

SADA

THE SOUTH AFRICAN
DENTAL ASSOCIATION



The Golden Compass

A Guide to Community Service for the newly qualified Dentist



YOUNGDENTISTS

COUNCIL



SADA

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**Congratulations
Dental Graduates
2023
from
SADA
Chief Executive Officer**



Mr KC Makhubele

On behalf of The South African Dental Association (SADA), I 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 artist all wrapped into one. We ask that you uphold the very mission of the dentistry profession as you continue on your path, maintain-

ing 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 re-

lationships 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 2023 from SADA Board Chairperson



Dr N Osman

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 op-

portunity 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 develop-

ing 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 proposals 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.

Congratulations Dental Graduands 2023



Professor V Yengopal

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 you 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, you 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 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 superbike, 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

The Dentistry Class of 2023



Congratulations on your graduation and welcome to the grand adventure of the dental field!

The very first compasses were believed to have originated in China over two thousand years ago. According to historians, these were not used for navigation, but as instruments to align building elements and structures with the principles of feng shui.

These early compasses were made of a magnetic needle attached to a cork and floated on water. The needle would always point North, due to the North's magnetic pull. These early compasses were also used to monitor the stars and sun's movements.

In the 11th Century, the Chinese started using compasses as navigational devices for land and sea travel. Eventually, the device reached Europe, where its use

started to spread. Later, the compass was altered to include four directions – North, East, South and West.

More than just a reliable and accurate instrument for navigation, the compass has a few symbolic meanings:

The word compass comes from the Latin words – com, meaning “together” and – passus, meaning “pace or step”. Together the word compass means to step together or to journey together. It is very important as a dentist to never embark on this journey alone. You need a strong support system of associations, such as The South African Dental Association, colleagues, mentors, friends, and family.

The compass represents a safe and smooth journey. The instrument is used primarily to point you in the right direction and with a compass you can never get lost. This symbolizes your values, morals, and beliefs. If your actions don't align with your values, you'll continue to experience a chasm of discontent. A strong inner compass is needed to ensure a safe and smooth journey throughout life and your dental career.

Compasses represent balance. With its magnet situated on a piv-

ot point, the needle of the compass moves freely and balances itself to point in the right direction. Balance is not something you find, but something you create. It is very important to maintain a good life-work balance to be able to treat yourself, your patients, friends, and family with the love, time, and compassion they deserve.

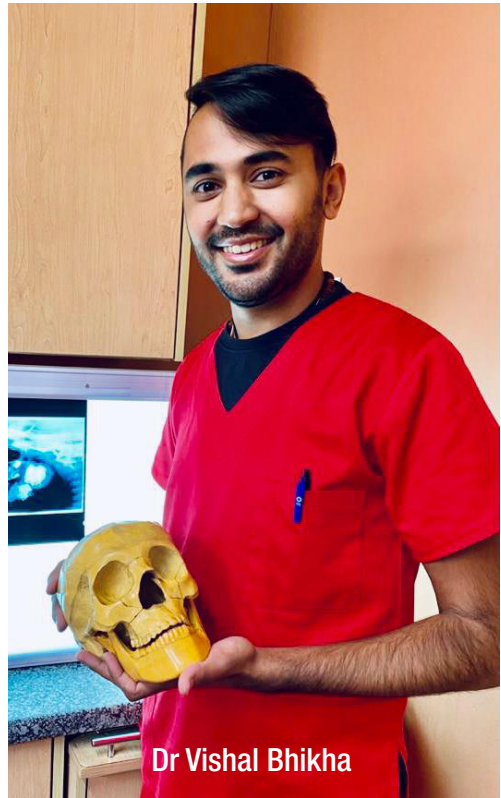
Compasses represent motivation and inspiration. It gives you a sense of hope and inspires you to follow your heart and your rightful path through continuous education and self-improvement. Although it may take a while for you to reach your destination, you will get there no matter what!

Lastly, it symbolizes independence, as it assists you in moving out of your comfort zone and into unfamiliar territory, never forgetting your roots.

**Go confidently in
the direction of
your dreams. Live
the life you have
imagined**

**- Henry David
Thoreau**

A New Journey Begins...



Dr Vishal Bhikha

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 taught 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

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

Be Ethical and Legal at all times!



Mr Punkaj Govan

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 el-

evates 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 separation, 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 leg-

islation, 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 pertinently 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 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



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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 cir-

cumscribed '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.

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

Remember always:

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

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.

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.

The importance of understanding POPIA and Dentistry



Mr Punkaj Govan

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 in-

terests 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 date, 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 electronic 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.



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The importance of the right Indemnity

Dr A McKelvie and Dr Y Naidoo

As certain as your professional career will have a start and an endpoint, 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.

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 may be to them substantial sums of money for a professional service and will look to hold you accountable when they believe they have not received the outcome they expected.

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 organization on your side comes into play. The organization 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 also not straightforward.. 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 organization it is easy to lose focus on the facts and the evidence. Once this happens, there is a real risk that a simple complaint that 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 that 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 acknowledgment that their concerns have a justification and that you, as the dentist, will do the right thing by recognizing 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 must decide to whom they should complain. Because neither private practice nor the state sector are mandated to run a complaints procedure it's often 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 unprofessional conduct or deficient professional performance.

The HPCSA can also act 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 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. 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 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 when a patient suffers an avoidable treatment injury and seeks compensation. The patient must prove on the balance of probability that the injury arose from a negligent act or omission by their dentist. A simple example might be when a patient is given an antibiotic when it is already known they are allergic to it. They end up being hospitalized and are faced with private hospital bills, doctors' fees, loss of income for days off work, and recovery. For all 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 the 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 the 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 by Dental Protection, you will need to have been in membership at the time the treatment was provided, be properly indemnified for the full spectrum of work you carry out, and be working within your registered scope of practice and competency.

Indemnity is important for any professional, 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 does 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 that lodges the complaint against the dentist at the HPCSA. In such instances, membership of an organization like Dental Protection is crucial – HPCSA proceedings can be long and very costly.

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

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 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.

The relative merits of discretionary indemnity and insurance might not be that important 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, most dentists in Southern Africa have been protected by a mutual indemnity organization 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 requested 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 then when it becomes necessary to report it as a claim. If you cancel your policy between those events (for any of the above-mentioned reasons) then you must obtain and pay for separate run-off or 'tail' cover so that you can continue to report claims that arise years after the alleged negligent clinical care was provided. Therefore, claims-made policies do not have 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 organizations or insurers. The benefits of membership are flexible and provide us with discretion to consider unusual requests for help and to respond to unforeseen changes in the den-

tolegal environment. The goal is always risk prevention – when you are sued or receive a complaint, risk has already materialised and for some it is too late. At Dental Protection we recognise that risk can be contained with effective complaint handling and we support our members with assistance from professional colleagues who know and understand dentistry. If you can 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 organization 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 organization is owned by members, the default position is to see how the member seeking assistance can be helped.

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

Once a request for assistance is granted, an experienced team of dentolegal consultants, case managers and panel attorneys 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.

This very clearly provides an advantage for the dentist who has discretionary indemnity over the dentist who has a contract of insurance which specifies what protection and services the insurance company will and will not provide, along with details of any exclusions and financial caps. In such a scenario, it is important to have carefully read the policy wording and any policy schedules to ensure that there is full understanding of what is covered and what is not. The devil is in that detail.

Joining Dental Protection is very easy. All of the information you need can be found on our website by clicking the link below:
<https://www.dentalprotection.org/south-africa/join>

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Carefully read
policy wording
and schedules to
ensure there is full
understanding

Understanding the patient-practitioner mediation service



Dr J Barnard

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 den-

tal 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, consider 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 experienced 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 HPCSA 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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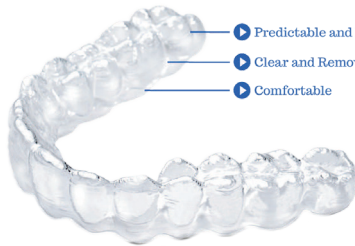
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Dr Hannes Scheepers -
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Clinical and Diagnostic Coding



Dr Tinesha Parbhoo

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 advanc-

es 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



Dr Tinesha Parbhoo

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 cases 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 responsibility 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, irre-

spective 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.

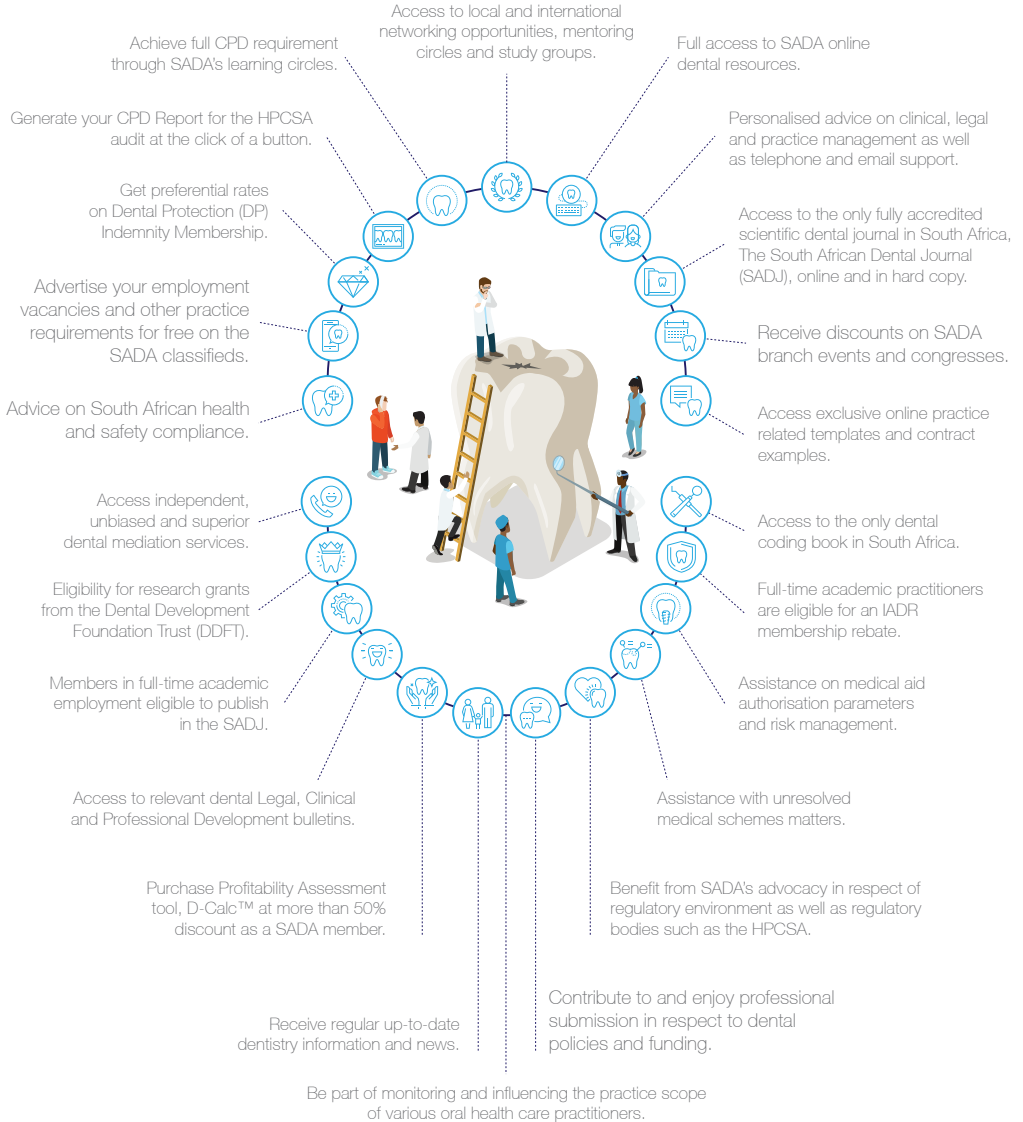
Inevitably, every practitioner will need to consider their individual needs as well as the vision for their practice when deciding whether or to bill their patients privately or to claim from a medical scheme. Priority should first be placed on their professional, ethical and clinical responsibility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

Both medical schemes and MCOs are regulated by the Council for Medical Schemes (CMS) in 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

Dr T Parbhoo

SADA has made available the recently revamped DCalc™ Tool for purchase to members and non-members alike. To put it simply, practitioners are able to use the DCalc™ 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 DCalc™ 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)

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



Dr Tinesha Parbhoo

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 specific-

ly, 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 meth-

od 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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DENTAL ASSOCIATION

Contact Us

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Email: info@sada.co.za

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Association Membership

Mr KC Makhubele

The South African Dental Association (SADA) stands as the primary representative body for the majority of active dentists practising in both the private and public sectors within South Africa. Within the realm of Southern Africa, SADA is recognized as the authoritative voice of the dental profession and is highly regarded as the go-to entity for all matters pertaining to dental practice, whether in the public or private spheres of South Africa. As a non-profit professional association, SADA relies on voluntary membership and boasts a total of 11 branches, with each province in the Republic of South Africa being represented, and the provinces of Gauteng and Eastern Cape each having two branches. The Association's primary mission is to champion the interests of the oral health profession and its dedicated members throughout South Africa.

Our diverse membership base encompasses General Practitioner dentists and specialist practitioner dentists specializing in Orthodontics, Prosthodontics, Maxillofacial and Oral Surgery, and Periodontics. Since 2020, we have extended our membership to include all allied oral health practitioners, such as Oral Hygienists, Dental Therapists, Dental Technicians, and Dental Assistants. Notably, membership is open and completely free for all students pursuing a career in oral health.

SADA takes an active role in promoting the continuous professional development of dentists and allied oral health practitioners. We regularly organize branch events dedicated to learning and mentoring to facilitate this. Additionally, we host an annual international SADA Dental & Oral Health Congress and Exhibition. Furthermore, we proudly distinguish ourselves as the sole oral health professional body in Africa to publish an internationally accredited professional journal, known as The South African Dental Journal. This esteemed journal enjoys circulation within our local borders and extends its reach across the African continent and the global stage.

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.

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1. Data on file. FCLGBP0026 and FCLGBP0048. 2. Fine DH, et al. Effect of an essential oil containing antimicrobial mouthrinse on specific plaque bacteria in vivo. J Clin Periodontol 2007; doi: 10.1111/j.1600051X.2007.01096. 3. Euromonitor International Limited; Beauty and Personal Care 2023 Edition, per Mouthwashes/dental Rinses category definition, retail value RSP, 2022 data. 4. Where facilities exist; safety seal excluded.

Journey into private practice



Dr Sudhir Rathiram

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 hy-

giene 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

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 provide 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).

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.

Consider all aspects - make a Pros and Cons list!

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 your 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!**

Dental Blue Pages = a resource toolkit



Ms A Bayman

This information 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 healthcare 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/>

Commuted Overtime (COT)

Commuted 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/>



FDI World Dental Federation

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.fdiworldddental.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@sada.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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DENTAL ASSOCIATION

Institute of Dental Education South Africa

(IDESA)

SADA

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

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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.hpcsa.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/>



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

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 (PBD OH)

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.hpcs.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
THE SOUTH AFRICAN
DENTAL ASSOCIATION

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

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>

E: sadj@sada.co.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/>



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/>

Supplimentary 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
(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

Documentation Examples

Pages 74 - 89 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.

Consent to Operation Page 1 Document Example

TPH 3 (01/500509)

CONSENT TO OPERATION

HOSPITAL: _____ CLINICAL DEPT.: _____ WARD: _____

DATE: _____ TIME: _____

I, _____, the undersigned, hereby consent to the administration of a general or other anesthetic and to the performance of an _____ operation, the nature and possible effects of which have been explained to me and which I understand, on "myself/my child/my husband/my wife (the patient) _____ (Name of patient) I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation.

*I understand that an assurance has not been given that the operation will be performed by a particular medical practitioner.

*Signature of patient/father/mother/guardian/husband/wife/near relative (capacity)/ Superintendent:

Witnesses: 1. _____ Date: _____ Time: _____
 2. _____ Date: _____ Time: _____

*Delete that which is not applicable.

PARTICULARS OF OPERATION		Mark with a cross in the appropriate blocks	
Date	Theatre	Complete	Incomplete
Duration of operation:			
From: _____ a.m./p.m.			
Surgeon:			
Assistant:			
Nature of operation:			
Signature of surgeon		Used and removed	Not used
Anaesthetist		Number	Type
Assistant			
Nature of anaesthetic:			

a.o. _____
 Checked by (signature and full name) (Scrub Nurse) _____
 (1) _____
 (2) _____
 Signature of anaesthetist _____
 Signature of anaesthetist _____ (Co-checker)

Consent to Operation Page 2 Document Example

TPH 3 (01/500509)

CONSENT TO OPERATION

HOSPITAL: _____ CLINICAL DEPT.: _____ WARD: _____

DATE: _____ TIME: _____

I, _____, the undersigned, hereby consent to the administration of a general or other anesthetic and to the performance of an _____ operation, the nature and possible effects of which have been explained to me and which I understand, on "myself/my child/my husband/my wife (the patient) _____ (Name of patient) I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation.

*I understand that an assurance has not been given that the operation will be performed by a particular medical practitioner.

*Signature of patient/father/mother/guardian/husband/wife/near relative (capacity)/ Superintendent:

Witnesses: 1. _____ Date: _____ Time: _____
 2. _____ Date: _____ Time: _____

*Delete that which is not applicable.

ADMISSION		DISCHARGE	
Date of admission	Time	Date of discharge	Time

Provisional diagnosis: _____

Doctor's signature: _____

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

Witnesses: 1. _____ Signature of patient _____
 2. _____

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

Witnesses: 1. _____ Signature _____
 2. _____

Date: _____ Time: _____ Capacity: _____
 (1) _____
 (2) _____

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

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 consent to the proposed treatment and understand that I will be responsible for any costs not covered by my insurance. I understand that I will be responsible for any costs not covered by my insurance. I understand that I will be responsible for any costs not covered by my insurance.

1. X-RAYS (PAIN) _____
 I understand that X-rays are necessary for the diagnosis and treatment of dental problems. I consent to the proposed X-ray procedure.

2. DRUGS AND MEDICATIONS _____
 I understand that I may be given antibiotics and analgesics and other medications during my treatment. I consent to the proposed use of these medications.

3. CHANGE IN TREATMENT PLAN _____
 I understand that the dentist may change the treatment plan if necessary. I consent to the proposed change in treatment plan.

4. REMOVAL OF TEETH _____
 I understand that the dentist may recommend the removal of one or more teeth. I consent to the proposed removal of teeth.

5. GONING, BRIDGES AND CAPS _____
 I understand that the dentist may recommend the placement of a crown, bridge, or cap. I consent to the proposed placement of a crown, bridge, or cap.

6. DENTURES, COMPLETE OR PARTIAL _____
 I understand that the dentist may recommend the placement of dentures. I consent to the proposed placement of dentures.

7. ENDORHEIC TREATMENT ABOUT CANALS _____
 I understand that the dentist may recommend the use of endorheic treatment. I consent to the proposed use of endorheic treatment.

8. PERIODONTAL LOSS (GUMS/A BONE) _____
 I understand that the dentist may recommend the use of periodontal treatment. I consent to the proposed use of periodontal treatment.

9. FILLINGS _____
 I understand that the dentist may recommend the use of fillings. I consent to the proposed use of fillings.

10. VITURES _____
 I understand that the dentist may recommend the use of vitures. I consent to the proposed use of vitures.

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 Patient/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&S Foundation

Requester: _____

Hoop No. (A&E No) _____
 NHS No. _____
 Surname _____
 Forename _____
 Date of Birth _____
 Address _____

Requests with no Hoop, or NHS number may not be processed.

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 FBC - Blood Count
 LFT - Liver Function CA - Creatinine
 CA - Creatinine Clotting Screen: WAFI - On Warfarin
 Lipids HEP - On Heparin
 Cholesterol 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 Diseases?
 TFT2 - On Thyroxine
 TFT3 - Anti-Thyroid RX
 LI - Lithium
 DIG - Digoxin
 DRP - 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

Enquiries: Mr R Ciboto
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 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)

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**

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.

KINDLY RETURN ALL DOCUMENTATION WHEN
REPLYING

INITIALS

5

**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

6

**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
REPLYING

INITIALS

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**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

KINDLY RETURN ALL DOCUMENTATION WHEN
REPLYING

INITIALS

9

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 ordered from practice or been ordered from practice 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.

Updated/MM/February 2019

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**

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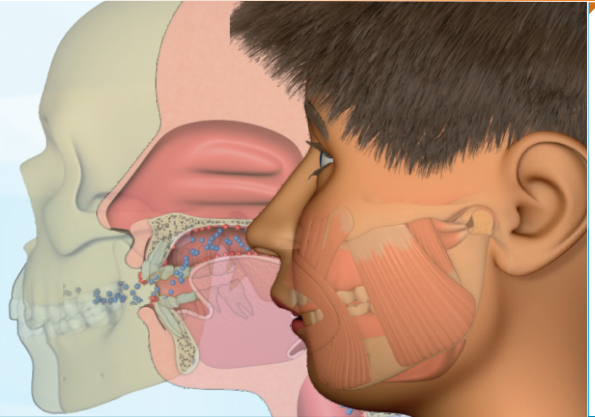
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FOR COURSE ENQUIRIES & RESERVATIONS



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sales@dental-care.co.za



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086 111 0000 or 011 728 8000



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