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DENTAL ASSOCIATION

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COUNCIL



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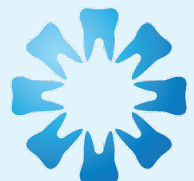
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Congratulations Dental Graduands 2022 from SADA Chief Executive Officer

Mr KC Makhubele*

***SADA Chief Executive Officer**

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I hereby, on behalf of The South African Dental Association (SADA), extend my warmest congratulations on your graduation as a dental practitioner. As you are already well aware that reaching a professional milestone such as this requires a tremendous deal of hard work, effort, and sacrifice, and you should all be extremely proud of yourselves!

You are about to embark on a beautiful, exciting, and inspiring career. You will offer health, healing, and transformation to the people you touch as a doctor, scientist, teacher, philosopher, researcher, entrepreneur, and art-

ist all wrapped into one. We ask that you uphold the very mission of the dentistry profession as you continue on your path, maintaining the highest standards in education, clinical practice, and ethical behaviour at all times.

With the challenges and impact of covid-19, we are clearly living in challenging and unusual times, but we must remain strong, positive, and creative to make the best of what we have. Nobody could have guessed what a remarkable year your graduation would be! South Africa and the world rely on you. With your abilities, you can help the South African community and the world at large.

SADA is here for you, and we hope you will join us in the association and stay connected to our dental community and take advantage of everything that this vital network has to offer. For every 100 dentists that join associations, about 99 choose SADA (99%). It will give me the greatest of pleasures to welcome you when you join as a member of this prestigious association and We hope to meet you all at one of our next virtual /face to face events very soon.

SADA supports its members throughout their time in the profession - from their time as students in the field, straight through their professional careers, and

into retirement. We give opportunities to create and strengthen relationships with your fellow health practitioners in addition to organising various social events and giving outstanding professional developmental events throughout the year. Please do not hesitate to contact us if you want professional advice on anything related to oral health /dental such as the legal, clinical, business of dentistry or want to learn more about how you may get more engaged in our organisation.

This profession knows more today as a result of those who came before you. You now have the opportunity to improve on that legacy. You are the future leaders, and you must embrace the duty to not accept the status quo, but to continue contributing to the development of better procedures, better instruments, and, most importantly, further breakthroughs in knowledge. Those who have previously contributed transmit the wand into your hands and wish you the best of luck in your endeavours in this tremendously interesting profession. You must not only imagine the future but also build it.

Once again, congratulations and wish you the best of luck in all of your future activities. I look forward to working with you for a long time to come. Welcome to SADA and warm regards.



Congratulations Dental Graduands 2022 from SADA Board Chairperson

Dr N Osman*

***Private and Public Practitioner, SADA Member, Board Chairperson**

It is with great pride and tremendous pleasure that I welcome you on behalf of the SADA Board to the oral health profession. We are honoured to have you join the profession and want to share a few words of guidance.

As a wise man once proclaimed "Cometh the hour, cometh the man" and that is one message I would like to convey to you. You are now standing at the precipice of your future. The culmination of up to 5 years of blood (in more ways than one), sweat, and tears is fast approaching and it is time for you to seize the golden opportunity that lies ahead and give it your all. It has been a long road filled with angst and anxiety, lack of sleep, and dealing with daily challenges, but as you sit there, you have already achieved more than you thought possible when you set out on this journey. You have overcome these stepping stones and I firmly believe in that it has not become easier, it is more the personal development of yourselves that has allowed you to adapt and become more robust. It is up to you to continue with this momentum and embark on the adventure

of a lifetime. As a common saying goes, "If you truly enjoy what you do, you will never work a day in your life"

The South African Dental Association is the Association of the Dental Professionals in South Africa. It was formed by the amalgamation of various dental bodies that existed throughout our country's past and has been in evolution for close to 120 years. Its vision is to be the trusted leader and voice of oral healthcare in South Africa.

The mission statement reads to promote the interests, and serve the needs, of our members and above all encourage optimal oral healthcare for all South Africans. Interesting to note that all oral health students are SADA members, something we continue to work on and develop. Along the path to here and now, I was fortunate enough to be a part of the inaugural young dentist council (YDC), a division of SADA specifically catering to the needs of those dentists under the age of 35. I strongly urge that you make contact with the YDC and get involved in shaping and becoming the future custodians of this beautiful profession.

I too began this journey by getting involved in my local branch activities, by attending branch meetings in Pretoria, firstly out of

curiosity and then slowly developing a sense of belonging. My colleagues became mentors to me and continue to inspire me, they are great sounding boards and are always willing to advise and assist. I strongly believe this to be one of the greatest value propositions of being a SADA member.

Across the spectrum of membership, many like-minded individuals are dedicated and have a passion for this profession that it is almost contagious. The YDC has developed a mentorship program to assist as you transition into the profession post-graduation, a support network through community service, and also a wonderful guide to assist you as you venture into academics, the public, or the private sector.

The second aspect that appealed to me was the tremendous wealth of experience and knowledge waiting to be tapped into, a resource that can never be studied from a textbook. The meetings were not just about CPD but rather, it was a meeting for a common interest, imparting of ideas, and networking with friends. As you are now, people of different cultures, backgrounds, and circumstances you share a common purpose, it is your profession that unites you. SADA is the vehicle through which you can make this purpose meaningful.

Do not underestimate the value of the elders amongst you, since time immemorial advice was always sought after from the elders in the community, experience is but the best teacher, so always be open to engaging with your predecessors, they have most probably seen heard or done it all. Using that input you can then customise it to your unique circumstance and this will surely make for unrivalled satisfaction. Bruce Lee described this aptly "Absorb what is useful, Discard what is not, Add what is uniquely your own."

Reality being what it is, the third aspect of my membership with SADA relates to the advocacy and engagement with regulatory bodies, third-party funders, and other stakeholders. This has now more than ever become pertinent to the future of our profession. The current healthcare system is poised to undergo a massive overhaul with the introduction of National Health Insurance. SADA supports the principle of NHI and fully believes that the pursuit of universal health coverage is a noble one. It is our sincere hope that the execution of South Africa's universal healthcare will be efficient, effective, and mutually beneficial to both providers and the public alike. We are actively engaging with role players to put forward our concerns and pro-

posals that will be sustainable and equitable.

In conclusion, I would like to emphasise this important aspect that many take for granted. SADA is a membership organisation. It is your membership that gives gravitas to the association, and therefore it is imperative to actively engage and get involved in making sure SADA can attain the great heights it is meant to hold. SADA is yours and take ownership of it. SADA is not an independent entity, but a collection of individual members dedicating their time, energy, and expertise for the communal benefit of all its members.

No matter your circumstance or your location, I invite you to take up the baton, become a part of your association and help shape the future of the dental profession in South Africa. Together we can achieve more. I leave you with the following words of wisdom. "If we could change ourselves, the tendencies in the world would also change. As a man changes his own nature, so does the attitude of the world change towards him. ... We need not wait to see what others do."

And most importantly I thank you and wish all of you the best for the future and firmly believe this is the beginning of what will be a lifelong story of success. Benefits

Benefits of joining SADA Membership

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

- Access to local and international networking opportunities, mentoring circles and study groups.
- Full access to SADA online dental resources.
- Achieve full CPD requirement through SADA's learning circles.
- Generate your CPD Report for the HPCSA audit at the click of a button.
- Personalised advice on clinical, legal and practice management as well as telephone and email support.
- Access to the only fully accredited scientific dental journal in South Africa, The South African Dental Journal (SADJ), online and in hard copy.
- Get preferential rates on Dental Protection (DP) Indemnity Membership.
- Receive substantial discounts on SADA branch and/or online events and congresses.
- Advertise your employment vacancies and other practice requirements free online at www.sada.co.za
- Advice on South African health and safety compliance.
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SADA

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- Eligibility for research grants from the Dental Development Foundation Trust (DDFT).
- Full-time academic practitioners are eligible for an IADR membership rebate.
- Members in full-time academic employment eligible to publish in the SADJ.
- Assistance on medical aid authorisation parameters and risk management.
- Access to all relevant information through SADA Advisory Bulletins
- Legal, Clinical, and Professional information to assist with running your daily practice.
- Assistance with unresolved medical schemes matters.
- Purchase Profitability Assessment tool, D-Calc™ at more than 50% discount as a SADA member.
- Benefit from SADA's advocacy in respect of regulatory environment including regulatory bodies such as the HPCSA.
- Contribute to and enjoy professional submission in respect to dental policies and funding.
- Be part of monitoring and influencing the practice scope of various oral health care practitioners.



SADA

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Congratulations Dental Graduands 2022

Professor V Yengopal*

***Dean, Faculty of Dentistry University of the Western Cape**

Good doctors! Hope that sounds good...enjoy it because you deserve it! This moment is a time for you – It is a culmination of your personal sacrifices, both financial and otherwise, your struggles, your hopes, your dreams and your pride that you gather here today to celebrate and acknowledge your achievement. You represent the privileged few in this country who have had the benefit of a university education and you enter a noble profession where status, financial success, respect, social standing and opportunity can almost be guaranteed if you play by the rules. So, before you start using the words, my, me, I or mine, you must understand that your success and your presence here warrants that you pay your dues to your family, loved ones, supporters and most importantly your community or the society from where you come.

You live in a country of diversity and huge gaps between the haves and the have nots. The fact that you qualified with a university degree immediately puts up there with the top 2-3 % of people in this country. Mike Schluser, an economist at UKZN, has said that when you rank the lowest paid worker in the government sector which is a cleaner on an income scale, that cleaner's income immediately placed him/her within the top 20% of earners in the country. The wealthiest CEOs in the country earn up to 60 times more per month than the lowest paid workers. So, the poor in this country are really poor and they make up the huge percentage of the general population that you will serve in your community placement year.

To our dentists who will be doing community service, please take the opportunity not only to learn and sharpen your clinical skills in this year but learn about your community, their needs, their concerns, their frustrations and their economic struggles and then you will appreciate how lucky you are and what a huge responsibility you have in terms of giving back to those who have never or will never have the opportunities you have had.

So, I can continue to highlight how privileged you are and how

you owe society a great debt etc but that would be missing the point of today- today is a day of joy and celebration- today it's your day – it's your parent's day - it's the day where all those that know you should join in and celebrate because today you have achieved, u have done it and I am here to salute you on a job well done. So, if you would allow me, let me offer you a little bit of advice...

- Communicate, communicate, communicate, as I said, people are more important than anything thing else but don't be afraid to speak out, especially when you encounter injustice of any kind in this world. You need to be activists for health injustices of course, and advocates for health issues, but you also, because of your position in society, need to be prepared to speak out for social justice.
- Discover yourself every day. You are all too young to remember the golden age of space travel, and those first steps into space. One of the missions, Apollo 8, holds a lesson for all of us. It was the first one to go round the moon. When they emerged from the dark side, they had their camera on and that was the first time we saw Earth as

it really is. People forget this: they went to the moon, but they discovered Earth. There's a lesson there for all of us.

- Work hard at relationships, especially the intimate ones and with the person you choose to share your life with. Remember that the 3 most important words are not "I love you" but "Yes, you're right".
 - Be the person your pet thinks you are! And for those of you who have not been worshipped by a pet, get one!
 - Don't do anything for money. What I mean is, do what you love, do it the best you can, better every day, and the money will follow.
 - Live as if you were to die tomorrow but learn as if you will live forever. And there's always something new to learn, especially in our profession, as I have mentioned.
- Confucius said: Wherever you go, go with all your heart. And I would add: Whatever you do, do with all your heart, and ENJOY it. Whatever you do, be happy, and above all have fun. If your work stops being fun, do something else!
 - Finally, find balance in your life - get a hobby, take up a sport, yes get that super-bike, run that marathon or climb that mountain - enjoy all things outside and inside dentistry. Respect all and be humble and above all love all and serve all and you will find a measure of peace, joy and satisfaction.
 - I wish you all well and celebrate this day forever because you will never be the same again.

Thank you



A New Journey Begins...

Dr Vishal Bhikha*

***Public Practitioner and SADA Member BDS-(Wits) MSc-Dent(Wits)**

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 to enter another chapter of your dental journey.... The Community Service year.

The recent years have been full of surprises and hiccups. The global Covid-19 pandemic had disrupted 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 thought us patience, strength through unity and the standing together as a nation.

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.

During your community service year, continue becoming the best

version of yourself. Always strive to continue learning; attend CPD sessions virtually or live, subscribe to dental journals that interest you, listen to webinars and podcasts. Let social media influence you in a positive way, follow reputed Instagram and Facebook dental pages that help broaden your knowledge and enhance your creativity. The road of learning and growth continues as a lifelong process.

In your free time start some networking with other dentists and dental practices, as this may help you find your niche interest in dentistry and open different and new perspectives in the profession.

The interaction between experienced practitioners and oneself creates a wonderful platform for the ideals of mentorship which are sharing and transfer of knowledge and experience to a new generation.

Dentistry as a profession does come with its stresses. You will realise that the accumulation of stress and burnout can have detrimental effects on ones physical, mental, emotional and social wellbeing.

Therefore I encourage one and all to seek help early should you find yourself in a position where-

by you are not coping. Also, do try and find a work-life balance, incorporate certain practices in your routine that help reduce stress (avoid numbing agents).

Include activities like attending the gym, yoga, breathing or any form of physical exercise. Always make time to include some hobbies in your routine, these may include reading, gardening or even craft. If you don't have any hobbies, explore the internet or attend a craft market - you get tons of ideas. Family time and social activities play a major role in reducing stress and getting our minds off work, allow adequate time for those.

Ukuph' ukuziphakela

*(Giving, is to dish
out for oneself)*

-Zulu Proverb

When you reflect back on your community service year you will realise that it was a very special one, however the choices you make will determine that. Make the best of the year and create special memories that will make you remember it forever.

The community service year is a stepping stone that will prepare you for other new journeys going forward, so make sure you take the correct steps. Some of you may be required to build and create your own steps which will pave the ways for future generations going into community service.

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.

Best Wishes



Life after University

Dr Nthabiseng P Metsing*

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This may be a very daunting time for you as you are nearing the end of your first phase of university and starting a new chapter in your life.

Allow me to begin by congratulating you for reaching this milestone, and also welcome you to your chosen career. This booklet is intended to inspire you and to a source of guidance in your profession as it contains some information you may need as you proceed with your journey in the

medical field. It contains professional guidance and some personal stories that you may draw inspiration from.

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 in this profession. You will and should find solace however in knowing that each and every one 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 fairly safe.

I will start my message with a personal story. 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 give you some advice on how to navigate the challenges you will face in your community service and beyond. Be cautioned to not allow challenges to overshadow the joy that comes with earning your 1st salary. Of, course with that salary comes a lot of responsibilities.

For most people a salary means you finally have the freedom afford your own life, for some you can finally buy that car you've al-

ways wanted or event that house you've longed to own and for others it may even be that shoe you have always been eyeing. Whatever you decide to do with your salary all I can say that it is always important to have a plan in mind.

This brings to a point where I'd like to share my personal story. While I was a student, I vowed to never set foot back on Campus again. After my community service, 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 subscribed to completely different ethical views. I then secured another locum position in Pretoria, which lasted a year. I reached a point where I had to make a decision to go into my own practice as a result of poor planning and a lack of proper guidance and mentoring, my practice only lasted nine months. By grace I managed to secure a position at the hospital I had undertook to never set foot in again.

Drawing from my story I would like to provide some guidance on life after university.

Firstly, once you have decided to go into private practice. There are some few things you need to consider:

Setting up a new dental practice

is the same as starting a new business from ground zero and that in itself can be overwhelming. A lot of work that goes into establishing your business and a lot of decisions need to be made before you even commence. This ranges from whether you will go into a solo or group practice to deciding on the right partner/s for you, to how many staff members you are going to hire, to market the practice. Location is also a very important aspect that determines the success or failure of a dental practice.

Let me expand a bit on some of the aspects:

The perfect time to start your own Dental Practice.

I cannot over emphasize the importance of starting the practice at the right time. I personally made an error because the owner of the practice was selling and without assessing my state of readiness, I decided to take over the practice. I had not decided on my business model (whether single owned or group practice). You need to also ensure that you have enough capital even if it is through a bank loan because starting a dental practice can be very costly.

You need to understand the market in the area that you are going set up

This is very important as it will guide you when compiling your price list and when you need to determine whether you will run a cash practice, a medical aid practice or both. In this step you will be able to establish how many other dentists are operating in the same area. If there are already a lot of practitioners operating in the area, then you may want to consider another location especially if you will be offering the same services as the others.

Renting or Buying

Once you have identified a “perfect” spot and depending on your budget, you need to decide whether you are going to buy the property or lease it. Since it is a start up practice, it may be advisable to rent the premises before making longer commitments however this will be guided by your material conditions.

Practice Marketing Strategy

It is also important to market your practice very well i.e., signage, pamphlets, business cards and these days social media is a very useful tool. Whichever marketing strategy you use it is important to follow the guidelines so that you do not find yourself on the wrong side of the ethical rules.

Registering the Practice

It is very important to register your practice with DTI in order

to ensure that your practice becomes tax compliant and with BHF in order to receive your practice number. It is also important to sign up for membership with an association like SADA and to also get indemnity cover.

The above checklist is not exhaustive, there are many others that can be included. I have merely covered the bare minimum.

Another aspect that you need to consider is the Continuous Professional Development which a requirement of the HPCSA for continued registration in the profession.

What is CPD

The ethical practice of the health professions requires consistent and ongoing commitment to life-long learning by all health practitioners, this is done through a process called Continuous Professional Development (CPD). CPD assists health professionals to update and develop the knowledge, skills and ethical attitudes that underpin competent practice. This perspective protects the public interest and promotes the health of all members of the South African public. Guided by the principle of compassion, health practitioners aspire to standards of excellence in health care provision and delivery. The Health Professions Act, 1974 (Act

No. 56 of 1974) (as amended) endorses Continuing Professional Development (CPD) as the means for maintaining and updating professional competence, to ensure that the public interest is always promoted and protected, as well as ensuring the best possible health care service to the community. CPD should address the emerging health needs and be relevant to the health priorities of the country.

How does CPD apply

Continuing education units (CEU) is the value devoted to a learning activity for continuing professional development. A health practitioner is required to participate in CPD activities and accumulate 30 CEUs per twelve-month period of which 25 CEUs should be for clinical activities 5 points should be for ethics, human rights and health law. All CEUs are valid for a 24 months period from the date that the activity took place. CEUs not to be allocated retrospective for the period for which the health practitioner is audited unless permission is granted by the HPCSA.

Before a CPD event can take place, it needs to be accredited, meaning the event needs to be assessed by a certain body that will ensure that the event complies with the accreditation guidelines. SADA is both an accreditor and a service provider

for CPD events meaning attending SADA activities will ensure that you attain your CPD requirements.

SADA platforms that ensure compliance

The South African Dental Journal (SADJ) is the only internationally accredited dental journal in Africa directed to the dental community, published by the South African Dental Association. Our papers are subject to rigorous peer review to provide you with a high-quality journal for reliable source of information on dentistry and dental science. It caters for the interests of general dental practitioners, specialists, academics, oral hygienists and dental therapists. It features current concepts and teaching in clinical dentistry, news in the field of dentistry, evidence based dental healthcare, original scientific research and developments in the oral and health environment. The SADJ is designed to fulfil continuing professional development requirements of practitioners, and CPD tests can be done online.

SADA Annual Congress and Exhibition is the association's signature event which aligns all activities with the promotion and education of attendees with new ideas and techniques at all levels within the dental profession. This

platform offers an opportunity for all role players in oral healthcare in South Africa, Africa and the world over to attain CPDs. The activities are always a perfect opportunity for traders both dental and non-dental to ignite new relationships and rekindle old ones with clients, colleagues, and friends.

CPD Branch Activities

Although SADA does not have physical branches, it does have 11 virtual branches throughout the country. These virtual Branches host both physical and virtual CPD Events throughout the year.

Continuing education workshops and lectures at Branches are an excellent way for oral health professionals to increase their knowledge and obtain the CPD points required. All SADA Events are open to oral health professionals regardless of whether they members of the association or not.

**SADA has 11
virtual branches
throughout South
Africa hosting
CPD events**



Be Ethical and Legal at all times!

Mr Punkaj Govan*

***SADA HOD, Legal & Corporate Department**

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The privilege of being a dentist comes with a responsibility to society and to fellow members of the profession to conduct one's professional activities in a highly ethical manner.

As a professional, you must remain accountable not only for your adherence to the law but also for the values and ethics that characterise

your approach to dentistry and to the professional standards that you should aspire to. While serving the public, a dentist has the obligation to act in a manner that maintains or elevates the esteem of the profession.

Ethics is normally defined as a set of rules provided to an individual by an external source, i.e., a professional organisation, or the regulator like the HPCSA or the social system.

In contrast, morals are derived from one's upbringing and beliefs, an individual's own principles regarding right and wrong. Concepts of ethics are learned through education as a framework for acceptable behaviour, whereas morals involve behaviour usually influenced by family, religion, and the social atmosphere.

Having an ethical framework for our professional (and personal) lives is both important and enriching. The choices we need to make will not always be straightforward, and a professional career throws up many difficult situations and conflicts - especially in a field such as healthcare.

Law and Ethics

To grasp the essential nature of professional ethics, it is necessary to achieve such a separa-

tion, between the law, on the one hand, and ethics on the other.

In general, one sees a separation between the relationship of an individual (or corporation) organisation) to the state (often crystallised into criminal law), and that between one citizen and another (civil law).

Criminal law identifies the requirements of personal behaviour in relation to society, and will encompass a wide spectrum of offences against what society considers to be acceptable. These range from obvious offences such as murder, to various kinds of assault, public disorder, race relations and discrimination, theft and fraud, to health & safety legislation, employment law etc. It is usually based on specific acts, regulations, and other statutes.

Civil law applies to cases that are brought by one citizen against another. Examples would be allegations of breach of contract, or negligence (including dental negligence). In each of these situations, there is a statutory point of reference, ie. an Act or a Law, or a set of regulations made in order to give practical effect to such legislation.

Usually, we will find enough detail in the text of the law to tell us how we should act - or more per-

tinently in many cases, how we should not act.

Where there are acts and statutes, laws and regulations to point the way, then, there is at least some certainty and direction. But there will be many other situations in our professional and personal lives where there is no such certainty - or at least, some room for doubt. Ethics is largely about what happens in between those areas where the law has provided us with clarity and definition - although many ethical principles are also enshrined in legislation, and in violating them we would be acting both illegally and unethically.

Ethics is essentially the voluntary framework of guiding principles which brings order and purpose into what would otherwise be a void between laws, on the one hand and a free-for-all on the other.

Ethics are essentially a moral code or a set of principles to guide behaviour, they are different from laws, and have been described as 'allegiance to the unenforceable'.

In the case of dentistry, this is not strictly true because regulatory bodies (Health Professions Council of South Africa [HPCSA]) have the power to suspend, restrict or remove a dentist's registration, even when no law has

been broken. Professional ethics and conduct are therefore highly enforceable because the dentist's registration is at stake.

There is a relationship between ethics and the law. The law sets a minimum standard below which nobody should fall; ethics can set a higher standard that may be more difficult to attain.

Although it is legal for a graduate dentist to do any procedure of dentistry falling within the scope of practice for a dentist or dental specialist, is it ethical? All practitioners should know their limitations of what they can do good or not so good.

It would be appropriate to use the referral system if your competency in performing a certain procedure in dentistry is not what it should be, or if it would fall below the standard of care. If a practitioner is not proficient in carrying out certain dental procedures, nonetheless continues to do so, and most every case was incomplete and inadequate and required retreatment.

Although the practitioner was legal but not very ethical or moral in that the practitioner lacked integrity in failing to recognise their limitation. There are ramifications that can be devastating to the practitioner and or a practice

from being found guilty of various allegations. The practitioner would violate ethical principles of nonmaleficence (do not harm) and beneficence (act in the best interests of patients).

The HPCSA may impose a fine, suspend and remove your licence to practice, order retraining or continuing education, or many other available sanctions. From this, you will deduce that ethical behaviour is mandatory for a career in dentistry and not voluntary.

It is only logical that the profession should collectively agree a minimum standard of behaviour and conduct that will not only protect and safeguard patients, but will also uphold the reputation of the profession and its status in society. It is very much in the interests of the profession itself, that patients should be protected in this way, because it helps to maintain public confidence in

dentists and those associated with the profession of dentistry.

But we live in a changing world, and the importance which society attaches to certain values, is also changing. It is almost inevitable that each successive generation of practitioners will start their professional careers firmly convinced that they are better than their predecessors in almost every respect, spend the middle part of their careers believing that the latest crop of new dental graduates is sadly lacking in some crucial respect, and will end their careers trying to convince others that they were right on both of the other occasions! It is in the natural order of things that each successive generation believes that standards are gradually falling in the generations that follow. Even if this were to be true, then senior members of the profession must take their share of the responsibility for this, because maintaining ethical standards in



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the profession is a job for us all, since ethics are a voluntary code of principle generated from within the profession, for members of the profession to follow.

By the time someone becomes an undergraduate dental student, many would say, it is already too late to influence their values and ethics to any great extent.

Today's young people face extraordinary pressures, often of a kind which earlier generations of dentists fail to understand, or

on a scale which they can't (or won't) appreciate.

The financial and peer pressures that young graduates are faced with today are massive and debilitating. Society is different; attitudes towards the profession and professionals in general are different, and in a number of respects the social structure and dynamics of life in many countries around the world have eroded a sense of vocation for professions such as dentistry. It is also right and proper that we should anguish over some of these decisions. The more often we place ethical issues in the balance of clinical decision-making, and debate them with colleagues, the more they become part of our mainstream thinking. This is healthy and constructive.

Professional ethics do not lend themselves to the same well-circumscribed 'user's guide' that the Law gives us. In many cases, we act ethically simply by following the law. In other cases, the law leaves us stranded and it is on these occasions that doing the right thing will not always come naturally. We will make correct and ethical decisions more often, if we have already spent time thinking through our ethical stance on the issues that will arise, again and again, during our professional life.

Almost every clinical decision has an ethical and legal content, as well as the more extraordinary situations that can arise in dentistry.

Where should we look when we are searching for the source of our ethical knowledge? For most of us, our value systems are largely a product of our upbringing. Parenting and family values have a major part to play - sometimes as role models, but sometimes precisely the reverse. In the latter case, the formative pressures upon an individual may result in the rejection of the values they 'inherited', and their replacement with quite different values.

Almost every clinical decision has an ethical and legal content, as well as the more extraordinary situations that can arise in dentistry.

Our worth as human beings are the sum total of our values. One such value is the extent to which we respect and follow the law. As professional people, our ethical standards will be dependent upon these values, and also the extent to which we see them as being less important, equally important or more important than the technical quality of the clinical treatment we carry out.

Reflecting upon our own values and ethics, and setting young dentists on the right road doesn't just make good sense; it is a professional responsibility that we all share.

An ethic is not an ethic, and a value not a value, without some sacrifice for it. Something given up, something not gained.

Ethics requires that in most cases, patients are allowed to determine their own destiny and that they be given honest, helpful answers to their questions. That is known as the relationship between veracity and autonomy. Patients must be informed of their oral status without disparaging comment about prior services, referred to as veracity and justice.

In summation, desire for knowledge can improve your skills. Having affability, availability, and ability helps make you a better practitioner. To practice within the standard of care and communicate appropriately will help you avoid litigation. Finally, you must maintain character with integrity at all times coupled with adhering to ethical guidelines, have moral behaviour, and use common sense.

**An ethic is not
an ethic, and a
value not a value,
without some
sacrifice for it.**

The importance of understanding POPIA and Dentistry

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The POPI Act stands for Protection of Personal Information Act, 2013.

Who does the POPI Act affect?

Put simply – just about everyone. It applies to anyone who keeps any type of record relating to the personal information of anyone. It governs everything from processing, collecting, receiving, recording, organising, retrieving, using such information, disseminating, distributing, or making such personal information available. It also applies to records that you already have in your possession.

As dental practitioners process personal information POPI applies to them.

There is a special category of personal information called “special personal information” which includes religious or philosophical beliefs, race or ethnic origin, trade union membership, political persuasion, health or sex life, or biometric information. This may only be processed with consent, is necessary in law; is done for historical, statistical, or research purposes; or the information has been deliberately made public by the subject.

There are 8 rules as conditions, and they largely cover what data you collect, what you can do with the data, and how you protect both the data and the data subject.

POPI does not replace the HPCSA's existing guidelines on safeguarding confidential patient data.

Rights of Patients

Patients have the right to be told if the practice is collecting their personal information if it is being accessed by unauthorised persons. They also have the right to access their information and that it be corrected or destroyed.

Processing of Personal Information of Children

There is a general prohibition against the processing of personal information concerning a child subject to appropriate authorisation. In most cases, the parent or legal guardian will be the competent person whose consent must be obtained.

Personal Information

Personal information may be processed with the consent of the "data subject" (patient), or is necessary for the performance of the contract to provide dental services, required by law, to protect the interests of the patient or necessary to pursue your legitimate interests or that of a third party to whom its supplied.

Dentists may only collect personal information for a specific, explicitly defined and lawful purpose i.e. dental treatment.

Once the personal information is no longer required for the specific purpose, it must be disposed of unless law requires its retention such as retention of records required by the by the Health Professions Council of South Africa (HPCSA).

Handling Personal Information

Dentists also have to take steps to prevent the loss, damage, and unauthorised access or destruction of personal information. They must identify all risks and maintain safeguards against these identified risks.

All practitioners will be required to re-examine the way patient files and personal information is managed especially at reception which is the most vulnerable area.

Information storage

Dentists store patients' information in various formats with several staff that may have access to them.

Hard copy files to be stored in a lockable drawer or room with limited access. It is not advisable for your receptionist or accounts staff to have access to the full file. They should only have access to the information that they need in order to complete their duties. This would include contact numbers, address, and amount owing. It would not include diagnosis or medical history.

Files stored on a computer whether on-site servers or the

cloud, all necessary steps to be taken to ensure the information cannot be lost, damaged, or accessed unlawfully are taken. Access to data, monitor and control which many cloud providers cannot.

Mobile devices are connected to your systems such as your mobile or laptop, ensure it is secure if the mobile or laptop is stolen. Often the biggest risk in any system is the individuals using it. This is what makes education so important. Not just for new employees, but regular reminders for existing staff.

Sharing personal information

Before you share any patients' personal information, be it with service providers like dental technicians, credit controllers, data capturers or business partners, dental specialists, you need to make sure that it is in the best interest of your patient and obtain their consent (ideally written consent).

If a specialist obtains information from a general practitioner to whom the patient is referred or an opinion is sought, the specialist must take reasonable steps to inform the patient of this, the source of the information, and the purpose for which it has been collected. This can be relayed to the patient either orally or in writing.

When sharing information with a medical scheme, it is advised

that you should have informed consent of the patient (or the person authorised to consent) for all information shared with the scheme. While there might be exceptions, it is best to ensure appropriate and proper consent.

POPI & COVID-19

The Information Regulator has also issued a guidance note on the processing of personal information during COVID-19 pandemic. It supports the need to process personal information of data subjects in order to curb the spread of COVID-19.

Practitioners may process the personal information of patients (data subjects) in a responsible manner during the management of COVID-19. This must be for the purposes of detecting, containing, and preventing the spread of COVID-19.

You will not be required to obtain consent from a data subject (patient) to process his or her personal information in the context of COVID -19, if it is required to comply with the law, legitimate interests of the data subject, in pursuance of the legitimate interests of the responsible party or of a third party to whom the information is supplied.

What about direct marketing to patients?

Section 69 of POPIA outlaws direct marketing by means of any form of electronic communication unless the subject has given their consent. Such elec-

tronic communication obviously includes emails and SMSs. Once such consent is refused, it is refused forever.

Slightly different rules apply if the subject is a customer or patient. Here the customer's or patient's contact details must have been obtained in the context of the sale of a product or a service, the direct marketing by electronic communication can only relate to the suppliers own similar products or services, and the customer must have been given the right to opt-out at the time that the information was collected and each time such communication is sent.

What about social media platforms?

The role and implication of social media are still not appreciated by the dental profession. It is natural for practitioners to share successful, interesting, and complex cases with their colleagues, even friends, and family. Practitioners are not permitted by law to do so in any format, even on social media platforms. Thus, sharing of interesting cases with colleagues is now not permitted. Should personal patient information be leaked or published from a personal storage device, the practitioner as a responsible party may be held liable for damages incurred?

Trans-Border Information Flows
POPIA provides that you may not transfer personal information

abroad unless one or more requirements are met, for example the recipient is subject to a law, binding corporate rules, binding agreement, or memorandum of understanding which provide an adequate level of protection that is similar to the conditions for the processing of personal information as set out in POPIA; the Data Subject has consented to the transfer; the transfer is necessary for the performance of a contract; the transfer is for the benefit of the Data Subject and it was not reasonably practicable to get their consent.

The processing of certain types of information, including cross-border transfers of personal health information to third parties, may require once-off prior authorisation from the Information Regulator depending on the level of protection and safeguards put in place by the third party in the foreign country.

Storing to Cloud

If responsible party utilises cloud storage or computing services to store, manage and process data as opposed to local network with in-house facilities to attend to the same. The dentist remains solely liable for establishing and maintaining the confidentiality and security measures in respect of the processing or retaining of personal information.

If the cloud provider is not domiciled in South Africa, the dentist must further take reasonably

practical steps to ensure that the service provider complies with the laws relating to the protection of personal information of the territory in which the service provider is domiciled.

The risk of liability in terms of POPIA, however, stays with the dentist.

Registration of dentists as information officers

All dentists as owners of dental practices will have to register as the Information Officers for the practice.

They would encourage compliance by the practice with the conditions of lawful processing of personal information, deal with requests made to the practice and work with the working with the Regulator in relation to investigations conducted.

The Act also allows for the appointment of a Deputy Information Officer. Only employee(s) of a body can be designated as a Deputy Information Officer.

PAIA Manual (in conjunction with POPI)

All dental practices will be required to compile a PAIA Manual (Promotion of Access to Information Act) which is compulsory from 1 January 2022.

Anyone requesting his or her records must comply with the procedure set out in the PAIA manual.

The PAIA must be available at the practice or posted on your website. There is no need to lodge the manual with the Information Regulator unless they request it.

A PAIA Template Manual is available to members on the SADA website which practitioners may use the necessary adjustments to suit their own individual practice protocols.

What happens if you don't comply with the Act?

For starters, any person can be guilty of an offence (in regards to the Act) if they:

- Hinder, obstruct or unlawfully influence the Regulator
- Fail to comply with an enforcement notice
- Fail to attend hearings — or lie under oath at a hearing
- Act unlawfully in connection with account numbers (even if they are a third party)

For more serious offences the maximum penalties are a R10-million fine, or imprisonment for a period of up to 10 years — or a combination of both. YIKES.

For less serious offences, like hindering an official trying to execute a search and seizure warrant, the maximum penalty would be a fine, imprisonment for up to 12 months, or a combination of the two.

Congratulations from BChD V (UP)

Dr Tamsyn MacKenzie
Class Representative

I believe that the most fitting way to begin this would be to extend my congratulations to you for this incredible accomplishment. Well done to the class of 2022, you have made it!

Dentistry is by no means an easy road, and there are many stretches that seem insurmountable, but, despite the hardships, the late nights, and the days where things no doubt felt impossible, you have reached the end of the road, and you can now call yourself a dentist.

Despite the normal challenges this degree would ordinarily have brought, we were faced with a global pandemic in the last few years too, and as my friends so often heard me say when things got tough, “do we REALLY need this too, is dentistry not hard enough already?”. I am sure many of you shared these sentiments and are glad your studies are over. Honestly, same. But we all know that it wasn’t all bad, and some of you will be racing back to start a post-grad as soon as you can again, even those who swore they’ll never go back – you’ll be surprised.

As I sit now, about to begin my community service year, I can reflect on the journey that brought me to where I am today, and finally say that all the hard work was worth it. Having completed my own studies at the University of Pretoria, 5 years seems to have flown by surprisingly quickly (if you exclude the days where I thought it would never end).

I am confident that I am not the only one who looks back with gratitude and a bucket-load of appreciation for the people that I met, the memories that I made and the life-lessons that I learned along the way. Thank you to all the people who guided me, and you, along this journey, and may they be as proud of you, as you should be of yourself. I look forward to seeing where in life we find ourselves a few years from now

Good luck for the new chapter in your lives Your community service year is a small stepping-stone in the direction that you have selected. You now have an opportunity to apply and adapt yourself in an environment with new challenges, new people, and an endless supply of possibilities. Wherever you find yourself, now in the community service year, and in the years to follow, know that you have been well equipped and that you have proven yourself more than capable to take on whatever lies ahead.

Strive to make a difference, strive to do your best, and you will reap the rewards. Good luck and may your community service be the best year yet!



The importance of indemnity membership

Dr A McKelvie* and Dr Y Naidoo**

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As certain as your professional career will have a start and an end point, it is our prediction that at some point in that professional career, either a patient or a colleague will make a complaint about your treatment, your competency, or your behaviour as a registered healthcare professional. It is unlikely that this will be an isolated event; a once-in-a-career incident.

Dentistry is unpredictable. There are no absolute guarantees regarding our treatments, yet the evidence suggests our patients are more demanding and expectant of success and perfection. As undergraduates, there just isn't enough time to develop all the skills you need to practise safely and to also learn how to communicate effectively with patients as partners in their care or occasionally in conflict and conflict resolution.

So what happens when your patient is unhappy with some aspect of their care? A few patients will just move on to another practice in the hope that their leaving is punishment enough. Unfortunately, the majority are likely to be less forgiving, particularly where they have paid what is to them substantial sums of money for a professional service and will look to hold you accountable when they believe they have been disadvantaged.

If there is a complaints procedure where you work that captures patient disappointment, then you have a chance of containing the problem and fixing it yourself before it escalates. If there is no complaints process,

often the first sign of an unhappy patient is a letter from the HPCSA or a negative review online.

Complaints made over social media

The path of least resistance seems to be online, and concerns reported online cause significant distress where the facts laid out can be misleading and occasionally embellished. Trial by social media can often feel like a public humiliation.

Whilst it can be a fantastic marketing tool, social media can also be manipulated by an unhappy patient to potentially attract the attention of a much wider audience, to a poor experience or poor clinical outcome. You can't defend yourself publicly without breaching confidentiality, that's where the value of having an experienced specialist defence organisation on your side comes into play. The organisation can help you resolve the complaint and avoid ethical transgressions as you work your way through the problem.

Dealing with your own emotional reaction to a complaint is incredibly difficult. It can be challenging to remain objective about what the patient says went wrong, and without the impartial and unbiased assistance of a specialist defence organisation it is easy to

lose focus on the facts and the evidence. Once this happens, there is a real risk that a simple complaint which could have been dealt with speedily and to the satisfaction of both patient and dentist, may escalate into an environment where a more invasive investigation of the facts can take place –we are thinking here of the HPCSA.

Many complaints to the HPCSA end with no action against the dentist; however, there are occasionally some issues raised in complaints which are harder to defend, and the best strategy is to prevent this happening in the first place, with effective local complaints handling. For over 65 years, Dental Protection has been helping dentists just like you respond professionally, ethically and effectively to complaints. It's what we do, and just one of the many benefits of membership.

In the majority of complaints, patients will look for some sort of acknowledgement that their concerns have a justification and that you, as the dentist, will do the right thing by recognising and resolving their concerns. Sometimes all that's needed is an apology. Complaints involving unsatisfactory or failed treatment generally include a request to refund fees or pay for the treatment they now need – called remedial

treatment— at a new dentist (and sometimes, a specialist). How are you going to know whether the patient's demands are fair or not, and who is going to fund this treatment?

Believing that a complaint is justified, the patient then has to decide to whom they should complain. Because neither private practice nor the state sector are mandated to run a complaints procedure it's often really difficult to know where to start, and the path of least resistance nowadays is to use the HPCSA online complaints portal, or the mediator service run by SADA. If a complaint is made to the HPCSA, it triggers a statutory process set out in the Health Professions Act (56 of 1974) whereby the HPCSA registrar is required to investigate the concerns raised, and decide whether:

- the matters reported are minor and can be resolved through mediation by the HPCSA Ombudsman, or
- for more serious allegations, direct the Committee of Preliminary Inquiry to consider the allegations and the registrant's response. They will then determine whether the complaint should be upheld, and the registrant sanctioned if found guilty of unprofes-

sional conduct or deficient professional performance.

The HPCSA can also take action against a registrant whose fitness to practice may be impaired by reasons of their health.

How Dental Protection can help
You cannot ignore complaints. You have an ethical duty to respond to them, and yet there is no specific training provided on complaints handling. This is where assistance from Dental Protection is invaluable. Once you report the complaint to us, we gather together all the information we need to take an objective view of the incident.

Being on the receiving end of a complaint can cause fear and resentment. Most dentists will find it difficult to look objectively at the key issues and, left to their own devices, will tend to respond subjectively. Despite the rumours, we are human, after all. Dental Protection has over 65 years of experience assisting dentists with complaints. Often the matter can be resolved with an apology and an explanation. Sometimes we will advise that a refund should be made, or the dentist contributes towards the cost of the remedial treatment their patient now needs. Depending on the facts of each complaint, Dental Protection will

look to assist with the costs of remedial treatment where it is clear that the need for that treatment flows from an act or omission on the part of our member. Most patients would choose to avoid litigation and there is no point in forcing a patient to involve their own attorney when a simple apology and some form of financial support is all that is required.

Where a complaint has been made to the HPCSA, and it may be by a patient, a fellow colleague or an employer then the risk of an adverse outcome is higher if you choose to respond yourself. When a member is being assisted by Dental Protection, we instruct attorneys to gather all the facts, advise you on your position and assist by submitting an explanation to the HPCSA on your behalf. Legal assistance is provided at all stages of the HPCSA investigation until the matter is concluded.

When a complaint escalates into a claim

A completely different problem arises where a patient suffers an avoidable treatment injury and seeks compensation. The patient has to prove on the balance of probability that the injury arose from a negligent act or omission by their dentist. A simple example might be where a patient is given an antibiotic where it is al-

ready known they are allergic to it. They end up being hospitalised and are faced with private hospital bills, doctors' fees, loss of income for days off work and recovery. For all of these expenses they seek to be recompensed by the practitioner who prescribed the antibiotic. They will often do this by means of a letter of demand drafted by attorneys, followed by a summons issued by court – in other words, they sue the practitioner.

This is where indemnity comes in. Professional indemnity, put simply, involves security or protection against a loss or other financial burden (such as legal fees defending a court case) stemming from one's profession. Membership of Dental Protection includes the right to request legal and financial assistance with clinical negligence claims arising from your private professional practice. In other words, if a patient sues you based on treatment you have rendered to them, you can ask Dental Protection to assist you with the defence of the claim. For assistance to be granted, the request must be within scope of benefit and you will need to have had been a member at the time the treatment was provided, be properly indemnified for the full spectrum of work you carry out, and working within your area of practice and competency.

Indemnity is important for any professional, and particularly for dentists who invest substantial time and money studying, training, and building a successful practice. It is not inconceivable that in your career, you may receive a summons from lawyers claiming millions of Rand due to alleged improper placement of implants in a full-mouth rehabilitation. It is often at this stage when practitioners regret not having some form of professional indemnity.

If you work in the state sector as an employee of the state, then any treatment injuries caused by your own acts or omissions will be compensated by the state. The Treasury Regulations already create a mechanism for patients to obtain compensation where they have been injured in

a state dental facility and Dental Protection do not defend or pay compensation to state patients. Those members of Dental Protection who work in the state sector therefore pay much lower annual subscription fees than those who work in the private sector. However, the state rarely assists its employee dentists with informal complaints by patients, or complaints to the HPCSA. In many instances, the state employer itself is the entity which lodges the complaint against the dentist at the HPCSA. In such instances, membership of an organisation like Dental Protection is crucial – HPCSA proceedings can be long and very costly.

Indemnity or insurance?

Indemnity in the traditional sense is often seen as a grudge purchase. Its importance is, sadly, often only appreciated once it is too late. But it is important to remember that this is your career, your livelihood, and for many of us, our labour of love. That is surely something worth protecting and having decided that you cannot sensibly work without indemnity, it's really important that you understand all the facts about indemnity and the key differences between an occurrence-based indemnity product provided by Dental Protection and claims-made insurance favoured by commercial insurers.

**Indemnity
or
Insurance -
it is important to
understanding the
difference**

The relative merits of discretionary indemnity and insurance might not be an issue that dentists spend a lot of time thinking about, especially when there are greater challenges facing us personally and professionally due to Covid.

However, with professional overheads increasing and patient income falling, some dental professionals have been looking at alternative and/or cheaper indemnity products to save money. In most cases, cost comparisons are misleading because no two products are the same. If the cost of your protection is your only consideration then there is no need to read on; but, if you want to understand why the products differ in cost and the benefits they deliver then the following information may make the difference between a lifetime of professional protection and a lifetime of regret.

Traditionally, the majority of dentists in Southern Africa have been protected by a mutual indemnity organisation providing occurrence-based indemnity. What this means is that, provided a membership was in place with the dentist paying the correct subscription for their scope of practise at the time of the incident leading to a claim or complaint, then assistance can be re-

quested no matter how long after the event the claim or complaint arises. This is important because it can take many years for a patient to discover that their complex restorative reconstruction or smile makeover was negligently provided or that their periodontal disease was not diagnosed and properly managed.

In the time between the treatment taking place and the claim or complaint arising, you may have had a career change, moved out of private practice into the state sector, switched indemnifiers, moved abroad or even retired. Provided you had occurrence-based indemnity in place at the time the treatment was provided even if you left Dental Protection membership for any of the reasons above, you are still able to request assistance because it protects the occurrence of the incident in perpetuity. Occurrence-based indemnity gives you lifetime protection.

A claims-made insurance product is fundamentally different, in that you must hold a valid contract of insurance (policy) both at the time the incident arises and is reported, and when the subsequent claim is made. If you cancel your policy between those events (for any of the above-mentioned reasons) then you must secure and pay for separate run-off or

'tail' cover. Therefore, claims-made policies do not need this element of future risk priced into their premiums, which is why they may appear more affordable in the short term. However, you should factor in this future cost when comparing products and pricing.

Another consideration is the availability of run-off cover. If you are not offered or are unable able to purchase the necessary run-off cover when you retire or end your policy, then you will likely have no protection in place if a claim later arises.

There may also be additional reporting requirements for claims-made products. In this scenario, a dentist would only be covered if he or she was insured when the

claim arose and was reported in accordance with the policy terms at the time (or where they have separately purchased another insurance policy with retroactive cover dating back to when the clinical treatment was carried out and which is the subject of the claim). This can be complicated, and an individual really needs to fully understand the type and nature of the protection that they have in place and be confident that it is sufficient for their needs.

This includes careful reading of the policy wording and any policy schedules to ensure that there is full consideration of what is covered and what is not. The devil is in that detail.

The Mutual Difference

Dental Protection differs from other defence organisations or insurers as we're informed by the expertise and combined wisdom of your peers: dentists and legal experts who know the South African healthcare system. The benefits of membership are flexible and allow the freedom to consider unusual requests for help and to respond to unforeseen changes in the dentolegal environment. The goal is always risk prevention – when you are sued or receive a complaint, that risk has already materialised and it is too late. Risk prevention can only happen if informed by colleagues

**Indemnity
or
Insurance -
understand the
difference
before making
a decision**

who know and understand dentistry. Lawyers are crucial, but they should not be the first port of call. If you are able to nip a complaint in the bud, that may well prevent a claim from arising in the future and help maintain a good relationship with a patient. After all, isn't that what dentistry is all about?

Dental Protection, as part of MPS, has remained a steady and trusted partner for dentists in Southern Africa for many years, with the assistance and protection provided for members being based upon mutual discretionary indemnity.

Members of Dental Protection are part of a mutual organisation that they collectively own. Members pay subscriptions that go into a pool. If they face a complaint, claim, regulatory investigation or any other matter, members have a right to request assistance paid from this pool.

Since the organisation is owned by members, the default position is to see how the member seeking assistance can be helped.

Once a request for assistance is approved, an experienced team of dentolegal consultants, case managers and panel lawyers will then help by offering the right level of assistance without being restricted by small print, financial

caps, or exclusion clauses. The level of assistance provided is tailored to the individual needs of the case. We also have the discretion to assist our members in matters where the provision and funding of remedial care can often be sufficient to conclude a complaint or potential claim.

Often, it is using the flexibility of discretionary indemnity proactively to assist members of Dental Protection, that becomes one of the key differentiators between the protection we provide and alternative contract-based insurance products. We know that most patients would prefer to avoid litigation however, if there is no such clause or flexibility in your contract of insurance, a complaint or potential claim that may otherwise have been resolved at an early stage with the provision and funding of remedial care, will have to escalate to formal litigation proceedings before your insurer can step in. If your insurance contract lacks such a clause and you prefer to avoid the stress that can come with litigation early on, you will have to use your own money or resources for the patient's remedial care.

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1. Data on file FCLGPR0048 and 103-0319. 2. Euromonitor International Limited, Beauty and Personal Care 2021 Edition, per Mouthwashes/dental Rinses category definition, retail value RSP, 2020 data. 3. Where facilities exist; safety seal excluded.

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Understanding the patient-practitioner mediation service

Dr J Barnard*

*SADA Member, Private Practitioner, and Dental Mediator,

In 2014, SADA introduced a complaint resolution service/mediation service to members of the public who wish to complain about their dental care. The service is a valuable alternative and has many advantages over complaining to the HPCSA, the only other option at no cost. The service is also available to dentists who need assistance after receiving a complaint from a patient.

The service contributes to building the SADA brand, increasing the public confidence in the dental profession and containing the rising costs of professional indemnity. Since 2014 the CRS has resolved over 3500 disputes between dentists and patients.

Conflicts and disputes are very likely to arise when there is a disparity between the reality of a clinical procedure and the patients understanding of the treatment. When a dispute occurs, the question is not always how to prevent or suppress conflict, but rather to create conditions that encourage constructive discussion between the differences. Effective complaints management and conflict resolution is rarely taught, despite it being a basic requirement for anyone providing professional services. Most clinicians have limited experience of managing difficult interactions that can confront them in practice. There is an obvious need for a mediator to fill this gap by helping the two parties to manage their conflict productively.

Mediation, as an alternative to legal processes, has a rich history in the Japanese and Chinese legal systems and in parts of Africa. Mediation is particularly successful in “divorce settlements” as an alternative legal system. It has been used in the UK, USA and Canada to resolve medical disputes for years. Mediation differs from the process of arbitration, counselling or negotiation. It is a process by which participants, together with the assistance of a neutral person, systematically isolate issues in order to develop options, con-

sider alternatives and reach consensual settlement that will accommodate their needs. It is a self-empowering process that emphasises the participants own responsibility for making decisions that affect their lives.

The principles of the service are:

1. Free service – There are no costs involved for the patient or the dentist.
2. Voluntary – The dentist or the patient can choose not to participate in a mediation process, and abort the mediation process at any time.
3. Confidential – No information will be disclosed to third parties or to the other party in dispute without consent.
4. Non-binding until an agreement is reached and mediation agreement signed
5. Impartial – The mediator does not choose sides and stays impartial at all times
6. Without prejudice – Information disclosed during the mediation process cannot be used against the dentist in court.
7. Encourages self-determination – ensures that both parties recognise their differences.
8. Gives ownership- Participants are encouraged to take ownership to identify issues and engage creatively to resolve conflict.

9. Use integrative approach – Aims to understand the interest of both parties, and help them to reach a win-win resolution that they would both find acceptable.
10. Keep the goal in mind – The aim is not to achieve absolute justice, but to develop options and find the most workable satisfactory solution.

There are many benefits of resolving a dispute through the SADA mediation service compared to regulatory or legal processes:

- The majority of complaints arise because of miscommunication or a misunderstanding between the dentist and the patient. The literature suggests that up to 70% of complaints against health care practitioners can be traced back to miscommunication. The mediation office assists to resolve any misunderstanding through good communication.
- The mediation office can help to restore the professional relationship between the dentist and the patient. During a regulatory or legal process, the dentist-patient relationship is usually compromised.
- The mediation office can help to generate options and solutions not available through litigation or the HPCSA. The mediation is handled by ex-

perienced dentists that are still in clinical practice and understand the challenges and difficult interactions faced by dentists on a daily basis. The dentists also have training and experience in medical negligence mediation and communication, and understand the regulatory and legal processes.

- The mediation office can resolve disputes promptly, sometimes the same day compared to a dragged out legal or regulatory process.

Patients usually contact SADA telephonically, by e-mail, or through the link available on the SADA website if they are not happy with their dental treatment, or how much they paid for their dental treatment.

After acknowledging the complaint, the office initially helps the patient to understand the different options available to lodge a complaint against a dentist, and how each option works. Self-resolution is always encouraged, and patients are asked to formalize their complaint and expectations in writing to the dentist. This ensures that the dentist is aware of the complaint, and provides the dentist with a valuable opportunity to resolve the complaint with the assistance of the SADA mediation office before the

complaint escalates to the HPC-SA or lawyers.

Most practitioners or their staff are aware of the patient's disappointment. However, they fail to address the patient's concerns at the practice, which generally results in a relationship breakdown and loss of trust resulting in the patient approaching SADA or the HPCSA.

Patients usually contact SADA or the HPCSA after:

- The patient experiences treatment failure or post-operative symptoms, and the practice is unwilling or unable to offer a timeous solution.
- The patient loses trust in the dentists' abilities and conduct.
- There is a dispute about the outstanding account, or who would be responsible for the account when third party funders are involved.

- The dentist failed to meet the patient's pre-operative expectations.

The majority of complaints could be prevented by implementing a practice complaint procedure, which is imperative in every dental practice. Patients should always know how to lodge a complaint, and who to contact. It is only because their concerns are not listened to and addressed at the practice itself that they choose to involve third parties.

Mediation generally involves negotiating an agreed outcome or solution acceptable to both parties, often involving an independent expert if required. The service receives between 40 and 60 complaints per month from patients and has a high success rate because of good cooperation from dentists and patients.



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Clinical and Diagnostic Coding

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Clinical (procedure) coding i.e., codes that tell us what treatment was carried out to remedy the problem.

SADA is regarded as the custodian of dental procedure codes in South Africa, and has repeatedly produced the SADA Dental Codes in good faith in order to promote ethical billing and to ensure the highest standards of practice are maintained. These guidelines serve to ensure the correct interpretation of procedure codes and to avoid either misunderstanding or misinterpretation by practitioners or other parties.

The SADA Dental Codes 2021 is a living document that is continuously updated to reflect and maintain new procedures and technology. The document will therefore be a valuable resource for practitioners in the public and private sectors that are joining the world of dentistry due to its continuous evaluation of procedures in keeping with the latest advances in evidence-based dentistry as well as assisting newly qualified practitioners in maintaining accurate dental records, reporting procedures on patients, and processing dental insurance claims.

The procedures listed in the Code Book are those performed by general dental practitioners as well as the various specialist fields including oral pathologists, prosthodontists, periodontists, orthodontists, community dentists and maxillofacial and oral surgeons. These codes are also used by Oral Hygienists and Dental Therapists.

For ease of reference, the procedure codes, which are based on clinical dental practice, have been grouped into the categories of service with which the procedures are most frequently identified and which oral health-care providers are permitted to perform such procedures are indicated in the scope of practice column.

Individual codes consist of a procedure code, procedure nomenclature, relative value unit/s and where necessary, guidelines to clarify the intended use of the procedure code by means of a descriptor. Each code further indicates where a direct material code and/or a lab code may accompany the procedure code as well as the mouth part involved in the procedure.

SADA is prevented from stipulating or recommending any fees in respect of dental procedures listed in the SADA Dental Codes by the regulations set out by the Competition Commission. Dentists are therefore entitled to levy fees according to what they regard as suitable and reasonable for services rendered whilst taking into account the personal circumstances of individual patients, provided they have not signed a contract with a medical scheme or managed care organization that prohibits this practice.

Diagnostic (ICD-10) Coding i.e., codes that tell us what the diagnosis of the patient was.

ICD-10 coding refers to the 10th revision of the international classification of diseases and related health problems. ICD-10 coding serves a distinct purpose in that it allows for the recording, analysis, interpretation and comparison of the data related to conditions,

diseases, injuries, etc. In short, it is an alphanumeric code explaining why a procedure was done. Each ICD-10 code is between three and seven characters in length and at present, there are in excess of 72000 codes.

The codes were issued to the National Department of Health (NDoH) by the WHO in 1996. They have been implemented in the medical scheme environment as of July 2005 and are enacted by the Council for Medical Schemes via the Medical Schemes Act.

The Master Industry Table (MIT) is the table where one may find all the ICD-10 codes to be used in South Africa and this is considered the healthcare industry standard for ICD-10 coding. The current version of the MIT for use in SA is available on the National Department of Health website and is updated regularly.

The uses of ICD-10 codes are numerous: They allow for data collection globally for comparison

and evaluation of the outcome of the population. They also allow for the improvement in quality health care and clinical management by documenting health services for earlier detection and better tracking. The documenting of Covid-19 cases would be a classic example of this point. ICD-10 codes also allow for the identification and trends as well as the burden of disease.

From a medical scheme perspective, ICD-10 codes inform the scheme about what conditions their members are being treated for by healthcare practitioners. This enables the accurate reimbursement of accounts by medical schemes and better understanding of the value of new procedures. Furthermore, according to regulation 5f of the Medical Schemes Act, all claims must contain the relevant diagnostic code that relates to the health service and therefore schemes are well within their right to reject claims that refer to incorrect or incomplete coding.



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Relationships with 3rd Party Funders

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A large number of newly qualified practitioners will, upon completion of their community service, opt to either join an existing private practice as an employee dentist or start their own practice. If the practitioner chooses to submit claims to third party funders such as medical schemes and managed care organisations, it is important for that practitioner to fully understand what the relationship between the funder and practitioner will entail so that all practice-related decisions that are made are well informed.

The healthcare funding environment generally consists of two entities, known collectively as this party funders: Medical schemes and Managed Care Organizations (MCOs). Medical schemes will either choose to conduct their clinical and financial risk management solutions in-house or contract to an MCO.

Medical schemes may either be restricted (closed) or open. The significant difference between these two options is that restricted schemes are administered on behalf of companies for their staff and their families, or can be joined by people working in a particular industry, for e.g., GEMS may only be joined by people employed in the government sector while

open schemes are available to the public and anyone may join if they are over 18, not currently a member of another medical scheme and can afford to pay the monthly contributions, for e.g., Discovery.

MCOs are companies that certain schemes may choose to outsource their clinical and financial risk management to, for e.g., DENIS. According to the Medical Schemes Act, these schemes must enter into a formal contract with the MCO that stipulates the managed care arrangement. The ultimate aim of any managed care organization is to curb costs by restricting the type and frequency of treatment, where treatment may be obtained, and controlling the level of reimbursement for treatment without compromising quality of care.

Both medical schemes and MCOs are regulated by the Council for Medical Schemes (CMS) via the Medical Schemes Act No. 131 of 1998. In accordance with the rules and regulations of the CMS, medical schemes and MCOs are required to draw up a set of protocols which make use of clinical review criteria that are based upon evidence-based dentistry, taking into account considerations of cost-effectiveness and affordability. These protocols are usually fairly rigid but funders generally make allowances outside of the set protocol in cas-

es with extenuating circumstances and where motivation is provided.

When entering into a contractual or preferred provider contract with a medical scheme, practitioners are often bound to levy the tariffs set out by that particular scheme in their tariff schedule. The advantages of becoming a preferred provider of a scheme are such that the practitioner is offered a slightly higher tariff than that of a non-contracted practitioner and furthermore, the practitioner is placed on a 'network provider' list on the scheme's website which is accessible to everyone and may be filtered according to the practice's geographical location.

If the practitioner chooses to become a non-contracted provider of the scheme (if offered), that practitioner may then charge tariffs that are above the rate payable by the scheme provided that that particular scheme facilitates balance billing i.e., pays the equivalent of the scheme rate directly to the provider and allows the member to pay the difference. Schemes such as Discovery, however, do not facilitate balance billing and therefore if a tariff above the scheme rate is claimed, the scheme will make payment directly to the patient at the rate offered by the scheme. It then becomes the responsibil-

ity of the practitioner to recover those funds from the patient which may not always be successful.

Signing a contract with an MCO also presents a variety of factors to consider. When one signs up with an MCO, the practitioner is obligated to service patients on all the schemes contracted to the MCO. Furthermore, practitioners are dictated to in terms of which and how many procedures they may perform in one appointment, the tariffs they may charge, which protocols govern the benefits provided, the business hours the practice must operate on, obtaining pre-authorization for certain procedures, etc. If a procedure that falls out of the benefit list is necessary, the patient is required to complete a "consent for payment" form in which he/she provides consent for the procedure to be carried out at his/her own cost.

All medical schemes and MCOs are obligated in terms of the Medical Schemes Act to offer Prescribed Minimum Benefits (PMBs) on all the plans they offer to their members. PMBs are a set of defined, minimum health benefits that all scheme members have access to, irrespective of the scheme option or plan they have selected. Their aim is to ensure that all medical

scheme members have access to continuous care for a defined list of conditions to improve their health and make healthcare more affordable. Therefore, medical aids have a duty to pay in full, without a co-payment or the use of deductibles, for the diagnosis, treatment and care costs of the PMB conditions.

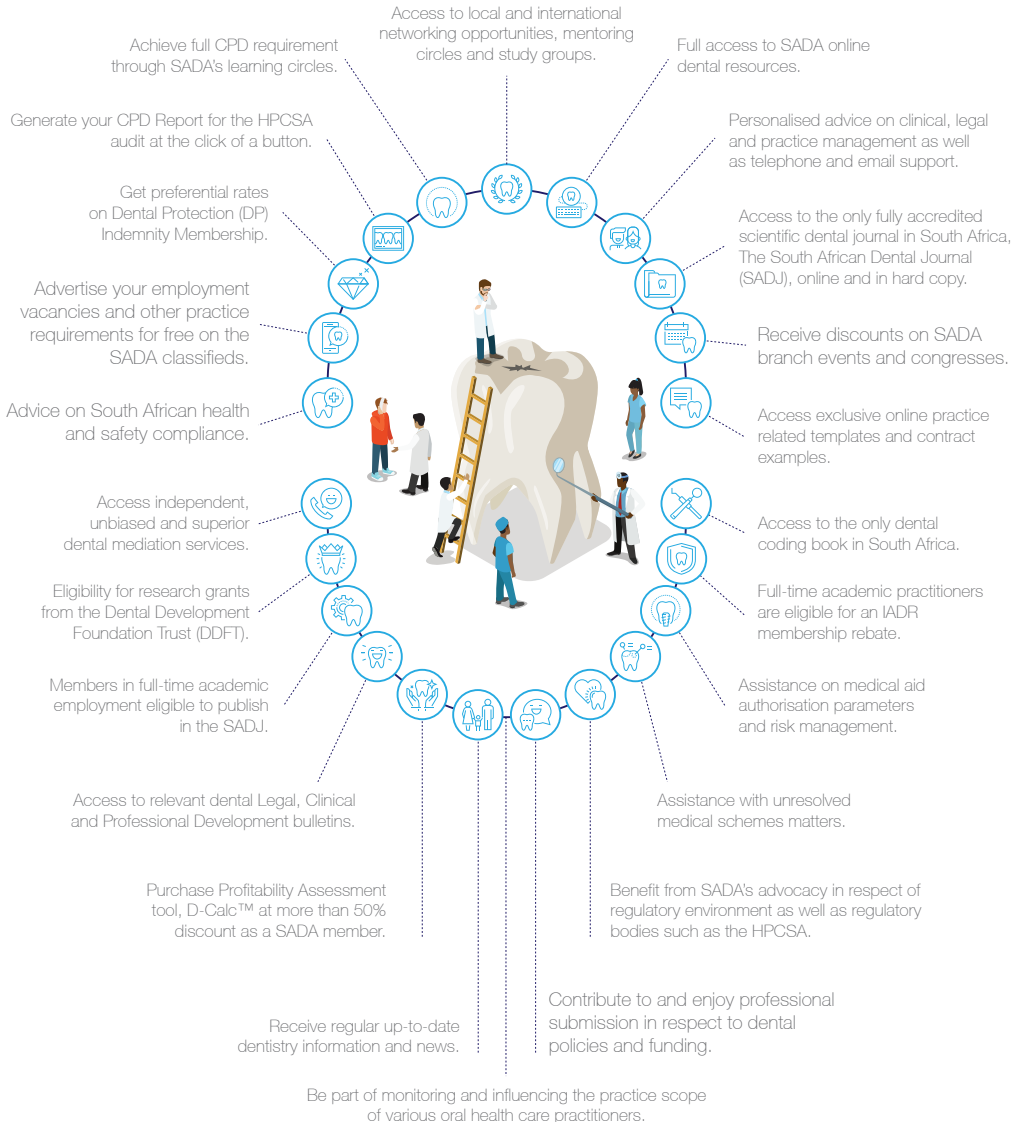
Inevitably, every practitioner will need to consider their individual needs as well as the vision for their practice when deciding whether or to bill their patients privately or to claim from a medical scheme. Priority should first be placed on their professional, ethical and clinical responsibility to their patients.

Both medical schemes and MCOs are regulated by the Council for Medical Schemes (CMS) via the Medical Schemes Act No. 131 of 1998.

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.

Our members benefit from the below advantages, amongst others:



SADA
The South African Dental
Association (SADA) NPC

visit our website at www.sada.co.za for more information.

Practice profitability simulator

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SADA has made available the recently revamped DCalcTM Tool for purchase to members and non-members alike. To put it simply, practitioners are able to use the DCalcTM tool, which has been aligned with the new 2021 Dental Codes with associated RVUs, to enable themselves to calculate an individualised fee for each procedure that factors in their unique practice expenses and expected return on investment.

The tool is based on a recognized cost accounting approach, known as Activity Based Costing (ABC), and it aims to allow practitioners to scientifically develop their own cost structures personal and custom to their own practice. Thus, it is the perfect tool for both the practitioner just starting out in private practice as well as the dentist who has been practicing for many years who simply requires guidance on how to set his/her fees.

Some of the new features of the DCalcTM tool you can expect in the updated tool are:

- The addition of RVU values as per your individual practice inputs;
- The option of inputting expense values monthly or annually;
- Added explanations and instructions per page;
- Drop-down lists for ease of use;
- The inclusion of a labour rate and labour cost per minute per practitioner thereby providing a highly customisable interface.

Kindly direct any queries in this regard to the author of this information.

SADA Relative Value Unit Study (RVU)

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RVUs are a means of measuring the complexity of dental procedures in terms of the experience, judgement, skill, effort and risk involved in performing the procedure as well as the time taken to complete the procedure. These values are the culmination of a 3-year study undertaken by SADA and its specialist societies, in conjunction with Deloitte, in order to provide a crucial benchmark by which to accurately and fairly calculate tariffs for procedures.

The objective of the SADA RVU study was to arrive at a value unit for each procedure code to enable dentists and dental specialists to determine their own fees based on their personal and unique circumstances, and to facilitate making an appropriate and informed decision when accepting medical scheme reimbursement.

The basis for the RVU study was to estimate Relative Value Units (RVU) for each Dental Code (excluding codes for direct materials). RVUs are derived as the product of Unit Values (UVs) and Responsibility Values (RVs) with UVs representing the time taken to complete the procedure (minutes) and RVs representing the relative complexity and intensity of the procedure. More specifically, RVs were estimated according to an assessment of the

experience and knowledge, judgment and mental effort, skill, and physical effort, and risk and stress to the patient for each procedure on a predetermined scale for each component.

A survey was administered to collect the data needed to estimate the RVs and collect UVs. The outcome of the survey was benchmarked against the study conducted by North West University study performed in 2009 on behalf of the Association. The resultant RVUs are an important step in improving the accuracy and consistency of the relative costs of dental procedures.

It is of importance to note that:

- RVUs serve as an indicative guideline and there is no obligation on the practitioner to utilise the value provided;
- SADA is in no way or form using the RVU values as a method of prescribing fees or any form of standardised pricing;

- The act of assigning an RVU to a specific code does not in itself guarantee acceptance of that code into the benefit structures of third-party funders;
- RVU values published are indicative of an average value calculated from a representative sample of a size determined to be statistically relevant for the profession.
- Practitioners are able to use the DCalc™ practice profitability simulator together with the published RVUs to calculate an individualised rand value for each procedure that factors in their unique practice expenses and expected return on investment.
- The RVU values also allow funders to understand the cost implications of new procedures by comparing them to existing procedures for which benefits are already available by assessing the relativity between these procedures.



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Association membership

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The South African Dental Association (SADA) is the leading professional industry membership body for dentistry in Southern Africa, representing 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.

SADA 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 oral health care 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.

SADA vision: To be recognised as the trusted leader and voice of oral healthcare in Southern Africa.

SADA mission: To promote the interests, and serve the needs, of our members and above all encourage optimal oral healthcare for all South Africans.

SADA core values: These are what we call the 2π / 2(PIE) - Professionalism, Integrity, Excellence, Passion, Innovation and Empathy.

The module you didn't take – the lessons we wished we learnt sooner

Dr L Grundling*, and
Dr C Paul*

*SADA Member and Private Practitioner

You've made it through a challenging and demanding few years where your physical and mental resolve has been tested beyond limits. Congratulations! While you're equipped with the essential practical and theoretical knowledge and skills to take on this new adventure, there are some "real life" tips and tricks you could benefit from learning through the many mistakes those who have gone before you have made. Here are four important things you should know:

Teeth are attached to people

- Phantom head training was a breeze! Remember a time when you didn't have to contend with an inquisitive tongue after completing your near-perfect morphology on a shallow occlusal restoration that you prepared on a non-carious plastic tooth? Yes, sadly we do too.

Teeth are attached to people, it seems simple right? Well, in theory yes, but when you've got time constraints, a separated instrument, a displaced root apex into a sinus or whatever could go wrong has indeed gone wrong it becomes very difficult to maintain the calm, controlled picture your patient wants to see in their dentist.

The teeth are attached to a person, who has fears, anxieties and expectations. It will require resilience, perseverance, compassion, patience and a plethora of other life skills to manage stressful situations,

which are an inevitable if not daily reality in this profession. These are skills that you will need to acquire and hone, in order to thrive in the workplace.

- It is important to build rapport with patients and maintain good professional doctor-patient relationships. Patients are likely to return and refer loved ones to a practitioner that cares about and shows general interest in their well-being. Making short notes in the patient's folder is a great way to remember talking points for different patients, be it, a new job, recent holiday or special life event, a patient will appreciate the effort made.

You've got to spend money to make money but beware of debt!

While you are making a living remember to make a life. Find things that excite you and bring you joy outside of dentistry.

- Your first pay check in your community service year may have you seeing stars. A welcomed, well-deserved upgrade from the student budget you'd become accustomed to over the last few years. While your hard earned income is to be enjoyed, responsible spending and frugal saving are not to be ignored.

Your community service year is an invaluable opportunity to save up some financial reserves to tide you over while you seek permanent employment or set up a private practice the following year.

- A dental practice is one of the most expensive health related businesses to open. The large capital outlay required will in all likelihood be financed through a loan. The larger the loan amount, the bigger the repayment period or amount. Saving up some capital in your community service year will help should you wish to open your own practice.

New stuff does not equate to new or more patients. Beware of dental reps who may target young and inexperienced new dentists.

Beware of being sold dreams of a sudden influx of new patients that accompanies a

purchase of new technology, equipment or materials.

- Encourage and incentivise early payments by patients. Have patients settle their account prior to leaving the practice and avoid accumulating debtors. Your expenses will continue to accumulate while patients who invariably lack any sense of urgency to pay outstanding amounts will only create unnecessary stress for you to then manage.

Get educated!

Yes, there is more to learn!

- While your practical and theoretical skills are still fresh, real life practical knowledge is essential to thriving as a qualified dentist. Equip yourself the knowledge to make sound decisions as early as possible. Seek guidance from a financial advisor to educate and assist you in making financial decisions.
- Being financially literate is essential especially if you plan to open your own practice and run a successful business. Join a community of like-minded individuals and young dentists, seek out a mentor or simply seek guidance through the wealth of knowledge that is the internet.

Free academic or dentistry webinars are available through many sources such as SADA, Colgate Oral Health Network, Sensodyne, Wright Milners, Dental Warehouse and many others.

- CPD events also provide opportunities for you to network and meet other dentists from whom you can learn and be advised.
- Putting yourself out there and applying for jobs post-graduate can be quite a daunting task. Set yourself up for success by consulting with an experienced dentist or mentor you trust, to assist you in preparing for interviews, reading the fine-print in employment contracts and negotiating fair working conditions and appropriate remuneration. Income protection and medico-legal cover are to be researched and considered prior to entering the private sector.

**Just like
occlusion
balance
is key!**

Remain up to date, information is quite literally at your fingertips these days with anything just an internet search away.

Just like occlusion, balance is key!

To have made it this far you have surely experienced the rigour of getting through a university degree, not to mention the mammoth task that is dentistry. It goes without saying that studying dentistry required mental toughness

and resilience, but the prospect of coming out on the other side of it all, degree in hand is what kept most of us going.

Now that you are where you worked so hard to be, remember to enjoy the life that you spent the past five years striving towards. Work hard but don't let your work-life consume you. Aim for balance in all you do.

Dentistry can be difficult, stressful and often a lonely profession, don't let that reality deter you from remaining positive and passionate about this incredibly exciting profession.

While you're making a living, remember to make a life. Find things that excite you and bring you joy outside of Dentistry.

Never stop learning - there is a lot more to learn!

Congratulations from BDS 5 (Wits)

Dr Tsholofelo Maphiri
Class Representative

Firstly, thank you for the opportunity to be Class Representative for BDS 5 University of the Witwatersrand. As your class rep, friend, and future colleague congratulations to you all on qualifying with a BDS degree from WITS, surviving the Covid-19 pandemic is something to really brag about. We faced something that no one has seen before and look at how you've made it out successfully on the other side! Kudos to you guys, you are resilient beyond anything you can imagine and that is what you can use to survive the real world of dentists.

We wish each and every one of you success in completing this academic year, may you all get your heart's desires and achieve greatness. Here is to a successful career!



FOR PROFESSIONALS

SINCE 1941

Personal Finance - Budgeting

B Kutoane, and G Mndebele

The day has finally arrived. It is a day you will probably continue to celebrate every month, for the rest of your working career.

It is payday!

You just received your first salary and you feel the world is your oyster. Finally, you can buy what you always dreamt of, or can you?

Receiving one's first salary is often the first step to financial independence. The key to success, however, is to learn how to manage your money from the very start. You, therefore, need to create a budget.

You might think that a budget is something that will restrict you. However, budgeting, if done well, would allow you to chase those dreams and goals you have for your future. Things like going on an international trip, buying your first car, or home, having that dream wedding or one day being able to afford to pay university fees for your children.

The principle behind a budget is to balance what you earn (salary) with what you spend. And at the end, you want a zero – all money accounted for.

Here are some easy steps to create a budget:

1. Gather all your financial paperwork:

- Bank statements
- Recent utility bills
- Credit card bills
- Receipts from the last 3 months
- Mortgage or car loan statements

2. Determine your income

If you earn a regular salary, then you use your net income (or take-home pay) amount. However, if you have any additional jobs, then you need to include income from these as well (e.g. that on-line side-hustle you started as a student).

3. Create a list of all your expenses, for example:

- Mortgage payments/rent
- Car payments
- Insurance (including medical aid)
- Groceries
- Utilities (including data)
- Entertainment (e.g. music and/or movie subscriptions)
- Personal care
- Eating out
- Childcare
- Transportation costs
- Travel
- Student loans
- Savings

4. Fixed vs variable expenses

Identify which of your expense are fixed amounts (e.g. rent) and

which are variable (e.g. eating out). Start assigning a spending value to each category, beginning with your fixed expenses. Then, estimate how much you will need to spend per month on variable expenses.

You can have a look at your credit card or bank transactions to determine how much you have spent on these recently. Be honest with yourself when setting these limits.

5. Calculate

Deduct your total anticipated expenses from your total monthly income. If your income is more than your expenses, then you are in a very good position, as you could use this money towards savings or paying off debt.

However, if your expenses are more than your income, then you need to adjust limits. For example, you could consider lowering (or even “zero”) your “eating out” allowance.

The aim is to have your income and expense columns to be equal.

This equal balance means all of your income is accounted for and budgeted toward a specific expense or savings goal. The 50-30-20 tool is what is recommended when budgeting.

PERSONAL BUDGET

Monthly income	CREDIT (Income)
Salary (after tax and other deductions)	
Other income	
Sub Total	
Monthly expenses	DEBIT (Expense)
Rent/mortgage	
Utilities (water and lights)	
Cell phone (including data)	
Groceries	
Car payment	
Transport (e.g. taxi/petrol)	
Short-term insurance (e.g. car, household)	
Medical aid (if not deducted as part of salary)	
Retirement savings (if not deducted as part of salary)	
Student loan repayment	
Entertainment (e.g. eating out, events)	
Personal care (e.g. hairdresser)	
Savings	
Miscellaneous (e.g. clothing, gym fees)	
Sub Total	
Balance (income - expenses):	

- 50%: Needs, or fixed/essential expenses (e.g. rent and groceries)
- 30%: Wants (all other expenses not fitting in the other two categories)

- 20%: Savings and debt

You have a budget, what now?

Now that you have a budget, the aim is to stick to it. Download an app to your smartphone to assist you not only in setting it up, but

also to keep to it. It is also a great idea to get yourself a financial adviser to assist you not only to create your budget but to start planning your financial future, right from the start. If you do not have a financial adviser, can contact PPS Advisory Services at: BusinessConnect@pps.co.za

Once you get into the habit of sticking to a budget, you will see just how easy it is to plan for paying for those events you always dreamt of, without having to use your medical skills to try and resuscitate your piggy bank.

- Kindly note that this does not constitute financial advice the

information provided is purely informational. In terms of the Financial Advisory and Intermediary Services Act, an FSP should not provide advice to investors without an appropriate risk analysis and thorough examination of a client's particular financial situation. The information, opinions and communication from the PPS Group or any of its subsidiaries, whether written, oral or implied are expressed in good faith and not intended as investment advice, neither do they constitute an offer or solicitation in any manner. PPS is a licensed insurer and authorised FSP.

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Journey into private practice

Dr S Rathiram*

*SADA Member and Dentist

Congratulations on completing your academic journey and welcome to the next adventure that awaits you in the realm of Dentistry. Many of you are probably going through emotions of fear, anxiety mixed with excitement, wonder and enthusiasm, this emotional cocktail is absolutely normal, as with any growth there is a degree of uncertainty and excitement.

You should not view yourself as just a dentist or as many would say “a comm serv “ you are now an integral part of your community, given the

fortunate disposition to uplift the health and well-being of your surrounding community. Your role as a community service dentist is essentially that, what better field of healthcare than the one that brings smiles to the world, making speech and the enjoyment of food and drink a possibility. You are that healthcare professional that will ensure that your community can continue enjoying these priceless gifts of life that more than often is taken for granted.

Every adventure comes with its share of challenges, you will find that in your respective community service areas you will be faced with equipment and material constraints, a challenging working environment, many patients from low socio economic backgrounds with limited access to the basic needs of food, shelter and compromised water and sanitation. It is your duty to adapt to the situation, amalgamating your years of knowledge and expertise to make better of the situation, this will be your first step to the journey of independent dental practice. Primarily your duties will be directed to relieving your patients of dental pain via dental extractions but your prerogative will be to address the root cause, which in most instances is due to the lack of sound oral hygiene practice due to little or no

understanding of the importance of oral health, this can be easily achieved by educating your community on oral healthcare and the various steps and preventative treatment options that can be executed prior to pulpal or periodontal sequel. It is not poverty but a lack of knowledge that is the result of poor oral health.

Embrace your surroundings and engage with the other medical disciplines as this will assist you in offering a holistic approach to your practice of Dentistry. Utilize this opportune moment to learn about the administrative aspects involved in managing the dental clinic, a task which your assigned supervisor will be able to assist you with, as this will add to your experience in practice management which will hold you in good stead for your subsequent year of independent practice.

Remember the principles of sound practice and ethics that have been instilled throughout your undergraduate years as this forms the solid grounding upon which you will construct your professional future. Rest assured that SADA, like any family, will support and guide you along your journey.

Wishing you a wondrous and successful professional future.

Options to consider - Staying in Public Service or going Private?

Dr P Mathai*

*BDS Wits, SADA Member, and Private Practitioner

30 years ago, before the widespread public use of GPS, almost every long journey or family holiday along unfamiliar roads required the use of a map book. These map books usually were purchased from your local book store, the Automobile Association or service stations and contained colourful pages of regional and national maps. The more expensive ones even contained interesting information about places to visit and stay.

For weeks prior to the holiday, the family would sit around this map book nightly, planning out the route they would take to their destination. That is not to say that this route was set in stone, but it gave a firm framework to how the journey would proceed.

Though not comparable in any shape or form to a holiday, you have finished a long such journey. Your graduating class has faced challenges that prior graduating classes may have not had to. You have had to adapt to be able to achieve this goal but now you are about to embark on a new phase of your life: the start of your professional careers as dentists. Congratulations to all of you!

There will be great advice given to you on multiple aspects of the year ahead in this edition of the Golden Compass. I am quite sure it will pro-

vide the same benefits as the map books I mentioned earlier.

As you near the end of this year of community service you will happen upon a possible fork in the road that we all have been faced with. The choice of where you see yourself the following year(s) after completion of your community service. Viz. Are you going to practice in the private or public health sectors?

The private health sector generally consists of private practices either owned wholly by individuals or in groups where you could either own the business yourself or work as a locum. The private sector could also entail putting your knowledge as dentist to use in corporate companies such as medical fund schemes, dental supply companies, NGO's or any other 'disruptive' business niche (some which you may be the first movers in).

Consider all aspects - make a Pros and Cons list!

The public health sector offers dentists the chance to work in primary, secondary or tertiary state-owned health care centres. This would be the clinics, regional and provincial hospitals you are already well aware of. In all likelihood, you would be serving your community service year in any one of these facilities and would become well acquainted with how they function. The public health sector also could include working in the various Universities of South Africa.

Some of you may already have decided which way you are going to go, and that is great. I will seek to raise a few points that one can consider when approaching this conundrum, so as to help you affirm your decision, or assist in you making one. As with most dilemmas, I find it useful to look at the Pro's and Con's to try simplify the decision-making process.

We will look at a few broad categories to help us in this comparative exercise:

1. Working hours
2. The cost outlay to practice
3. Location (where your work opportunities may be)
4. The general type of dental work one does
5. Remuneration
6. How easy it is to further your studies
7. Overall quality of life

These categories are by no means exhaustive but should serve to paint a real-world picture of the situation that will enable you in your decision making.

Working hours

Both sectors generally have an 8-hour workday with 1 hour of breaks in between. Depending on the location of your practice you may work corporate hours (9am-5pm) or as a locum there is also the possibility that you are only working half-day stints if you so choose. Of course, this shorter workday would come with a remunerative consequence.

NGOs and corporate companies would work the aforementioned hours as well.

In the public health sector, the workday generally starts at 7:30 am and ends at 4pm. This may also vary if you are working within a university setting.

The cost outlay to practice

One great advantage of acquiring a government post is that there is no financial outlay for you to practice.

In private practice, working as a locum also doesn't require any financial outlay from you. Only if you choose to start a new practice from scratch, buy an existing practice or take up a partnership

within a group practice, is initial money required. Some partnerships or practices may even work on the basis that you become a partner for a nominal amount after serving a period as a locum dentist within the practice.

Funding is generally obtainable from financial institutions if you don't have the money to invest yourself. Always shop around for better interest rates.

Taking the effort upfront on sourcing quality equipment at cost effective prices will save you a lot more in the long run.

Location (where your work opportunities may be)

It is a known fact that landing a public sector dentist job is quite difficult to do, let alone in an area you would prefer. If you are looking to enter the public sector my advice is to apply to every post that becomes available. It may be easier to move once you are within the system, but there is no guarantee that that may even be possible. Posts are more likely available in areas that are not in demand. This would find you in more rural than urban areas.

The private sector may give you more choice inter terms of location. If you are starting your own practice, take the time to consider the supply and demand aspects of an area.

The general type of dental work one does

The work you do in the public sector will be guided by the level of facility that you would be working in, viz. primary, secondary, or tertiary healthcare facilities. By far the most common procedure would be extractions but that shouldn't stop you from trying to request for equipment and materials to do more preventative work.

There are facilities where the full range of preventative and restorative services are offered to the public, and some where even prosthodontic services are available.

Always remember to do your best to further the interests of the patients you serve. Your community service is a great time for you to get your work ethic on track as it will hold you in good stead further down your career.

The work in private practice would be determined by the socio-economic situation of your patient base. In general preventative and restorative work, along with extractions, may be the most common procedures you do. Some practices niche into specific treatment offerings, so that is something to consider when applying for locum positions.

You may also work at a dental company, corporate or NGO, with each role having their own job profiles.

Remuneration

You would start as a Grade 1 dentist in the public sector, with a salary similar to what you would be earning in community service. There are also benefits, should you choose the option, such as pension and medical aid contributions that you would get as well. The one key thing is you have a stable income without fluctuations. As you proceed to Grade 2 and Grade 3 levels your income will increase.

In private practice your earnings will be based on your locum agreement or based on the turnover of your own practice.

Locum compensation varies and is generally based on a percentage of the turnover you facilitate (a commission), after VAT. Some practices may deduct material costs before applying the percentage. It is also not common to have pension or medical aid contributions as a locum.

If you have your own practice, you could structure the business to pay you a fixed salary, or you may choose to work on a percentage of turnover. The former affords you a stable fixed amount

while the later would be harder to predict though earnings could possibly be higher.

Corporates and NGOs would also afford you a stable income with possible additional benefits such as pension contributions. Salaries would vary based on the work you would be doing.

How easy it is to further your studies

Government does afford you days for study leave that you would need to apply for. This means your income isn't affected. A lot of a registrar posts also prefer that you have worked in the public sector.

Overall quality of life

This is a very subjective topic with great cases for both sectors. It is important to decide what is important to you.

I feel private practice does afford you more flexibility in your working hours, the types of work you do with the possibility for higher earnings. This is offset with the possible unpredictability when it comes to your earnings.

The public sector affords you a great safety net in that regard, and many would find that that gives them a secure future. There is, however, the possibility that you don't exercise your full skill

set as a dentist which could lead to a level of de-skilling. You also see a lot more patients, which may prevent you from developing meaningful interactions with them. Its hard to have a 5 minute conversation with a patient if there are 60 others waiting.

I hope this overview serves as one of the pages of that map book I mentioned earlier. This one just comes to you free, from YOUR association, SADA. Always draw on the support structure they offer and never feel scared to ask more senior members of the dental fraternity for advice as we are all too glad to help where we can.

Just know there is no right or wrong choice in this matter. Always do what you feel works to your strengths, keeping in mind what you would like your profession to provide for you as well. In the end it is a journey, so enjoy it!

**Always do
what you feel
works to your
strengths. In
the end it is
a journey, so
enjoy it!**

My experience and lessons in private practice

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Pursuing a career in dentistry is indeed a brave and exciting choice! As you venture out into the world of practice, it is useful to bear in mind that while dentistry may be an extremely fulfilling career, your path to get there may not always be straightforward and easy. After more than a few years in this field, I have picked a couple of life lessons that I believe will be of assistance in bettering yourself as a dentist and establishing a successful practice.

Learn from your mistakes

Part of being a good dentist is to constantly be learning. One of the most effective ways of learning is from failure! Recognizing your mistakes and understanding where you went wrong is key in fixing the issue and preventing it from recurring. Embrace those failures, errors and mishaps. Think them through, find the lessons to be learned and let them build your level of resilience. This will ultimately assist you in improving your practice and promoting professional growth. As tough as it sounds – try not to focus on perfection, but rather on not fearing failure. Changing your attitude toward an adverse outcome will go a long way in making you a better dentist.

Do not use money as a motivator

For me, one of the critical points in establishing and maintaining a successful practice is by focusing on providing quality patient care. While every practice is a business at the end of the day, many dentists make the mistake of viewing patients merely as a source of income rather than as holistic beings with their own fears and uncertainties. Remain committed to delivering the required treatment to the best of your ability which will result in your patients developing trust and faith in you and most importantly, becoming loyal to you. This is more likely to ensure a steady flow of income and more word-of-mouth referrals.

Develop a vision for your practice

When new dentists think about practice ownership, they usually think about how it will look, what equipment they will have or how they will treat their patients. These are only partial aspects of a practice vision. The most important part of a vision is to create a broad perspective of “why?” Apply your mind to your motivation behind coming to work every day and what inspires your team to come to do the same. Set yourself goals and ask yourself important questions that will help you shape your path. It is important for a new dentist to

create this vision, share it with the team, and continuously reinforce it. More practices with a clear and well-communicated vision have less employee turnover and better practice performance.

Hire the right team

Ever hear the term, “The receptionist is the face of your practice?” This couldn’t be truer. Therefore, when setting up your practice, the importance of choosing the correct team cannot be overstated. It is vital to choose a team that aligns with your passions and goals and are as excited about the future as you are, and willing to work to get there. When putting a team together, make sure to do your due diligence, including background checks. If a practice is purchased with a team in place, allow some time to evaluate the team. Remember, your practice is only as strong as the employees behind it. A successful dental team can bring new patients in the door and keep your current ones happy. They will also keep your reputation strong and allow you to reach the goals you set for the future.

**Learn from
mistakes**

Become a leader

It is important to note that while you may have a competent team behind you, you are the person that needs to take the lead and enforce the daily practices that you would like to see implemented in your practice. Think about how you can create an organizational structure that will best serve the practice. Set an example for others to follow and take responsibility for overseeing the day-to-day operations. Once this is established, actively make an effort to encourage your team while providing constant feedback and delegating responsibilities to them to acknowledge your trust and belief in them.

Be mindful of your business needs

While the key element to any dental practice should be providing exceptional quality care to the patient, you must bear in mind that you are also running a business. You need to be actively involved with your practice's operational activities to increase efficiency, grow revenue, and acquire more patients. Remember that you need to spend as much

time working in the practice as you do working on the practice!

Prepare for the unexpected

Take some time to think about what would happen if the unexpected occurred. While this may sound morbid and depressing, it is important to be prepared for all eventualities. Ensure that you have sufficient malpractice insurance in place should an adverse treatment outcome occur. Think about signing up with policies that can continue to provide you with income if you are unable to work, and that even cover your practice overheads. Your insurance needs can change as your financial situation changes. It is important to review your insurance coverages periodically to make sure your current coverage is appropriate for your situation. If the Covid-19 pandemic has taught us anything, it's that tomorrow is not guaranteed – be prepared as far as possible.

Seek help from mentors

The value of mentorship is critical to the success of young dentists, both clinically and as business owners. In your first year of practicing dentistry, you will likely face a learning curve when adjusting to the routines and protocols of your new working environment. Especially for practitioners new to the field, this learning curve can be steep. Effective guidance

**Become
a
Leader**

from a dedicated mentor is an easy way to avoid many of these first-year pitfalls. Seeking advice from those more experienced than you will contribute greatly to your confidence level and becoming more comfortable with challenging cases.

Love your patients!

Without your patients, there is no practice! For this reason, having a great chairside manner is essential. You could be the best clinician in the world but if your patients do not feel comfortable, cared for and listened to, they

are likely never to return to you. It is critical that you remember that patient care is not just limited to mechanical diagnosis and treatment, but also on trust and respect. A simple act of following up on how a patient may be feeling the day after a treatment may go a long way in ensuring a loyal and dependable patient.

While the above list is by no means exhaustive, it will certainly assist you in overcoming hurdles and provide you with guidance in the exciting adventure you are about to embark on.

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INTERNATIONAL SPEAKER
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Dental Blue Pages - a resource toolkit

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This document is intended to serve as a dictionary for SADA acronyms and resource links which can be of use to all oral healthcare workers. The acronyms will frequently be found within SADA governance matters, communications and documentation either issued by SADA or by other organizations or authorities.

Information is listed as follows: **Descriptive Term/Place of Interest (Acronym)**
Authority for/Description
[www link](#) or
[email address](#)

Where possible a logo representing the organization/association/group has been inserted.

Spaces on these pages are for you to make notes for yourself.



African Regional Organisation (ARO)

The African Regional Organisation (ARO) develop policies, reports and resolutions for submission to the FDI Council and its General Assembly whilst co-operating with the various FDI agencies in promoting its objectives in the region. ARO encourage co-operation amongst national dental organizations of the region in the fields of research, education, practice and public health to help improve the oral health and general health of the populations of the region, and support candidates for election to Council.

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Audit & Risk Committee (AURCOM)

SADA Governance

<https://www.sada.co.za>



Board of Healthcare Funders (BHF)

The Board of Healthcare Funders (BHF) core aim is to ensure the sustainability of the health-care sector by enabling medical schemes, manage care organisations and administrators to provide accessible, affordable, quality healthcare to their medical scheme members.

<https://www.bhfglobal.com/>

Continuing Education Unit (CEU)

Units received when completing an accredited professional learning requirement.

<https://www.hpcs.co.za> or

<https://www.sada.co.za>



COUNCIL ON HIGHER EDUCATION Council on Higher Education (CHE)

The Council on Higher Education (CHE) is responsible for quality assurance for higher education, and for implementation of the Higher Education Qualifications Sub-Framework (HEQSF).

<https://www.che.ac.za/>



Council for Medical Schemes (CMS)

The Council for Medical Schemes is an autonomous statutory body created by parliament to regulate Medical Schemes in South Africa. <https://www.medicalschemes.co.za/>

Commutated Overtime (COT)

Commutated overtime means hours of work additional to the total number of normal hours of work required by the employer to render a health service within a health facility in terms of operational needs. <https://www.dpsa.gov.za/>

Continuing Professional Development (CPD)

A statutory requirement for every professional to continue with their professional development. <https://www.hpcsa.co.za> or <https://www.sada.co.za>



the dpsa

Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

Department Public Service and Administration (PSA)

According to Chapter 10 (Section 195 [1]) of the Constitution of the Republic, Public Administration must be governed by the democratic values and principles enshrined in the Constitution. <https://www.dpsa.gov.za/>

Dental Assistant (DA)

Prefix used in professional registration number issued by the HPCSA for those who meet the qualification requirements to practice the scope of dental assisting in South Africa. <https://www.hpcsa.co.za> or <https://www.sada.co.za>



Dental Technology Association of South Africa (DENTASA)

DENTASA is a voluntary association and advocacy group promoting the interests and needs of the dental technology profession. <https://dentasa.org.za/>



Dental Assistants Association of South Africa (DAASA)

The Dental Assistants Association of South Africa is a voluntary association for Dental Assistants. They do not have a website at this time however can be found on Facebook as a private group. https://web.facebook.com/groups/178118296017318/about/?_rdc=1&_rdr



higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

Department of Higher Education and Training (DHET)

The Department of Higher Education and Training is one of the departments of the South African government. It oversees universities and other post-secondary education in South Africa <https://www.dhet.gov.za/>

Dental Laboratory Technician (DLT)

Dental technicians/technologists manufacture custom made devices concerning the head and its cavities, mainly the oral cavity. These devices are manufactured in registered dental laboratories/manufacturing facilities, by registered dental technicians/technologists on prescription from a dental clinician or other relevant medical clinician. A dental technician is formally trained at a recognized institution to a NQF level 6 qualifications in dental technology, and is registered with the South African Dental Technicians Council.



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Department of Labour (DOL)

The Department of Employment and Labour is the department of the South African government responsible for matters related to employment, including industrial relations, job creation, unemployment insurance and occupational health and safety. <https://www.labour.gov.za/>

Dental Professional (DP)

Prefix used in professional registration number issued by the HPC-SA for those who meet the qualification requirements to practice the scope of dentistry in South Africa.

<https://www.hpcsa.co.za> or
<https://www.sada.co.za>



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Dental Practice Committee (DPCOM)

SADA Governance

<https://www.sada.co.za>

E: clinical@sada.co.za

Dental Protection



Dental Protection

(DP) (Previously known as DPL)

Dental Protection Limited are now referred to as Dental Protection however you may come across reference to DPL in documentation and hear colleagues still referring to them as DPL. Dental Protection serves and supports the dental members of MPS (Medical Protection Society) with access to the full range of benefits of indemnity membership, which are all discretionary, SADA are agents for Dental Protection for Sub-Saharan Africa.

<https://www.dentalprotection.org/south-africa> or

<https://www.sada.co.za>

E dpmembership@sada.co.za

Dental Therapist (DT)

Prefix used in professional registration number issued by the HPCSA for those who meet the qualification requirements to practice the scope of dental therapy in South Africa.

<https://www.hpcsa.co.za> or

<https://www.samedical.org/>



Fédération Dentaire Internationale (FDI)

FDI World Dental Federation, often shortened to FDI, is a leading organization representing the dental profession with headquarters in Switzerland.

<https://www.fdiworlddental.org/>

General Dental Practitioner (GDP)

Prefix used in professional registration number issued by the HPCSA for those who meet the qualification requirements to practice the scope of general dentistry in South Africa.

<https://www.hpcsa.co.za> or
<https://www.sada.co.za>

Government Gazette (GG)

Reference to the Government Gazette wherein statutory notices are published by the Government Printer.

<https://www.sada.co.za>
E: legal@sda.co.za

Hospital Association of South Africa (HASA)

The Hospital Association of South Africa (HASA) represents the vast majority of hospital groups in the country that offer both general and specialised facilities.

<https://hasa.co.za/>



Health Professions Council of South Africa

Health Professions Council of South Africa (HPCSA)

Statutory regulatory body of health professionals in South Africa

<https://www.hpcsa.co.za/>

International Classification of Diseases (ICD)

The International Classification of Diseases (ICD) is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics. This includes providing a format for reporting causes of death on the death certificate.

E: clinical@sada.co.za



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**Institute of Dental Education
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(IDESA)**
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**International Federation of
Esthetic Dentistry
(IFED)**

IFED's contribute to the progress and development of education in Esthetic dentistry worldwide, with commitment to providing support and enhancing the exchange of information across all borders as well as communication between all member organizations to promote esthetic oral health.

<https://www.ifed.org/>

**International Financial Reporting
Standard
(IFRS)**

International Financial Reporting Standards, commonly called IFRS, are accounting standards issued by the IFRS Foundation and the International Accounting Standards Board.

<https://www.ifrs.org/>

**International Integrated
Reporting Council
(IIRC)**

The International <IR> Framework and Integrated Thinking Principles have been developed and are used around the world, 75 countries, to advance communication about value creation, preservation and erosion. The cycle of integrated reporting and thinking result in efficient and productive capital allocation, acting as a force for financial stability and sustainable development.

<https://www.integratedreporting.org/>

**International Framework
(IR)**

The framework establishes principles and concepts that govern the overall content of an integrated report. An integrated report sets out how the organisation's strategy, governance, performance and prospects, which lead to the creation of value.

<https://www.integratedreporting.org/>

**Medical Aid/Medical Scheme
(MA/MS)**

Medical aid is a form of insurance that you pay monthly for, for any medical related expenses- from doctors visits, to hospital visits, surgeries or medicinal purchases, and may include dental or ophthalmic treatments.

<https://www.sada.co.za>

E: clinical@sada.co.za

Medical Professional (MP)

Prefix used in professional registration number issued by the HPCSA for those who meet the qualification requirements to practice the scope of medicine in South Africa.

<https://www.hpcs.co.za> or
<https://www.samedical.org/>



Medical Protection Society (MPS)

The Medical Protection Society is one of the three UK mutual protection organisations for medical, dental and healthcare professionals. It protects and supports the professional interests of more than 300,000 members around the world. (See Dental Protection Limited (DPL) for information regarding professional indemnity)
<http://www.medicalprotection.org/>
E: dpmembership@sada.co.za



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

National Department of Health (NDOH)

<https://www.health.gov.za/>

National Health Insurance (NHI)

The National Health Insurance (NHI) is a health financing system that is designed to pool funds to provide access to quality affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status.

<https://www.health.gov.za/nhi/>



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Nomination Committee (NOMCOM)

SADA Governance

<https://www.sada.co.za>

E: secretary@sada.co.za

Non-Profit Company (NPC)

A non-profit organization, also known as a non-business entity, not-for-profit organization, or non-profit institution, is a legal entity organized and operated for a collective, public or social benefit, in contrast with an entity that operates as a business aiming to generate a profit for its owners.

<http://www.cipc.co.za/za/>

Non-Profit Organization (NPO)

<http://www.cipc.co.za/za/>

Oral Hygienist (OH)

Prefix used in professional registration number issued by the HPCSA for those who meet the qualification requirements to practice the scope of oral hygiene in South Africa.

<https://www.hpcsa.co.za> or
<https://www.sada.co.za>



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

Operations Committee (OPSCOM)

SADA Governance

<https://www.sada.co.za>

E: secretary@sada.co.za

Professional Board of Dental Therapy and Oral Hygiene (PBDOH)

Professions Council of South Africa and the Professional Board for Dental Therapy and Oral Hygiene, made the regulations in the Schedule and the Scope of practice.

<https://www.hpcsa.co.za>



Practice Code Numbering System (PCNS)

To register and obtain your practice code to enable you to claim from Medical Schemes

<https://www.pcns.co.za/>

Postgraduate Education and Training (Dental) (PETD)

Postgraduate education and Training involves learning and studying for academic or professional degrees, academic or professional certificates, academic or professional diplomas, or other qualifications for which a first or bachelor's degree generally is required, and it is normally considered to be part of higher education.

<https://www.sada.co.za>

E: profdev@sada.co.za

Research and Development (R&D)

Research and development (R&D) include activities that companies undertake to innovate and introduce new products and services. It is often the first stage in the development process.

<https://www.sada.co.za>

E: profdev@sada.co.za



SADA
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Relative Value Units

(RVU)

SADA

<https://www.sada.co.za>

E: clinical@sada.co.za



SADA

THE SOUTH AFRICAN
DENTAL ASSOCIATION

South African Dental Association (SADA)

The South African Dental Association (SADA) represents the majority of active dentists in the private and public sectors in South Africa. The Association is regarded as the voice of dentistry in Southern Africa and is the most relied on body regarding all aspects of dental practice in the region, both in the public and private sectors in South Africa. It is a non-profit professional association with voluntary membership organisation represented by a total of 11 branches, one in every province of the Republic of South Africa, with Gauteng and Eastern Cape provinces having two branches each. The Association represents the interests of both the oral health profession and its members in South Africa.

<https://www.sada.co.za>

E: info@sada.co.za



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

**South African Dental Financial
Services**

(SADFIN)

SADA

<https://www.sada.co.za>

[E: ceo@sada.co.za](mailto:ceo@sada.co.za)

THE SOUTH AFRICAN DENTAL JOURNAL

SADJ

**South African Dental Journal
(SADJ)**

The South African Dental Journal (SADJ) keeps you abreast of the latest developments in dentistry. The only fully accredited scientific dental journal in South Africa for publication of Scientific papers, Clinical articles, Current dento-political information and opinion and Trade information. Members are also able to attain their CPD points by completing the online questionnaires. The SADJ is published 10 times per annum between the months of February and December, and are available electronically.

<https://www.sada.co.za/publications-sadj>



[.za](https://www.sadtc.org.za)

**South African Dental Technicians
Council
(SADTC)**

The SADTC is established in terms of the Dental Technicians Act, 1979 (Act No. 19 of 1979), as amended, to regulate the professions of dental technicians and dental technologists, and to protect the interests of the public.

<https://sadtc.org.za/>

SAHPRA
South African
Health Products
Regulatory Authority

**South African Health Products
Regulatory Authority
(SAHPRA)**

SAHPRA is an entity of the National Department of Health, created by the South African Government to ensure that the health and well-being of human and animal health are at its core. SAHPRA assumed the roles of both the Medicines Control Council (MCC) as well as the Directorate of Radiation Control (DRC) which were housed at the National Department of Health (NDoH). Subsequently, SAHPRA was constituted as an independent entity that reports to the National Minister of Health through its Board.

<https://www.sahpra.org.za/>



South African Medical Association (SAMA)

The South African Medical Association is a non-statutory, professional association for public- and private-sector medical practitioners in South Africa. Registered as a non-profit organisation it acts as a trade union for its public-sector members.

<http://www.samedical.org/>



Services Seta (SETA)

Our primary function is to facilitate skills development by establishing learning programmes such as learnerships, skills programmes, internships and other strategic learning initiatives. This is done through the disbursement of grants to employers and training providers. We are also tasked with monitoring the quality of occupation-based training within the services sector scope as delegated by the Quality Council for Trades and Occupations (QCTO)

<https://www.servicesseta.org.za/>

SABS

South African Bureau of Standards

South African Bureau of Standards (SABS)

The SABS is mandated to: develop, promote and maintain South African National Standards (SANS); promote quality in connection with commodities, products and services; and render conformity assessment services and assist in matters connected therewith.

<http://www.sabs.co.za/>



South African Qualifications Authority (SAQA)

The South African Qualifications Authority is a statutory body, regulated in terms of the National Qualifications Framework Act No. 67 of 2008. It is made up of 29 members appointed by the Minister of Education in consultation with the Minister of Labour.

<https://www.saqa.org.za/>



South African Reserve Bank

South African Reserve Bank (SARB)

Section 224 of the Constitution of South Africa states the mandate of the SARB as follows:

- The primary object of the South African Reserve Bank is to protect the value of the currency in the interest of balanced and sustainable economic growth in the Republic.
- The South African Reserve Bank, in support of its primary objective, must perform its functions independently and without fear, favour or prejudice.

<https://www.resbank.co.za/>



South African Revenue Service (SARS)

The South African Revenue Service is the revenue service of the South African government. It administers the country's tax system and customs service, and enforces compliance with related legislation.

<https://www.sars.gov.za/>

Supplementary Dental Assistant (SDA)

Prefix used in professional registration number issued by the HPCSA.

<https://www.hpcsa.co.za> or <https://www.sada.co.za>



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

Strategy, Social, Ethics and Remuneration Committee (SERCOM)

SADA Governance

<https://www.sada.co.za>

E: secretary@sada.co.za



labour

Department:
LABOUR
REPUBLIC OF SOUTH AFRICA



Unemployment Insurance Fund (UIF)

uFiling is a FREE online service that allows you to securely submit your UIF declarations and pay your monthly contributions. It harnesses the power of the Internet allowing Domestic, Commercial Employers and Practitioners to complete and submit monthly UIF declarations and to securely pay UIF contributions.

<https://ufiling.labour.gov.za/ufif/>



Compensation Fund WORKING FOR YOU

**Workmen Compensation Fund:
(WCF)**

Workmen/Workers Compensation policy covers the statutory liability of an employer for the death, disability and bodily injuries of his employees caused by accidents.

<https://www.labour.gov.za/>



**World Oral Health Day
(WOHD)**

World Oral Health Day is observed annually on 20 March, and launches a year-long campaign dedicated to raising global awareness of the issues around oral health and the importance of oral hygiene.

<https://www.sada.co.za>

E: profdev@sada.co.za

YOUNG DENTISTS COUNCIL

**Young Dentists Council
(YDC)**

SADA Governance

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.

<https://www.sada.co.za/member-ydc>

E: ydc@sada.co.za



SADA

THE SOUTH AFRICAN
DENTAL ASSOCIATION

Documentation Examples

Pages 95-111 offer 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 is also included in these pages.

Follow us



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Contact us

Telephone: +27 11 484 5288

Email: info@sada.co.za

www.sada.co.za

Dental Treatment Consent Form Document Example

DENTAL TREATMENT CONSENT FORM

Contract Name: _____ Patient's Name: _____
 Please read and initial the items checked below and read and sign at the bottom of form.

Explanations have been explained to me, including benefits, risks, and alternatives, and I understand that I have the right to refuse or stop treatment at any time. I understand that I may have to pay for my treatment. I understand that I may have to pay for my treatment. I understand that I may have to pay for my treatment.

1. X-RAYS (PAIN) _____
 I understand that X-rays are used to help the dentist see the teeth and to help the dentist see the roots of the teeth. I understand that X-rays are used to help the dentist see the teeth and to help the dentist see the roots of the teeth.

2. DRUGS AND MEDICATIONS _____
 I understand that antibiotics and analgesics and other drugs may be used during the procedure. I understand that I may have to take these drugs after the procedure. I understand that I may have to take these drugs after the procedure.

3. CHANGE IN TREATMENT PLAN _____
 I understand that the dentist may change the treatment plan during the procedure. I understand that the dentist may change the treatment plan during the procedure.

4. REMOVAL OF TEETH _____
 I understand that the dentist may remove some of my teeth. I understand that the dentist may remove some of my teeth.

5. GONING, BRIDGES AND CAPS _____
 I understand that the dentist may place a crown, bridge, or denture on my teeth. I understand that the dentist may place a crown, bridge, or denture on my teeth.

6. DENTURES, COMPLETE OR PARTIAL _____
 I understand that the dentist may place a complete or partial denture on my teeth. I understand that the dentist may place a complete or partial denture on my teeth.

7. ENDORHEIC TREATMENT ABOUT CANALS _____
 I understand that the dentist may use an endorheic treatment on my teeth. I understand that the dentist may use an endorheic treatment on my teeth.

8. PERIODONTAL LOSS (TUSSEUL & BONE) _____
 I understand that the dentist may use a procedure to treat my periodontal disease. I understand that the dentist may use a procedure to treat my periodontal disease.

9. FILLINGS _____
 I understand that the dentist may place a filling in my teeth. I understand that the dentist may place a filling in my teeth.

10. FUTURES _____
 I understand that the dentist may place a future in my teeth. I understand that the dentist may place a future in my teeth.

I understand that dentistry is not an exact science and that, therefore, acceptable 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

ALL CLINICAL CHEMISTRY/ HAEMATOLOGY REQUESTS AND MICROBIOLOGY BLOOD REQUESTS

Basildon and Thurrock University Hospitals
 W&A Foundation

Request with no Hosp. or NHS number may not be processed.

Hosp. No. (NHS No) _____
 NHS No. _____
 Surname _____
 Forename _____
 Date of Birth _____
 Address _____

Male Female PP

Consultant _____ Ward _____ Copy To _____

Sample Taken: _____
 Date: _____ Time: _____
 Therapeutic Drug Monitoring Time/Date: _____

>10hr Fasting Not Fasting

Blood taken by: _____

Clinical Details _____

Specimen Type
 Blood
 24hr Urine
 Random Urine
 Other Specify _____

LAB USE ONLY
 M
 O
 F

UE - Electrolytes
 LFT - Liver Function
 CA - Calcium
 F - Fasting
 CR - Creatinine
 Cholesterol

FBC - Blood Count
 Clotting Screen:
 WAFI - On Warfarin
 HEP - On Heparin
 COAG - Diagnostic

OTHERS (NOT BLOOD CULTURES) (state date of onset for viral Ab, screens)
 GS - Glucose
 Tick if known Diabetes

Thyroid Function: (tick one)
 TFT1 - Thyroid Disease?
 TFT2 - On Thyroxine
 TFT3 - Anti-Thyroid RX

LI - Lithium
 DIG - Digoxin
 DRH - Phenytoin
 CRZ - Carbamazepine

Gentamicin Vancomycin
 Please tick if NOT Pre-dose

July 11 _____ An NHS Trust

Follow-up of results is responsibility of request initiator

BAT436 PWS / 4809

Letter of Employment Example

An employment offer will be received with the following outline of information. Please note each District may use slightly different wording. The letter will be received on an official Department of Health letterhead. It will be personally addressed and contain your name, address which you use and your personal South African identity number.



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Indwe Building, Government Boulevard, Riverside Park, Ext. 2, Mbombela, 1200,
Mpumalanga Province
Private Bag X11285, Mbombela, 1200, Mpumalanga Province
Tel: +27 (13) 766 3429, Fax: +27 (13) 766 3458

Litiko Letemphilo

Department van Gesondheid

UmnYango WezeMaphilo

Enquintse: M. R. Cibeto
Tel: 013 766 3693

NAME (ID NUMBER)
ADDRESS
ADDRESS
SUBURB
POSTAL CODE

Dear

**JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER) - ROB FERREIRA HOSPITAL**

1. I have pleasure in offering you a one (1) year community service employment contract in the Department of Health. Your employment is on a one (1) year contract nature in terms of the Public Service Act, 1994.

Your offer of contract appointment is effective from **01 January 2022 to 31 December 2022 (One year)**.

2. Your contract appointment is subject to:
 - You accepting this offer within 14 days of the receipt of the offer in writing and you assume duty on or before 13 January 2021. **Should you not comply with this paragraph and not commence employment on or before 13 January 2021, this offer will lapse.**
 - the verification of information mentioned below:
 - In the event of misrepresentation on your CV and application and other misleading factors that were not disclosed correctly and truthfully, the offer will be withdrawn.
 - Criminal records checks
 - Citizen verification
 - Financial / asset record checks
 - CIPS Screening (Company Intellectual Property Commission)
 - Qualification and registration certificate / study verification

KINDLY RETURN ALL DOCUMENTATION WHEN
REPLYING

INITIALS

1

**JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER)- ROB FERREIRA HOSPITAL**

3. DETAILS OF EMPLOYMENT OFFERED

Date of Appointment : 1 January 2022 to 31 December 2022
Job Title : Community Service Dentist
Notch: : **Salary** p.a. All Inclusive Salary Package : Rob
Station Ferreira Hospital Hospital
Benefits : As per Paragraph 10 - 24

Please note that the above-mentioned salary notch/ appointment will only be effected on submission of the registration certificate with the relevant Professions Council as **Community Service: Dentist**

4. HOURS OF WORK

- a) If employed as a Shift Worker, you will be expected to work shift according to the roster and have to render an average of 40 hours per week
- b) If employed as Non-shift worker, you will be expected to work from Monday to Friday
- c) The details are to be provided by your supervisor

5. REMUNERATION

Your will receive an all inclusive salary package and benefit listed hereunder, any overpayment or underpayment erroneously effected will be recovered or rectified when discovered.

ANY OVERPAYMENTS/ UNDERPAYMENTS WILL BE RECOVERED/ REFUNDED Your pay date is the last day of each month or the last working day prior to the date where the pay day falls on a weekend or public holiday. On confirmation of probationary appointment this changes to the 15th of each month or the last working day prior to the date where the payday falls on a weekend or public holiday.

Your salary will be paid into your Banking/ Building Society Account. The required forms must be completed upon assumption of duty.

Salaries are registered & confidential. Details regarding your salary, may be obtained from your Human Resources Office.

6. SUBMISSION OF DOCUMENTS

Your contact employment is subject to submission of the following documents marked "X"

- You are required to complete and sign the attached Annexure A and return it to the Sub Directorate: HR Planning (TsepoMp@mpuhealth.gov.za / KarenBa@mpuhealth.gov.za / RonelC@mpuhealth.gov.za)
It is mandatory for every employee to have a valid Tax Reference number on PERSAL. Please complete the attached pro-forma with the relevant details. Should you not

KINDLY RETURN ALL DOCUMENTATION WHEN
REPLYING

INITIALS

**JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER) - ROB FERREIRA HOSPITAL**

possess a valid Tax Reference number, then complete form IT77 and submit it to the SA Revenue Services for allocation of a tax reference number which must then be provided to your Human Resource Office. Your appointment is subject to you providing your Tax Reference number prior to your appointment being processed on PERSAL. Failure to supply all the information will result in your IRP5 certificate not being issued for the 2021/22 and 2022/23 tax years.

- Certified copy of all Educational / Academic / Professional / Technical qualifications and proof of Registration
- Registration with the Health Professions Council of South Africa as a community service practitioner.
- Certified copy of identity document and certified copy of identity documents of dependants, where applicable.
- Certificate copy of Marriage Certificate. Any subsequent change in conjugal status must be reported to this office immediately. Failure to do so may lead to a financial loss to you.
- Certified copy of current Driver's License
- Banking account advice (Z 56 attached).
- Any other particulars/documentation, which the Department may require.

7. PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM - ENTERING INTO PERFORMANCE AGREEMENTS

You are required to enter into a Performance Agreement within 1 months of assumption of duty. The Performance Agreement is applicable for 1 year.

8. REMUNERATIVE WORK OUTSIDE THE PUBLIC SERVICE

Approval for the Remunerative Work Outside the Public Service has been withdrawn as from 01 January 2010 whilst the Department reviews controls and processes. Consequently, in this Department, no Public Servant (Employee) is permitted to perform Remunerative Work Outside the Public Service.

You were screened for any business interest / outside Remunerative work outside the Remunerative Work Outside the Public Service (RWOPS) in terms of the Company Intellectual Property Commission (CIPC) Information Screening the results were clear. Your declaration form was checked for any disclosure and you had nothing to disclose.

9. LEAVE

Application for leave must be in writing on the approved form as well as applied for on the E-Leave System.

10. VACATION LEAVE

You are entitled to twenty-two (22) working days per annum (less than 10 years' service) but where a full year is not worked, leave is granted on a pro-rata basis. The granting of vacation leave is subject to the prior approval of your supervisor.

Vacation leave must be authorised before you proceed on leave. Unused vacation leave for any year lapses at the end of June the next year. However, you will be paid cash value in

**JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER) - ROB FERREIRA HOSPITAL**

respect of unused leave credit upon termination of service. Vacation leave granted may be withdrawn by calling you back to work if it is in the interest of the Department.

11. SICK LEAVE

Sick leave is available to a maximum of 12 days on full pay. Sick leave is not accumulative.

A medical certificate must be provided if 3 or more days' leave are taken or if your supervisor requests one for lesser period or as required in terms of the policy. If your supervisor so request, it must be in writing

12. SPECIAL SICK LEAVE

Special leave, with full pay may be granted to you for the full period you could be incapacitated owing to an injury on duty provided that liability is accepted by the Workmen's Compensation Commissioner for the injury on duty.

13. STUDY LEAVE

No study leave, with full pay, may be granted.

14. MATERNITY LEAVE

Kindly note that maternity leave should be regarded as appropriate service for the purpose of community service and does not in any way extend the period of community service.

Maternity leave may be granted for a total period of 4 consecutive calendar months per confinement as prescribe by the OSPA.

15. PATERNITY LEAVE

An employee shall be granted three (3) working days paternity leave per calendar year for utilisation if the employee's spouse or life partner gives birth to a child.

16. INCAPACITY LEAVE

Once sick leave has been exhausted you can apply for incapacity leave. Kindly note that incapacity leave is not a right and it is the discretion of the employer. All application for incapacity leave must be accompanied by a medical certificate and the relevant Annexure obtainable from the Human Resource Office.

17. FAMILY RESPONSIBILITY LEAVE

In terms of Public Service Bargaining Chamber Resolution 7 of 2000, you may be granted family responsibility leave of 3 days per annual leave cycle if:

- a) Your spouse or life partner gives birth to a child; or
- b) Your child, spouse or life partner is sick

Five (5) days leave may be granted if your spouse or life partner dies or if an immediate family member dies (i.e. child, parent or sibling)

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1

**JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER)- ROB FERREIRA HOSPITAL**

The overall leave for both incidents above may not exceed five (5) working days per annual cycle unless there are exceptional circumstances. Reasonable proof may be required.

18. INJURIES ON DUTY (COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES)

The Compensation for Occupational Injuries and Diseases Act, 1993, will apply to you should you be injured as a result of an accident or should you contract a disease arising out of and in the course of your employment. All injuries on duty must be reported to your supervisor immediately.

19. HOUSING ALLOWANCE/ RENTAL ALLOWANCE

No housing/rental allowance will be paid to Community Service Employees.

20. RURAL ALLOWANCE

Rural allowance is only paid to specific categories employees at specific Institutions at a specific percentage of their basic salary as prescribed in PHW/SC Resolution 2 of 2004.

The following Institutions are excluded and appointments do not qualify for rural allowance:

- Ermelo Hospital
- Impungwe Hospital
- Middelburg Hospital
- Rob Ferreira Hospital
- Witbank Hospital
- Witbank TB Hospital

21. ACCOMODATION AND TRAVEL EXPENSES

Should you be required to perform official duties away from your headquarters, you may claim for subsistence and travel, in accordance with the Departmental Policy on S & T.

22. PERSONNEL ASSOCIATIONS (UNIONS)

In terms of the Labour Relations Act, 1995 read with Chapter 111 of the Labour Relations Amendment Act, 1996, you have the right to be fully represented by the union of your choice, provided the union meets the requirements in terms of the conditions stipulated in the Labour Relations Act, 1995.

Membership of a union is voluntary. However, those who do not belong to a union that signed agency shop agreement have a fee deducted from their salaries every month.

23. LEVY

A compulsory deduction is made every month from your salary in respect of the levy that was agreed to in the Public Service Bargaining Council Resolution 2 of 1998 and Public Health and Welfare Sectoral Bargaining Council.

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**JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER) - ROB FERREIRA HOSPITAL**

24. RESIGNATION

One month's written notice is required should you wish to resign. If you resign by giving at least a month's notice, salary and allowance will be paid for the full month irrespective of whether or not the month ends on a day of rest or consecutive days of rest, provided that you are normally paid for days of rest and that you remain in active service up to and including the last working day of the month. If you do not give at least a month's notice, you will only be paid up to and including the last day of the on which you actually render service.

A certificate of service will be issued to you once you have indicated you wish to resign from the Department.

Community Service appointees who resign without completing community service must note that they must re-apply for community service via the ICSP On-line System and will not be allowed to return to the institution from where they resigned without being placed by the ICSP System.

25. GRIEVANCE PROCEDURE

Should you be dissatisfied or discontented with an officer's action or omission, you may raise the matter with your Supervisor. It is the supervisors' responsibility to attempt to determine the cause of the dissatisfaction or discontentment and to possibly deal with it accordingly.

If your complaint concerns a matter which cannot be dealt with by your supervisor, or if your complaint is about your supervisor, or if you are not satisfied with the answer given by your supervisor, you may make representations about the matter to the officer in the Human Resources Office or another competent senior officer specifically designated by the Head: Health to deal with complaints and grievances.

It should be noted that in all cases of dissatisfaction and grievance the provisions of the collective agreement must be strictly complied with. Should you wish to consult this agreement please contact your Human Resources Office.

26. DISCIPLINE

You will be subjected to the disciplinary procedures and rules applied by this Department and as contained in the PSCBC Resolution 1 of 2003. You are obliged to comply with the provisions of the Code of Conduct. Non-compliance will result in a misconduct case being instituted against you.

27. DEPARTMENTAL POLICIES AND PROCEDURES

Other than the conditions of service detailed in this document, you will be subjected to those policies and procedures laid down by the Department as amended from time to time.

A copy of the Department's policies and procedures may be viewed during office hours on request to your immediate supervisor.

KINDLY RETURN ALL DOCUMENTATION WHEN
REPLYING

INITIALS

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**JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER)- ROB FERREIRA HOSPITAL**

28. SECURITY SCREENING

In terms of the Security Screening i.e. criminal record check, citizen verification and financial and asset record checks from the State Security Agency, are being undertaken with Security Services Unit to ensure compliance with verification of information when posts are being filled.

29. VERIFICATION OF YOUR EDUCATION QUALIFICATIONS

In terms of verification of your education qualifications i.e. matric certificate, will be verified by the South African Qualifications Authority to ensure compliance with the verification of information when posts are being filled.

30. JOB DESCRIPTION

You are required to sign a Job Description with your Manager / Supervisor which will be provided to you on assumption of duty by your Manager / Supervisor.

31. INDUCTION PROGRAMME

You will be required to attend an Induction Programme on the date to be arranged by your Manager/ Supervisor.

32. ASSUMPTION OF DUTY

You are required to assume duty on 1 January 2022.

Please report to the HR: Manager, of the Institution who will refer you to the relevant person after confirming that all documentation is in order. Please ensure that you have all relevant documents with you.

Please note that the assumption of duty date is not negotiable.

33. BURSARY OBLIGATION

Kindly be informed that if you are a bursary holder of the Mpumalanga Department of Health, upon completion of your community service you are expected to continue with employment as a **Dentist** Grade 1 within the Mpumalanga Province allocated according to service delivery needs of the Department. Should the Department be unable to appoint you within 3 months from the date of completion of your community service, you will be released from your bursary obligation.

34. INDEMNITY

The State accepts liability for all claims arising from the acts or commissions of said persons instituted against the State or against the said persons unless the State Attorney, after consultation with the accounting officer, is of the opinion that the said person, with regard to or during the act or omission that gave rise to the claim -

- was not acting in the execution of his official duties or did not bona fide,
- believe that he was so acting,
- mala fide exercised or exceeded his powers,

KINDLY RETURN ALL DOCUMENTATION WHEN
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7

**JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER)- ROB FERREIRA HOSPITAL**

- made excessive use of liquor or drugs (for which there is sufficient proof), which may have resulted in or contributed to liability,
- without prior consultation with the State Attorney, made an admission of guilt that was detrimental to the State's care;
- acted recklessly or willfully; or
- failure to comply with standing instructions of which he was aware or could reasonably have been expected to be aware, in which case the amount which the State was compelled to disburse and the legal costs shall be recovered from the said person.

N.B. It is trusted that your association with the Department will be a fruitful one.

Yours sincerely



MS DC MDLULI
ACTING HEAD, HEALTH

15/12/2024

DATE

Sample Document

JOB OFFER FOR A ONE (1) YEAR CONTRACT COMMUNITY SERVICE: DENTIST: POST:
NAME (ID NUMBER)- ROB FERREIRA HOSPITAL

ANNEXURE:A

ACCEPTANCE CLAUSE

By my signature hereto, I acknowledge understanding and acceptance of the conditions of employment as set out in this letter, especially the conditions under Section 2 of this letter.

I will/ will not assume duty on 1 January 2022.

The following documents are attached as requested:

1. The whole acceptance letter (pages 1 up to 9 initialised and page 10 signed)
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

The following documents will be forwarded in due course.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

SIGNATURE : _____

DATE : _____

N.B. You must complete and return this acceptance form together with a copy of the initiated offer of employment within 14 days of receipt of this letter.

Accommodation (where available) should be arranged with the Hospital HR

REGISTRATION FOR COMMUNITY SERVICE

Qualifying in any of the health care professions is an important personal responsibility and, as a practitioner, there are several legal obligations.

Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice, and it is also a legal requirement to keep all personal details up to date at all times.

An annual fee is payable for this registration and failure to pay this fee could result in suspension from the register. If, for some reason a practitioner is suspended from the register, they can redeem themselves by applying for restoration and paying the restoration fee.

Voluntary erasure from the register is possible if the practitioner does not intend to practice his/her profession in South Africa for a given period of time. A request has to be submitted in writing before 31 March of the year voluntary erasure is requested.

After completing the requirements of each of the registration categories, the onus is on the individual to formally apply for registration in the next category. Penalty fees are charged upon application for a new registration category if the individual has not been registered as student in the required category.

REQUIREMENTS FOR REGISTRATION AS A COMMUNITY SERVICE DENTIST – SA QUALIFIED.

- Duly completed original form 11 A duly completed
- A copy of ID document.
- Registration fee

DOCUMENTATION REQUIRED FOR REGISTRATION IN THE CATEGORY: INDEPENDENT PRACTICE – GENERAL PRACTITIONER (SA QUALIFIED)

- Combined Form 27 Com Serve duly completed the applicant and the clinical manager / Medical Superintendent bearing the official stamp of the institution;
- Otherwise Form 23 and copy of report of completed Community Service signed by Clinical Manager / Medical Superintendent indicating the exact dates of community service and bearing the official stamp of the institution.
- No registration fee required, only an annual fee to be paid.

**APPLICATION FOR REGISTRATION
COMMUNITY SERVICE**

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:
The Registrar, PO Box 205, Pretoria 0001 by registered mail or courier for ease of tracking mail.
553 Madiba Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Registration Number: _____

I, (Dr, Mr, Mrs, Miss) _____ Surname: _____

Maiden name (if applicable): _____

First names: _____ Identity No.: _____

Postal address: _____ Postal code: _____

Residential address: _____ Postal code: _____

Tel (H): _____ (W): _____

Cell: _____ Fax: _____

Email: _____

*Marital Status: Married Single Divorced Gender M F

* Race: African Asian Coloured Indian White Country of Origin: _____

hereby apply to register as _____ to perform Community Service and declare that I am the person referred to in the attached certificate or qualification referred to below. I also declare that I have never been convicted of any criminal offence or been cautioned from practice or been cautioned by reason of unprofessional conduct in any country and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

SIGNATURE: _____ **Date:**20

B. THE FOLLOWING IS SUBMITTED IN SUPPORT OF MY APPLICATION:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Registration fee, prorata annual fee and banking details (Registration number as deposit reference)
Please attach proof of payment |
| <input type="checkbox"/> | 2. A copy of my marriage certificate (should you wish to register in your married surname). |
| <input type="checkbox"/> | 3. A copy of my identity document or birth certificate. |
| <input type="checkbox"/> | 4. A copy of my registration certificate as a student with the Health Professions Council of South Africa. |

ALTERATIONS TO THIS SECTION WILL NOT BE ACCEPTED

C. TO BE COMPLETED BY THE UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE

Name of University/University of Technology/College: _____

It is hereby certified that _____ complied with all the requirements for the Degree/Diploma/Certificate _____ of this institution on _____ (day) _____ (month) _____ (year) and that this qualification will be conferred/issued at a graduation ceremony on _____ (day) _____ (month) _____ (year).

I consider him/her to be a competent and fit person to practice as a _____

WE RECOMMEND him/her for registration		ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION
SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD	DATE	
SIGNATURE: REGISTRAR/PRINCIPAL	DATE	

* Please complete for statistical purposes.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.



Form 27 Comm Serv Completed

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

CERTIFICATE OF COMPLETION OF COMMUNITY SERVICE

Return the ORIGINAL FORM completed form to: The Registrar, P O Box 205, Pretoria, 0001 / 553 Vermeulen Street, Arcadia, Pretoria

NB please take note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.

DECLARATION

It is hereby certified that:

HPCSA Registration Number

Dr/Mr/Mrs/Miss.....

was employed at this institution (name and address of training institution).....

from:.....to.....

as a

category (if applicable).....

that he/she complied with the requirements of community service as determined by the Department of Health; and that his/her service was satisfactory.

(1)

Signature: Head of Department/Directorate Name: Please print

Designation: Date

Telephone number:.....

(2)

Signature: Medical Superintendent/Head of Institution Name: Please print

Designation: Date

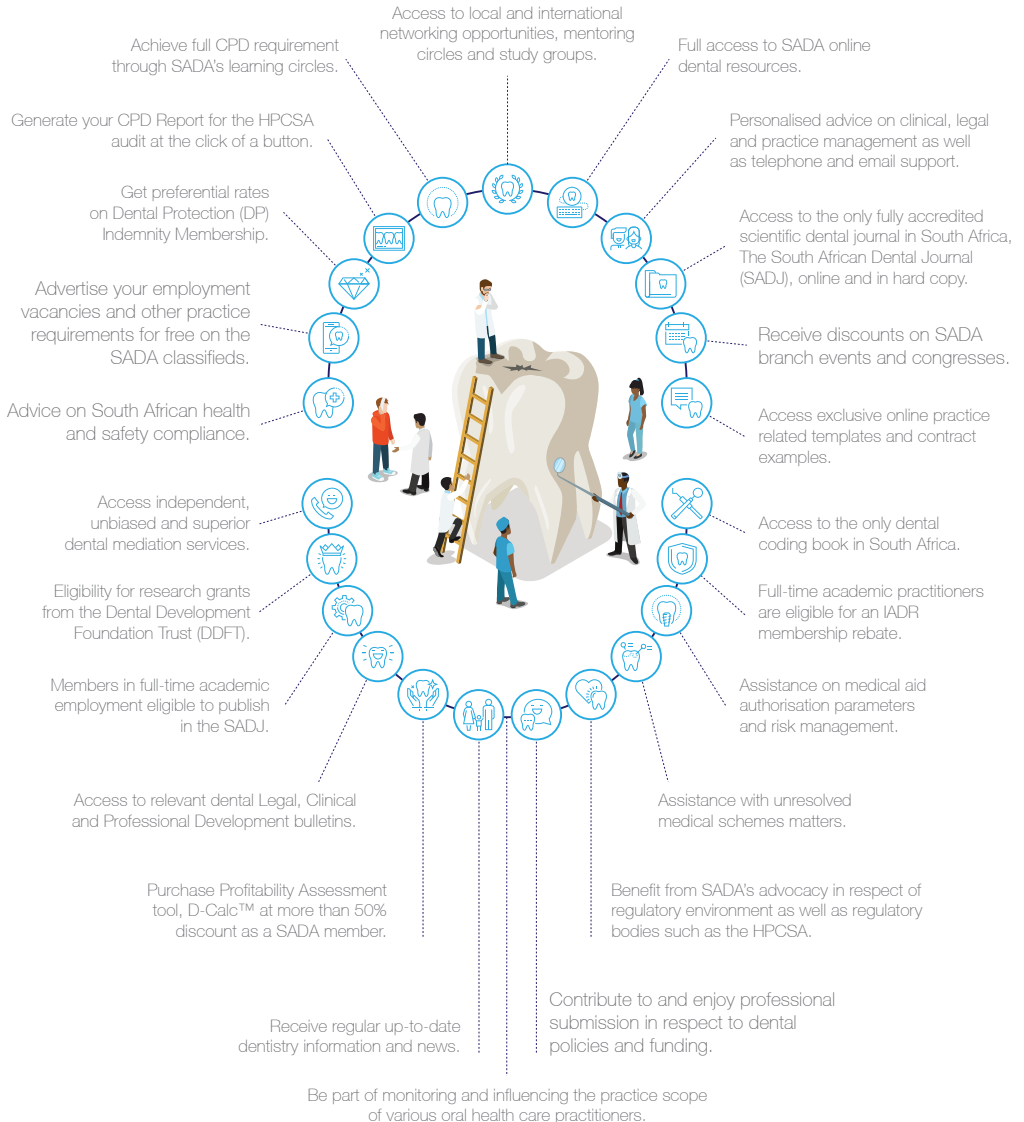
Telephone number:.....

OFFICIAL DATE STAMP OF INSTITUTION

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.

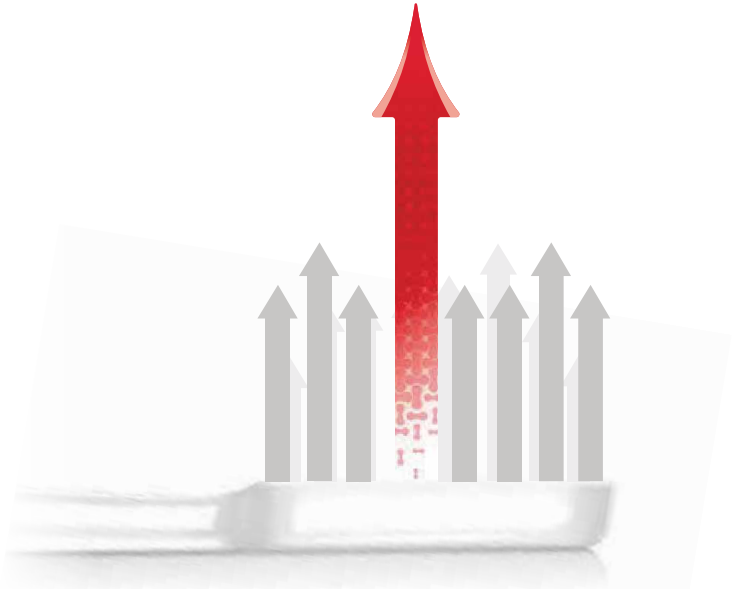
Our members benefit from the below advantages, amongst others:



SADA
The South African Dental
Association (SADA) NPC

visit our website at www.sada.co.za for more information.

parodontax toothpaste softens plaque for easy removal¹⁻³, via its unique formulation with 67% sodium bicarbonate



Above and beyond for gums

References: 1. Pratten *et al.* Physical disruption of oral biofilms by sodium bicarbonate: an in vitro study. *Int. Jour. Dent. Hyg.* DOI: 10.1111/ijdh.12162. 2. Jose *et al.* Sixmonth evaluation of a Sodium Bicarbonate-Containing Toothpaste for Reduction of Established Gingivitis: A Randomized USA-Based Clinical Trial. *J. Clin. Dent.* 2018;29:33-39. 3. Akwagyiram *et al.* Efficacy and Tolerability of Sodium Bicarbonate Toothpaste in Subjects with Gingivitis: A 6-Month Randomized Controlled Study. *Oral Health Prev Dent.* 2018; 16(5):401-407.

Parodontax Expert Gum Care Original Toothpaste
GlaxoSmithKline Consumer Healthcare South Africa
For further information, please contact the GSK Hotline
on 0800 00 00 00. Visit www.parodontax.com or visit the
carton for full use instructions before use.

For further information, including safety
information, please contact the GSK Hotline
on 0800 00 00 00. Visit www.parodontax.com or visit the
carton for full use instructions before use.

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Pronamel optimised formulation:^{1,2}

- High fluoride availability
- No phosphates
- No polyvalent metal ions
- No SLS[‡]
- Neutral pH
- Low abrasivity



Specialised Enamel Protection
Rebuilds, Restores, Refreshes

[‡]Sodium lauryl sulphate

References: 1. Mason SC. *J Clin Dent* 2009, 20(6):175-177. 2. Layer TM. *J Clin Dent* 2009, 20(6):199-202.

GlaxoSmithKline Consumer Healthcare South Africa (Pty) Ltd. 57 Sloane Street, Bryanston, 2021. Reg. No.: 2014/173930/07. For any further information, including safety information, please contact the GSK Hotline on +27 11 745 6001 or 0800 118 274. Trademarks are owned by or licensed to GSK group of companies. Always refer to the carton for full use instructions before use. Promotion Number: PM-ZA-PRO-22-00002.