



## ADVISORY

The South African Dental Association Newsletter  
Informing Oral Healthcare Professionals

Bulletin



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Dear SADAríte

Welcome to our new format Advisory Bulletin containing all the information which is important in one communication.

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## CLINICAL SUPPORT SERVICES

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### Direct and Indirect Pulp Capping

The Clinical Support department at SADA has received numerous queries from schemes of late regarding the inappropriate use of coding relating to direct and indirect pulp capping. Even though it remains at the discretion of the practitioner to reach an accurate diagnosis and appropriate treatment for the patient's condition, we would like to provide a review of these treatment options as well as the coding involved therein.

#### 1. Direct Pulp Capping (Code 8301)

A direct pulp capping is a treatment that is employed when *visible pulp exposure* occurs due to caries, trauma or iatrogenic causes such as accidental exposure during cavity preparation or caries removal. This procedure generally involves the cessation of pulpal bleeding followed by the placement of a protective material such as Calcium Hydroxide or MTA to stimulate the formation of reparative dentine, as well as a final restoration.

The ICD-10 code related to a direct pulp capping is always based on the diagnosis that led to the treatment having to be performed. If caries related, code **K02.5** would be used to indicate the diagnosis of caries with pulp exposure. This is not to be confused with K04.1 which indicates pulpal necrosis, since the main aim of performing the pulp capping procedure is to stimulate repair of the injured pulpal tissue and maintain pulpal vitality. Similarly, if the direct pulp cap was performed due to a traumatic fracture of the tooth, **S02.5** would be used along with an external cause code to provide additional specificity.

Furthermore, practitioners are often noted by schemes to repeatedly claim for a direct pulp capping on the same tooth, which is not advised. If a tooth remains symptomatic after a direct pulp cap has been completed, the patient should be presented with the various treatment options such as an endodontic treatment or extraction.

#### 2. Indirect Pulp Capping (Code 8303)

An indirect pulp capping is performed when caries may be in close proximity to the pulp but the *pulp is not visibly exposed*. There are 2 manners in which this procedure may be carried out:

##### a) Two Step Approach:

During the cavity preparation, all carious enamel and dentine is typically removed from the walls and dentino-enamel junction of the cavity preparation while a layer of carious dentine adjacent to the pulp chamber is left in case its removal may lead to a pulp exposure.

A medicament is placed over the remaining caries to protect the pulp from external irritants as well as to stimulate secondary dentine, followed by a provisional restoration. At the subsequent visit which is usually 6 weeks or more later, the provisional restoration and remaining caries are removed, and a definitive restoration is placed.

##### b) One Step Approach:

With a single-visit indirect pulp cap, as much of the carious lesion as possible is removed without inducing a pulpal exposure. A medicament is placed in the deepest aspect of the preparation but not in direct contact with the pulp followed by a definitive restoration.

For either technique used, the ICD-10 codes utilized must relate to the diagnosis of the patient. Therefore, most indirect pulp caps are covered by one of the following codes depending on the specific diagnosis:

- K02.1 (caries of dentine)
- K02.2 (Caries of cementum)
- K02.3 (Arrested dental caries)
- K02.4 (Odontoclasia)
- K02.8 (Other dental caries)
- K02.9 (Dental caries, unspecified)

Medical schemes often note that practitioners use codes 8301 and 8303 interchangeably. Members are thus requested to take note of the differences between codes 8301 and 8303 and applied the appropriate code accordingly.

### FDI International Liaison Officer

The South African Dental Association is a member of the International Federation of Dental Associations (FDI), which has as its mission to "raise the bar by bringing a new international perspective to regional and national debate on oral health, dental practice and health politics".

In order to extract the most value from its FDI membership, in the interest of SADA's members, the National Council of SADA has resolved that a dedicated position be formulated for an individual who can represent SADA and the dental profession on a continuous annual basis at FDI meetings and through participation in FDI projects.

It has been recognised that participation within the FDI structures could bring significant value, both to SADA and to the individuals who represent the organisation on international level:

**1. For SADA, there is the value of influencing the FDI governance structures, in order to pursue initiatives that are more relevant to SADA as a national organisation.**

In order to have maximum impact, it is required that a dedicated resource attends at FDI meetings for a contracted period of time, in order to stand the best possible chance of being elected to the relevant FDI committees and council.

**2. For the individual(s) concerned, there is significant personal value in respect of international recognition, business networks and career trajectory.**

SADA therefore wishes to call for applications from individuals who are interested to represent the organisation as FDI Liaison Officer for a contract period of 5 years. The impact of this role will be assessed on an annual basis.

Due to the nature of the role, and the personal value that it brings, this position will not attract any remuneration from SADA, however, all travel, accommodation and networking costs in respect of attendance at the annual international FDI meetings, as well as any project costs related to participation in FDI projects, will be funded in full by SADA.

Responsibilities will include:

- Attendance at the annual FDI Parliament and World Dental Congress as the SADA National Liaison Officer and primary SADA delegate at any applicable international location during second half of the year annually, thereafter.
- Identify speakers and educational value that can be brought to South Africa from attendance at the international FDI congress.
- Implementation of FDI initiatives on national level (e.g., implementation of the Live Learn Laugh Programme) and submission of any relevant reports to the SADA management and FDI in this regard.
- Providing a report to every meeting of the SADA National Council (twice per annum), on all FDI business conducted and value extracted for SADA from such engagements.

Essential experience and requirements:

- Active SADA membership;
- understanding of and/or experience in SADA's governance structures;
- understanding of and/or experience in continued dental education;
- dynamic, outgoing personality with excellent networking skills;
- excellent written and verbal communication skills;
- good organisational skills and reporting abilities;
- self-starter, with the ability to work independently and as part of a team;
- solid IT literacy.

Applications should be submitted to [secretary@sada.co.za](mailto:secretary@sada.co.za) by no later than 30 June 2022, supported by a CV and letter of motivation. Applications will be considered by the SADA Nominations Committee.

SADA subscribes to the principles of transformation and will welcome applications from members of all the designated groups, including people with disabilities.

### It is time to fire some patients – non-compliant, abusive, or aggressive patients

Terminating a relationship with an active patient from your practice is one of several ethically challenging situations. It is probably one of the hardest decisions a practitioner makes.

A practitioner's goal always should be to treat patients well. Terminating a relationship with a patient from your practice goes against that goal. Practitioners tend to feel that they have failed. They also may be concerned about the consequences of this action or possible negative fallout. There is nothing more satisfying than converting a patient who is demanding or controlling into one who is satisfied.

All dentists irrespective of their level of experience, expertise, or reputation have those not-so-great patients they don't enjoy treating. These are patients that make you lose sleep at night, they only come in for emergencies, always complaining about their bill, and they tear through your office like a hurricane. Perhaps the red flags were there from the beginning. They complained about every other dentist they had ever seen. They tried to dictate treatment and force you into providing substandard care. They are also a bit too rude to your team members.

Some patients present challenges for practitioners and their teams. Dentistry is stressful enough without those who take advantage of their kindness. Members often ask how they should respond to patients who are non-compliant,

abusive, or what is termed 'difficult'. These behaviour traits manifest themselves either at the first consultation or at any time during treatment.

There are some instances where patient behaviour, while being difficult and emotive, is not necessarily wrong or inappropriate in the context of the service being provided and the circumstances relating to their particular dental condition.

Sometimes it's just time to part ways. It may be argued that it's in the best interest of practitioners, as well. Maybe the next dentist will connect with them in some other way and they'll both be happy together

Members have been calling and searching for ways to deal with these distresses. Do they ask what are their responsibilities to the patient? What are their responsibilities to other patients and staff? Can the patient be refused treatment? How does a practitioner terminate the dentist-patient relationship?

### **When does a dentist-patient relationship exist?**

Before you can sever a dentist-patient relationship, you must first determine whether such a relationship exists.

The dentist-patient relationship is contractually based on a legal and ethical fiduciary duty to the patient. The dentist-patient relationship begins when the doctor gives an opinion upon which the patient could reasonably rely. It does not start when the patient enters your office or even fills out office forms, such as medical history. For example, the new prospective patient could call, make an appointment, fill out all necessary forms, ask the front desk if the office takes his or her medical insurance, and find out that it does not. He or she could then proceed to walk out the front door. Although he or she was logged into the computer, the dentist-patient relationship was never formed or established because he or she was never seen or given any opinions by the dentist

Simply discontinuing treatment doesn't terminate the doctor-patient relationship. In some situations, a slowing down of treatment to see if the patient corrects the problem without continuing treatment is allowed. However, during this "slow-down" time, the patient must still be seen for emergencies, be informed of the situation, and be provided a level of maintenance care to prevent any harm to the patient.

### **Acceptance of Patients**

A dentist, like any other professional, has the freedom to exercise his profession as he or she wishes. Thus, a dentist is under no obligation to accept treating any patient. Furthermore, dentists are under no legal to provide a treatment requested by a patient that is not to their overall benefit, not doing so may cause problems.

There is also no duty incumbent on the dentist to treat people who are not their patients, except in dental emergencies.

However, section 27(3) of the Constitution provides that no one may be refused emergency medical treatment. A court case stated the purpose of section 27(3) is to ensure that treatment is not withheld in an emergency such as when a person suffers a sudden unforeseen health crisis and needs immediate medical attention.

Thus, a person in need of emergency medical treatment may not be turned away from a health establishment that can provide the necessary service even if he or she is unable to pay for the service. However, the facility that provided the emergency care may demand payment from the user afterward.

Where a user cannot afford the service of a private health establishment, the facility should at the very least stabilise the user before transferring the person to a public health facility

The Patients' Rights Charter also reinforces this message that users should receive emergency care timeously, regardless of their ability to pay for this service. Furthermore, in terms of the Promotion of Equality and Prohibition of Unfair Discrimination Act 4 of 2000 ("the Equality Act"), the refusal to provide emergency medical treatment to people based on race, sexual orientation, or any similar ground constitutes prohibited unfair discrimination.

Except for the above, no dentist is obliged to accept any person presenting at the practice as a patient. Practitioners are treated no differently than other sellers and buyers in the marketplace for goods and services – they are free agents who can choose with whom they wish to do business. Practitioners are permitted to refuse to enter into a dentist-patient relationship with a prospective patient for virtually any reason.

Once a dentist has entered into a treatment contract with the patient, the practitioner can terminate the dentist-patient relationship at any time subject only to the rules on abandonment (explained below). The practitioner must give the patient sufficient notice to afford the patient a reasonable opportunity to find another dentist. If the practitioner fails or neglects to do so will be liable for damages.

Patients are sometimes 'difficult' and influencing factors include unrealistic expectations, personality traits, cultural and language differences, misunderstood feelings, dissatisfaction with treatment or costs, inflexibility seeing no alternatives, etc. It could be due to clinical factors such as multiple complaints, chronic pain, substance abuse, personality disorders. The environmental factors could include time pressures, limited resources, and third-party funder pressures.

### **Non-compliant patients**

Every practitioner has encountered a non-compliant patient. In all such cases, the patient's behaviour fails to coincide with their dentist's advice and recommendations. Patients' noncompliance leads to poorer treatment outcomes and higher costs not to mention blocking time for the patient.

Many practitioners express frustration with their non-compliant patients. Some practitioners even terminate the dentist-patient relationship in egregious cases of noncompliance. Most, though, continue treating their non-compliant patients, doing their best to educate patients about the importance of adhering to recommended treatment.

As treating non-compliant patients increasingly becomes a financial burden for dentists, noncompliant patients may find themselves fired by their dentists.

In addition, a dentist may refuse to treat prospective patients who are likely (or perceived as likely) to be non-compliant.

Some of the justifications for affording dentists the discretion to fire or otherwise refuse to treat non-compliant patients are:

- 1) dentists are justified in terminating the dentist-patient relationship because non-compliant patients should be held accountable for failing to exercise self-care;
- 2) dentists should not be forced to assume financial liability for poor patient outcomes that stem from patients' lifestyle choices and nonadherence;
- 3) requiring dentists to treat noncompliant patients unduly compromises dentists' autonomy and freedom of association rights; and
- 4) firing noncompliant patients serve the patients' best interest by motivating the patient to improve their treatment adherence or allowing the patient to find another dentist better suited to treat the patient.

### **Abusive and violent patients**

The National Health Act, 2003 provides that health establishments must implement measures that minimise injury or damages to the person and property of healthcare workers. The Occupational Health and Safety Act, 1993 mandates all employers to provide and maintain a working environment that is safe and without risk to the health of their employees.

This means that it is a general duty of employers to provide a safe and healthy workplace, free from hazards and that their employees are protected from physical harm, their working environment made safe and free from any hazardous incidents. Where a patient is known to be or has a history of violent and abusive behaviours, the management and treatment of that patient may be characterised as a workplace hazard.

An employer who fails to take steps to control the risk posed by such a patient may have breached their obligation to protect the health and safety of their employees. In these instances, it is not only the staff who are at risk from violent or abusive behaviour, but other patients in the practice could also be injured by another patient, or even suffer an adverse health outcome as a result of witnessing the behaviour of another patient.

The National Health Act of 2003, provides in Chapter 2 Item 19: "Rights of health care workers" states that health care workers may refuse to treat a patient who is physically or verbally abusive or who sexually harasses him or her.

### **Patients Who Are Leaving the Practice**

There are occasions when patients let you know that they are leaving your practice. There are many possible reasons for this decision. Patients move out of the area. Patients may have a change of insurance coverage that requires them to see a different dentist. They simply may tell you that they are going elsewhere. The dentist must respect the patient's rights to self-determination and confidentiality.

The dentist is required to safeguard a patient's records and make them available, as required to the patient or the next treating dentist.

As these patients have notified you that they are leaving, you might want to inquire about their reasons and then wish them well, offering to send records and reminding them to let you know if you can ever be of service. Patients' circumstances can change. They may move back, or their insurance may change again. By being helpful and caring, you are not only being professional but also telling patients that you still care about their well-being. These patients may elect to return to your practice in the future.

### **Patients Who Fail to Keep in Contact**

The last goodbye situation is probably the most common. Patients fail to keep in contact, despite your excellent staff and recall system.

These patients are in 1 of 2 categories:

- First are patients who do not call to book an appointment, cancel, or fail to show and do not reschedule appointments for continuing treatment of an accepted plan.
- Second, are patients who do not respond to your recall attempts.

There are many reasons why dentists should attempt to continue to schedule patients for treatment noted in their accepted treatment plans. If a patient has not informed you of a decision not to return, you must assume that this patient is still active in your practice. You should document all of your attempts to contact the patient in the patient's chart and, at a time that you have predetermined, you should send a letter advising the patient that, because your attempts to provide necessary treatment have been unsuccessful, you no longer consider him or her an active patient and you will not be attempting to schedule any further appointments. Again, end cordially, inviting the patient to return, when a new examination for necessary treatment could be performed. This option satisfies the ethical concerns regarding abandonment and encourages to return.

## **Recall patients**

Recall patients are, a bit different. As they have no active treatment plan in place, they cannot be said to be abandoned. Most practices place a high value on recall patients both to fill the hygiene schedule and to determine whether there is any needed treatment.

At some point, sending cards and making phone calls that go unanswered becomes fruitless. In this situation, no formal notification may be required. The patient simply needs to call to be seen. However, you could choose to notify them of this status change, if you so desire.

## **Abandonment of Patient**

The ethical rules of the Health Professions Council of SA do not define 'abandonment'. The courts apply general rules regarding professional negligence and malpractice on what a reasonably competent doctor in the same position would do.

'Abandonment' of a patient occurs when a doctor unilaterally ceases treatment before the patient has recovered or terminates the patient's contract, without giving adequate notice or referring the patient to another practitioner. A patient is abandoned 'when a doctor interrupts a course of necessary treatment without proper notice and referral to another practitioner. A doctor who causes harm by such action will be liable for damages.'

'Abandonment' may include doctors:

- a) closing their practices without proper notice;
- b) denying the doctor-patient relationship;
- c) refusing to see a patient previously seen;
- d) failing to visit a hospitalised patient;
- e) failing to provide follow-up care; and
- f) failing to provide a competent substitute when away from practice or closing their practice.

To avoid abandoning the patient, dentists may discontinue treatment after reasonable notice has been given to the patient by the dentist of his intention to discontinue treatment and that the patient has had a reasonable time to secure the services of another dentist or after all other dental treatment begun has been completed.

Furthermore, the dentist:

- a) must ensure that the health of the patient is not compromised,
- b) the notification for termination be by electronic mail or registered mail providing at least 30 days as the termination date after the receipt of the letter,
- c) the letter should indicate what treatment the dentist will complete during the prescribed days, and
- d) what emergency care will be provided until the patient finds another dentist.

## **Some strategies for dealing with challenging interactions**

- 1) It is important to recognise and diagnose that you are in a difficult interaction. Establish what the difficulty is and where it lies. It is also important to establish the patient's view, as they may feel that there is no difficulty. Once this is achieved, develop a plan of action to bring about a favourable outcome. The key to dealing with a challenging interaction is good communication.
- 2) Often, acknowledging the 'difficulty' to the patient is very helpful. "Demanding", "rigid" and "manipulative" patients, when confronted, will realise their game is up and they need to change their behaviour. Setting boundaries and keeping to them is imperative.
- 3) Patients may be behaving inappropriately with the practitioner and making them feel uncomfortable. In these situations, emphasise that this is a professional relationship and request a chaperone be present in the consultation. If necessary, you may want to terminate the relationship and offer the patient to be seen by another doctor. So it is imperative to set and operate within these boundaries. It is beneficial to explain to the patient that you are operating within these boundaries in their best interest. This often disarms the patient and results in behaviour change.
- 4) Establishing the patient's expectations and keeping the consultation focused to meet those expectations can help to limit the difficulty, as will establishing your own goals of medical care for the consultation. At times, patients can become angry and aggressive. Sometimes, they may resort to violence. Your safety is paramount. Do not get into an argument. Do not try to prove that you are right. Do not exert your authority. Call for help, if it is available. If necessary, slowly move to the door and leave the room, rather than asking the patient to leave.
- 5) Try and educate the patient about their condition, the need for them to take their treatment responsibly, and the dangers of non-compliance, and make detailed notes. Beyond that, the situation is out of your control and it is easier to accept that reality rather than forcing the patient to take the treatment. As with all consultations, it is always good practice to have detailed notes.

Every practice must have clear policies on how to deal with non-compliant and abusive behaviour. At a minimum, these policies should be written; be provided to patients at the first consultation, and be displayed prominently within the practice. Staff should have access to training to ensure they have the necessary skills and confidence to implement any measures agreed upon, have strategies to deal with the behaviour that reduce rather than escalate the conflict, and reduce stress upon themselves.

## **SADA GAZETTE BULLETIN - APRIL 2022**

This bulletin overviews new relevant legislation published in the government gazette affecting the dental profession up to the end of April 2022.

[To access Bulletins click here](#)

### Call for nominations - 2021 SADA Award Recipients

The South African Dental Association would like to call out to all its members to nominate eligible award recipients for the 2022 awards ceremony. Through its Awards Programme, SADA acknowledges and seeks to give due recognition to the unique abilities and contributions of many outstanding members of the dental and allied professions.

The SADA Awards Programme is a showcase for all the excellent work that is taking place in dentistry in South Africa. The programme seeks to recognize and reward the work of some of the best achievers in dentistry, celebrating their efforts and commitment to the dental profession.

The awards are presented primarily at major events of the Association and meetings in which the Association participates.

### Who may nominate award recipients

All members of the Association are entitled to nominate a deserving individual/s for a SADA Award. Nominations should be made through Branches of SADA marked for the attention of the CEO of SADA and the Head: Professional Development.

The Nomination Package should include the following:

- full name and address of the person being nominated;
- name and address of the person or Branch of SADA submitting the nomination;
- specification of the type of award to be considered;
- a covering letter with motivation, explaining why the nominee deserves the award;
- a curriculum vitae of the nominee;
- a listing of the nominee's publications, awards, honours, achievements, and other professional accomplishments;
- any supporting letters from SADA members or other individuals should be included with the nomination package.

### Award Presentation

Awards shall be presented at the annual SADA Dental Congress and Exhibition held virtually in August 2022. The ceremony will take place on Saturday evening (virtually) and the winners will receive their awards via courier afterwards.

The identity of the proposed recipient remains confidential from general announcement until the name/s is/are announced at an official SADA Congress.

The names and photos of the recipients of awards shall be displayed on the SADA website.

### Award Categories

#### SADA Premier Award

##### Purpose

The SADA Premier Award is presented to dentists or dental specialists who have made contributions of the highest distinction in the dental profession both nationally and internationally.

The award is presented to a person who best exhibits the following characteristics:

- significantly demonstrated contribution and dedication to the enhancement of the dental profession internationally and nationally;
- displayed selfless commitment, outstanding service, exceptional devotion, and/or compassion to the Association and the dental profession;
- zeal in accomplishing the dental mission;
- showed beneficial service to the profession and society;
- has promoted the advancement of the dental profession through eminent service;
- personifies the spirit of the Association;
- tirelessly strives to create positive change in dentistry.

##### Eligibility

A Recipient must:

- be a qualified dentist or dental specialist;
- be a SADA member;
- be a South African citizen by birth or naturalization;
- have rendered at least ten years of exemplary service to dentistry in any capacity;
- have belonged to any organisation which is a founding member of SADA;
- if living abroad, the criteria of SADA membership and need not apply.



## **SADA Service Excellence Award**

### **Purpose**

The SADA Service Excellence Award is presented to any member of SADA for outstanding instances of service to the Association and its structures, or who renders distinguished and exemplary services over some time to the Association.

The award is presented to a candidate who best exhibits the following characteristics: -

Selflessness;

- concern for SADA and the dental profession;
- high moral character;
- commitment to and involvement in SADA affairs and a commitment to dentistry;
- demonstrates through activities and achievements a strong interest in the affairs of SADA and the dental profession.

### **Eligibility**

The candidate must:

- be a Voting Member of SADA;
- have acted in an official capacity as an office-bearer of SADA or Chairperson/s of Standing Committees of SADA for at least 8 years;
- be a South African citizen by birth or naturalization;
- own a dental qualification from a recognized institution or a Doctorate in Philosophy or Science from a recognized institution.

## **SADA Meritorious Service Award**

### **Purpose**

The SADA Meritorious Service Award is presented to individual members of SADA in recognition of their significant contribution, longstanding, and meritorious service rendered to SADA at National level or to Branches of SADA.

The award is presented to a person who best exhibits the following characteristics:

- selflessness;
- outstanding service, dedication and devotion to the affairs of SADA nationally and its Branches;
- commitment to and involvement in SADA affairs;
- demonstrates through activities and achievements a strong interest in the affairs of SADA and the dental profession;
- continuously goes above and beyond the call of duty.

### **Eligibility**

The candidate must have:

- rendered exemplary service to SADA and/or its Branches;
- demonstrated through activities a strong commitment to the affairs of SADA and the dental profession;
- given outstanding service and devotion to SADA and/or its Branches.

## **SADA Humanitarian Award**

### **Purpose**

The South African Dental Association annually recognises a dentist who has distinguished him/herself by outstanding, unselfish leadership.

### **Eligibility**

The candidate must have:

- 10-year commitment to their fellow human beings in the field of dentistry.

## **SADA Honorary Life Membership**

### **Purpose**

Honorary Life Membership of SADA is presented to individual members of SADA in recognition for loyalty, distinguished or meritorious services rendered to the Association or the dental profession generally or to any other allied science or humanity generally or on any other grounds approved by the National Council of SADA for many years.

The award is presented to a person who best exhibits the following characteristics:

- selflessness;
- distinguished themselves for outstanding service;
- dedication and devotion to the affairs of SADA and the dental profession;
- who through their actions and eminent service have promoted the advancement of the Association and the dental profession in generally;
- demonstrates through activities and achievements a strong interest in the affairs of SADA and the dental profession.

### **Eligibility**

The candidate must have:

- rendered exemplary service to SADA for a minimum period of 20 years;
- demonstrated through activities a strong commitment to the affairs of SADA and the dental profession;
- given outstanding service and devotion to SADA.

## SADA Honorary Membership

### Purpose

Honorary Membership of SADA is presented to individual dentists who do not practice or reside in the Republic of South Africa in recognition of distinguished or meritorious service rendered to the Association or the dental profession generally, OR individuals in recognition of distinguished or meritorious service rendered by that person to the Association or the dental profession generally or to any other allied science or humanity generally or on any other grounds approved by National Council of SADA.

The award is presented to a candidate who best exhibits the following characteristics:

- selflessness;
- distinguished themselves for outstanding service, dedication, and devotion to the affairs of SADA and the dental profession;
- who through their actions and eminent service have promoted the advancement of SADA and the dental profession;
- demonstrates through activities and achievements a strong interest in the affairs of SADA and the dental profession in South Africa.

### Eligibility

The candidate must have:

- rendered exemplary service to SADA or dentistry;
- demonstrated through activities a strong commitment to the affairs of the dental profession and SADA.

## SADA Trader of the year Award

### Purpose

The SADA Trader of the Year Award is presented to the CEO of the dental trade organisation that was of most value to SADA and its members during the past calendar year in respect of the identified criteria.

### Eligibility

- All dental traders are eligible to receive this award.
- For the Practitioners' Choice component of the selection criteria, an e-mail will be distributed to all members with a request to nominate traders from whom they have received the best products, pricing and service during the past calendar year.
- The traders with the most nominations will be entered into the selection calculations.

## Dental Industry Innovation Award

### Purpose

Recognises pioneers in business who develop most innovative new dental products, materials, technology solutions or equipment that have been brought to market and have demonstrably empowered Oral Health Professionals to advance the health and well-being of South Africans.

### Eligibility

- All dental industries are eligible to receive this award.
- For the Practitioners' Choice component of the selection criteria, an e-mail shall be distributed to all members with a request to nominate traders from whom they have received the most innovative dental products, materials, technology solutions and equipment during the past calendar year.
- All traders and suppliers nominated shall be referred to the Strategy, Ethics & Remuneration for final selection and recommendation to the Board.

**The deadline for nominations is 00:00 15 June 2022**

Kind Regards

**Dr T Parbhoo – SADA Clinical Support Services Email: [clinical@sada.co.za](mailto:clinical@sada.co.za)**

**Mr P Govan – SADA Legal & Corporate Department Email: [legal@sada.co.za](mailto:legal@sada.co.za)**

**Dr NP Metsing – SADA Professional Development Department Email: [profdev@sada.co.za](mailto:profdev@sada.co.za)**

#### SADA MEMBER QUICK LINKS

- 📄 Join SADA
- 📄 Join DP
- 📄 Member's section
- 📄 Events

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Please whitelist any email arriving from an @sada.co.za address within your system and allow PDF attachments to your emails from SADA to prevent the email communication from being blocked or landing in your Junkmail folder.  
All communications with SADA should be directed to [info@sada.co.za](mailto:info@sada.co.za) and include your HPCSA Registration number  
E&OE

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