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The Golden Compass

A Guide to Community Service for the newly qualified Dentist



YOUNG DENTISTS
COUNCIL



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Your Future in Dentistry from SADA Chief Executive Officer



Mr KC Makhubele

Dentistry is a lifelong commitment to health, science, and humanity. You have entered a profession that not only changes lives through the relief of pain and the restoration of smiles, but one that is constantly evolving in its scope, technology, and impact. Completing your training is only the beginning—your next steps will shape the trajectory of your career and, more importantly, the contribution you make to our society.

The landscape you are stepping into is complex. South Africa continues to

face an uneven distribution of dental services, with rural and underserved communities carrying a heavy burden of unmet oral health needs. At the same time, private practice remains under pressure from rising costs, stricter regulation, and the increasing demands of patients who are better informed and more discerning than ever before. New entrants to the profession must therefore balance the responsibility of providing accessible, high-quality care with the realities of building sustainable and ethical practices.

At SADA, we understand these challenges, and we are committed to walking this path with you. Our support is not limited to your community service year; it extends throughout your career—whether you choose to remain in the public sector, establish yourself in private practice, or diversify into academia, research, or entrepreneurship. We are here to equip you with the tools to succeed: continuing professional development, legal and ethical guidance, practice management resources, and a community of colleagues who have faced the very same challenges you are about to encounter.

But your role as a dentist in 2026 and beyond is not confined to South Africa. Increasingly, oral health professionals must think and act with a global perspective. Technology, innovation, and knowledge now flow across borders faster than ever before. South African dentists have already proven themselves to be highly skilled and adaptable, and there is no reason why our profession should not continue to play a leadership role on the African continent and beyond. Through research, collaboration, and

the export of expertise, we can position South Africa as a hub of dental excellence that competes on the global stage.

As the South African Dental Association, our mission is to ensure you are never isolated on this journey. We are your advocate with government, regulators, and industry; your partner in professional growth; and your community where ideas, challenges, and achievements can be shared. We are here to amplify your voice and safeguard the integrity and future of our profession.

Dentistry offers a rare balance: the privilege of healing, the creativity of science and art, and the opportunity for independence and innovation. It will not always be easy—no profession worth pursuing ever is—but it will be deeply rewarding.

Welcome to the world of dentistry, and welcome to the SADA family. We are proud to stand beside you as you begin this new chapter, and we look forward to seeing you grow, succeed, and lead—both here in South Africa and on the world stage.



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Congratulations Dental Graduands from SADA Board Chairperson



Congratulations!

On behalf of the SADA Board, I extend my warmest congratulations to you on reaching this remarkable milestone. Completing your dental degree is no small feat, and it reflects years of discipline, resilience, and commitment to excellence.

As you step into practice—whether in public service or the private sector—you will quickly discover that the responsibility of being the primary decision-maker in patient care is both exciting and demanding. You will engage not only with patients, but also with practice managers, medical schemes, laboratories, the HPC-SA, financial institutions, and regula-

tors. Each of these relationships will shape your professional journey and require careful navigation.

You are joining a profession that carries unique challenges. Many South Africans still live with untreated oral disease, while access to care remains unequal. At the same time, advances in digital dentistry, artificial intelligence, and new technologies are reshaping how we deliver treatment. Balancing these realities—meeting the needs of patients, running sustainable practices, and staying at the forefront of innovation—will define the next generation of dentists.

Despite the stereotypes about “fearing the dentist,” never lose sight of

the profound rewards of this profession. You will relieve pain, restore health, and transform smiles—often changing the trajectory of someone's life. At the same time, it is essential to recognize the value of your expertise. The financial rewards of dentistry must reflect your training, the risks you carry, and the costs of providing safe, ethical care.

SADA is here to ensure you are not alone in this journey. We provide platforms for knowledge sharing, mentorship, and professional development—through our Congress, our CPD events, our journal, and our local branches. We also stand as your advocate, representing your interests to government, industry stakeholders, and the broader healthcare system.

The SADA Board is committed to ensuring that dentistry in South Africa remains strong, relevant, and united. Your voice matters in shaping that future. I encourage you to get involved in your local SADA branch, where the mix of in-person connection and peer support can provide perspective and guidance that no online resource can fully replace.

As you embark on this exciting chapter, know that the Board celebrates your success and looks forward to walking with you as you grow into leaders in this profession.



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Congratulations Dental Graduands from SADA President

My dear Colleagues! It is with the utmost pleasure that I welcome you into the SADA family. Congratulations on achieving your degrees! I am sure your families and friends are gleaming with pride, as are we!

You are about to embark on an important year in your life. A year of service to South Africa, our country. I know you must be raring to go and serve the people, to give back to communities in desperate need of our abilities. I, and all South Africans, thank you in advance for your self-sacrifice. For going to places you may not have otherwise gone, with all the courage and compassion it requires! It is a great responsibility, though I know you will rise to the challenge. Strive to be the best you can be for your patients!

Oral health care, as an industry, has ancient roots (pun intended) that extend more than 8 millennia (if not further) into the history of humanity. It is considered



one of the first specializations of medicine. Pain, as well as the implications of defective smiles, were great drivers in innovation. Efforts at dental restorations using bitumen and beeswax, variations in dentures, the splinting of fractures, and even draining of dental abscesses have been well documented in archaeological records. Hesyre from Ancient Egypt, circa 2660BC is the earliest recorded dentist in the world.

It is safe to say that we wouldn't easily recognise a lot of what was practiced back then, as it differs greatly to how we do things today. That, in large part, is due to the professionalisation our chosen field has undergone over the past 200 years. Not too long-ago dentistry was considered a trade (not a profession), and as you can imagine, this was a recipe for disaster in many cases.

With professionalisation came structured qualifications, minimum standards of care for our patients, recourse for any

malpractice and the anchoring of dental practice in evidence-based literature.

Along with this professionalisation also came the need for a body, able to represent the interests of those within the profession. Member associations that could speak in a unified voice for the dental fraternity of an area. The oldest of these being the American Dental Association, formed in 1859.

In South Africa in the early 20th century, the founding of the precursors to what would become the South African Dental Association had started. Only with the arrival of the democratic dispensation and the establishment of our free country did we see the amalgamation of these various representative associations into SADA.

Every profession has its challenges, and you may no doubt be aware of a few already. From practice management issues, legal compliance and the correct use of coding, handling these issues individually can be a very daunting task. SADA as an association enables its members to draw on collective knowledge and resources to address these issues conveniently and correctly.

As a newly graduated dentist, your challenges would also be unique. Apart from being a new dentist, you need to find your feet as a fully fledged adult. Adulting can be hard and confusing. There is a lot you are expected to know that we just don't get taught in educational institutions. That is why a few years ago, the Young Dentists Council of SADA decided to work on a resource that

could help fellow colleagues navigate this maze. I am proud to say that I was a part of the council that set up the first issue.

This Golden Compass is a resource, that over its many iterations, has sought to build up the information you need on this new journey. From how to register with the HPCSA, to interacting with medical aids, it affords you a buoy in this ocean of decisions and choices you find yourself in. The handy Blue Pages section presents you with convenient links to resources you may further require, such as SARS.

I don't know of many professions, if any, that provide a resource like this to new graduates. Though it would be impossible to answer every question or provide every resource in a booklet, it does a good job of laying the groundwork. That just goes to show you how important your welfare is to this association. SADA wants you to succeed. SADA wants you to know your worth, reach your potential, and never be taken advantage of.

A sense of community, knowing that there is somewhere to turn to, that you are not alone, is very important. I know I appreciated it when I graduated and that is why I know you will also find a home within SADA.

SADA has so much to offer you so ensure that you reach out, engage and participate within your new family!

Once again, well done and don't forget to have a bit of fun as well!

You Did It! Welcome to the Best Wild Adventure . . . Your First Year



**Resources can be
lean, and your
patient load will
be heavy.
But honestly,
that is precisely
how legends are
made.**

A Note from the Young Dentists Council (YDC)

Alright, dental grads, seriously. Stop, put your feet up, and just take a deep breath. You absolutely crushed it! The degrees are official, the white coat is on, and that ticket you're holding leads to one of the most rewarding, sometimes totally bizarre, and challenging jobs on the planet.

The biggest, most jarring change ahead? You're leaving the safety net of being a "student who knows the textbook" and stepping into the boots of a "doctor who has to figure

it out in real-time.” This first year, especially that Community Service placement, isn’t just some mandatory rite of passage; it’s your definitive launchpad. Don’t think of it as struggling against a current. Think of it as that epic, high-speed sailing trip where you finally learn to master the waves. Leveraging the knowledge that you gained from dental school to guide you through.

Trading the Academic Clinic for Clinical Reality

You are about to become a clinical maestro. Your Community Service posting is where the rubber genuinely meets the road, and trust us, you will see a richer variety of cases in six months than some private practitioners encountered in half a decade.

Yes, it’s true: resources can be lean, and your patient load will be heavy. But honestly, that is precisely how legends are made. Throw out the perfect, glossy university scenario. This challenge is your unique chance to:

- **Working Smarter:** You’ll be forced to get innovative, ultra-efficient, and resourceful. Every constraint becomes a problem-solving puzzle that inherently makes you a faster, smarter, and infinitely better clinician.
- **Forge Real Confidence:** Every single time you successfully triage a complex trauma case or genuinely soothe a patient racked with anxiety (even without that fancy new gadget), you’re fundamentally leveling up. That hard-earned, authentic

confidence? You can’t buy it, and no classroom can teach it.

Embrace the hustle! This is the ultimate, non-stop crash course, and it’s laying down the foundational scaffolding for the next forty years of your career.

The Grown-Up Stuff: We’ve Got the Cheat Sheet

We know that legal and ethical administrative jargon can feel like reading ancient Greek. But seriously, don’t panic, this is simply the necessary professional armor every practitioner needs. We’re here to translate the “boring” stuff into the “essential.”

- **Post-Comm Serve Indemnity:** Your Anchor. View your indemnity plan as your absolute, non-negotiable insurance blanket. It’s what protects your entire hard-earned future. Don’t just skim the fine print; understand your policy inside and out. It’s the professional equivalent of “check your mirrors before you change lanes.”
- **HPCSA & Ethics:** The Moral Compass. Your HPCSA registration is the key to the door, but unwavering ethical practice is the map that keeps you on the right road. When a decision feels sticky or murky, always default to the path that is patient-first, conservative, and flawlessly documented. That’s it.
- **POPIA:** Confidentiality is the Hill to Die On. The Protection of Personal Information Act (POPIA) is non-negotiable. You are handling deeply sensitive data, so

make certain your records (both digital and paper) are locked down tighter than a perfectly sealed Class I restoration.

The YDC: Your Council Co-Pilots

The Young Dentists Council exists for one reason: we recently navigated these exact, crazy waters. We aren't your professors; we are the colleagues who are just a few years ahead, here specifically to throw you a much-needed lifeline.

Remember this one thing: Dentistry doesn't have to be a solo sport. We are actively working to build a supportive community. Share the frustrations you encounter, genuinely celebrate each other's wins, and know that absolutely every question you have is a valid one!

Your first year will zoom by in a blur of intense growth, learning, and self-discovery. Just commit to being kind to your patients (and, critically, to yourself!), keep ethics at the forefront of every decision, and understand that you have an entire professional community cheering you on from the sidelines. The future of smiles rests in your truly talented hands!

Connect with the YDC, and find your professional tribe.



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Mastering Patient Communication and Relationship Management

Mr KC Makhubele

A successful dental practice is built on more than just technical expertise. As a newly qualified dental practitioner, mastering patient communication and relationship management is essential to building trust, fostering long-term relationships, and ensuring patient satisfaction. In a multicultural society like South Africa, where diverse cultural backgrounds shape individual expectations, effective communication becomes even more crucial. This article will guide you through key techniques for building patient trust, handling difficult conversations, understanding diverse backgrounds, and educating patients on the importance of preventive care.

Effective Communication Techniques for Building Patient Trust and Rapport

Active Listening

One of the most important aspects of communication is active listening. Patients want to feel heard and understood, especially when they are discussing their health concerns. Instead of merely hearing what patients say, focus on fully engaging with their words, tone, and body language.

- **Avoid Interrupting:** Let the patient finish their thought before responding. This not only ensures you understand their concerns but also shows respect.

- **Clarify and Paraphrase:** After listening, clarify any ambiguous points by paraphrasing what the patient has said. For example, “If I understand you correctly, you’re saying that you’ve been experiencing discomfort when eating?”
- **Non-Verbal Cues:** Eye contact, nodding, and an open posture signal that you are present and engaged. These cues help build rapport and make the patient feel comfortable.

Empathy and Compassion

Patients are often anxious about dental visits, and showing empathy can go a long way in building trust. Acknowledge their feelings and express understanding in a compassionate way. For example, say, “I understand this procedure may seem intimidating, but I’ll make sure you’re comfortable throughout the process.”

- **Personalized Care:** Show that you care about each patient as an individual. Asking about their day or remembering small details from previous visits can create a more personalized experience that fosters trust.
- **Tone of Voice:** The tone you use can have a significant impact. A calm, reassuring tone helps to soothe anxious patients, while an upbeat tone can make the patient

feel more at ease and optimistic about their treatment.

Clear and Simple Explanations

Patients often feel overwhelmed by medical jargon. When explaining treatment options or procedures, use clear, simple language. Avoid technical terms unless absolutely necessary, and if you do use them, ensure you explain them in an easily digestible way.

- **Visual Aids:** Use diagrams, models, or even videos to explain complex procedures. This helps patients visualize what you're describing and makes the information easier to grasp.
- **Summarize Key Points:** After discussing a treatment plan or diagnosis, summarize the key takeaways to ensure the patient understands. Ask if they have any questions to further clarify the situation.

Building Long-Term Relationships

Dentistry is not just about one-off treatments; it is about long-term care. Building relationships with patients means they are more likely to return for regular check-ups, follow through with treatment plans, and recommend your services to others.

- **Follow-Up Calls:** For major procedures, following up with patients to see how they're doing can go a long way in building rapport. This shows you care about their well-being beyond the clinic.
- **Personal Touches:** Small gestures, such as sending birthday greetings or reminders for routine

check-ups, can make patients feel valued and appreciated.

Handling Difficult Conversations: Managing Patient Anxiety, Dissatisfaction, and Complex Cases

Managing Patient Anxiety

Dental anxiety is a common issue and can be a significant barrier to treatment. Addressing this requires a delicate balance of empathy, reassurance, and clear communication.

- **Acknowledge Anxiety:** If a patient expresses fear or anxiety, acknowledge it directly. Saying something like, "I understand that dental visits can be stressful," helps validate their feelings and opens the door to further discussion.
- **Offer Comfort Options:** Explain any options that can help alleviate anxiety, such as sedation dentistry, shorter appointments, or pain management techniques. Being proactive in offering solutions shows that you're committed to making the experience as comfortable as possible.

Handling Dissatisfaction

Occasionally, patients may be dissatisfied with their treatment or outcomes. In these situations, it's crucial to remain calm, professional, and empathetic.

- **Listen Actively:** Allow the patient to fully express their concerns without interrupting. They need to feel heard before a resolution can be reached.
- **Apologize if Necessary:** If there has been a genuine oversight

or error, offer a sincere apology. Admitting mistakes and taking responsibility builds trust, even in difficult situations.

- **Offer Solutions:** Once you understand the patient's dissatisfaction, offer a solution. Whether it is redoing a treatment, providing a refund, or offering additional services, presenting a clear plan for resolution shows you are committed to patient satisfaction.
- **Adopt a complaints resolution policy** in the practice that clearly outlines the process to be followed when handling complaints and managing patient expectations.

Managing Complex Cases

In complex cases, communication becomes even more critical as the treatment plan may involve multiple stages and extensive procedures.

- **Transparency in Expectations:** Be transparent about what the patient can realistically expect from treatment, the timeline, and the associated costs. For example, in orthodontics or implant dentistry, explaining that results take time can help set proper expectations.
- **Collaborative Decision-Making:** Involve the patient in the decision-making process. Explain

the pros and cons of different treatment options, and respect their preferences while guiding them toward the best clinical outcomes.

Culturally Sensitive Care: Understanding Diverse Patient Backgrounds in South Africa

South Africa's rich cultural diversity requires dental practitioners to be aware of the different beliefs, customs, and health-related perceptions that patients may bring to the table. Culturally sensitive care builds trust and enhances patient satisfaction.

Awareness of Cultural Differences

South Africa is home to various cultural and ethnic groups, each with unique traditions and beliefs about health and well-being. Being aware of these differences is essential for effective communication and care.

- **Respect Religious and Cultural Beliefs:** Some patients may have religious or cultural practices that influence their health care decisions, such as dietary restrictions, fasting, or traditional healing practices. Be open and respectful when discussing these factors.
- **Language Barriers:** In South Africa, there are 11 official languages



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every step of your
journey**

es, and some patients may not be comfortable communicating in English. Offering translation services or learning key phrases in commonly spoken local languages can enhance communication.

Avoiding Assumptions

Never make assumptions about a patient's health beliefs based on their background. Instead, ask open-ended questions about their preferences, beliefs, and expectations. For example, you might ask, "Are there any health traditions or practices you follow that I should be aware of?"

- **Building Trust Across Cultures:** Establishing trust may take more time with patients from different cultural backgrounds. Show respect for their traditions, ask for clarification when needed, and make an effort to understand their perspective.

Patient Education and the Importance of Preventive Care

Patient education is critical in helping patients take responsibility for their oral health. Your ability to communicate the importance of preventive care can significantly impact long-term outcomes for patients.

Simplifying Preventive Care Messaging

Many patients only visit the dentist when they have a problem, but your goal should be to emphasize the importance of routine check-ups and daily preventive measures.

- **Break Down the Basics:** Educate patients on the importance of brushing, flossing, and regular cleanings in simple, non-techni-

cal terms. Demonstrate proper techniques where necessary.

- **Visualizing Consequences:** Use visual aids, such as pictures of healthy vs. diseased gums, to help patients understand the consequences of neglecting preventive care. This makes the benefits of preventive care more tangible and easier to grasp.

Encourage Engagement

Encourage patients to ask questions and express concerns about their oral health. Active participation helps reinforce the value of preventive care and fosters a collaborative approach to health management.

- **Customizing Advice:** Tailor preventive care recommendations based on the patient's specific needs, such as advice on diet, lifestyle changes, or oral hygiene products. This individualized approach makes the information more relevant and actionable.

Conclusion

Mastering patient communication and relationship management is a fundamental skill that newly qualified dental practitioners must develop to succeed in their practice. Effective communication builds trust, handles difficult conversations with care, and accommodates South Africa's rich cultural diversity. Through patient education, you can empower individuals to take charge of their oral health, enhancing both their well-being and the success of your practice. Remember, communication is more than just words—it's about listening, understanding, and showing empathy every step of the way.

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 elevates the esteem of the profession.

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

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

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

Law and Ethics

To grasp the essential nature of professional ethics, it is necessary to achieve such a 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 legislation, employment law etc. It is usually based on specific acts, regulations, and other statutes.

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

order to give practical effect to such legislation.

Usually, we will find enough detail in the text of the law to tell us how we should act - or more 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 with today are massive and debilitating. Society is different; attitudes towards the profession and professionals in general are different, and in a number of respects the social structure and dynamics of life in many countries around the world have eroded a sense of vocation for professions such as dentistry. It is also right and proper that we should anguish over some of these decisions. The more often we place ethical issues in the balance of clinical decision-making, and debate them with colleagues, the more they become part of our mainstream thinking. This is healthy and constructive.

Professional ethics do not lend themselves to the same well circumscribed 'user's guide' that the Law gives us. In many cases, we act ethically simply by following the law. In other cases, the law leaves us stranded and it is on these occasions that doing the right thing will not always come nat-

urally. 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 upon these values, and also the extent to which we see them as being less important, equally important or more important than the technical quality of the clinical treatment we carry out.

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

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

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

In summation, desire for knowledge can improve your skills. Having affordability, 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.

**Maintain
character with
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Understanding the role of the HPCSA: How SADA supports Dental Practitioners

Mr KC Makhubele

Navigating the regulatory landscape in South Africa as a newly qualified dental practitioner can seem complex, but organizations like the South African Dental Association (SADA) exist to support practitioners at every stage of their professional journey. One of SADA's key roles is to help dental practitioners understand and meet the requirements set by the Health Professions Council of South Africa (HPCSA). SADA acts as a vehicle that makes it easier for practitioners to comply with the HPCSA's regulations, stay updated with Continuing Professional Development (CPD) requirements, and maintain the highest ethical and professional standards.

What is the HPCSA?

The HPCSA is the statutory body responsible for regulating healthcare professionals in South Africa, including dentists. Its primary purpose is to protect the public by ensuring that healthcare professionals meet stringent professional and ethical standards.

Key Functions

- **Public Protection:** The HPCSA ensures that only qualified and ethical professionals are licensed to practice, safeguarding public health.
- **Regulation and Compliance:** The HPCSA sets professional guide-

lines and a code of ethics, outlining the standards of care that all registered practitioners must adhere to.

- **Accreditation of Training:** The council also oversees the accreditation of educational programs and institutions to ensure the highest standards of dental training.

How SADA Helps You Navigate the HPCSA

As a dental practitioner, understanding and complying with the HPCSA's guidelines and maintaining professional registration can be challenging. This is where SADA becomes an invaluable resource.

SADA as Your Guide

- **Professional Guidance:** SADA provides detailed resources, updates, and support to help practitioners understand their HPCSA obligations. This includes assistance with registration, annual renewal processes, and navigating ethical standards.
- **Ethical Support:** SADA offers guidance on ethical concerns that may arise in practice, ensuring that practitioners meet the HPCSA's requirements for patient-centered, professional, and confidential care.

- **Disciplinary Advice:** In the event of a complaint or disciplinary process initiated by the HPCSA, SADA provides expert advice and support to help practitioners navigate the proceedings and uphold their rights.

By working closely with SADA, dental professionals can confidently meet HPCSA standards while focusing on providing quality patient care.

Relevant HPCSA Boards for Dental Practitioners

The HPCSA operates various professional boards to oversee different healthcare professions. For dental practitioners, the Professional Board for Medicine and Dentistry (MDB) is the most relevant. It oversees all aspects of dental practice, from professional conduct to ethical guidelines.

Other Relevant Boards

- **Professional Board for Dental Therapy, Oral Hygiene and Dental Assisting:** This board manages the registration, conduct, and practice standards of dental therapists, oral hygienists and dental assistants alike.

Each board plays a crucial role in ensuring that dental professionals remain competent and ethical in their practice, and SADA helps members navigate these regulatory bodies and their requirements.

Continuing Professional Development (CPD) and SADA's Role

Continuing Professional Development (CPD) is a fundamental requirement for maintaining registration with

the HPCSA. CPD ensures that dental professionals remain updated on advancements in their field, continually improving their knowledge and skills. The HPCSA mandates that all practitioners accumulate a certain number of CPD points each year (or every 24 months) as part of their ongoing professional development.

CPD Requirements

- Practitioners are required to earn 30 CPD points per 12-month cycle, with at least 5 points in ethics.
- Clinical and practical CPD activities can make up the rest, including attending conferences, workshops, or training sessions.

SADA: Your CPD Partner

SADA plays an essential role in helping practitioners meet these CPD requirements:

- **Accreditation of CPD Programs:** As one of the main agents accredited by the HPCSA, SADA is responsible for accrediting CPD activities and ensuring their quality. This means that many of the CPD programs you'll engage in through SADA are pre-approved, allowing you to seamlessly accumulate your required points.
- **CPD Events and Resources:** SADA regularly organizes workshops, webinars, conferences, and online courses that are accredited for CPD. These events cover a wide range of topics, from clinical advances to ethical considerations, ensuring that practitioners have access to comprehensive learning opportunities.

- **Ethics Training:** Given the HPCSA's requirement for CPD points in ethics, SADA offers specific training and courses that focus on the ethical responsibilities of dental professionals, ensuring that you meet your obligations.
- **Tracking CPD Points:** As an accreditor, SADA submits CPD points earned to the HPCSA on your behalf.

The Role of SADA in Dental Practice Success

While the HPCSA sets the standards for professional practice, SADA goes a step further by providing the support, resources, and training needed to excel in the field of dentistry. By fostering a culture of continuous learning and professional development, SADA not only helps practitioners comply with the HPCSA but also enhances the quality of dental care provided to the South African public.

SADA's Comprehensive Support

- **Advocacy and Representation:** SADA advocates on behalf of oral health professionals, ensuring that their concerns and needs are represented at policy levels.
- **Legal and Ethical Guidance:** SADA offers guidance on legal

and ethical issues that arise in practice, ensuring that practitioners remain compliant with the HPCSA's standards.

- **Professional Community:** By being a member of SADA, practitioners gain access to a network of peers, experts, and mentors who offer support and share knowledge, further enhancing professional growth.

Conclusion

The HPCSA plays a crucial role in ensuring that dental practitioners deliver high-quality, ethical care. However, navigating the regulatory environment can be daunting for new and experienced practitioners alike. SADA serves as the key organization that makes this journey easier. From ensuring you meet your registration and CPD requirements to providing resources for ethical practice and professional development, SADA is your partner in building a successful, compliant, and patient-centred dental practice. By leveraging the support of SADA, you can confidently focus on delivering the best care while staying aligned with the HPCSA's regulations and standards.

Starting a Dental career: Public vs. Private Practice

Mr KC Makhubele

In South Africa, newly qualified dentists have two main career paths to choose from: working in public service or joining the private sector. Both options come with distinct opportunities and challenges.

Public Practice

Public service in dentistry is usually undertaken during the compulsory one-year community service program required of all South African dental graduates. Working in the public sector offers new dentists the chance to gain valuable experience in high-demand areas. Public health facilities often serve large populations with diverse and complex dental needs, providing new graduates with exposure to a wide variety of cases.

Advantages of Public Practice

- Exposure to a wide range of dental conditions, often more complex than in private practice.
- Hands-on experience with limited resources, which helps new dentists become resourceful and adaptive.
- A structured environment that offers mentoring from experienced professionals.
- Contribution to community health by serving underserved populations.

Challenges

- Limited resources and infrastructure can make day-to-day work challenging.
- Lower remuneration compared to private practice.
- High patient volumes can lead to longer working hours and a heavy workload.
- Less autonomy over treatment choices and work environment.

Private Practice

Private practice offers a different set of experiences. New graduates entering private practice, whether by joining an established practice or setting up their own, must focus on patient relationships, practice management, and maintaining a high standard of care to build their reputation.

Advantages of Private Practice

- Greater control over work schedule and autonomy in decision-making.
- Higher earning potential.
- Ability to offer advanced procedures and treatments due to better resources.
- Opportunity to develop strong, long-term relationships with patients.

Challenges

- Running a practice involves managing business aspects such as finances, staff, and marketing.
- Competition with other dental practitioners.
- The responsibility to maintain a steady flow of patients, which can add pressure early in one's career.

In summary, both paths offer unique learning opportunities. The public sector builds foundational experience and resilience, while private practice may be more rewarding financially and personally but comes with greater responsibility from the outset.

Understanding Your Role in a Dental Team

Dentistry is a collaborative field, and a well-functioning dental team is essential for high-quality patient care. New graduates must understand the roles of different team members to foster collaboration and streamline patient management.

Dental Assistants

Dental assistants play a crucial role in ensuring that the dentist's work runs smoothly. They prepare treatment rooms, assist during procedures, and manage patient flow. A new dentist should cultivate a good relationship with dental assistants, ensuring clear communication and mutual respect.

Oral Hygienists

Hygienists focus on preventive care and patient education. They perform scaling and polishing, amongst other procedures, and provide oral hygiene

advice. They are integral to promoting long-term patient health. A new dentist should work closely with oral hygienists to ensure continuity in patient care, understanding that their role is vital in maintaining patient satisfaction and oral health.

Lab Technicians

Lab technicians are responsible for creating dental prostheses such as crowns, bridges, and dentures. Clear and precise communication with lab technicians is critical to ensuring that restorations fit well and function optimally. A new dentist must learn how to effectively communicate patient needs, expectations and case details to these technicians.

Practice Managers and Front Office Staff

These individuals handle the administrative side of a dental practice, including appointments, patient billing, and insurance claims. Understanding their role and building strong communication will help streamline the operational side of your practice and improve patient experience.

In sum, every team member plays a pivotal role in the overall functioning of the practice. As a dentist, learning to communicate clearly and respect the expertise of each team member will improve patient care and create a more harmonious work environment.

Professionalism, Communication with Patients, and Ethical Practices

The foundation of a successful dental career lies in professionalism, effective communication with patients, and adhering to ethical practices. As

a healthcare provider, a dentist must prioritize these elements to maintain trust, build a strong reputation, and ensure the well-being of patients.

Professionalism

Professionalism involves more than just clinical competence. It includes how a dentist presents themselves, interacts with patients and staff, and adheres to the ethical standards of the profession. Key aspects of professionalism include:

- **Appearance:** Maintaining a neat and professional appearance is important for making a positive impression on patients.
- **Punctuality:** Being on time for appointments shows respect for patients' time.
- **Confidentiality:** Upholding patient confidentiality is a legal and ethical obligation.
- **Ongoing Learning:** Dentistry is constantly evolving, and staying updated on the latest techniques and technologies is a mark of a professional.

Communication with Patients

- **Clear, empathetic communication** is essential in managing patient expectations, explaining treatment plans, and fostering trust. New dentists should develop skills to:
- **Listen Actively:** Understand patients' concerns and needs before offering treatment options.
- **Explain Procedures:** Use simple language to explain complex dental procedures so that patients can make informed decisions.
- **Manage Expectations:** Set realistic expectations about outcomes

and recovery to avoid misunderstandings.

Ethical Practices

Ethics is at the heart of dental practice. Dentists must adhere to a strict code of ethics, which includes principles such as patient autonomy, non-maleficence (do no harm), beneficence (act in the patient's best interest), and justice (fair treatment of patients). In South Africa, dentists are guided by the Health Professions Council of South Africa (HPCSA) ethical guidelines.

Understanding and applying these principles is critical, as unethical behaviour can result in loss of professional standing and legal consequences.

Building Confidence as a Practitioner and Handling Patient Expectations

Confidence is built with experience, but new dentists can take steps to accelerate this process. One of the key challenges for new dentists is managing their confidence in the face of complex cases and high patient expectations.

Clinical Confidence:

- **Start with simpler cases:** In the beginning, it's advisable to take on cases within your skill set and build up to more complex procedures.
- **Seek Mentorship:** Learning from experienced colleagues or joining mentorship programs can help you gain insights and refine your techniques.
- **Continuing Education:** Enrolling

in courses or workshops to upgrade skills will help boost confidence in delivering advanced treatments.

Handling Patient Expectations

Patient expectations can sometimes be high or unrealistic. New dentists must learn how to navigate these situations effectively:

- **Set Clear Expectations:** Always be upfront about the likely outcomes of treatments and any potential risks involved.
- **Manage Post-Treatment Communication:** Provide clear after-care instructions and set realistic timelines for recovery or follow-up treatments.
- **Learn from Mistakes:** Every dentist makes mistakes, especially early on. The key is to learn from these experiences and seek advice when unsure.

Conclusion

The transition from student to professional dentist in South Africa is a time of significant growth, learning, and adjustment. By understanding the career paths available, working effectively within dental teams, maintaining professionalism, and building clinical confidence, newly qualified dentists can navigate this period successfully. The early years of practice lay the foundation for a long and rewarding career, where learning never stops, and patient care remains the core focus.



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Financial Management: Building a Sustainable Dental Practice

Mr KC Makhubele

As a newly qualified dental practitioner, you may have mastered clinical skills, but running a successful dental practice involves far more than just providing patient care. One of the critical areas you will need to focus on is financial management. This article will walk you through the basics of dental practice management, covering key elements such as bookkeeping, billing, and understanding the dental insurance system. Implementing sound financial management strategies will ensure your practice grows sustainably and remains profitable.

Basics of Dental Practice Management

Bookkeeping: The Backbone of Financial Management

At the heart of any successful dental practice is effective bookkeeping. Keeping accurate records of your practice's income and expenses is not only important for legal and tax purposes but also for ensuring the financial health of your practice.

- **Tracking Income:** Your income will primarily come from patient treatments, insurance reimbursements, and possibly third-party financing systems. Make sure to track every source of income meticulously.
- **Tracking Expenses:** Record every outgoing payment, including costs for supplies, staff wages, rent, utilities, insurance premiums, and taxes.

Categorizing expenses can help you identify areas where you might be overspending.

- **Accounting Software:** Investing in reputable accounting software (such as QuickBooks or Xero) is essential. This software will help automate processes, generate financial reports, and ensure accurate record-keeping, saving you time and minimizing errors.
- **Cash Flow Monitoring:** A sustainable dental practice requires healthy cash flow. Keep a close eye on the money flowing into and out of your practice on a regular basis. Cash flow management is critical for paying bills on time, making payroll, and planning for future investments.

Billing: Ensuring Timely Payments

Efficient billing processes are essential for keeping your practice profitable. Your practice's billing system will impact patient satisfaction and the regularity of your revenue stream. Delays in billing or errors in charges can lead to significant financial setbacks.

- **In-House or Outsourced Billing?** Some practices opt to handle billing in-house, while others choose to outsource this function to third-party companies. If you are just starting out and have a small patient base, managing billing in-house can save costs, but as your practice grows, outsourcing may free up time to focus on patient care.

- **Establish Clear Payment Policies:** From the outset, have a clear financial policy that explains your payment terms to patients. Ensure your patients understand payment is expected at the time of service unless other arrangements have been made. Also, make sure to offer multiple payment options (credit cards, , digital payments, etc.) to make it easier for patients to settle their bills.
- **Follow Up on Payments:** Implement a system for following up on late payments. Late or unpaid invoices can negatively impact cash flow, and consistent reminders (email, phone calls) can help ensure timely payment. Understanding Medical schemes and Health Insurance. Dental insurance can be a double-edged sword. On the one hand, it helps patients afford necessary treatments, but on the other hand, it can complicate billing and reimbursement processes for the practice. Understanding how these systems work will help you streamline financial operations and avoid reimbursement delays.
- **Types of Dental Insurance Plans:** There are several types of dental insurance plans, including Preferred Provider Organizations (PPOs), Health Maintenance Organizations (HMOs), and indemnity plans. In SA this is managed care organisations, designated service provider contracts or non-contracted individuals. Each type of plan has its own rules regarding covered services, payment schedules, and out-of-pocket costs. Familiarize yourself with these so that you can guide patients through their insurance policies effectively.
- **Fee Schedules and Reimbursement:** Dental insurance companies use a fee schedule to determine how much they will pay for each service. Often, this reimbursement is lower than what you might charge as a private practice, so it's crucial to understand the gap between the insurance payout and your fees. You may need to negotiate with insurance companies or decide whether to participate in certain networks.
- **Preauthorization and Claims:** Some insurance plans require preauthorization for specific procedures. Ensuring that preauthorization is in place before treatment is important to avoid rejected claims later. Additionally, you must file claims accurately and promptly to receive reimbursement without delays. Claims should be cross-checked to avoid rejection due to coding errors or missing information.
- **Patient Education:** Many patients are not fully aware of what their insurance covers. It's important to have a system that helps patients understand their out-of-pocket costs before undergoing any procedure. This not only enhances patient satisfaction but also reduces surprises for both parties when it comes to billing.

Importance of Financial Literacy

As a dental practitioner, you may not have received formal education in financial management. However, developing a baseline understanding

of financial literacy is critical for the long-term success of your practice.

- **Budgeting and Forecasting:** One of the most fundamental financial skills is budgeting. Create a monthly and annual budget that accounts for anticipated revenues and expenses. Budgeting helps you plan for future investments, such as upgrading equipment or expanding your practice. Likewise, financial forecasting—predicting future cash flows based on current trends—helps you make strategic decisions about hiring, marketing, and other operational factors.
- **Tax Planning:** Taxes can be a significant expense for any dental practice. Consult with a professional accountant or tax advisor to ensure you're taking full advantage of tax deductions and credits available to medical professionals. This might include deductions for business expenses, equipment depreciation, and even certain insurance premiums.
- **Debt Management:** If you've taken out loans to start or grow your practice, managing that debt efficiently is crucial. Prioritize paying off high-interest loans, but also maintain a balance between debt repayment and reinvesting in your practice.

Building a Financially Sustainable Practice

Once you've mastered the basics of dental practice management, focus on long-term strategies to ensure sustainability.

Diversifying Revenue Streams

While your core revenue will come from dental treatments, diversify-

ing revenue can provide additional financial stability. Consider offering elective procedures such as cosmetic dentistry, orthodontics, or dental implants.

Regular Financial Audits

Performing regular financial audits will help you spot inefficiencies or areas for improvement. Whether done in-house or with the help of an external accountant, an audit will ensure that your finances are in order, your billing is accurate, and your cash flow is healthy.

Staff Training in Financial Processes

Your staff, particularly those involved in billing and patient interaction, should be trained in financial processes. They need to understand how to present treatment plans to patients, explain payment policies, and manage insurance claims effectively.

Conclusion

Financial management is one of the pillars of a successful and sustainable dental practice. By understanding and applying key principles of bookkeeping, billing, and insurance management, you'll not only keep your practice profitable but also improve patient satisfaction. In addition, financial literacy will empower you to make informed decisions about your practice's growth and sustainability, laying the groundwork for long-term success.

As you embark on your journey as a dental professional, remember that mastering these financial skills is just as important as honing your clinical expertise.

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 interests or that of a third party to whom its supplied.

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

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

Handling Personal Information

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

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

Information storage

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

Hard copy files to be stored in a lockable drawer or room with limited access. It is not advisable for your receptionist or accounts staff to have access to the full file.

They should only have access to the information that they need in order to complete their duties. This would include contact numbers, address, and amount owing. It would not include diagnosis or medical history.

Files stored on a computer whether on-site servers or the cloud, all necessary steps to be taken to ensure the information cannot be lost, damaged, or accessed unlawfully are taken. Access to 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 pro-

cessing 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 cus-

tomer 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 infor-

mation 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?

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 dis-

cover 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.

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

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 dentolegal 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.

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 dental profession and containing the rising costs of professional indemnity. Since 2014 the

CRS has resolved over 4500 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 rela-

tionship 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 disappoint-

ment. 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.

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 Procedure Codes and Guidelines 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 Procedure Codes and Guidelines 2025 is a living document that is continuously updated to reflect and maintain new procedures and technology. The document is therefore a valuable resource for practitioners in the public and private sectors that are joining the world of dentistry due to its continuous evaluation of procedures in keeping with the latest advances in evidence-based dentistry as well as assisting newly qualified practitioners in maintaining accurate dental records, reporting procedures on patients, and processing dental insurance claims.

The procedures listed in the Code Book are those performed by general dental practitioners as well as the various specialist fields including oral pathologists, prosthodontists, periodontists, orthodontists, 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. The oral healthcare providers who are permitted to perform such procedures are indicated in the Standard Provider scope column (SP) while the scope of practice for either a GP dentist or a specialist under unforeseen circumstances is indicated in the Suggested Qualified Practitioner column (SQP). A list of direct material codes is present as Appendix A subsequent to the last chapter.

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. In compiling this clinical procedure coding structure, the South African Dental Association (SADA) has established an anatomical system in which relative value units (RVU) have been allocated to each procedure, operation, consulta-

tion, dental service etc rendered by a dental practitioner.

SADA is prevented from stipulating or recommending any fees in respect of dental procedures listed in the SADA Dental Codes as per 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.

Since ICD-10 codes are diagnostic in nature, it is the duty of the treating practitioner to determine the appropriate diagnosis and thus ICD-10 code per procedure code claimed. 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 failure to apply the correct ICD-10 codes may result in third-party

fundors rejecting claims since it is a statutory requirement to have them. The WHO has made available an ICD-10 interactive self-learning tool, together with full ICD-10 training, which may be accessed at: <https://apps.who.int/classifications/apps/icd/icd10training/>

South Africa is increasingly exploring the future adoption of ICD-11, recognizing it as a significant leap forward from ICD-10's dated framework. The WHO's digital-first codification, with enhanced API support, advanced searchability, and richer diagnostic granularity, promises major benefits in improving national health data quality and interoperability. The local WHO-FIC Collaborating Centre has been actively preparing for this transition, with webinars held in early 2025 and ongoing focus on regional readiness. Practical considerations include upgrading IT infrastructure, training clinicians and coders, conducting dual-coding pilots, and integrating ICD-11 within South Africa's National Health Insurance framework - all processes expected to unfold over several years. As data-driven healthcare and Universal Health Coverage become priorities, adopting ICD-11 could significantly enhance disease surveillance, clinical documentation, and resource allocation, aligning South Africa with global health standards.

Technology and Innovation in Dentistry: Staying ahead of the Curve

Mr KC Makhubele

The field of dentistry is evolving at an unprecedented pace, with technology playing a critical role in improving patient care, enhancing diagnostic accuracy, and streamlining clinical procedures. As a newly qualified dental practitioner, staying informed about the latest technological advancements will not only help you provide the best possible care but also keep your practice competitive in an increasingly tech-driven market. This chapter will explore key innovations such as CAD/CAM systems, digital imaging, 3D printing, and artificial intelligence (AI), while also offering practical advice on how to incorporate these technologies in a cost-effective manner.

Introduction to Cutting-Edge Technologies

CAD/CAM Systems: Revolutionizing Restorative Dentistry

Computer-Aided Design (CAD) and Computer-Aided Manufacturing (CAM) systems have transformed how dental restorations, such as crowns, bridges, and veneers, are designed and fabricated.

- **Benefits:** CAD/CAM technology allows for same-day restorations, significantly reducing the number of appointments needed. This not only enhances patient satisfaction but also increases practice efficiency by reducing lab costs and wait times.

- **How It Works:** A digital impression of the patient's teeth is taken using an intraoral scanner. The restoration is then designed on a computer and fabricated on-site using a milling machine, eliminating the need for traditional moulds and sending impressions to external labs.

Digital Imaging: Enhancing Diagnostics

Digital radiography and other imaging technologies have improved diagnostic accuracy while reducing radiation exposure for patients.

- **Digital radiographs:** These offer higher-quality images compared to traditional film radiographs and can be instantly viewed, stored, and shared electronically. They also allow for image enhancement techniques, such as magnification or contrast adjustment, which can aid in detecting issues like caries or bone loss.
- **Cone Beam Computed Tomography (CBCT):** CBCT provides three-dimensional images that are invaluable for planning complex procedures like dental implants, root canals, and jaw surgeries. The precise imaging enhances both diagnostic capability and treatment planning, reducing the risk of complications.

3D Printing: Precision and Customization

3D printing is one of the most exciting advancements in dentistry, offering endless possibilities for custom treatment solutions.

- **Applications:** 3D printing can be used to fabricate orthodontic appliances (e.g., clear aligners), surgical guides, dentures, crowns, and even dental models for patient education and treatment planning.
- **Cost-Effective Manufacturing:** Once considered too expensive for general dental practices, 3D printing technology has become more affordable and accessible. It allows for the production of precise, personalized devices at a fraction of the time and cost of traditional methods.

Teledentistry: Expanding Access to Care

Teledentistry is a rapidly growing field that involves the remote diagnosis and consultation of dental issues using telecommunications technology.

- **Remote Consultations:** Teledentistry allows patients to consult with a dentist from the comfort of their homes. This is particularly beneficial for individuals in rural areas or for patients with mobility issues who may find it difficult to visit a clinic in person.
- **Emergency Triage:** Teledentistry is also useful for triaging emergencies, helping to determine whether immediate intervention is needed or if the patient can wait for an in-person appointment. This can alleviate pressure on

emergency dental services and reduce unnecessary visits.

Understanding the Role of Artificial Intelligence (AI) in Diagnostics and Treatment Planning

Artificial intelligence (AI) is revolutionizing how dentists diagnose conditions and plan treatments. Through the use of machine learning algorithms, AI can analyse vast amounts of patient data to identify patterns, predict outcomes, and assist in decision-making.

AI-Powered Diagnostics

AI tools can enhance diagnostic accuracy by analysing dental radiographs, intraoral images, and even CBCT scans with high precision.

- **Caries Detection:** AI algorithms can detect caries at early stages, even in hard-to-see areas, reducing the likelihood of progression and increasing the chance of successful preventive measures.
- **Orthodontic Treatment:** AI-powered tools can predict tooth movement and recommend the most effective orthodontic treatments, improving patient outcomes in less time than traditional methods.
- **Periodontal Disease Management:** AI can assess gum health and bone density through imaging, helping practitioners diagnose periodontal diseases early and offer targeted treatments.

AI in Treatment Planning

AI can streamline treatment planning by providing personalized recommendations based on the patient's unique data set.

- **Implantology and Prosthetics:** AI can help plan dental implants with precision, optimizing implant placement, angulation, and depth to ensure better integration and long-term success .
- **Virtual Treatment Simulations:** AI can generate treatment simulations that show patients what to expect from orthodontic, restorative, or cosmetic treatments, increasing patient understanding and engagement in the decision-making process.

Emerging Trends in Dental Materials and Minimally Invasive Procedures

Advanced Dental Materials

Advancements in dental materials have made restorative and aesthetic treatments more durable, biocompatible, and natural-looking.

- **Biocompatible Materials:** New materials, such as zirconia and bioactive glass, are highly compatible with human tissue, reducing the risk of allergic reactions or infections. They are particularly beneficial for patients who require durable, long-lasting restorations.
- **Aesthetic Composite Resins:** Modern composite resins have improved optical properties, allowing for highly aesthetic restorations that closely mimic natural teeth. These materials are often used in bonding and filling applications, offering both function and beauty.

Minimally Invasive Procedures

Minimally invasive techniques are gaining traction in dentistry as they preserve more of the patient's natural

tooth structure while providing effective results.

- **Laser Dentistry:** Lasers can be used for a range of treatments, including cavity preparation, soft tissue surgery, and periodontal therapy. They are less invasive than traditional drills, reducing pain, minimizing bleeding, and accelerating healing times.
- **Air Abrasion:** This technique uses a stream of fine particles to remove decay, eliminating the need for a drill in certain cases. It is less invasive and can be used without anaesthesia for minor restorations.

How to Incorporate New Technology in a Cost-Effective Manner

While adopting new technology can seem costly, it is important to view it as an investment that can boost both the quality of care and the efficiency of your practice. Here's how you can incorporate new technology in a cost-effective manner.

Prioritize Your Needs

Start by identifying the technologies that will have the most significant impact on your practice. For instance, if you specialize in restorative dentistry, investing in a CAD/CAM system might be more beneficial than teledentistry. Prioritize based on your patient demographics and practice goals.

Lease or Finance Equipment

Purchasing high-end equipment outright can be expensive. Many manufacturers offer leasing options that allow you to spread the cost over several years. Alternatively, financ-

ing options may be available to help manage the upfront costs of adopting new technology.

Phase in Technology Gradually

You don't have to adopt every new technology all at once. A phased approach allows you to integrate technology at a pace that suits your budget and workflow. For example, you might start with digital imaging and later add 3D printing or CAD/CAM systems.

ROI Evaluation

Assess the return on investment (ROI) for each new piece of technology. Consider factors such as time saved, increased treatment acceptance, reduced lab costs, and enhanced patient satisfaction. Technology that boosts efficiency or attracts more patients can quickly pay for itself.

Staff Training

Technology is only as effective as the team using it. Ensure that your staff is properly trained in the operation of new equipment and systems. In-

vesting in comprehensive training reduces the risk of errors, improves productivity, and ensures that your technology is being used to its full potential.

Conclusion

Staying ahead of the curve in dentistry requires a commitment to embracing new technologies and innovations that enhance patient care and improve practice efficiency. From CAD/CAM systems and digital imaging to AI-powered diagnostics and 3D printing, these cutting-edge tools are transforming the landscape of dental care. By strategically incorporating these technologies into your practice, you can not only offer advanced, minimally invasive treatments but also maintain a competitive edge in the ever-evolving dental industry. As a new graduate, remaining adaptable and informed about these innovations will empower you to deliver high-quality, modern dental care and ensure the long-term success of your practice.



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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 third 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 that do not facilitate balance billing, however, will make payment directly to the patient at the rate offered by the scheme if a tariff above the scheme rate is claimed. 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, irrespective of the scheme option or plan they have selected. Their aim is to ensure that

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

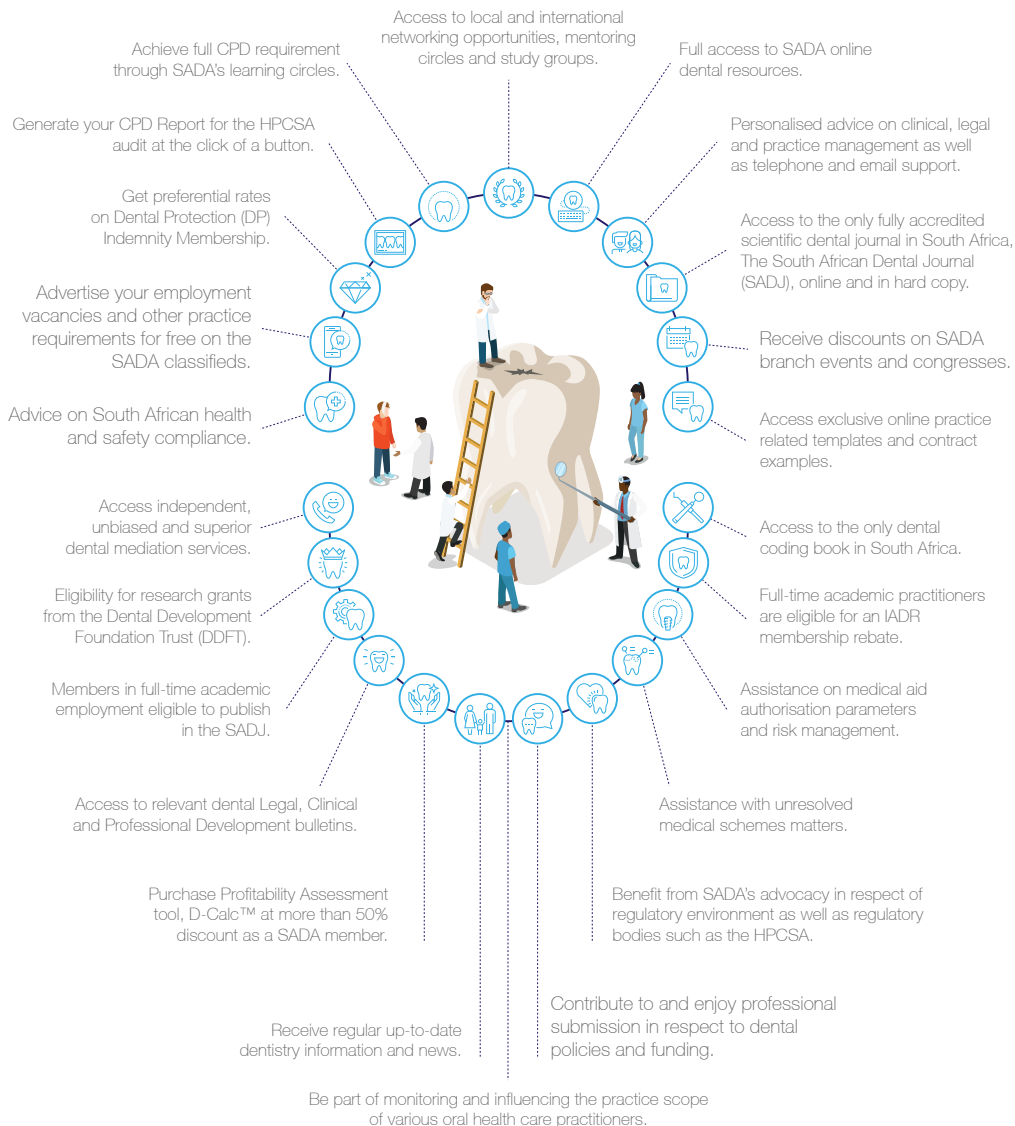
Inevitably, every practitioner will need to consider their individual needs as well as the vision for their practice when deciding whether to bill their patients privately or to claim from a medical scheme. Priority should first be placed on their professional, ethical and clinical responsibility to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

Inevitably, every practitioner will need to consider their individual needs as well as the vision for their practice when deciding whether 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.

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

The South African Dental Association (SADA) has launched the newly enhanced DCalc™ Tool, now available at no cost to members and for purchase by non-members via the SADA website. This sophisticated yet user-friendly tool has been aligned with the latest edition of the SADA Dental Procedure Codes and Guidelines, incorporating associated Relative Value Units (RVUs), enabling practitioners to calculate individualised procedure fees that accurately reflect their unique practice expenses, income goals, and desired return on investment.

Built on the widely recognised Activity-Based Costing (ABC) methodology, the DCalc™ Tool is designed to assist practitioners in developing a scientifically grounded, practice-specific cost structure. Whether you are entering private practice for the first time or are an experienced practitioner seeking to reassess your fee schedule, DCalc™ offers a practical and evidence-based solution for informed financial decision-making.

Key features of the revamped DCalc™ Tool include:

Integration of RVU values tailored to your individual practice data;

Flexibility to input expenses on a monthly or annual basis;

Enhanced explanatory notes and instructions provided on each page for guided use;

Drop-down menus for intuitive navigation and data entry;

The ability to include labour rates and calculate labour cost per minute per practitioner, offering a highly customisable and accurate costing interface;

A comprehensive user manual offering step-by-step instructions to support first-time and returning users.

This tool represents an essential resource for any practitioner aiming to set fees that are transparent, justifiable, and financially sustainable.

For further information or assistance with using the DCalc™ Tool, kindly direct your queries to the author at clinical@sada.co.za

SADA Relative Value Unit Study (RVU)



Dr Tinesha Parbhoo

Relative Value Units (RVUs) provide a standardized method of measuring the complexity of dental procedures. These values reflect the experience, judgement, skill, effort, and risk involved in performing a procedure, as well as the time required to complete it. The RVUs published by the SADA are the result of a comprehensive three-year study conducted in collaboration with SADA's specialist societies and Deloitte. The purpose of this study was to establish an accurate and fair benchmark for determining procedure tariffs within the dental profession.

The RVU study aimed to estimate a value for each dental code, excluding those codes related to direct material costs. Each RVU is the product of

two components: Unit Values (UVs) and Responsibility Values (RVs). The UV represents the average time, in minutes, needed to complete the procedure. The RV reflects the relative complexity and intensity of the procedure. Responsibility Values were calculated by evaluating four components: the experience and knowledge required, the judgement and mental effort involved, the skill and physical effort needed, and the risk and level of stress to the patient associated with the procedure.

To collect the necessary data, a national survey was distributed to dental professionals. The results of this survey were benchmarked against the findings of a previous study conducted by North-West University in

2009, also commissioned by SADA. The final RVUs derived from this research represent a significant step forward in ensuring consistency, accuracy, and transparency in how dental services are valued.

The primary objective of the RVU study was to quantify the time, skill, and resources required to perform various dental procedures. This information allows for an objective assessment of the complexity of each service.

By assigning RVUs to different procedures, the study aimed to create a standardised framework for determining fair compensation for dentists and dental specialists based on the relative value of the services they provide.

In addition, the study enables dental practices to assess their productivity and efficiency by helping them better allocate their time and resources

RVUs can assist in identifying which procedures require greater investment, whether in specialised equipment, staff training, or extended chair time. This insight supports improved practice management and long-term resource planning.

RVUs also serve an important function in guiding pricing strategies and reimbursement policies. Insurance providers and dental practices can use RVUs to establish reimbursement rates that align more closely with the actual value and resource demands of each procedure.

Furthermore, RVUs can help funders understand the cost implications of new procedures by comparing them with existing ones for which benefits already exist.

It is important to note the following key considerations regarding the use of RVUs:

- RVUs are intended to serve as indicative guidelines, and practitioners are under no obligation to use them.
- SADA does not prescribe fees and is not promoting a standardised pricing model by publishing RVU values.
- The assignment of an RVU to a particular code does not guarantee its acceptance by medical schemes or managed care organisations.
- The published RVUs reflect average values calculated from a statistically representative sample of the dental profession.
- Practitioners are encouraged to use the DCalc™ Practice Profitability Simulator, together with the RVUs, to determine individualised values for procedures that take into account their specific practice expenses and desired return on investment.

The RVU framework developed through this study represents a valuable tool for practitioners and stakeholders, supporting fair remuneration, improved resource management, and evidence-based decision-making within the dental profession.

Join SADA: Your Professional Home in Oral Health

Ms A Bayman

Congratulations on your recent graduation! As a newly qualified dental professional, you have a unique opportunity to shape the future of oral healthcare in South Africa. Join the South African Dental Association (SADA), the only professional association dedicated to supporting your career and championing the interests of the oral health profession across the nation.

Why Choose SADA?

- **Free Membership:** Enjoy complimentary membership while you are a dental or oral health student, gaining access to invaluable resources and support.
- **Diverse Community:** Connect with a broad network of professionals, from General Dental Practitioners to specialists in Orthodontics, Prosthodontics, Maxillofacial and Oral Surgery, and Periodontics. Since 2020, we've welcomed all allied oral health practitioners, including Oral Hygienists, Dental Therapists, Dental Technicians, and Dental Assistants.
- **Continuous Professional Development:** Take advantage of regular branch events, workshops, and webinars designed to foster learning and mentorship, ensuring you stay at the forefront of your field.
- **Exclusive Resources:** As a member, you'll gain access to the South African Dental Journal, an internationally accredited publication, and The Golden Compass, your guide for navigating the community service year. Both are available digitally for easy access.
- **Networking Opportunities:** Attend our annual International SADA Dental & Oral Health Congress and Exhibition at discounted rates, where you can network with industry leaders and peers.

SADA's Commitment to You

At SADA, we are dedicated to your professional growth and the promotion of optimal oral healthcare for all South Africans. Our vision is to be recognized as the trusted leader and voice of oral healthcare in Southern Africa. By joining us, you become part of a movement that values Professionalism, Integrity, Excellence, Passion, Innovation, and Empathy.

Take the Next Step!

Don't miss out on this chance to elevate your career and make a difference in your community. Join SADA today and be part of a vibrant community committed to advancing oral health in South Africa!

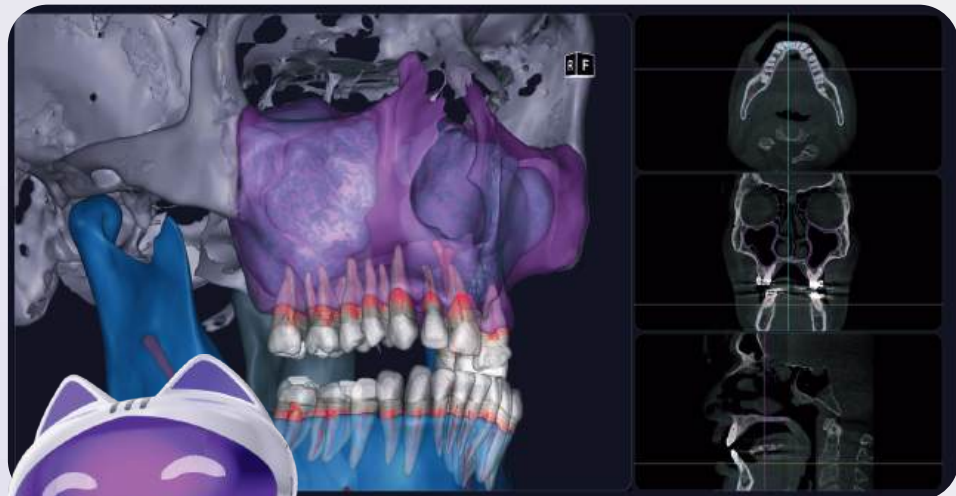
Visit our website (<https://www.sada.co.za>) to sign up and learn more about the benefits awaiting you. Together, let's champion the future of oral healthcare!



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



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.

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 in 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 health-care 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 fluctu-

ations. 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.

**Consider all
aspects - make a
Pros & Cons list!**

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!

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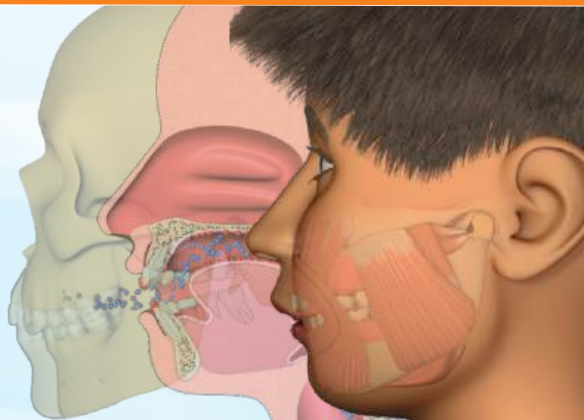


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Dental Blue Pages - a resource toolkit



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.

E: rouxvermeulen@gmail.com



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.hpcsa.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 HPCSA for those who meet the qualification requirements to practice the scope of dentistry in South Africa.

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



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

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.hpcs.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.fdiworlddental.org/>

General Dental Practitioner (GDP)

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

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

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

Government Gazette (GG)

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

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

E: legal@sda.co.za

Hospital Association of South Africa (HASA)

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

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



Health Professions Council of South Africa

Health Professions Council of South Africa (HPCSA)

Statutory regulatory body of health professionals in South Africa

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

International Classification of Diseases (ICD)

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

E: clinical@sada.co.za



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

Institute of Dental Education South Africa (IDESA) SADA

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

E: profdrv@sada.co.za

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
GENERAL 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 (PBDOH)

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

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



Practice Code Numbering System (PCNS)

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

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

Postgraduate Education and Training (Dental) (PETD)

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

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

E: profdev@sada.co.za

Research and Development (R&D)

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

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

E: profdev@sada.co.za



SADA
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 Ser-
vices**

(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/>



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.

<https://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 (SARB)

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

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

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



South African Revenue Service (SARS)

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

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

Supplementary Dental Assistant (SDA)

Prefix used in professional registration number issued by the HPCSA.

<https://www.hpcs.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 SADA

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 83 - 98 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. Here 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.



SADA

THE SOUTH AFRICAN
DENTAL ASSOCIATION

Contact Us

Telephone: +27 11 484 5288

Email: info@sada.co.za

www.sada.co.za

Follow us



TPH 3 (8/15/2009)

G.P. No. 1001

CONSENT TO OPERATION

CLINICAL DEPT. WARD

HOSPITAL

I, _____, the undersigned, hereby consent to the administration of a general or other anesthetic and to the performance of an _____ operation, of 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. _____

PARTICULARS OF OPERATION

Date: _____ Theatre: _____

Duration of operation: _____ a.m./p.m.

From: _____ a.m./p.m. to _____ a.m./p.m.

Surgeon: _____

Assistant: _____

Nature of operation: _____

Signature of surgeon _____

Anaesthetist: _____

Assistant: _____

Nature of anesthetic: _____

Signature of anaesthetist _____

Mens with a cross in the appropriate blocks			
Swabs	Complete	Incomplete	
Instruments			
Suture needles			
Tourniquet			
Used and removed			Not used
Number			Type
Culture			
Plugs			
Specimens			
a.c.			

Checked by (signature and initials) _____ (Scrub Nurse)

(1) _____ (2) _____ (Co-checker)

HOSPITAL	Ward	Gender	Age	Name	Address	Phone	Doctor
Patient		M F					
Patient's No.							
ADDRESSOGRAPH							
ADMISSION							
Admitted by	Date	Time					
Provisional diagnosis							
Detailed nature (if available)							
DISCHARGE							
Date of discharge	Time						
Final diagnosis							
DOCTOR'S SIGNATURE							
I, the undersigned, being the signing officer of the attending doctor,	Hospital on my own responsibility and						
Witnesses: 1	Signature of patient						
2	Time						
I, the undersigned, take the patient the attending doctor	out of the Hospital on my own responsibility and against the advice of						
Witnesses: 1	Signature						
2	Time						
Date	Time	Capacity					

For particulars of treatment see form TPA-3 (a)

[illegible][illegible]

National Health Laboratory Service Page 1 Document Example

NATIONAL HEALTH LABORATORY SERVICE

LABORATORY NO. _____ TEL. NO. _____ FAX NO. _____

NAME _____ ADDRESS _____

CLINICAL DETAILS

OTHER INVESTIGATION _____

PLEASE QUOTE 1. & 2. SEPARATE SPECIMEN FOR EACH DISCIPLINE

PROCESSED BY _____

URGENT

CHEMICAL PATHOLOGY

HAEMATOLOGY

CLINICAL CHEMISTRY

IMMUNOLOGY / SEROLOGY

MICROBIOLOGY

HAEMATOLOGY

CLINICAL CHEMISTRY

IMMUNOLOGY / SEROLOGY

MICROBIOLOGY

National Health Laboratory Service Page 2 Document Example

NATIONAL HEALTH LABORATORY SERVICE

LABORATORY NO. _____ TEL. NO. _____ FAX NO. _____

NAME _____ ADDRESS _____

CLINICAL DETAILS

OTHER INVESTIGATION _____

PLEASE QUOTE 1. & 2. SEPARATE SPECIMEN FOR EACH DISCIPLINE

PROCESSED BY _____

URGENT

CHEMICAL PATHOLOGY

HAEMATOLOGY

CLINICAL CHEMISTRY

IMMUNOLOGY / SEROLOGY

MICROBIOLOGY

HAEMATOLOGY

CLINICAL CHEMISTRY

IMMUNOLOGY / SEROLOGY

MICROBIOLOGY

DENTAL TREATMENT CONSENT FORM

Clinical Chemistry BAT436 Form Document Example

Follow-up of results is responsibility of request initiator

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 Lelamphilo

Department van Gesondheid

Umlinyango Wezemaphilo

Enquleleni: Mh Ff Oleno
Tel: 013 766 3090

NAME (ID NUMBER)
ADDRESS
ADDRESS
SUBURB
POSTAL CODE

Dear

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

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

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

2. Your contract appointment is subject to:

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

KINDLY RETURN ALL DOCUMENTATION WHEN
REPLYING

INITIALS

1

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

3. DETAILS OF EMPLOYMENT OFFERED

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

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

4. HOURS OF WORK

- 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
- If employed as Non-shift worker, you will be expected to work from Monday to Friday
- The details are to be provided by your supervisor

5. REMUNERATION

Your will receive an all inclusive salary package and benefits 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 as 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 PSA.

15. PATERNITY LEAVE

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

16. INCAPACITY LEAVE

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

17. FAMILY RESPONSIBILITY LEAVE

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

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

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

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INITIALS

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**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 employed at specific Institutions at a specific percentage of their basic salary as prescribed in PHM/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. ACCOMMODATION AND TRANSPORT

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.

**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 possible 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,

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INITIALS

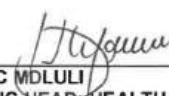
7

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

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

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

Yours sincerely


MS DC MDLULI
ACTING HEAD, HEALTH

15/11/2024
DATE

KINDLY RETURN ALL DOCUMENTATION WHEN
REPLYING

INITIALS

B

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

ANNEXURE:A

ACCEPTANCE CLAUSE

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

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

The following documents are attached as requested:

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

The following documents will be forwarded in due course:

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

SIGNATURE : _____

DATE : _____

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

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

REGISTRATION FOR COMMUNITY SERVICE

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

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

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

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

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

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

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

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

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

**APPLICATION FOR REGISTRATION
COMMUNITY SERVICE**

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

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail or courier for ease of tracking mail.
553 Madiba Street, Arcadia, Pretoria 0083

A. PERSONAL PARTICULARS

HPCSA Registration Number:

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

Maiden name (if applicable):

First names: Identity No.:

Postal address:

Postal code:

Residential address:

Postal code:

Tel (H): (W):

Cell: Fax:

Email:

*Marital Status:

☐ Married

☐ Single

☐ Divorced

Gender

☐ M

☐ F

* Race:

☐ African

☐ Asian

☐ Coloured

☐ Indian

☐ White

Country of Origin:

hereby apply to register as

to perform Community Service and declare that I am the person referred to in the attached certificate or qualification referred to below. I also declare that I have never been convicted of any criminal offence or been 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:

☐

1. Registration fee, prorata annual fee and banking details (**Registration number as deposit reference**)
Please attach proof of payment

☐

2. A copy of my marriage certificate (should you wish to register in your married surname).

☐

3. A copy of my identity document or birth certificate.

☐

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

SIGNATURE: RECTOR/DEAN/OPERATIONAL HEAD

DATE

SIGNATURE: REGISTRAR/PRINCIPAL

DATE

**ORIGINAL OFFICIAL DATE STAMP OF
INSTITUTION**

* 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



Form 27 Comm Serv
Completed

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

CERTIFICATE OF COMPLETION OF COMMUNITY SERVICE

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

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

DECLARATION

It is hereby certified that:

HPCSA Registration Number

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

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

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

as a

category (if applicable).....

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

(1)

Signature: Head of Department/Directorate

Name: Please print

Designation: **Date**

Telephone number:.....

(2)

Signature: Medical Superintendent/Head of Institution

Name: Please print

Designation: **Date**

Telephone number:.....

OFFICIAL DATE STAMP OF
INSTITUTION



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