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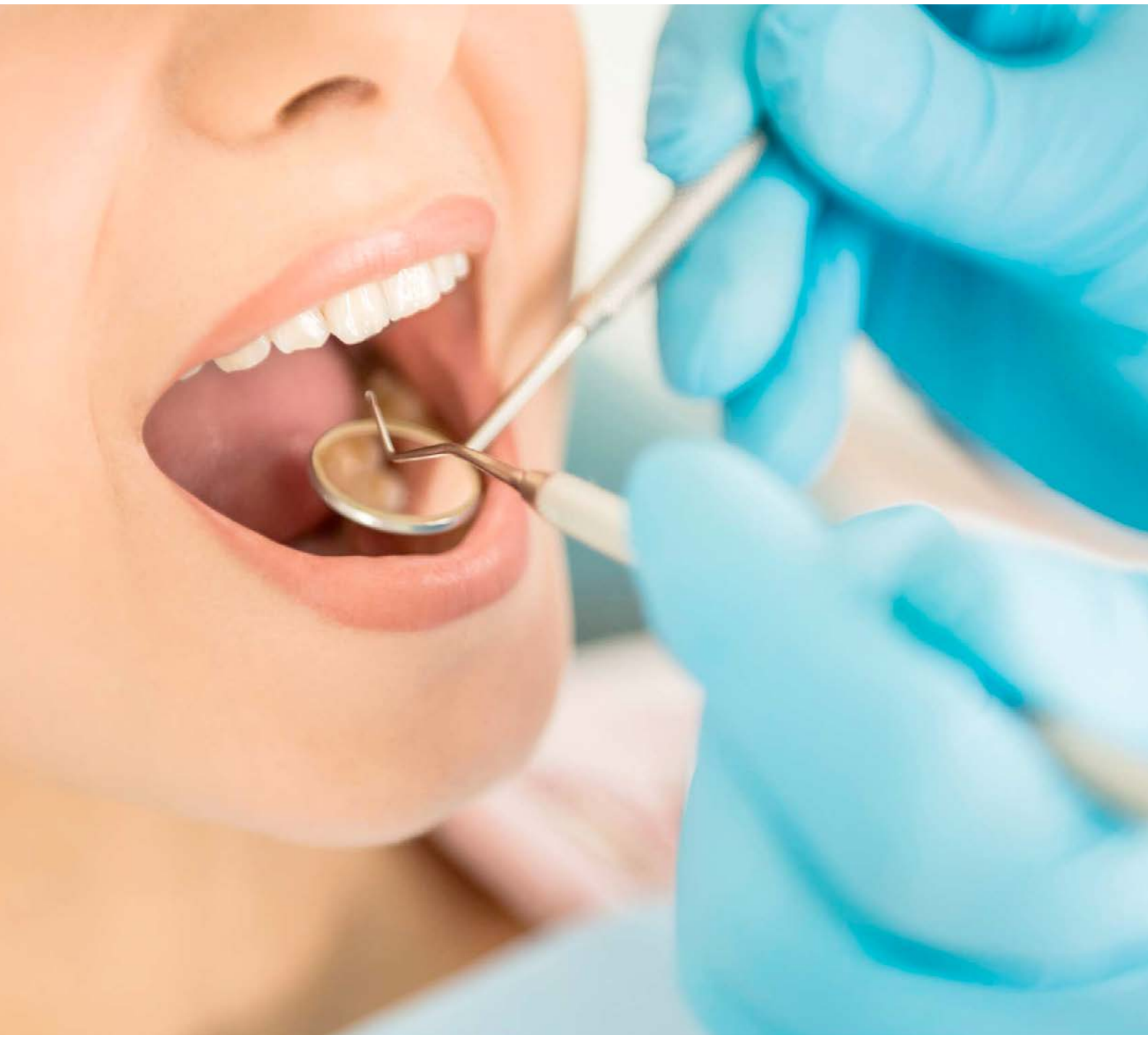
HPCSA
Health Professions Council of South Africa

Dental Assisting, Dental Therapy and Oral Hygiene

NEWS

Newsletter of the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene



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Chairperson's Note

As we find ourselves face to face with numerous economic challenges and hardships. Many of us look for avenues and opportunities to make a living and sustain our lifestyles. Whilst there is nothing wrong with the principle of seeking creative ways in which to earn a living, it is the creative activities that we come up with that creates challenges for our patients and our profession. As healthcare practitioners, we should always act in the best interest of our patients. As healthcare practitioners we should live by and display important human values such as courage, generosity, self-control, temperance, sociability, modesty, fairness, justice, impartiality and honesty in all that we do.

These are values which we, as professionals, judge to be right, and which assist us in our determination of what is right and what is wrong. These are the values that form the basis of our ethics and the ethical rules which we espouse. In our current fiscal environment, and in our quest to increase our income, we may be engaged in activities that erode the very same values which we espouse as healthcare practitioners.

Recently we have seen practitioners risk their profession and livelihood by getting involved in activities that may lead to us practising outside of our Scope of Practice or exploiting the public and funders through activities such as fraud, forgery and uttering, and/or misleading the public. Examples of such activities include over-servicing, inappropriate treatment etc. An example will be where practitioners mislead patients by calling/ allowing themselves to be called "doctor" or naming their practices incorrectly (e.g. dental surgery, dental practitioner etc.). These activities may personal? lead to practitioners compromising their personal and professional values and ethics in return for an instant short-lived or temporary gratification.

I would like to take this opportunity to encourage practitioners to comply with all rules, regulations and guidelines in order to be ethical and to fulfil your moral and societal obligations. Lao Tzu said"*He who conquers others is strong, He who conquers himself is mighty*." As a healthcare practitioner one must conquer oneself, and overcome the urge to put short-term financial gain ahead of one's profession and the public. For if we don't conquer ourselves today, our actions could have long-term detrimental consequences for the patient and/or profession. The Board has been active in working toward fulfilling its mandate of guiding the profession by finalising guidelines such as those for Mobile Practices and instituting a process for the review of the Scopes of Practice of the three professions (Dental Assisting, Dental Therapy and Oral Hygiene). Further details will be communicated to stakeholders. There is still a low level of compliance to CPD requirements by practitioners, and the Board encourages all practitioners to ensure that the are compliant at all times.

As you go through this newsletter, I invite you to have regard to your moral and ethical obligation as healthcare practitioners and to make a conscious decision to not only comply with the ethical rules and regulations of the HPCSA, but also as prescribed by your own moral compass. I trust that you will find the articles herein informative, and that these articles will inspire you to seek further knowledge, in keeping with the ethos of continuous lifelong learning and professional development.

In conclusion I would like to thank the Secretariat, members of the Board, and all members of the professions registered under the ambit of the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene, in assisting us in meeting our mandate, that is "*protecting the public and guiding the profession*".

Best wishes in your future endeavours.

Dr Tufayl Ahmed Muslim

Board for Dental Assisting, Dental Therapy and Oral Hygiene Education and Training Progression

Dr Priscilla Brijlal

Registered Dental Therapists, Oral Hygienists and Dental Assistants must only perform those dental procedures for which they have been educated and trained in programmes of study approved by the Council on Higher Education, South Africans Quality Authority (SAQA) and the Health Professions Council of South Africa (HPCSA). Approved programs of study are those which, upon successful completion lead to a qualification conferred by the University and registration with the HPCSA as a dental practitioner in the division or specialty in which the study was completed. Programmes to extend a dental professional's scope of practice are short educational programmes offered by Universities and that the relevant Board has reviewed and approved in accordance with the promulgation by the Minister of Health. These programmes cover a range of skills which allow dental practitioners to extend their education, training and competence in certain areas and within the division in which they are registered. Dental practitioners are also required to meet the HPCSA requirements for Continuing Professional Development (CPD). All healthcare practitioners have a responsibility to continually update their professional knowledge and skills for the end benefit of the patient or client. To this end the HPCSA has implemented a Continuing Professional Development programme. CPD programs are programmes that maintain, improve and broaden knowledge, expertise and competence, and develop the personal and professional qualities required throughout a dental practitioner's professional life. CPD activities alone cannot be used to extend a professional's scope of practice. The HPCSA's CPD Guidelines detail the requirements and expectations in relation to CPD and can be viewed at http://www.hpcsa.co.za/CPD/ForProfessionals.

Post-Graduate Studies

All qualifications are graded on the NQF (National Qualifications Framework) of South Africa. Postgraduate programmes such as PhDs, Masters, and Post Graduate Diplomas are advanced academic qualifications that are taken after the completion of the first undergraduate degree. These post graduate programmes enhance your understanding and knowledge of the subject matter. In professional disciplines they further enhance your skills defined in your professional scope. Below is an example of the new vocational progression pathway from a Diploma up to the Doctoral level.

Diploma (NQF Level 6)

Advanced Diploma (NQF Level 7)

Postgraduate Diploma (NQF Level 8)

Master's (NQF Level 9)

Doctoral (NQF Level 10)

To view and understand the criteria of the progression pathway access the SAQA website. Available from: http://www.saqa.org.za/list.php?e=NQF

Recognition of prior learning (RPL)

Students wanting to gain entry into undergraduate or post graduate education and who do meet the minimum requirements can gain entry into a programme through Recognition of Prior Learning (RPL). RPL provides a way for the university to recognise your knowledge and skills gained through experience for non-formal education, for the purposes for admission or for credit towards a qualification. Learners may apply for credits or exemptions for subjects already passed within an institution or at other recognised institutions. The respective institutional policies guide this application process.

Oral Health Education in schools

Helen Motlanthe

(a) Introduction
School Oral Health Programmes are one of the most important ways of promoting oral health in communities. It is one of the ways of exposing children from low-income households to oral health-care. It's easy for children to learn when they are in fun group activities. What is learnt at formative years is kept for life; hence oral health care received from an early age will be remembered forever.

(b) Involvement of the Health Department
It is the duty of the Health Department to inform the communities about oral health. It does not help the department to employ skilled oral healthcare workers if they cant enlighten the communities about their specialities. They should have ways of reaching out to the communities; school oral health care programmes being one of them.

(c) Target groups
The main target groups are primary school pupils. What children are taught at an early stage, in a repeated manner, will become a habit. Apart from the pupils, the following people can gain from the programmes: teachers, members of school committees, parents, workers and volunteers. Guidelines can be given to the above mentioned people in helping improve the oral health care of pupils and themselves.

(d) The advantages of Oral Health School Programmes

· Pupils can be evaluated for the oral health from their formative years.
· Pupils learn better by emulating their peers.
· There is support for the programmes because of the availability of teachers, school facilities etc.
· It allows for evaluation of the programme progress.
· School policies can be implemented based on the Oral Health Education.
· Training of the trainer programme is done easily.
· There are no appointments.
· Pupils don't miss school hours
· Parents dont have to take time out to accompany their children to the clinic/hospital.

(e) How the programmes can be conducted.
· Trained volunteers and Oral Hygienists can teach children how to brush and floss their teeth.
· Toothbrushes, toothpastes and flosses will be supplied to children.
· Pupils will be taught on healthy diet.
· Once a month, screenings will be done by professional staff e.g. Oral Hygienists.
· If there are pupils requiring further attention or procedures, consent will be asked from their parents or guardians on order for treatment to be done at a nearby clinic or hospital. Transport will be arranged by the Department of Health at no nominal fee.
· All services will be offered consistently.

If Oral Health Programmes can be followed up and evaluated oral health will improve in our communities, regionally and nationally.

PROMOTING ORAL HEALTH IN AFRICA (Part 3)

[Extract from World Health Organisation (WHO) Manual]

Dr Johan Smit – National Department of Health Representative

In previous Newsletters (Part 1 and 2) there were reference to:

- The oral disease burden and common risk factors for Non-Communicable Diseases (NCDs)
- Integrating oral health within NCDs' strategies at Primary Health Care (PHC) level
- Oral Health – essential to overall health
- Integrating Oral Health within Primary Health Care (PHC)
- A long-term commitment to Oral Health

Basic Package of Oral Care (BPOC)

The primary target audience of the BPOC is health system decision-makers at national and local levels, as well as managers and senior clinical staff of PHC facilities and districts.

Integrating oral health within PHC facilities and districts is fundamental to the activities. Integration means organising services so that they are focused on the overall health needs and expectations of people and communities. It also implies the need to prioritise and re-evaluate on a regular basis what is incorporated into any PHC essential healthcare package.

Ultimately, the goal is to deliver safe, high-quality health services through which people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life-course.

Integrate essential oral healthcare into PHC. The BPOC should be available in all PHC districts. While additional human and financial resources will be needed to deliver certain components of the BPOC properly, the benefits will be significant, largely quantifiable, and meet the needs of the population.

In the framework of the BPOC it is recommended that PHC facilities offer the following interventions:

- Oral health examination;
- Management of pain affecting oral hard tissues (teeth);
- Management of pain arising from oral soft tissues;
- Management of oral swelling;
- Management of oral and peri-oral ulcers;
- Management of red, white or grey oral pigmentation (discoloration);
- Atraumatic restorative treatment (ART);
- Basic oral health education; and
- Infection control.

The emphasis of the BPOC components is on simple and effective interventions that can be carried out by trained staff at PHC facilities on an outpatient basis.

Further information would be provided in another edition.

The Protection of Personal Information Act and Healthcare Professionals

Mr. M.J. Maponyane

1. INTRODUCTION

Being registered as a healthcare professional with the Health Professions Council of South Africa (HPCSA) confers on us the right and privilege to practise our professions. Correspondingly, practitioners have moral or ethical duties to others and society. These duties are generally in keeping with the principles of the South African Constitution (Act No. 108 of 1996) and the obligations imposed on healthcare practitioners by law. The Personal Information Act (No. 4 of 2013) has implications in handling of patient information by healthcare professionals.

2. PERSONAL INFORMATION ACT (No.4 of 2013)

Objectives of the Act are:

To promote the protection of personal information processed by public and private bodies; to introduce certain conditions so as to establish minimum requirements for the processing of personal information; to provide for the establishment of an Information Regulator to exercise certain powers and to perform certain duties and functions in terms of this Act and the Promotion of Access to Information Act, 2000; to provide for the issuing of codes of conduct; to provide for the rights of persons regarding unsolicited electronic communications and automated decision making; to regulate the flow of personal information across the borders of the Republic; and to provide for matters connected therewith.

2. WHAT IS "PERSONAL INFORMATION"?

Information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including :race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person; education or the medical, financial, criminal or employment history of the person any identifying number, symbol, e-mail address, physical address, telephone number, location information, online identifier or other particular assignment to the person the biometric information of the person; the personal opinions, views or preferences of the person; correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence, the views or opinions of another individual about the person; and the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

3. WHO DOES THE ACT APPLY TO?

The Act applies to anyone who keeps any type of records relating to the personal information of anyone, unless those records are subject to other legislation which protects such information more stringently. It therefore sets the minimum standards for the protection of personal information. It regulates the "processing" of personal information. "Processing" includes collecting, receiving, recording, organising, retrieving, or using such information; or disseminating, distributing or making such personal information available. The Act will also relate to records which you already have in your possession.

4. WHY WAS POPI ACT INTRODUCED?

POPI Act seek to balance the legitimate needs of the organisations with the constitutional right to privacy of individuals whose personal information is being used by those organisations.

POPI Act says as organisations use the personal information of its data subjects to do its normal business, they should not abuse or use such information unlawfully to infringe their privacy.

5. WHAT ARE OUR RIGHTS?

We all have the right to be told if someone is collecting our personal information, or if our personal information has been accessed by an unauthorised person. We have the right to access our personal information. We also have the right to require our personal information to be corrected or destroyed, or to object to our personal information being processed.

The Act does not apply to personal information processed in the course of a personal or household activity, or where the processing authority is a public body involved in national security, defence, public safety, anti-money laundering, or the Cabinet or Executive Council of the province or as part of a judicial function.

6. IF WE COLLECT PERSONAL INFORMATION HOW MUST WE HANDLE IT?

Anybody who keeps personal information has to take steps to prevent the loss, damage, and unauthorised destruction of the personal information. They also have to prevent unlawful access to or unlawful processing of this personal information.

Health care professionals have to identify all risks and then establish and maintain safeguards against these identified risks. Healthcare professionals have to regularly verify that the safeguards are being effectively implemented and update the safeguards in response to new risks or identified deficiencies in existing safeguards. Personal information must also be treated as confidential.

7. OFFENCES, PENALTIES AND ADMINISTRATIVE FINES

Sections 100 – 106 deal with instances where parties would find themselves "guilty of an offense". The most relevant of these are:

Any person who hinders, obstructs or unlawfully influences the Regulator;

A responsible party which fails to comply with an enforcement notice;

Offences by witnesses, for example, lying under oath or failing to attend hearings;

Unlawful Acts by responsible party in connection with account numbers;

Unlawful Acts by third parties in connection with account number.

Section 107 of the Act details which penalties apply to respective offenses. For the abovementioned offences the maximum penalties are a fine or imprisonment for a period not exceeding 10 years or to both a fine and such imprisonment. For the less serious offences, for example, hindering an official in the execution of a search and seizure warrant the maximum penalty would be a fine or imprisonment for a period not exceeding 12 months, or to both a fine and such imprisonment.

8. HPCSA and Personal Information Act (Act No.4), 2013

Booklet 10 of the HPCSA's practice guidelines [6] deals with patient confidentiality, and clearly supports the protection of patient information. It is recommended that if the disclosure of patient information is necessary patient consent be obtained, disclosure minimised as much as possible, and anonymity must always take preference. The HPCSA recognises that a significant number of improper disclosures happen unintentionally, and stresses that clerks and receptionists should be trained in patient confidentiality and retention of disclosure.

The HPCSA states: 'Healthcare professionals should not discuss information about patients where they can be overheard or leave patients' records where they are vulnerable to disclosure, either on paper or electronically, where they can be seen by other patients, unauthorised healthcare personnel or the public. Healthcare practitioners should endeavour to ensure that their consultations with patients are private.'[6]

The recommendations made by the HPCSA state that each healthcare provider is responsible for the safeguarding of their patients' information. Stringent precautions should thus be taken to assure the security of the data storage unit used to store patient information, and 'if necessary, healthcare practitioners should take appropriate authoritative professional advice on how to keep information secure before connecting to a network. They should record the fact that they have taken such advice.' The same security requirements apply to the receiving or sending of patient information via fax, mobile device or email, as 'the data cannot be intercepted or seen by anyone other than the intended recipient.'[4] Healthcare practitioners should be aware of the fact that information sent by email may be intercepted.[6]

10.WHEN CAN A HEALTHCARE PROFESSIONAL BE HELD LIABLE ?

The responsible party is guilty of an offence if:

(i) Information was obtained without consent;

(ii) Information was published or accessed by an unauthorised party;

(iii) Reasonable harm or distress was caused to the subject;

(iv) The responsible party failed to take reasonable steps to prevent access to the information; or

(v) The responsible party failed to report a breach to the subject or the Information Regulator.

The penalty for a breach of privacy is related to the severity of the harm or distress caused. This can include termination of employment, sanctions by the HPCSA (including being struck off the roll of practitioners), a damages award of monetary compensation to the affected data subject (up to ZAR10 million) and imprisonment for a maximum of 10 years.

11. RECOMMENDATIONS

Given the intended legislation, it is recommended that the following are considered:

(i) Always inform the patient if acquiring their personal information, notarising the consent if it was a verbal agreement. Written consent is necessary when information is disclosed or published. A reasonable suggestion is to have a discussion of these issues on the first consultation with a patient, and to notarise this discussion. This will not only properly inform the patient, but also safeguard the prior. The recording of personal information should always be done accurately, preferably using information primarily from the data subjects themselves, and involve only the essential information as required for the specific purpose for which it is being collected.

(iii) When publishing patient information, always assure full de-identification. Written consent is still a requirement.

(iv) The retention of records and handling of patient information should be done securely, as recommended by the HPCSA guidelines.

(v) The deletion of the records after 5 years' retention is necessary, with the exception of records with historic or academic value, or those involving anticipated legislation.

(vi) The above steps should be executed in terms of a written POPI policy in the practice. The policy must be communicated to everyone who may have access to patients' private information in the workplace.

This is one of the minimum reasonable measures expected by the Information Regulator.

12. Conclusion

Healthcare professionals have to acquaint themselves with the Personal Information Act and comply with all legislative framework that relates to handling of personal information in order to avert legal recourse.

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Continuing Professional Development (CPD)

Dr T Muslim

Continuing Professional Development (CPD) plays a crucial role in ensuring that health care practitioners acquire new and updated levels of knowledge, skills and ethical attitudes which will not only add immeasurable benefits to their professional practice, but also enhance and promote professional integrity to the ultimate benefit of the patient. In terms of Section 26 of the Health Professions Act, all practitioners registered with Council have to attend to continuous development and training, and are compelled to complete a series of accredited CPD activities each year

The following categories should accrue the number of CEUs as detailed in the table below:

Profession	CEUs per year	Ethics, Human Rights and Health Law per year
Dental Assistant	15	3
Dental Therapist	30	5
Oral Hygienest	30	5

If practitioners are found to be non-compliant, they will be given six months in which to comply with the requirements. Should they then still be found to be non-compliant, the names of such practitioners will be submitted to the relevant Professional Board, who may decide to change the registration status to indicate that those practitioners may only work under supervision until such time that proof of compliance with CPD was submitted. The Boards may also decide that the practitioner must either complete an assessment, or that the name of the practitioner be suspended from the register and from practicing the profession until such time that the practitioner is able to submit proof of compliance with the CPD requirements.

Practitioners are reminded to update their address and contact details with as per the requirement of Section 18(3) of the Act which states that practitioners must update their address and contact details with Council within 30 days of such change in address.

Please further note that the Guidelines for Continuing Professional Development have been amended and are available on the website (www.hpcsa.co.za).

South Africa's Health Promotion Activities

Dr T Muslim

The South African government has, in the recent past, introduced various policy initiatives that are aimed at health and environment protection and improvement. Whilst some of these initiatives are aimed at environmental protection, others have a focussed approach on oral and general health. A few of these initiatives include:

The Carbon Tax Bill that is expected to be implemented from 2019. In order to reduce littering and increase plastic bag reuse and recycling the levy on plastic bags has been increased by 50% to 12 cents per bag as of 01 April 2018. The environmental levy on incandescent light bulbs has also increased from R6 to R8 in an effort to encourage consumers to switch toward using energy efficient light bulbs. Vehicle emission taxes, which are targeted at certain vehicles that emit emissions above a certain level, are also being increased. Whilst not yet being implemented, the State is considering the introduction of an acid mine drainage levy, which would target polluters in order to pay for the cost of environmental damage.

A tax that would have major ramifications for oral health in particular is the so-called sugar tax, which is being levied at a rate of 11%. Officially called the "Health Promotion Levy", this is a tax that will result in South Africans paying more for sugary drinks from 01 April 2018. These regulations are contained in Government Gazette No. 41323 of 14 December 2017. It amounts to a tax of 2.1c per gram of sugar per 100ml, above 4 grams per 100ml. This new tax is expected to contribute R1.9bn in additional revenue, according to the budget, but is significantly less than some initial estimates, which argued that the tax could bring in as much as R10bn.

The South African beverage industry has already reacted to the tax. In a number of ways. These include by reducing the sugar content of popular beverages through the use of non-nutritive sweeteners, reformulating the ingredients and contents of certain beverages, promoting "diet" and "zero-content" beverages, and introducing smaller bottle sizes to curb excessive sugar consumption and limit the excise tax burden.

Many stores have also reacted to the sugar tax by promoting these reduced sugar beverages, and some, such as Nandos Restaurants, even display differentiated beverage prices (sugar versus sugar-free) and have meal price promotions that are lower-priced when a low-sugar/sugar-free beverage is included in the promotion. However it must be noted that the tax is not just levied on cold-drinks, but also on other drinks (including flavoured water), diluted fruit and vegetable juices, flavoured milk (milk-shakes), cocoa and other powders, as well as syrups and other concentrates that are used in the manufacture of sweet beverages.

The term "sugar" as used in the concept sugar tax, is actually a misnomer as the tax is levied not on solid sugar or sugary substances but rather on sugar-sweetened beverages. These are beverages that contain added caloric sweeteners such as sucrose, high-fructose corn syrup or fruit juice concentrates. The aim of the health promotion levy is thus to fund health promotion activities.

The Importance of CPD

Mr Thifhelimbilu Watson Muthuphei

Introduction

In 2007, as a condition of practicing, the HPCSA introduced a program of CPD to all practitioners registered under its ambit. Practitioners are required to submit evidence of participating in this program. It is a two year cycle program. The HPCSA randomly select registered practitioners for audit.

The HPCSA is the regulatory body for the health professionals formed in accordance with the Health Professionals Act, Act 56 of 1974. It is a statutory body accountable to the health ministry and it also acts as an advisor to the minister of health. It has 12 professional boards in its ambit.

The HPCSA promotes the provision of the highest quality of health care to the public.

McQuoid- Mason and Dada,(2011 333) state that these professional boards have been established for different branches of the health professions in terms of the above Act, (Act 56 of 1974) in order to guide the particular branch of the profession concerned and to protect the public who use the services of such profession.

This is to monitor the competency of the health professionals. The CPD program is aimed at increasing the skills and knowledge of the practitioners. It is also done to protect the public from unregistered and incompetent people practicing as healthcare professionals.

The Need to Regulate

In 2007 the HPCSA as the regulatory body for the healthcare professionals in South Africa introduced the system of CPD to regulate the health professionals. The aim for this process is to improve the patient experience, patient care, patient safety and the quality of services rendered.

This is a two year circle. This system is working, however, it has some loop holes. It was envisaged that health professionals will continue learning and improve their knowledge and skills in order to improve the health of the public through this process. Yes, they are learning, but the health of the public is not improving. The health professionals attend CPD meeting in order to accumulate CEUs, even if it is not related to their scope of practice, to meet the requirement of the HPCSA.

In South Africa, the HPCSA has a CPD section which administers and monitors the CPD processes on behalf of the CPD committee of the HPCSA. McQuoid-Mason and Dada, (2011: 105) state that CPD refers to ongoing professional development activities that are required to be undertaken by members of a profession in order to keep them up to date regarding the day to day practice of their profession as well as ethical, legal and other professional responsibilities. It is important that knowledge and skills are regularly updated through CPD and maintained in this arena, *See Generally, World Medical Association Medical Ethics Manual (2005).*

There are three main purposes of regulating health practitioners namely:

- To protect the public from unsafe practice
- To set professional, ethical standards to ensure quality service; and
- To confer accountability, identity and professional status upon practitioner.

There is an increase in unearthing of bogus health professionals. All these bogus health professionals are not registered with the HPCSA.

Monitoring

Business.com defines monitoring as supervising activities in progress to ensure they are on-course and on-schedule in meeting the objectives and performance targets.

Hence the HPCSA has no jurisdiction over bogus health professionals. The HPCSA can only alert the police to act on them. The public may perceive this as the failure by the HPCSA to protect them.

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GENERAL INFORMATIONS

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