

Dear Colleagues

Welcome back to our CPD program for 2015.

This year our program will be running slightly differently. We will only publish four newsletters—one every second month. Every newsletter will consist of two parts and you can read the whole newsletter at once or do each part separately. You will need to do the questionnaire in one sitting though. At the moment, there are still some glitches with the certificates, and if you cannot print it straight away, please try again later. Our IT department is working on it.

According to the HPCSA's website, they will still register assistants under the grandfather clause up until March 2016. This means we need to keep our ears to the ground regarding SADA's court case to deregister assistants. I will try to keep you up to date. Please like our Facebook page to keep in touch.

Although we have a provisional program for the year, I would still like to hear from you if there are any topics you would like to be covered,

Should you need any help with the program or the system, you are welcome to contact me.

I hope 2015 is a year filled with great accomplishments—both on a personal and professional level.

As always, may your lives be filled with Love, Light and Laughter

Carin

Guidelines for Good Practice

Compiled by Carin Brent

(Dipl OH US)

2 Ethical points

Level3 HW SETA Accredited

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Practice as a health care professional is based on a relationship of mutual trust between patients and ourselves.

According to the dictionary a profession is a paid occupation, especially one that involves prolonged training and a formal qualification. Synonyms found were: career, occupation, calling or vocation. For most of us, it is a calling.

The HPCSA's website says it means "a dedication, promise or commitment publicly made". This is done by many health care practitioners when they publicly take the Hippocratic Oath after qualifying.

The HPCSA supplies us- the registered health care providers- with a set of rules and guidelines to help us to act within the best interest of our patients.

Should there be doubt about the intention or quality of our work, a complaint can be laid with the HPCSA and they will refer it to the Professional Board for Dental Therapy and Oral Hygiene. The Board will then use these rules and guidelines to decide whether disciplinary steps should be taken against the hygienist or assistant or therapist.

For a hygienist to open her own practice, she needs to have worked for at least one year under the supervision of a dentist or dental therapist, or registered hygienist. Further requirements are that you must have completed the expanded functions course (if qualified prior to 2001) and completed First aid Level 3. If you are interested in practicing independently, make sure to read:

http://www.hpcs.co.za/Content/Docs/DentalTherapyDocs/regulation_defining_scope%20of%20profession_of_oh.pdf

Although there is a lot of information on this topic on the HPCSA's website, here is a short summary of matters covered with relation to our scope of practice. Please note that it is still required from you to read the full set of guidelines.

- **Advertising and canvassing or touting:**

We are allowed to advertise our services provided that the advertisement is professional and truthful and not deceiving or misleading or causes patients unwarranted anxiety that they may be suffering from any health condition. We are not allowed to "lure" patients with misleading promises or offers to our practice. This is called canvassing or touting. Neither should canvassing or touting be done for patients on our behalf by a third party e.g. Groupon

- **Information on professional stationery:**

As a health care provider, the following information should be on our printed or electronic letterheads and other stationery: –
Our name; profession; registered category; speciality or sub-speciality or field of professional practice (if any); registered qualifications or other academic qualifications or honorary degrees in abbreviated form; HPCSA number; addresses (including email address); telephone and fax numbers; practice or consultation hours.

We are not allowed to use prescription letters that has the name or address of a pharmacy on.

- **Itinerant practice (branch practices)**

- **Fees and commission:**

As a registered hygienist or assistant, we are not allowed to accept commission or remuneration of any kind, from a company or person in return for buying or selling from them.

We are not allowed to pay commission to any person for recommending patients to us.

We are not allowed to accept money or benefits of any kind that would compromise our professional, honest end ethical approach to our patients.

We are not allowed to share fees with any person or other practitioner who was not actively involved in the actual treatment of the payment. A good example here is the tooth whitenings that were offered on Groupon.

In the case of hygienists that practice independently, we are not allowed to receive payment for services that were done by someone that is not your partner or in your employment. In other words, you are not allowed to sub-contract outside your practice.

- **Partnership and juristic persons**

- **Sharing of Rooms:**

A practitioner shall not share his or her rooms with a person or entity not registered in terms of the Health Professions Act of 1974. In other words, you are not allowed to share your rooms with a beautician, nail technician or tattoo artist for example.

- **Supersession or taking over another practitioner's treatment**

If a patient is under active treatment with another practitioner, one should inform the previous practitioner that you are taking over the treatment and ask for a treatment record. The other practitioner is obliged to give such record.

- **Impeding a patient from getting a second opinion**

We are not allowed to prevent a patient, or in the case of a minor, the parent or guardian of the minor, from obtaining the opinion of another practitioner or from being treated by another practitioner.

- **Professional reputation of colleagues**

A practitioner shall not cast reflections on the probity (honesty and decency), professional reputation or skill of another person registered under the Act or any other Health Act. In other words: Don't skinner (gossip!)

- **Professional confidentiality**

As practitioners, we are only allowed to divulge information (written or verbal) about a patient in the following cases:

(a) if required by a law

(b) at the instruction of a court of law; or

(c) where justified in the public interest.

Any information other than the information referred to in subrule (1) shall be Shared by a practitioner only –

- (a) with the express consent of the patient;
- (b) in the case of a minor under the age of 12 years, with the written consent of his or her parent or guardian; or
- (c) in the case of a deceased patient, with the written consent of his or her next-of-kin or the executor of such deceased patient's estate.

- **Professional appointments**

A practitioner shall accept a professional appointment or employment from employers approved by the council only in accordance with a written contract of appointment or employment which is drawn up on a basis which is in the interest of the public and the profession. This contract shall be made available to the council at its request.

- **Secret remedies**

A practitioner shall in the conduct and scope of his or her practice, use only –

- (a) a form of treatment, apparatus or health technology which is not secret and which is not claimed to be secret; and
- (b) an apparatus or health technology which proves upon investigation to be capable of fulfilling the claims made in regard to it.

- **Defeating or obstructing the council or board in the performance of its duties**

A practitioner must at all times adhere to the rules, instructions or directions given or requested by any of Boards or committees within the requested time frame (e.g. your CPD audit). Should Council request a consultation with the practitioner, it is your responsibility to be there at the appointed time and place.

- **Performance of professional acts**

A practitioner shall perform, except in an emergency, only a professional act - for which he or she is adequately educated, trained and sufficiently experienced; and under proper conditions and in appropriate surroundings.

- **Exploitation**

You should not permit yourself to be exploited in any manner.

- **Medicine and medical devices**

(1) A practitioner shall not participate in the manufacture for commercial purposes, or in the sale, advertising or promotion of any medicine or medical device or in any other activity that amounts to selling medicine or medical devices to the public or keeping an open shop or pharmacy,

(2) A practitioner shall not engage in or advocate the preferential use or prescription of any medicine or medical device which, save for the valuable consideration he or she may derive from such preferential use or prescription, would not be clinically appropriate or the most cost-effective option.

(3) The provisions of subrules (1) and (2) shall not prohibit a practitioner from -

(a) owning shares in a listed company;

(b) manufacturing or marketing medicines whilst employed by a pharmaceutical concern;

(c) whilst employed by a pharmaceutical concern in any particular capacity, performing such duties as are normally in accordance with such employment; or

(d) dispensing in terms of a licence issued in terms of the Medicines and Related Substances Act, 1965.

(4) A practitioner referred to in subrule (3) shall display a conspicuous notice in his or her waiting room and also duly inform his or her patient about the fact that he or she -

(a) owns shares or has a financial interest in a listed public company that manufactures or markets the medicine or medical device prescribed for that patient; or

(b) is in the employ of or contractually engaged by the pharmaceutical or medical device company that manufactures such medicine or medical device, and shall, subject to subrule (5), obtain the patient's informed written consent prior to prescribing such medicine or medical device for that patient."; and

(5) A practitioner may prescribe or supply medicine or a medical device to a patient: Provided that such practitioner has ascertained the diagnosis of the patient concerned through a personal examination of the patient or by virtue of a report by another practitioner under whose treatment the patient is or has been and such medicine or medical device is clinically indicated, taking into account the diagnosis and the individual prognosis of the patient, and affords the best possible care at a cost-effective rate compared to other available medicines or medical devices and the patient is informed of such other available medicines or medical devices,

(6) In the case of a patient with a chronic disease the provision of subrule (5) shall not apply.

- **Reporting of impairment or of unprofessional, illegal or unethical conduct of herself or another professional to the Professional Board**

A student, intern or practitioner shall -

(a) report impairment in another student, intern or practitioner to the board if he or she is convinced that such student, intern or practitioner is impaired (unable to fulfil their duties adequately)

(b) report his or her own impairment or suspected impairment to the board concerned if he or she is aware of his or her own impairment or has been publicly informed, or has been seriously advised by a colleague to act appropriately to obtain help in view of an alleged or established impairment, and

(c) report any unprofessional, illegal or unethical conduct on the part of another student, intern or practitioner.

This raise an interesting ethical question: what does an assistant or hygienist do if she/he feels their employer is impaired? Would you report it to the HPCSA at the risk of losing your job?

- **Dual registration**

Main responsibilities of health care practitioners (ourselves) are as follow:

- (a) act in the best interests of your patients;
- (b) respect patient confidentiality, privacy, choices and dignity;
- (c) maintain the highest standards of personal conduct and integrity;
- (d) provide adequate information about the patient's diagnosis, treatment options and alternatives, costs associated with each such alternative and any other pertinent information to enable the patient to exercise a choice in terms of treatment and informed decision-making pertaining to the patient's health and that of others;
- (e) keep your professional knowledge and skills up to date;
- (f) maintain proper and effective communication with your patients and other professionals;
- (g) except in an emergency, obtain informed consent from a patient or, in the event that the patient is unable to provide consent for treatment himself or herself, from his or her next of kin; and
- (h) keep accurate patient records.

Performance of professional acts by oral hygienist

An oral hygienist –

- (a) shall confine himself or herself to clinical practice in the field of oral hygiene in which he or she was educated and trained and in which he or she has gained experience, regard being had to both the extent and the limits of his or her professional expertise;
- (b) shall communicate and cooperate with dentists, dental therapists and other registered practitioners in the treatment of a patient; and
- (c) shall not conduct a private practice unless he or she has met the requirements of the board.

Please look at the scope of practice for Oral hygienists

http://www.hpcs.co.za/Content/Docs/DentalTherapyDocs/regulation_defining_scope%20of%20profession_of_oh.pdf

Performance of professional acts by dental assistant

A dental assistant shall perform professional acts only under the supervision of a registered practitioner and shall limit such acts to acts directly related to his or her education and training in dental assistance.

Please look at the scope of practice for Dental Assistants

http://www.hpcs.co.za/Content/Docs/DentalTherapyDocs/regulation_defining_scope%20of%20profession_of_da.pdf

Please read the full guideline at :

http://www.hpcs.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_2_generic_ethical_rules_with_anexures.pdf

Sources: www.hpcs.co.za

Question time: Part 1

1. It is unethical to advertise a dental practice.
2. Practice information must be on our printed and electronic information.
3. A branch practice should offer on a regular base, the same level of service at the same cost as the original or resident practice.
4. It is allowed to give "thank you gifts" to patients who regularly refer new patients to your practice.
5. We are not allowed to share fees with any person or other practitioner who was not actively involved in the actual treatment of the payment.
6. If a patient is under active treatment with another practitioner, one should inform the previous practitioner that you are taking over the treatment and ask for a treatment record.
7. The other practitioner is not obliged to give you such record.
8. A dentist or hygienist is allowed to share rooms with a permanent make-up artist provided the practice states their focus as aesthetics.
9. We are obliged to give information about a deceased patient if the next-of-kin verbally agrees.
10. Taking dental radiographs falling in the scope of practice of a dental assistant.

Part 2: Marketing in Dentistry

By Carin Brent (Dipl OH US)

2 Ethical points

Regardless of how good our intentions are or how good your clinical skills are, to use it, you have to get a patient in the chair to make the magic happen.

I don't know about you, but I can clearly see how the economy affects the appointment book. This reflects in a higher cancellation count closer to month end in a practice that charges private rates, quieter times towards year end when patients ran out of medical aid benefits in other practices and an all round increase in the number of tooth whitenings when it is bonus time.

It really only means one thing: we have to work harder in the good times to convince the patients of the importance of oral health. In his book *Everything is Marketing: The Ultimate Strategy for Dental Practice Growth*, Fred Joyal calls this marketing. (This is a book well worth reading for every dental practitioner in private practice)

The difference between advertising and marketing is- and I quote: "Advertising is using a specific medium-the newspaper, radio, TV or internet-to communicate who you are and what your practice does. Marketing is everything you do to communicate who you are and what you do." If your marketing doesn't work- your advertising will be a waste of energy and money. Advertising will bring a patient to your chair. To get the patient back and even refer his or her friends to your practice, that's in the marketing!

These marketing "signatures" include how your offices look and smell, how you answer the phone, what technology you use or how you do credit control. It is not one single action, but rather the whole package. There are always things that we don't focus on, that patients notice and that awareness has an effect on how they perceive our treatment.

There is a story about Walt Disney who took his daughter to the country fair. When sitting on the bench, he thought to himself: "This place is dirty, the rides don't seem safe and the people that work here seem like criminals. There has to be something better for my family."

He decided to make an amusement park as clean and safe as possible with good food, happy employees and great service. By doing this, he changed the world's perception of family fun. Walt Disney thought about every sight, smell, sound and taste and transformed it into something positive and memorable. That is marketing

Taking into consideration the population's fear of dentists and their complaints about the cost of living, we are essentially sitting on the dirty bench at the country fair. We have an opportunity at the tips of our fingers to change the public's perception of dentistry. Never in the history of mankind have we had as much to offer our patients as we have now.

When discussing cost with your patient, you're not telling the patient how much he/she is going to pay, but rather how much this treatment is worth, what the absence of treatment will cost in the long term-personally, financially and socially. It is making the patient aware that dentistry is not expensive; it is neglect that costs him/her money at the end. And we have to do it in such a way that he/she won't feel reprimanded, but rather that we care and would like to help him/her avoid future trouble. If you can do that successfully, you will have a loyal patient and loyal patients inevitably "good mouth" you all around town.

One sometimes hears a patient saying 'I treat myself with a scale and polish'. It is as if some patients think it is an optional extra. In marketing, perceived value is almost more important than real value. If you have a valuable item, you will care about it and look after it. If someone borrows it, you will follow up on it. If we render a valuable service, the patient has to pay for it, and if we only follow up on payment after three months- it can't be that valuable! Let your credit control system work with you to enhance the perceived value of your service.

The public cannot distinguish between a good or a bad scale and polish, but they can tell the difference between someone who cares and someone who is just doing a job.

We promised we would treat our patients to the best of our ability. It is theoretically our responsibly to offer (market) the best possible options to the patient and let him or her decide which toothbrush or what treatment they prefer. We are selling dentistry to the public. If every member of your team believes that this practice changes people's lives by improving their oral health- you are sending a pretty powerful message to the public.

If you value your own service, you have to look at how you handle cancelations and no shows. Educate your patients about the importance of the visit, go over the

appointment detail and confirm it with them. Follow up with no-shows and don't schedule unreliable patients. Make sure your practice has a no-show/ cancellation policy and the whole team has to work together on it.

Please read the full article:

<http://www.drbcuspide.com/index.aspx?sec=wom&pag=dis&ItemID=317139&wf=2109>

Brand yourself

We hear a lot today about branding. Branding is used to help the consumer remember a product, service, or even person. Branding is about getting patients to see you as the "only one" that can provide a solution to their problem. Establish what it is about you and your practice that keeps them coming back. Once you understand what makes your practice stand out, you can communicate these strong points to your existing and prospective patients.

Use social media on an ongoing basis.

This is no guarantee that anybody will actually care that the practice now uses social media. Remember that social media requires a time commitment. You can't just post items occasionally on Facebook and believe the job is done. Accounts must be monitored consistently in order to respond to requests or head off any negative comments. And it happens, but used correctly, a negative comment can be used to show the public that you care and you are keen and willing to solve problems. A tactful response often works, such as "We are sorry that you had a negative experience. We strive every day to meet or exceed the needs of all patients. We take patient care and satisfaction extremely seriously." Thereafter continue the conversation away from the public domain.

Remember patient confidentiality is crucial. After the above mentioned comment, do not go into further discussion on social media. Rather contact the patient and solve the problem off line. Phone the patient; send an e-mail or sms to schedule the patient for an appointment to solve the problem

Note: When you decide to use social media for the practice, you are exposing yourself to both positive and negative comments.

It is also important to look at the privacy settings of your own profile. Are you sure you want all your patients to see the photos of your New Years Eve party? You can still manage your own photos to an extent, but what about the friend that tags you in her photos? It is therefore not advisable to befriend patients in your personal capacity. Rather invite them to join your practice or professional page.

It is advisable for practices to have a social media policy. It will ensure your boss won't get an unpleasant surprise when he sees the photos of last weekend's ladies night.

Remember that Facebook is also a great tool to network with colleagues in our personal capacities. It helps us to stay in touch with the latest developments, as well as with friends and colleagues. There are also useful pages that advertise vacancies.

Here are some pages to like on Facebook:

Synapse Dentistry (Obviously!)

Oral Hygienists- South Africa

Tandarts Assistente Dental Assistants

Dental Hygiene Network- I really like the conversations here.

Tandarts Talk

To recap, take a look at this conversation between a hygienist and a new patient and see how she utilises the many marketing opportunities:

https://books.google.co.za/books?id=AkZV7m3jtqoC&pg=PA193&lpg=PA193&dq=marketing+in+dental+hygiene&source=bl&ots=P0gK3sXWwr&sig=ofMzJzxOkyBnlZz3MtlBluCpjfl&hl=en&sa=X&ei=xWDcVIO0FMr0UP_qg9AF&ved=0CEAQ6AEwBg#v=onepage&q=marketing%20in%20dental%20hygiene&f=false

And look at this video:

<https://www.facebook.com/video.php?v=10152078668023908&set=vb.131929868907&type=2&theater>

We are all doing the same work, but to do something unique that will make patients prefer your practice, you must give the patient a memorable experience.

Our true competition is not other practices; it is Edgars, MTN, Vodacom, KFC and all the big companies with huge marketing budgets that convince our patients that their money is better spent with them than on good oral health. In general, people would rather spend on what they want than on what they need. If we think out of the box, we can use the patient's "want" to get them to do the "need" - or shall I say: advertise the whitening and market the scale and polish en route. Perhaps we should rather sell kissability than oral health? There might be a bigger market!

A dental team that has a grasp of marketing concepts and practices is invaluable to any dental practice. Package yourself and your services in a way that will keep your patients and employer satisfied and coming back for more. Satisfied patients and employers usually lead to a content, fulfilled hygienist or assistant.

Remember, you are the product, you are the brand, and you are in charge!

More reading:

http://www.aaid.com/uploads/cms/documents/practice_management_10_marketing_ideas.pdf

Sources:

<http://www.rdhmag.com/articles/print/volume-29/issue-11/feature/dental-39hygusiness39-marketing-tips-for-every-hygienist.html>

<http://www.drbcuspide.com/index.aspx?sec=wom&pag=dis&ItemID=317139&wf=2109>

Everything is Marketing: The Ultimate Strategy for Dental Practice Growth, Fred Joyal

Question time:

1. Advertising is illegal in dentistry.
2. It is irrelevant how your practice looks or functions, as long as clinically your work is good, you will have patients.
3. The dental team plays a big role in marketing a practice.
4. Be careful not to communicate your strong points to patients. It is unethical.
5. It is our responsibility to decide what will be the best treatment for the patient and then convince them to do it.
6. Empathy is the ability to feel sorry for someone else.
7. Teamwork and motivation is part of your marketing strategy.
8. One should use technology as part of your marketing strategy.
9. Don't use financial terms like "investment" when discussing treatment options with a patient.
10. If every member of your team believes that this practice changes people's lives by improving their oral health, it is to the benefit of the practice.