take his/her leave at such times as coincide with that of the employer.
11. Sick leave (See Guideline 11)
 - 11.1 During every sick leave cycle of 36 months the employee will be entitled to an amount of paid sick leave equal to the number of days the employee would normally work during a period of six weeks.
 - 11.2 During the first six months of employment the employee will be entitled to one day's paid sick leave for every 26 days worked.
 - 11.3 The employee is to notify the employer as soon as possible in case of his/her absence from work through illness.
12. Maternity leave (See Guideline 12)
(Tick the applicable clauses in the space provided).
 - 12.1 The employee will be entitled to days maternity leave without pay;
or
 - 12.2 The employee will be entitled to days maternity leave on pay
13. Family responsibility leave (See Guideline 13)
The employee will be entitled to three days family responsibility leave during each leave cycle.
14. Deductions from remuneration (See Guideline 14)
The employer may not deduct any monies from the employee's wage unless the employee has agreed to this in writing on each occasion.
15. Accommodation
(Tick the applicable boxes).
 - 15.1 The employee will be provided with accommodation for as long as the employee is in the service of the employer, and which shall form part of his/her remuneration package
 - 15.2 The accommodation may only be occupied by the worker, unless prior arrangement with the employer.
 - 15.3 Prior permission should be obtained for visitors who wish to stay the night. However, where members of the employee's direct family are visiting, such permission will not be necessary.
16. Clothing (Delete this clause if not applicable)
..... sets of uniforms will be supplied to the employee by the employer and will remain the property of the employer.
17. Other conditions of employment or benefits
.....
18. General
Any changes to this agreement will only be valid if they are in writing and have been agreed and signed by both parties.

THUS, DONE AND SIGNED AT ON THIS DAY OF 20xx.

..... EMPLOYER EMPLOYEE
..... Witness Witness



CEA 1A
(Regulation 2)
BASIC CONDITIONS OF EMPLOYMENT ACT, 1997
SUMMARY TO BE KEPT BY AN EMPLOYER IN TERMS OF SECTION 30

The following is a summary of the provisions of the most important sections of the Basic Conditions of Employment Act, 1997, as amended.

1. APPLICATION OF THE ACT: SECTION 3
The Act applies to all employees and employers except members of the National Defence Force, National Intelligence Agency, South African Secret Service and unpaid volunteers working for an organisation with a charitable purpose.
The basic conditions of employment contained in the Act form part of the contract of employment of employees covered by the Act. Some, but not all, basic conditions of employment may be varied by individual or collective agreements in accordance with the provisions of the Act. (see paragraph 7 below).
2. REGULATION OF WORKING TIME: CHAPTER TWO
 - 2.1 Application
This chapter does not apply to senior managerial employees, employees engaged as sales staff who travel and employees who work less than 24 hours a month.
 - 2.2 Ordinary hours of work: Section 9
No employer shall require or permit an employee to work more than
 - (a) 45 hours in any week;
 - (b) nine hours in any day if an employee works for five days or less in a week; or
 - (c) eight hours in any day if an employee works on more than five days in a week.
 - 2.3 Overtime: Section 10
 - 2.3.1 An employer may not require or permit an employee:
 - (a) to work overtime except by an agreement;
 - (b) to work more than ten hours' overtime a week.
 - 2.3.2 An agreement may not require or permit an employee to work more than 12 hours on any day.
 - 2.3.3 A collective agreement may increase overtime to fifteen hours per week for up to two months in any period of 12 months.
 - 2.3.4 Overtime must be paid at 1.5 times the employee's normal wage or an employee may agree to receive paid time off.
 - 2.4 Compressed working week: Section 11
 - 2.4.1 An employee may agree in writing to work up to 12 hours in a day without receiving overtime pay.
 - 2.4.2 This agreement may not require or permit an employee to work:
 - (a) more than 45 ordinary hours in any week;
 - (b) more than ten hours' overtime in any week; or
 - (c) more than five days in any week.
 - 2.5 Averaging of hours of work: Section 12
 - 2.5.1 A collective agreement may permit the hours of work to be averaged over a period of up to four months.
 - 2.5.2 An employee who is bound by such a collective agreement may not work more than:
 - (a) an average of 45 ordinary hours in a week over the agreed period;
 - (b) an average of five hours' overtime in a week over the agreed period.
 - 2.6 Meal intervals: Section 14
 - 2.6.1 An employee must have a meal interval of 60 minutes after five hours work.
 - 2.6.2 A written agreement may
 - (a) reduce the meal interval to 30 minutes;
 - (b) dispense with the meal interval for employees who work fewer than six hours on a day.

- 2.7 Daily and weekly rest period: Section 15
An employee must have a daily rest period of 12 consecutive hours and a weekly rest period of 36 consecutive hours, which, unless otherwise agreed, must include Sunday.
- 2.8 Pay for work on Sundays: Section 16
 - 2.8.1 An employee who occasionally works on a Sunday must receive double pay.
 - 2.8.2 An employee who ordinarily works on a Sunday must be paid at 1.5 times the normal wage.
 - 2.8.3 Paid time off in return for working on a Sunday may be agreed upon.
- 2.9 Night work: Section 17
 - 2.9.1 Employees who work at night between 18h00 and 06h00 must be compensated by payment of an allowance or by a reduction of working hours and transport must be available.
 - 2.9.2 Employees who work regularly after 23:00 and before 06:00 the next day must be informed:
 - (a) of any health and safety hazards; and
 - (b) the right to undergo a medical examination.
- 2.10 Public holidays: Section 18
 - 2.10.1 Employees must be paid their ordinary pay for any public holiday that falls on a working day.
 - 2.10.2 Work on a public holiday is by agreement and paid at double the rate.
 - 2.10.3 A public holiday may be exchanged with another day by agreement

3. LEAVE: CHAPTER THREE

- 3.1 Application
The chapter on leave does not apply to an employee who works less than 24 hours a month for an employer and to leave granted in excess of the leave entitlement under this chapter.
- 3.2 Annual leave: Sections 20 & 21
 - 3.2.1 Employees are entitled to 21 consecutive days' annual leave or by agreement, one day for every 17 days worked or one hour for every 17 hours worked.
 - 3.2.2 Leave must be granted not later than six months after the end of the annual leave cycle.
 - 3.2.3 An employer must not pay an employee instead of granting leave except on termination of employment.
- 3.3 Sick leave: Sections 22 – 24
 - 3.3.1 An employee is entitled to six weeks paid sick leave in a period of 36 months.
 - 3.3.2 During the first six months an employee is entitled to one day's paid sick leave for every 26 days worked.
 - 3.3.3 An employer may require a medical certificate before paying an employee who is absent for more than two consecutive days or who is frequently absent.
- 3.4 Maternity leave: Sections 25 & 26
 - 3.4.1 A pregnant employee is entitled to four consecutive months' maternity leave.
 - 3.4.2 A pregnant employee or employee nursing her child is not allowed to perform work that is hazardous to her or her child.
- 3.5 Family responsibility leave: Section 27
 - 3.5.1 Full time employees are entitled to three days paid family responsibility leave per year, on request, when the employee's child is born or sick, or in the event of the death of the employee's spouse or life partner, or the employee's parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling.
 - 3.5.2 An employer may require reasonable proof.

4. PARTICULARS OF EMPLOYMENT AND REMUNERATION: CHAPTER FOUR

- 4.1 Application
This chapter does not apply to an employee who works less than 24 hours a month for an employer.
- 4.2 Written particulars of employment: Section 29
 - 4.2.1 An employer must supply an employee when the employee commences employment, with the following particulars in writing:
 - (a) full name and address of the employer;
 - (b) name and occupation of the employee, or a brief description of the work;

- (c) various places of work;
 - (d) date of employment;
 - (e) ordinary hours of work and days of work;
 - (f) wage or the rate and method of calculating;
 - (g) rate for overtime work;
 - (h) any other cash payments;
 - (i) any payment in kind and the value thereof;
 - (j) frequency of remuneration;
 - (k) Any deductions;
 - (l) leave entitlement;
 - (m) period of notice or period of contract;
 - (n) description of any council or sectoral determination which covers the employer's business;
 - (o) period of employment with a previous employer that counts towards the period of employment;
 - (p) list of any other documents that form part of the contract, indicating a place where a copy of each may be obtained.
- 4.2.2 Particulars must be revised if the terms of employment change.
- 4.3 Informing employees of their rights: Section 30
A statement of employees' rights must be displayed at the workplace in official languages used at the workplace.
- 4.4 Keeping of records: Section 31
Every employer must keep a record containing the following information:
- (a) employee's name and occupation;
 - (b) time worked;
 - (c) remuneration paid;
 - (d) date of birth if under 18 years of age; and
 - (e) any other prescribed information.
- 4.5 Information about remuneration: Section 33
The following information must be given in writing when the employee is paid:
- (a) employer's name and address;
 - (b) employee's name and occupation;
 - (c) period of payment;
 - (d) remuneration in money;
 - (e) any deduction made from the remuneration;
 - (f) the actual amount paid; and
 - (g) if relevant to the calculation of that employee's remuneration-
 - (i) employee's rate of remuneration and overtime rate;
 - (ii) number of ordinary and overtime hours worked during the period of payment;
 - (i) number of hours worked on a Sunday or public holiday during that period; and
 - (ii) if an agreement to average working time has been concluded, the total number of ordinary and overtime hours worked in the period of averaging.
- 4.6 Deductions and other acts concerning remuneration: Sections 34 and 34A
- 4.6.1 An employer may not deduct money from an employee's remuneration unless:
- (a) The employee agrees in writing to the deduction of a specific debt;
 - (b) The deduction is made in terms of a collective agreement, law, court order or arbitration award
- 4.6.2 A deduction in respect of damage or loss caused by the employee may only be made with agreement and after the employer has followed a fair procedure
- 4.6.3 Employers must pay deductions and employer contributions to benefit funds to the fund within seven days.
- 4.7 Calculation of remuneration and wages: Section 35
- 4.7.1 Wages are calculated by the number of hours ordinarily worked.
- 4.7.2 Monthly remuneration or wage is four and one-third times the weekly wage.

- 4.7.3 If calculated on a basis other than time, or if the employee's remuneration or wage fluctuates significantly from period to period, any payment must be calculated by reference to remuneration or wage during:
 (a) the preceding 13 weeks; or
 (c) if employed for a shorter period, that period.
- 4.7.4 Employers and employees should consult a schedule published in the Government Gazette to determine whether a particular category of payment forms part of an employee's remuneration for the purpose of calculations made in terms of this Act.
5. TERMINATION OF EMPLOYMENT: CHAPTER FIVE
- 5.1 Application
 This chapter does not apply to an employee who works less than 24 hours in a month for an employer.
- 5.2 Notice of termination of employment: Section 37
- 5.2.1 A contract of employment may be terminated on notice of not less than:
 (a) one week, if the employee has been employed for six months or less;
 (b) two weeks, if the employee has been employed for more than six months but not more than one year;
 (c) four weeks, if the employee has been employed for one year or more, or if a farm worker or domestic worker has been employed for more than six months.
- 5.2.2 A collective agreement may shorten the four weeks' notice period to not less than two weeks.
- 5.2.3 Notice must be given in writing except when it is given by an illiterate employee.
- 5.2.4 The notice on termination of employment by an employer in terms of the Act does not prevent the employee challenging the fairness or lawfulness of the dismissal in terms of the Labour Relations Act, 1995 or any other law.
- 5.3 Severance pay: Section 41
 An employee dismissed for operational requirements or whose contract of employment is terminated in terms of section 38 of the Insolvency Act, 1936 is entitled to one week's severance pay for every year of service.
- 5.4 Certificate of Service: Section 42
 On termination of employment an employee is entitled to a certificate of service.
6. PROHIBITION OF EMPLOYMENT OF CHILDREN AND FORCED LABOUR: SECTIONS 43 – 48
- 6.1 It is a criminal offence to employ a child under 15 years of age.
- 6.2 Children under 18 may not be employed to do work inappropriate for their age or that places them at risk.
- 6.3 Causing, demanding or requiring forced labour is a criminal offence.
7. VARIATION OF BASIC CONDITIONS OF EMPLOYMENT: SECTIONS 49 – 50
- 7.1 A collective agreement concluded by a bargaining council may replace or exclude any basic condition of employment except the following:
 (a) the duty to arrange working time with regard to the health and safety and family responsibility of employees (S.7,9 and 13);
 (b) reduce the protection afforded to employees who perform night work (S. 17(3) and (4));
 (c) reduce annual leave to less than two weeks (S. 20);
 (d) reduce entitlement to maternity leave (S 25);
 (e) reduce entitlement to sick leave to the extent permitted (S. 22-24); and
 (f) prohibition of child and forced labour (S.48).
- 7.2 Collective agreements and individual agreements may only replace or exclude basic conditions of employment to the extent permitted by the Act or a sectoral determination (S.49).
- 7.3 The Minister of Labour may decide to vary or exclude a basic condition of employment. This can also be done on application by an employer or employer organisation (S. 50).
- 7.4 A determination may not be granted unless a trade union representing the employees has consented to the variation or has had the opportunity to make representations to the Minister. A copy of any

determination must be displayed by the employer at the work place and must be made available to employee's (S.50).

8. **SECTORAL DETERMINATIONS: SECTION 51**
Sectoral determinations may be made to establish basic conditions for employees in a sector and area.
9. **MONITORING, ENFORCEMENT AND LEGAL PROCEEDINGS: SECTIONS 63 – 81**
 - 9.1 Labour inspectors must advise employees and employers on their rights and obligations in terms of employment laws. They conduct inspections, investigate complaints and may question persons and inspect, copy and remove records and other relevant documents (S. 64 – 66).
 - 9.2 An inspector may serve a compliance order on an employer who is not complying with a provision of the Act. The employer may object against the order to the Director-General: Labour, who after receiving representations, may confirm, modify or set aside an order. This decision is subject to appeal to the Labour Court (S. 68 – 73).
 - 9.3 Employees may not be discriminated against for exercising their rights in terms of the Act (S. 78 – 81).
10. **PRESUMPTION AS TO WHO IS AN EMPLOYEE: SECTION 83A**
 - 10.1 A person who works for, or provides services to, another person is presumed to be an employee if –
 - (a) his or her manner or hours of work are subject to control or direction;
 - (b) he or she forms part of the employer's organisation;
 - (c) he or she has worked for the other person for at least 40 hours per month over the previous three months;
 - (d) he or she is economically dependent on the other person;
 - (e) he or she is provided with his or her tools or work equipment; or
 - (f) he or she only works for, or renders service to, one person.
 - 10.2 If one of these factors is present, the person is presumed to be an employee until the employer proves that he or she is not.
11. **GENERAL**
It is an offence to:
 - (a) obstruct or attempt to influence improperly a person who is performing a function in terms of the Act;
 - (b) obtain or attempt to obtain any prescribed document by means of fraud, false pretences, or by presenting or submitting a false or forged document;
 - (c) pretend to be a labour inspector or any other person performing a function in terms of the Act;
 - (d) refuse or fail to answer fully any lawful question put by a labour inspector or any other person performing a function in terms of the Act;
 - (e) refuse or fail to comply with any lawful request of, or lawful order by, a labour inspector or any other person performing a function in terms of the Act;
 - (f) hinder or obstruct a labour inspector or any other person performing a function in terms of the Act. (S. 92)

Publisher footnote:

It is important to go over the above information as to be informed means to be empowered.

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References: 1. WHO. Tobacco Fact Sheet. 26 July 2019. Accessed 08/10/2020. Available at <https://www.who.int/news-room/fact-sheets/detail/tobacco> Accessed 2020/04/24. 2. Hartmann-Boyce J, Chepkin SC, YéW, Bullen C, Lancaster T. Nicotine replacement therapy versus control for smoking cessation. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD00001. 3. Aubin H-J, Luquiens A, Berlin I. Pharmacotherapy for smoking cessation: pharmacological principles and clinical practice. Br J Clin Pharmacol 2013;77(2):324-336.

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