Have you visited the new DENTASA website? The site has a new easy to find menu bar to keep you informed of all exciting events happening in the dental industry. We hope to bring you the political news activities and legislation affecting dental technologist as well as DENTASA matters and event.

News and gossip are the lifeblood of the industry, so we have all the latest developments for you, as well as technical article downloads provided by the traders in our industry. Please let us know what you think using our contact details.

Even those who are looking to relocate to a new area of the country can find job opportunities listed on the new job section.

The biggest news story of the year is the strong campaign by the health professional council, SARS and the SADTC to stop fraud in the medical industry. The years of never policing the discounts and kickbacks given to dentist must stop.

These bodies have made it public that fraud in the industry must be eliminated and they will fine and prosecute those involved. It is time for dental labs to stop doing what they know is wrong.

Firstly it is important to explain that The Dental Technician’s Council (SADTC) is a statutory body, which falls under the department of health. It is a regulatory body, which is in place to regulate the dental technology industry in the interest of the public.

Since the inception of the dental technician’s Act of 1979, it has been stated clearly in section 32 that “No dental technician or dental technologist shall offer or allow to or accept from any dentist any discount on the tariff of fees determined under section 12(1) (b), or may in connection with his or her work as a dental technician or dental technologist, as the case may be, offer or pay any commission or remuneration to a dentist, and no dentist may propose, offer, or accept such discount, commission or remuneration to or from any dental technician or dental technologist.”

This regulation is annually reprinted in Government Gazette with the tariff of fees for that respected year.

DENTASA is not a regulatory body. Like SADA, it is an association for members to join where relevant matters affecting the profession can be discussed and a common standpoint can be achieved and pushed for by the association to the relevant regulatory body.

The stronger the association is in members, the better DENTASA can work towards advancing the profession to a level where the public can respect and admire the work of dental technologist.

It is also important to note that a dental technician contractor may charge a higher fee than that provided for in the fee schedule. The higher tariff charged by a dental technician contractor must be by prior agreement between the parties concerned and must be clearly indicated on the invoice rendered to the patient.

Payment to laboratories:
- Every dental technician contractor shall complete, in triplicate, a separate tax invoice in the form prescribed in Annexure A of the government gazette, in respect of each patient for all work completed for such patient as prescribed by a dentist on the work slip referred to in rule ‘004.
- The original and one duplicate of the tax invoice shall accompany the completed work when such work is delivered.
- Every dental technician contractor shall render a monthly statement, in the form prescribed in Annexure B of the government gazette, of all the work done during the month concerned, to the dentists for whom he/she has performed such work.
- The dentist shall pay every monthly statement submitted by a dental technician contractor to him/her in full not later than one month from the date of submission of such account. This account must be treated as a trust account.
- The dental technician contractor shall issue a receipt to the dentist for all payments made and he/she shall retain a duplicate copy of such receipt for a period not less than five years.

LETTER TO THE EDITOR

Dear Me Jenkins
RE: DENTURISM

I was heartened by the Denturism-article in the January edition of your Publication. Neil Campbell’s outdated rather adamnt reaction compelled me to speak up for the dental consumer.

All the back-and-forth deliveries between the various stages (4-6 deliveries) during the customary procedures will be prevented when the patient goes to a denturist. The delivery charge makes up almost 10% of the current lab fee, which will be saved if the middleman is by-passed to create a one-stop denture service. No middleman - No Administration Fee! In addition, many of the remakes as a result of insufficient communication and misinterpretation could be prevented, saving a lot of time and materials wasted unnecessarily (possibly another ±10% saving).

By all indications the backdoor quack market is booming. They don’t charge for clinical procedures and seldom pay for materials, while many denture labs is not productive enough. Any dental technician who have been approached by a friend or family member for a direct set of dentures, can testify that the costs incurred during the clinical process is minimal and only takes (at the most) 11/2 hours, compared to the laboratory procedure which takes ± 5-8 hours. How can the dentist’s clinical fee be justified? One doesn’t need international scientific reports to see that direct supply of dentures will be more cost effective than through a dentist, and that it could replace the illegal supply and unhygienic practice by backdoor quacks from the market.

It is widely reported from various countries with established
Denturism, that the Denturist is the denture-provider of choice for both the poor as well as the rich. In South Africa much of the poor community’s access to denture services is appalling. The State does not provide for them adequately and they cannot afford the services of dentists. The only way left is to get dentures provided by illegal ways. In fact, unqualified, unregulated quacks provide more dentures to the needy population than the State. Apparently SADA condones this uncaring system, but The Society is opposed to it because of the criminal nature of the system and because the patient is subjected to all the negatives highlighted in Malherbe’s article.

We don’t have the luxury of unlimited resources in our country to limit skilled people from utilising their full capacity. Why do we have to go the route of limiting denturists to serving only their own patients? As a qualified dental technician in the first place, a denturist could be allowed to continue providing a laboratory service to dentists if they have the time, as they do in New Zealand and some states in America. That would alleviate Campbell’s concern that denturists might not be economically sustainable or tempted to over-service their patients!

In Australia and Canada a denturist has ± 5 times the level of training in removable prosthetics that a dentist has. What is more, denturists are fully trained at a fraction of the cost of training a dentist. In the end, dental consumers should be given the freedom of choice to decide for themselves whose services to hire for providing their removable prosthetics.

In conclusion, I am not convinced that this type of back-and-forth letter writing in a dental publication is the best form of debate. It has the potential of polarising the relationship between dentists and dental technicians, instead of involving the public, a major stakeholder, who do not have access to this publication. In fact, the people should make the decision themselves. This is not a matter that should be left to a profession that is clearly looking after its own interests! Campbell’s letter can barely be considered as participation to a public debate. The purpose of a debate is to involve all the stakeholders that has an interest in a matter, to participate inclusively in a transparent process where facts is debated with all the stakeholders having the opportunity to raise questions and state their opinions freely. It should conclude with well-enough informed participants coming to a realistic deduction, upon which policy recommendations can be formulated. The Society has been asking for an objective mediator to facilitate such a process for more than a decade!

Mohutsuwa Kgothule

LETTER TO THE EDITOR

To the Publishing Editor, International Dentistry South Africa

Dear Ursula

Having read the response of Dr Neil Campbell to my article about Denturism in the previous edition of International Dentistry South Africa, I responded to restore perspective to the one-sided views often portrayed by the anti-denturism lobby.

It is regrettable that your publication declined to publish my comprehensive response due to editorial policy as well as space constraints.

Your readers who are interested in finding out the facts about Denturism are invited to visit the website of The Society for Clinical Dental Technology that is due to go online soon at www.denturism.co.za.

Kind regards

Duffy Malherbe