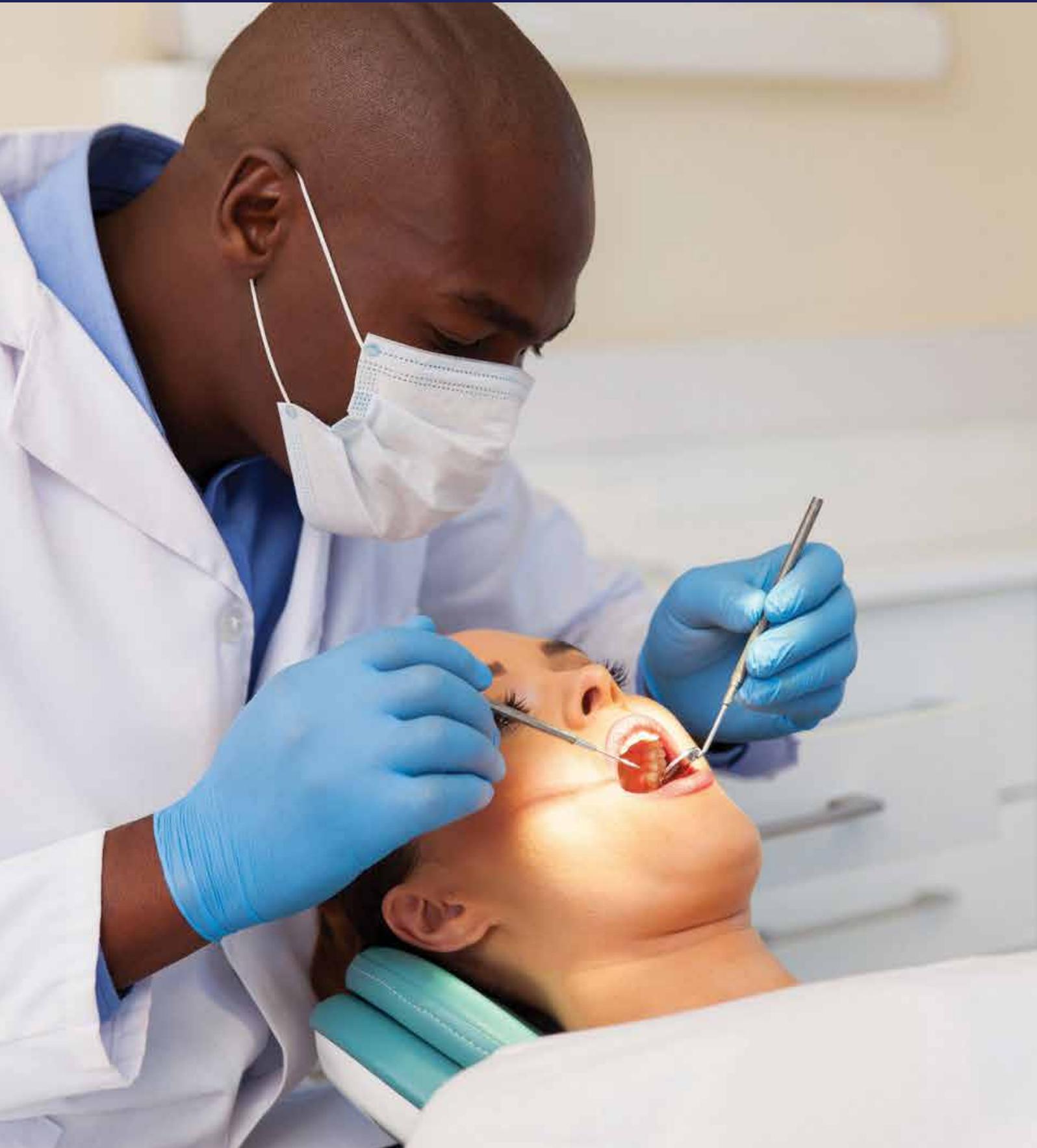




Dental Assisting, Dental Theraphy and Oral Hygiene

NEWS

Newsletter of the Board for Dental Therapy and Oral Hygiene





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CHAIRPERSON'S NOTE

The Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene (PBD OH) has been active in working towards fulfilling its mandate of guiding the profession and protecting the public. An example of this would be the current strategic review of the Scope of the Professions of all three professions that fall under the ambit of the Board (Dental Assisting, Dental Therapy and Oral Hygiene). This is to ensure that professionals are empowered to practise their professions to the fullest of their abilities, guided by evidence-led and research-based best practices, whilst ensuring that they are equipped with the appropriate training, education and experience.

The Board encourages Dental Therapists and Oral Hygienists, who comply with the prescribed criteria, to apply to the Board and convert their registration status from that of “supervised practice” to that of “independent practice”. The Board further encourages practitioners to maintain currency in their registration by ensuring that they pay their annual fee, remain compliant with the Continuous Professional Development (CPD) requirements, and engage in continuous and quality-assured life-long learning. This would contribute to improved practice standards and patient outcomes.

The Board has, during 2017, met with numerous stakeholders, such as OHASA and SADTA, the universities, CPD providers and other stakeholders. The Board has received numerous requests to intervene in salary negotiations, uniform allowance challenges, medical aid reimbursements etc. These functions are not part of the legislative mandate of the Board, and highlights the need for stakeholder interaction, so that practitioners can be informed of the roles, responsibilities and mandate of the HPCSA. Sadly, during 2017, a stakeholder intervention planned for the Western Cape had to be cancelled due to a poor response from professionals. A second stakeholder intervention, held in Durban, KwaZulu-Natal, was poorly attended, despite a number of professionals confirming their



attendance. The Board implores professionals to engage with the HPCSA at these, and other fora, in order to participate in, and contribute to, the regulation of their professions.

The PBD OH underwent a name change, from the Professional Board for Dental Therapy and Oral Hygiene, to the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene. This change occurred a number of years after dental assistants were initially registered with the HPCSA, and was due to the uncertainty surrounding the inclusion of dental assistants within the ambit of the Board; a matter that has since been resolved following a court decision to that effect. Whilst on the subject of names, the PBD OH notes with concern, that a number of practitioners continue to disregard the regulations pertaining to the use of names and professional titles, and the naming of practices. Whilst the Board recognises the nuances of certain languages that do not have terminology (names) for the professions of the

oral hygienist and dental therapist, the continuing use of the title “Doctor” remains a concern. Dental therapists and oral hygienists who have not had a doctorate conferred upon them cannot ethically and legally call or allow themselves to be called “doctor”. Neither can they call themselves “dental practitioner” or name their practices as “dental practice”, “dental surgery”, “dental rooms” etc., or use any other title or name. This is to avoid knowingly, or unknowing, misrepresenting oneself to patients and the public. The Board encourages practitioners to gently correct patients who call them “doctor”, and to utilise this opportunity to market both themselves and their professions to the public. The Board has instituted disciplinary action against a number of practitioners for being in violation of these regulations, with one practitioner receiving a fine of R50 000, and with a number of pending cases. The Board encourages practitioners to align themselves with the regulations pertaining to the use of names and titles, so as to avoid disciplinary action. Professionals are reminded that the correct terminology is “dental therapist”; “dental therapy practice”; “oral hygienist”; and “oral hygiene practice”.

The Board is delighted that a number of professionals have obtained, or are in the process of obtaining, post-graduate qualifications, thus contributing to the scholarship of knowledge relating to the professions. The Board would like to congratulate an oral hygienist, Shenuka Singh, on gaining professorship. Associate Professor Shenuka Singh, of the University of KwaZulu-Natal, has made an immense contribution to the professions, and the Board is proud of her joining the professoriate.

The Board recognised that many unqualified, yet experienced, dental assistants were unable to register timeously, and missed the cut-off date. Subsequently the Board extended the registration date to the 28 February 2018. Dental assistants registered under this special dispensation are reminded that they have two years from the date of initial registration to successfully complete a Board examination, and to convert their registration status. Failure to pass the exam, or change their registration status, will result in them being unable to legally practice, as their registration with the HPCSA would have lapsed.

The Board exam is offered four times a year, and in all 9 provinces. As part of a quality assurance and improvement process candidates are asked to complete an evaluation of the examination. Comments received thus far have been mostly positive, and the shortfalls that candidates identified have been addressed. These measures are useful in ensuring that the Board examination is fair, credible of a high standard.

In conclusion, as Chairperson, I would like to thank fellow Board members, stakeholders and most importantly the HPCSA administrative staff who have served the professions with dedication beyond measure. The Board proudly looks back at a successful year and envisages that 2018 would bring even more success to the Board in fulfilling its mandate of “protecting the public and guiding the professions.”

Dr TA Muslim

CHAIRPERSON

Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene

REMEMBER THE ADMIN

The Health Professions Council of South Africa (HPCSA) is a statutory body set up by law to ensure that the regulations governing healthcare professionals are enforced. The HPCSA ensures that the Health Laws of South Africa are followed by all healthcare professionals registered with it. The HPCSA as we know it was established in terms of the Health Professions Act 56 of 1974 in order to protect the public and guide the professions under its ambit.

The HPCSA regulates healthcare professionals in South Africa as prescribed in the Act. Only professionals who meet the HPCSA's standards for their training, professional skills and behaviour will be registered. It has the power to institute disciplinary action regarding any complaint, charge or allegation of unprofessional conduct against any person registered with Council. If a registered practitioner break the rules and regulations as laid down by Council, or as stipulated in the Health Professions Act, the practitioner will be subject to a disciplinary process in terms of these regulations. HPCSA can also prosecute those who pretend to be registered.⁽²⁾

Rules regarding registration.

Section 17(5) of the Act states that:

Any person who is not registered in terms of this Act and practises a health profession in contravention of this section, or who pretends to hold such registration, is guilty of an offence and on conviction is liable to a fine or to imprisonment for a period not exceeding 12 months, or to both a fine and such imprisonment.⁽³⁾

The following case scenario will illustrate an offence. A dental assistant registered with the HPCSA, is reported for doing a scale and polish. This procedure does not fall within the scope of practice of an assistant. A process of investigation will follow. The matter will be referred to the Committee of Preliminary Enquiry which will either impose a fine or refer the more serious matters to Council. If the assistant is found guilty, she (and her employer) will be fined or she might be struck off the register, but she will not have a criminal record.

Should a similar scenario take place, but the person doing the scale and polish is a qualified dental assistant not registered with the HPCSA, the case will be handed over to the police and if found guilty, the assistant will have a criminal record. It is therefore crucial to make sure your registration is up to date at all times. **Use iRegister for confirmation.**

Note: The HPCSA makes it your responsibility to check that you are registered

No person may practise in South Africa as a healthcare professional if he or she is not registered with the HPCSA as prescribed by the Act.

If a professional would like to be registered, he/she should apply to the Registrar of the HPCSA and supply the required proof of qualification, identity and good character. These requirements will be different for dental assistants applying for the first time. Guidelines can be downloaded from <http://www.hpcsa.co.za/PBDentalTherapy/Registration>

It is crucial to ensure that your registration fees are paid up-to-date and your registration is in order. The annual payment is due annually before 1 April every year.

To improve the service the HPCSA offers, it has launched an On-line payment portal with the following benefits:

- Practitioners are able to go through the renewal process online;
- Practitioners are able to make annual fee payments and other outstanding amounts, as invoiced, online;
- Practitioners are be able to download an electronic practitioner card including an encrypted QR code, which when scanned, will reveal much more information about the practitioner than is currently the case, with real-time validation;
- Practitioners who prefer the printed format will be able to print their HPCSA registration

details from the system;

- Practitioners are able to view, verify and confirm, or update their contact details, as they renew their membership, or at any time through this portal;
- The portal allows the practitioner to view their qualification(s) and registration details, and where required, send a service request for queries.(4)

The Professional Board for Dental Therapy and Oral Hygiene (PBD OH) is aware of professional's complaints about high registration fees. Fees are used to cover Board expenses and calculated accordingly. There is a relatively small number of professionals registered under the ambit of our Board compared to bigger Boards like the Medical and Dental Board. This leads to higher registration fees for professionals registered with the PBD OH.

The PBD OH is sensitive to the matter and would like to assure professionals that they are doing their best to reduce expenses where possible.

Every registered person who changes his or her contact details shall in writing notify the registrar thereof within thirty days after such change. ⁽³⁾

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1. <https://www.reference.com/government-politics/statutory-body-4c44ec4e14bc6308#>
2. www.hpcsa.co.za
3. https://www.acts.co.za/health-professions-act-1974/17_registration_a_prerequisite_for_practising
4. HPCSA circular



Medical regulations

Mr T W Muthuphei



Medical regulations are the laws or rules set by the Department of Health, in consultation with the regulatory body, the Health Professions Council of South Africa (HPCSA). These regulations are enforced by the Minister of Health through the Health Professions Act, No 56 of 1974. They are also supported by the Constitution of the Republic of South Africa.

These regulations guide the professional in terms of what they can do, how and under what circumstances. They may be amended when it is deemed necessary.

The Health Professions Act, No 56 of 1974, regulates the establishment and the functions of the HPCSA and the Health Professional Boards.

The mandate of the HPCSA is to protect the public and guide the professionals.

These regulations support the following:

Human Dignity: To the healthcare professionals and the patients.

Section 10 of the South African Constitution says everyone has inherent dignity and the right to have their dignity protected and respected. These regulations make sure that the patient or the community is treated with dignity and respect all the time.

Autonomy: The healthcare professionals have the autonomy. This is also true for the patient. When consulting with the patient and after giving him/her all the information and treatment options, the final choice rests with the patient. Section 12(6)

of the constitution talks about informed consent. There are different forms of consent. However, before the treatment commences, the practitioner must explain the treatment plan, alternative treatment and the prognosis to the patient. The patient must show that he/she understands and agrees to the treatment option offered. Then the patient must sign the consent form. This is done to protect the healthcare professional if and/ or when litigations arises.

Privacy: section 14 of the Constitution states that everyone has the right to privacy and confidentiality. Patient's information must be kept in a safe place. No unauthorised person must have access to the patient's information.

Professionalism: The Healthcare professionals must always show competency, skills, healthy communication, trust and good doctor /patient relationship when consulting and treating the patient.

Virtue: This is the behaviour of the healthcare professionals towards the patient. There must be empathy and sympathy towards the patient. The patient must also show respect to the healthcare professionals.

Without these regulations, the healthcare profession would be in danger of abuse. The relationship between the doctor and patient is asymmetrical. The practitioner may abuse the patient through knowledge and skills that he / she has. The impact of such abuse will be on individual or communities that would suffer financially, physically or mentally.

HPCSA Moving Towards Maintenance of Licensure



In 2007 Continuing Professional Development (CPD) became compulsory for all professions registered with the Health Professionals Council of South Africa (HPCSA). From the outset, the goal was to encourage practitioners to update their knowledge and skills to enable ethical and competent practise. The focus of the HPCSA's current system of CPD has been largely on continuing education and to update knowledge. Literature, however suggests a need for a comprehensive system of CPD – beyond knowledge gain – as a method of addressing performance inadequacies of the professional as well as at the overall healthcare systems level. This comprehensive system of CPD is referred to as Maintenance of Licensure in this article to avoid confusion with CPD as it has always been referred to at HPCSA. While on one hand continuing education is acknowledged to be a core component of continuous professional development, Maintenance of Licensure as envisaged is more comprehensive and addresses a wider range of skills, including education, training, audit, management, team building and communication.

HPCSA CPD proposed MODEL (for MOL)

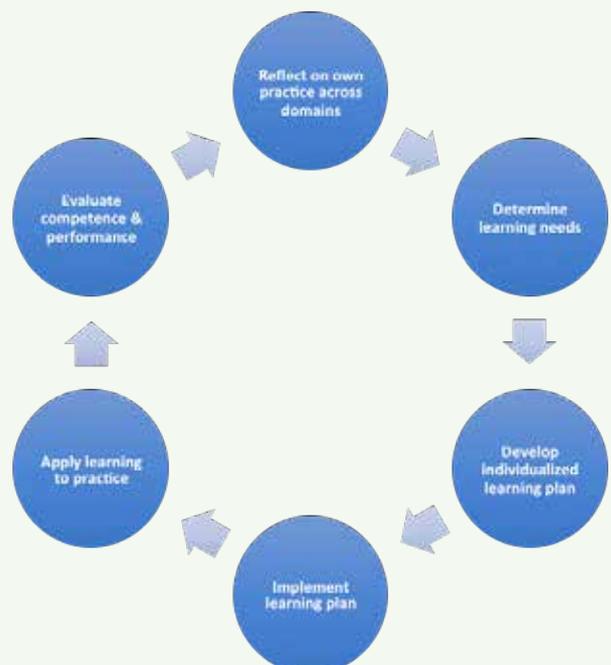
In 2013 the HPCSA decided that all practitioners will be required to have a license to practise their professions. The primary purpose of such a decision was to ensure that all practitioners, under the jurisdiction of the HPCSA, maintain and improve their professional knowledge, skills and performance for improved patient outcomes and health systems.

In keeping with the HPCSA's mandate of protecting the public and guiding the professions, the CPD Committee of the HPCSA has critically reflected on the current programme in light of research and international trends in CPD. The rationale is to

provide a model that guides genuine learning and enables improvement of professional competence and performance, rather than a system of CPD which has equated the number of hours/CEUs accumulated with competence. Currently, many practitioners meet mandatory CPD CEUs opportunistically, erratically or casually. In contrast, the Maintenance of Licensure model places greater responsibility on practitioners to set out their CPD requirements and demonstrate how their CPD activities improve their professional performance and patient health. Such a model more explicitly recognises that different professionals will have different development needs and require individual practitioners to take greater ownership of their professional development.

The model is depicted in the figure below:

HPCSA MODEL FOR MAINTENANCE OF LICENCE TO PRACTISE



Reflection on own practice entails critically looking at oneself across four domains; viz

DOMAIN 1: PROFESSIONALISM – encompassing good practice, integrity, intercultural competence.

DOMAIN 2: SAFETY AND QUALITY – relates to systems one has in place to protect patients/clients, how one responds to risks to safety, and how they protect patients/clients from risks posed by colleagues.

DOMAIN 3: COMMUNICATION is about communicating effectively, working constructively with colleagues and where necessary delegating effectively.

DOMAIN 4: KNOWLEDGE, SKILLS AND PERFORMANCE entails developing and maintaining professional performance, applying knowledge and experience to own practice and maintaining clear, accurate and legible records.

Determining Learning Needs can be achieved by using the following methods:

Self assessment of competence & performance;

Audit of practice or work ethic;

Peer feedback, in same profession.

3600 feedback from patients or clients, from families one interacts with, from other colleagues one works with who are not necessarily in the profession

Developing Individualised Learning: Plan is achievable through:

1. Setting own CPD programme as follows:

Embarking on Continuing Education - 20 hours per year - Learning related to performance improvement.

Involvement in Accredited activities e.g. attending conferences, workshops, courses, producing publications, engaging in research programmes.

Involvement in Non-accredited activities e.g. Self-directed learning programmes and Journals reading.

2. Ensuring own practice is audited at least once a year – systematic critical analysis of own practice, or having a senior managing own performance.

3. Participation in peer review for at least 10 hours per year – Examples include joint review of cases, review of charts, inter-professional review of cases,

mortality and morbidity meetings.

4. Ethics- related learning or practice - 5 hours per year.

Implementation of Learning Programme: CPD, which is already an HPCSA requirement, is a key component of the maintenance of licensure programme and is a major in the implementation process. There are additional requirements to demonstrate competence and performance, including peer review and engagement, audit, multisource feedback, and evaluation of competence and performance.

Application of learning to practice - Practitioners are required to determine their own learning needs, then devise an individualised CPD programme that meets these learning needs, with the ultimate aim being to improve their own practice.

Evaluating competence and performance is comprehensively done every five years; It is proposed that this should constitute a Competence Assessment(summative) which may be done online or through a training institution and performance assessments which include 3600 /multisource feedback and assessment of practice.

In Conclusion

The CPD Committee has and will continue to consult iteratively with a wide range of stakeholders in refining and implementing the guidelines and standards for the comprehensive CPD programme which will be linked to maintenance of licensure. The CPD Committee welcomes and values all perspectives and commits itself to thoroughly reviewing and considering all submissions arising out of the consultation process. The feedback received will influence the final proposal.

(This article is adapted from the concept document put together by the CPD Committee starting in 2014, as well as the presentation from Prof Sanjila Singh to the Interboard Forum that was held on 31st July 2017. Prof Singh is a member of the task team of the CPD Committee that is spearheading the Maintenance of Licensure programme)

Oral Hygiene and Expanded Functions –What is the Status Quo?

Dr TA Muslim

Introduction

As the regulator of dental therapists, oral hygienists and dental assistants, one of the objectives of the Professional Board for Dental Therapy and Oral Hygiene is to keep the public safe by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. The Board has in place specific standards, policies, guidelines and code in order to achieve this objective.

The profession of Oral Hygiene in South Africa has undergone a number of changes to the Scope of the Profession. These changes are contained in the following documents:

No.	Document	Regulation No.	Date Promulgated	Referred to as-
1	Regulations Defining the Scope of the Profession of Oral Hygiene	No R1729	9 August 1985	“1985 Scope”
2	Regulations Defining the Scope of the Profession of Oral Hygiene	No. R. 1150	17 November 2000	“2000 Scope”
3	Regulations Defining the Scope of the Profession of Oral Hygiene	No. R. 800	17 October 2013	“2013 Scope”
4	Regulations Defining the Scope of the Profession of Oral Hygiene	No. R. 800	21 July 2017	“2017 Scope”

With each scope expansion (i.e. the 2000 and the 2013 Scope’s) a wide and substantial array of procedures were added. The expansion of these scopes required that the oral hygienist be *appropriately educated and trained* in the performance of these procedures. This requirement, as contained in Rule 21 of the Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act, 1974, which was promulgated on 4 August 2006, and as an amendment to the original rules, including those published under Government Notice No. R. 2278 of 3 December 1978. These guidelines have therefore been in place for many years.

Rule 21 of the Ethical Rules states as follows:

“A practitioner shall perform, except in an emergency, only a professional act-

- (a) for which he or she is adequately educated, trained and sufficiently experienced; and
- (b) under proper conditions and in appropriate surroundings.”

Is it necessary to undertake the Expanded Functions Course/s?

The simple answer is **no!** However, should a practitioner wish to perform any of the procedures catered for in terms of the 2000 Scope and the 2013 Scope – and for which they have not been appropriately educated and trained, then the practitioner would need to undertake the Expanded Functions Course/s.

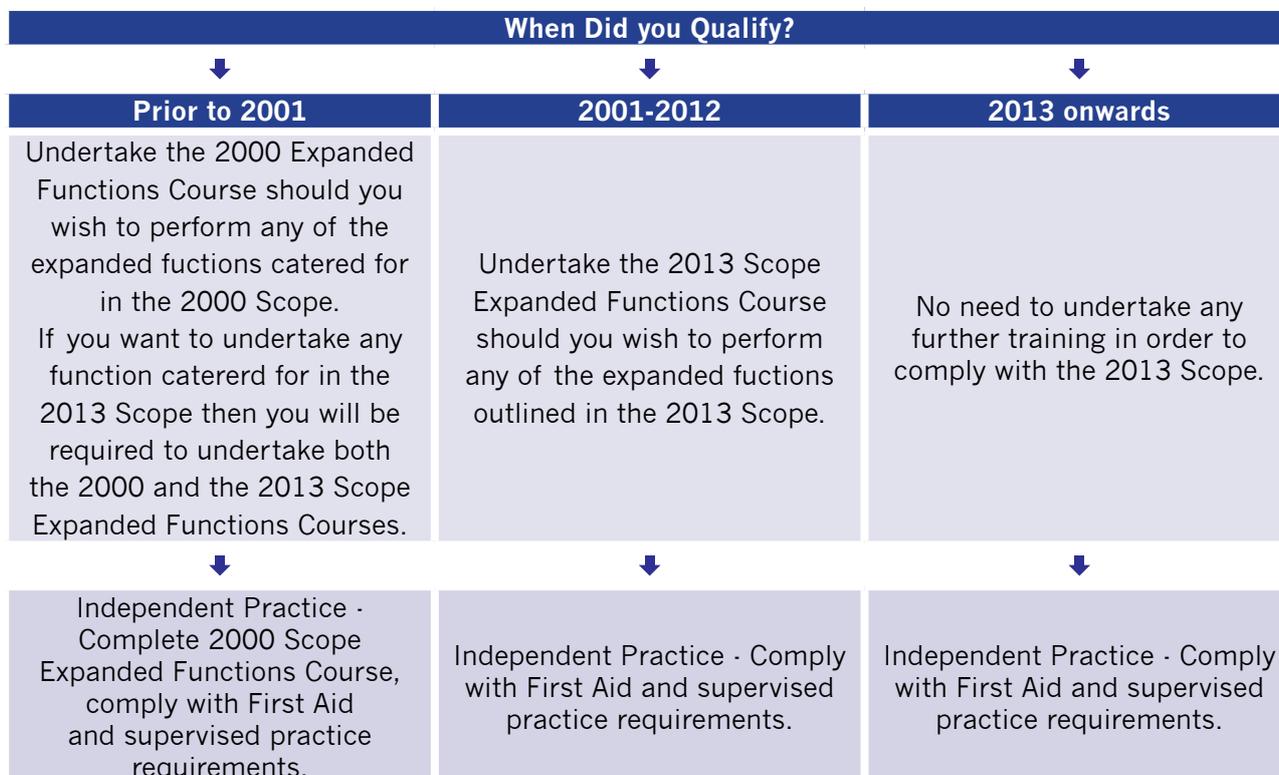
In the promulgated Scope of the Profession of Oral Hygiene one would find the following regulation:

“ An OH registered in the category “supervised practice” shall perform acts referred to in reg. 2 under the supervision of a dental specialist, dentist, dental therapist, or an OH, and only if an OH referred to in this sub-regulation has received adequate education, training and is sufficiently experienced; and perform these acts under proper and appropriate conditions.”



It follows therefore that in terms of the Regulations one must have acquired adequate education, training and experience.

It must be noted that in order to complete the 2013 Scope Expanded Functions Course one must have completed the 2000 Scope Expanded Functions Course. The completion of the Scope Expanded Functions Course – 2000 scope is also a requirement should one wish to apply for “independent practitioner” status. This is illustrated diagrammatically below.



Availability of Expanded Functions Courses

There has been concern raised that there are insufficient expanded functions courses available, thus limiting the ability of oral hygienists to be trained in these expanded functions. The Board has requested all accredited universities to offer such training. Universities have been offering training in expanded functions since the early 2000’s (for the “2000 Scope”). A number of practitioners who qualified prior to the 2000 Scope being implemented have received training in the expanded functions. Training in the 2013 Scope is also available at some universities, and the other universities will also offer such training.

The Board notes with concern the malaise displayed by some practitioners in undertaking a course. Whilst acknowledging that there is no obligation on any practitioner to undertake any of the courses, the PBDOH is concerned with the small number of oral hygienists who have completed these courses over the past 16 years. The Board has resolved that a time limit should

be placed on the provision of these courses, as they cannot be offered indefinitely. Therefore all expanded functions training courses will continue to be accredited for a period of five (5) years from the date of promulgation of the 2017 Scope (i.e. 21 July 2017). This will allow adequate opportunity for oral hygienists to undertake the required training.

Do I Need to Register my Expanded Qualifications Course with the HPCSA

As of 2017 there is no longer the requirement to register your Expanded Functions Course with the HPCSA. The institutions will forward details of candidates to the HPCSA for record keeping. However you will be expected to submit your certificate when applying for registration as an Independent Practitioner.

Why are CPD courses not recognized for the purposes of expanded functions?

The CPD Committee of the HPCSA, in the

development of the Maintenance of Licensure framework, argues that research suggests that the impact of many CPD activities is limited when undertaken in an ad hoc manner outside of a defined structure of directed learning, and contributes little to improved clinician performance or patient health outcomes (Wallace & May 2016).

CPD courses are accredited by an Accreditor, but this does not assure academic rigor. In contrast a course offered by a University undergoes an intense quality assurance and approval process. This includes University dental staff, clinicians, academics and quality assurance personnel. As such these courses are scientifically sound. Furthermore, attendance is strictly monitored, and the knowledge gained is assessed and moderated. Such quality assurance and monitoring does not occur in CPD courses. In the interests of protecting the patient and guiding the profession the Professional Board for Dental Therapy and Oral Hygiene is obliged to comply with the ethical guidelines of the HPCSA, which in Rule 21 requires that practitioners be appropriately trained and educated.

Teeth Whitening

An area of contention for many hygienists is that of teeth whitening. The 2013 Scope of the Profession of Oral Hygiene introduced teeth whitening into the scope, and therefore it became a requirement that one must have the appropriate education, training and experience in order to perform this procedure. The PBDOH did not “suddenly impose” upon oral hygienists this requirement, and is merely complying with the ethical guidelines of the HPCSA. Concern was also raised about a HPCSA media release in 2009 that stated that Oral Hygienists and Dental Therapists may perform teeth whitening. This was later corrected by a further media release following the promulgation of the 2013 Scope.

What about beauticians and others performing teeth whitening?

There is ongoing legal engagement with the HPCSA Legal Division and Inspectorate Office, and certain product suppliers, in an attempt to address this matter, and as such the matter is sub-judice, and therefore cannot be commented on until the legal case has been finalised.

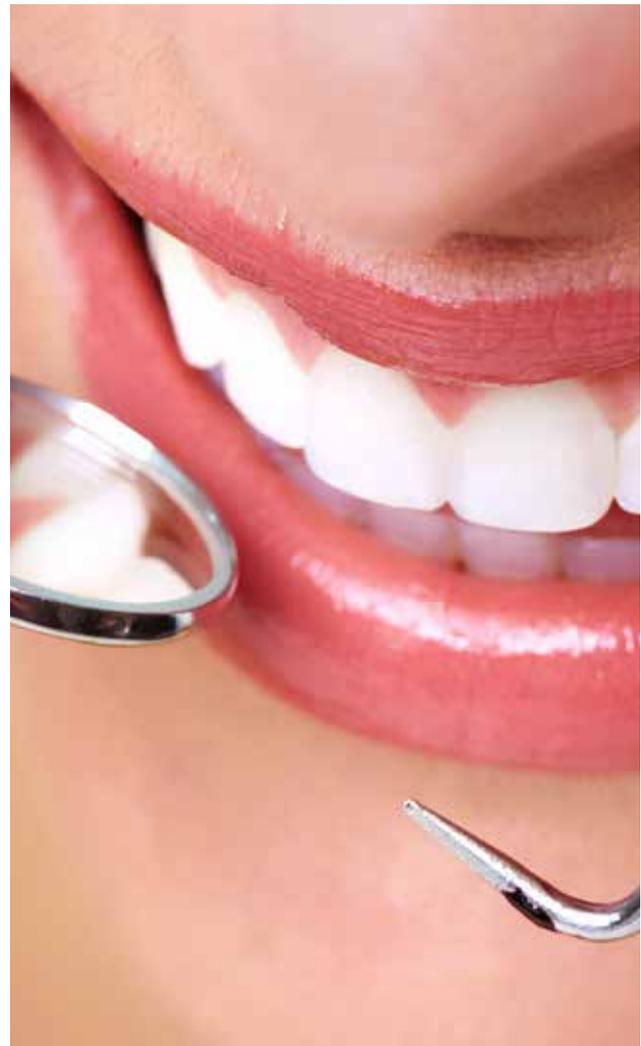
Conclusion

The HPCSA has as its mandate two guiding principles – “Protect the public and Guide the Profession”. The Board understands the critical role that oral hygienists play in rendering an important healthcare service to South Africans, especially in the primary healthcare setting. The Board wishes to assure you that it will always hold the interests of the both the patient and the practitioner as its priority. As healthcare practitioners we ought to subscribe to the values of “The patient comes first”, whilst recognising the need to earn a living and be ethical practitioners.

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Protective eyewear prevent eye injuries among dental patients

Dr Jeanné Oosthuysen

Wearing protective eyewear is one area of personal protective equipment that is often neglected in oral healthcare facilities. Protective eyewear not only prevents infection, but also physical injury from aerosols, spattering and accidental trauma caused by flying debris. Oosthuysen (2003) reported that only 15% of practitioners wore protective eyewear, while 50.6% of their assistants never did so. Nemutandani (2008) also indicated low compliance with wearing protective eyewear while assisting (32%), making the oral healthcare workers vulnerable to infectious agents and flying debris or other material propelled from the patient's mouth and handpieces during dental procedures. It is therefore advisable that operators, dental practitioners, dental therapists, oral hygienists and assistants, as well as patients, use protective eyewear to prevent trauma and infections (Davis and Young, 1993).

Jennifer Morrone, a patient, was blinded after her dentist did not follow a basic precaution and infection prevention guideline (Kelsch, 2014). When she hopped into the dental chair for a root canal treatment, she did not realise she needed protective eyewear, and her dentist or the dental assistant did not offer it to her either. This mom became a statistic when the used needle, carrying *Streptococcus* spp. from her mouth, was dropped, puncturing and injecting the bacteria into her eye. She was not wearing eye protection, and her dentist did not follow the proper protocol to prevent infection or an eye injury. Without recapping the needle first, the dentist passed the dental syringe over her face, rather than over her chest. Following multiple surgeries for biopsy, infection removal, and finally, the removal of her lens. Jennifer's retina became detached; she lost vision in her right eye and is currently wearing a prosthetic eye.

The reason this story is so important to share is because the incident was entirely preventable. "Knowing the dangers of not wearing eye protection is a must," said Jenn, who reaches out to others about protecting themselves during dental visits. "Most people I talk to have never given it much

thought; I never did before [the accident] either – unfortunately. Dentists [and all other oral health care workers] should be handing out approved eye protection to every patient for every procedure. If they do not provide [eyewear] or have [eyewear], you must wear something – even your sunglasses are better than nothing!"

Follow Jenn's efforts to raise awareness. She has developed a Facebook hashtag movement (#JennsVisionSunglassSelfie), a Facebook page (Morrone 2017), and a YouTube video (Jenns Vision 2014).

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REGULATIONS UNDER REVIEW

Dr Johan Smit: Department of Health Representative



1. Regulations Defining the Scope of the Profession of Dental Therapy: The Minister of Health, on the recommendation of the HPCSA and the Professional Board for Dental Therapy and Oral Hygiene (PBDOH), approved the above Regulations on 23 October 2016 and it was published in the Government Gazette on 11 November 2016 (No. 40414).

on 15 November 2015 and it was published in the Government Gazette on 26 November 2015 (No. 39453) inviting public comment. Comment was received from stakeholders which was considered by the Board and its response was submitted by the HPCSA to the National Department of Health, for final promulgation by the Minister. There was a delay in the final promulgation.
2. Regulations Relating to the Registration of Dental Assistants: Amendment The Minister of Health, on recommendation of the HPCSA and the PBDOH, approved the above Regulations on 14 June 2016 and it was published in the Government Gazette on 22 July 2016 (No. 40154) inviting public comment. Comment was received from stakeholders which was considered by the Board. The Board's response was submitted by the HPCSA to the National Department of Health. The Minister has promulgated the Regulations and the implementation thereof commenced.
3. Regulations Defining the Scope of the Profession of Oral Hygiene The Minister of Health, on recommendation of the HPCSA and the PBDOH, approved the above Regulations
4. Amendment Notice Relating to the Establishment of the Professional Board (Change of the Name of the Professional Board) The PBDOH resolved that the profession of Dental Assisting should be included in the name of the Board. Legal Services of the HPCSA drafted regulations for the name change which were submitted to the Council for approval. The regulations were then be submitted to the National Department of Health to obtain Minister's approval for publishing in the Government Gazette.

HPCSA ONLINE RENEWAL AND PAYMENT PORTAL

HPCSA's Online Renewal of Registration is an interactive system, applying intelligence to the Renewal and payment process for the Health Professions of South Africa. The system guides the user to create an account, login, update their profile, renew the registration and complete the process by making the payment for their yearly renewal of annual fees.

The system is intuitive and usable. To assist you as the user, an easy to follow guide has been created with real graphics and an easy to use interactive index.

The process starts with creating an account and is finalised when a payment is made. The user can also generate a practicing card, view the HPCSA documents as well as invoices and statements. Please see the website.

<https://practitionersso.hpcsa.co.za/identity/login?signin=48caed057a366059ccf477320da7691a>



RENEWAL AND PAYMENT OF FEES PORTAL

A heartfelt thank you to more than 60 000 practitioners who interacted with the HPCSA's new Renewal and Fee Payment Portal which went live on 1 March 2017.

Bringing the portal into operation presented us with the opportunity to update our database, but we must acknowledge that the exercise was not without its frustrations and challenges, some of which included the following:

a) LOGGING IN BEFORE CREATING AN ACCOUNT

In a few instances, practitioners attempted to LOG IN instead of CREATING AN ACCOUNT. This resulted in an error message stating that the Username and Password were invalid. The portal could not identify the practitioner as an account had not been created.

b) ID NOT RECOGNISED BY THE PORTAL

This was a source of frustration for many practitioners who have been interacting with the HPCSA for many years, for which we sincerely apologise. We still had the old ID numbers for a sizeable proportion of our practitioners, and the problem was easily overcome by HPCSA officials promptly updating the ID numbers and alerting practitioners that this had been done.

We would like to encourage those practitioners who have not yet created their accounts on the portal to do so. If the same problem is encountered, please email a copy of your ID to records@hpcsa.co.za or registrationgroup@hpcsa.co.za so that we can update your ID details.

c) EXISTENCE OF MULTIPLE ACCOUNTS

The portal uses the ID number to access a practitioner's account on the main HPCSA database. Each ID may be linked to only one account, albeit, in some cases,

practitioners had multiple registrations. In such cases where the ID was linked to more than one account, the practitioner could not create a uniquely identifiable account on the portal. The practitioners who contacted the HPCSA after getting the multiple accounts error message had the multiple accounts merged and could then create an account and renew their registration.

d) THE AMOUNT THE PRACTITIONER IS PROMPTED TO PAY DIFFERED FROM THE PUBLISHED OR INVOICED AMOUNT.

The portal allows for the offsetting of funds received from, and funds owed by the practitioner. If there is an outstanding amount on the account, this will be added to the renewal fee, resulting in 2017/18 amount payable being higher than expected. By the same token, if the account is in credit, due to overpayment in the past, the amount payable will be less than the current renewal fee.

PRACTISING STATUS NOT DISPLAYED BECAUSE RENEWAL IS "PENDING"

1. The following conditions need to be satisfied prior to a practitioner accessing their practising card online. The practitioner must be ACTIVE, in other words, not 'suspended' or 'erased'. Practitioners who are not ACTIVE and wish to register, should please contact the HPCSA and request to be 'restored'.
2. The practitioner's account balance must be zero, or in credit, and
3. All fields on the RENEWAL tab need to be completed.

We have compiled a list of challenges that practitioners frequently encounter, and added these to the portal under the DOCUMENTS TAB.

FEW FACTS AND FIGURES ON THE PORTAL

The graph below illustrates the number of practitioners per Professional Board who interacted with the online portal up to 27 August 2017:





We are pleased to report that a significant proportion of the practitioners used either the integrated EFT embedded on the portal or a credit/debit card to make payments, compared to the proportion that made payments in a bank and emailed or faxed a proof of payment to us.

FUTURE RENEWALS

In the 2017/18 financial year, we operated two renewal processes – the online portal and the traditional face-to-face renewal – we intend to discontinue the face-to-face model where practitioners come to our offices or we go out to specific sites for practitioners to renew or make payment. For this renewal period, practitioners could choose to have the “purple” paper practicing card or the electronic version of the card on a phone or desktop, or have both the paper and the electronic formats.

We encourage every practitioner to go online and create an account, as interaction with the HPCSA will increasingly, be through electronic means. This offers practitioners the opportunity to log on to the portal at any time, and not only for renewal purposes, enabling them to update personal details as required by the Health Professional Council Act 56 of 1974, as amended.

How to Create an Account:

This can be done in three easy steps:

- From the home page on the HPCSA website www.hpcsa.co.za click on the Online Renewals tab. This will take you to the landing page on the portal
- Click on the ‘Create an Account’ button – you will need to create an account or register before attempting to log in

- Select South Africa or Outside SA Country of Practice
- Enter the ID/Passport number and click on the Continue button as shown in the Figure below. Your name and surname as they appear in our database will appear on the screen



- Follow the prompts and complete the CREATE AN ACCOUNT PROCESS.

For further enquires regarding the Renewal and Payment of Fees portal, please contact the Registrations team on registrationgroup@hpcsa.co.za, or contact the Call Centre on 012 338 9300.

We hope that this communication has cleared up any problems you may have been experiencing, and we encourage you to register on the portal.

BENEFITS OF REGISTERING WITH HPCSA

Practitioners practising any of the health professions falling within the ambit of the HPCSA are obliged to register with Council as a Statutory body.

The role of the HPCSA, apart from guiding the professions, is to:

Confer professional status

- The right to practice your profession
- Ensuring no unqualified person practises your profession
- Recognising you as a competent practitioner who may command a reward for service rendered

Set standards of professional behaviour

- Guiding professionals on best practices in healthcare delivery
- Contributing to quality standards that promote the health of all South Africans

- Acting against unethical practitioners

Ensure your Continuing Professional Development through:

- Setting and promoting the principles of good practice to be followed throughout the career

Practitioners who are not practising their profession may in terms of section 19(1)(c) of the Health Professions Act 1974 (Act 56 of 1974) request that their name be removed from the relevant Register on a voluntary basis. A written request should reach Council before 31 March of the year in which the practitioner wishes his or her name to be removed from the Register.

<http://www.hpcsa.co.za/Registrations/VoluntaryRemoval>

<http://www.hpcsa.co.za/PBDentalTherapy/Restoration>





For any information or assistance from the Council direct your enquiries to the Call Centre

Tel: 012 338 9300/01

Fax: 012 328 5120

Email: info@hpcsa.co.za

Where to find us:

553 Madiba Street

Corner Hamilton and Madiba Streets

Arcadia, Pretoria

P.O Box 205

Pretoria 0001

Working Hours :

Monday – Friday : 08:00 – 16:30

Weekends and public holidays – Closed

Certificate of Good Standing/ Status, certified extracts verification of licensure

Email: hpcsacgs@hpcsa.co.za

Continuing Professional Development (CPD)

Helena da Silva

Tel: 012 338 9413

Email: cpd@hpcsa.co.za

Raylene Symons

Tel: 012 338 9443

Email: raylenes@hpcsa.co.za

Change of contact details

Email: records@hpcsa.co.za

Ethics and professional practice, undesirable business practice and human rights of Council:

Ntsikelelo Sipeka

Tel: 012 338 9304

Email: NtsikeleloS@hpcsa.co.za

Service Delivery

Email: servicedelivery@hpcsa.co.za

Tel: 012 3389301

Complaints against practitioners

Legal Services

Fax: 012 328 4895

Email: legalmed@hpcsa.co.za

Statistical Information and Registers:

Yvette Daffue

Tel: 012 338 9354

Email: yvetted@hpcsa.co.za

Dental Therapy and Oral Hygiene Professionals Board

Ethical enquiries, Scope of practice and Policy matters

Simangele Shirindi

Board Manager

Tel: 012 338 9480

Email: simangeles@hpcsa.co.za

Education issues, Examinations, Foreign Qualified Applications, Accreditations, Evaluations and SGB functions

Rosina Mafetsa

Committee Co-ordinator

Tel: 012 338 9352

rosinam@hpcsa.co.za

General enquiries / Private practice applications

Ayanda Mayekiso

Secretary

Tel: 012 338 3905

Email: AyandaM@hpcsa.co.za

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The DTOH news is a newsletter for practitioners registered with the DTOH. It's produced by the Public Relations and Service Delivery Department, HPCSA building, 2nd floor, Madiba Street, Arcadia, Pretoria.

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Health Professions Council of South Africa