



namibia dental association

www.namibiadent.com

Date:

NDA AGM 09/09/2017

1 Notice Convening the Meeting

1.1 Welcome

The president of the NDA, Dr Wessley Mouton, welcomes the delegates and officially starts the AGM.

1.2 New Members

35 new members have joined the NDA this year.

1.3 NDA Members Present

36 NDA members are present at the AGM.

1.4 Apologies

3 Apologies have been received.

1.5 Proxy Holders

24 Proxy forms have been received empowering the following people:

- 7 for Dr Mouton,
- 6 for Cole Gilbert
- 3 for Dr Bailey,
- 2 for Dr Herunga,
- 2 for Dr Grobler,
- 1 for Dr de Villiers,
- 1 for Dr Fourie,
- 1 for Dr van Eyk,
- 1 for Dr de Haast

1.6 Announcement of quorum

Number of registered NDA members for 2017: 105

Number of NDA members attending 2017 annual congress: 84

Number of NDA members present at the AGM: 36

Number of proxy forms received for the AGM: 24

Therefore a quorum representing the registered NDA members is present and the AGM can proceed



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2 Adoption of the Agenda

The agenda is accepted by Dr Dean Kock, Seconded by Dr F Nel

3 Matters arising from previous meetings

No matters arising from the previous meeting are brought forward

4 Confirmation of previous minutes

No objections to the minutes of the 2016 AGM are brought forward.

5 Reports

5.1 President's report

The president of the NDA, Dr Wessley Mouton, presents the president's report. The report is attached.

5.2 Honorary Treasurer's report

The honorary treasurer of the NDA, Dr Theo Scriba, presents the treasurer's report. The report is attached.

5.3 Capitation fees 2018

The capitation fees for 2018 are kept as they were in 2017. The decision is made by majority vote. Fees for dentists and specialists will be N\$2500. Fees for oral hygienists, dental technician as well as dental therapists will be N\$750. This offers the possibility to lower the congress fees for the 2018 NDA congress.

5.4 Approval of financial report

The financial report is approved by the members of the AGM.

5.5 Appointment of auditors

The decision is made to keep Harald Hecht of Financial Consulting Services as the auditors for 2018

5.6 Budget of 2018

The budget for 2018 is N\$600 000 currently available.

6 General and matters to discuss

6.1 NDA Vision

What does the NDA stand for? The NDA needs to stay relevant and include all practitioners who have something to do with the mouth. This includes dentists, oral hygienists, dental technicians and dental therapists.





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In 2016 the NDA set 3 goals: to increase the number of NDA members, to do something for the public, and to retain enough finances for any unexpected expenses etc.

These goals were achieved well.

The number of registered NDA members went up from 70 to 105, which is higher than ever.

Many NDA members took on student dental interns to train them to be better dentists and provide good quality dentistry in Namibia.

There were 160 people at the NDA congress 2017, yet it only cost the NDA N\$600 000, leaving N\$600 000 as a reserve for possible unexpected expenses.

6.2 NAMAF practice numbers

NAMAF has decided, that each practitioner needs to have his/her own practice number, as well as each facility at which medical practitioners practice having a facility number. The idea behind it is to trace the geographical location and claim patterns of individual practitioners, reducing the possibility of fraudulent claims being submitted to the medical aid funds. The discussion on the pros and cons of this matter reveals that there is a lot of uncertainty about the details of the implementation of these practice numbers. The decision is made that Dr Mouton will send out an email to all dentists with the outlines that NAMAF has sent. All questions are to be directed to him to be compiled and directed back to NAMAF.

Code structures

Our current coding structure in Namibia is outdated and we currently have codes and description that are not precise for charging purposes. The NDA has approached SADA to ask if we can adopt their codes for these procedures and will then update the Namibian codes once it has been confirmed that SADA does not have any intellectual IP on these codes.

CBCT

The CBCT code 8116 can still not be claimed by GP dentists. The competition commission no longer has jurisdiction over NAMAF meaning that it is up to NAMAF to decide if the code will be reserved for specialists or not. There has been a delay with this since April 2017 and in the week before the AGM they claimed to be busy implementing the new coding structure. There will be guidelines set out with indications and conditions under which a CBCT can be taken. These conditions include orthodontic procedures, some endodontic procedures, trauma cases, surgical extraction classes, TMJ problems and implant cases. Since medico-legal protection associations require a CBCT to have been taken in cases where for instance an implant treatment is queried it is important for the NDA to put pressure on NAMAF to allow GP dentists to



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charge the 8116 code as well. The decision is made to demand a definite answer by 1 November 2017. It is noted that the NDA does not have the funds for a major legal battle with NAMAF.

ICD10 Codes

Internationally ICD10 codes are used for statistical purposes. These codes are based on a diagnosis and on a treatment and are soon going to be implemented in Namibia. All dental software already makes provisions for this.

6.3 Import Vat

Dr Wessley Mouton recaps the situation regarding the Import VAT Exemption. The NDA had sought legal advice from Ernest & Young, which concluded that products on which no VAT is payable within the country could be imported exempt from VAT. However, customs officials had been misinterpreting the exemption and allowing materials to be imported free of VAT as well. This resulted in an uneven playing field for local companies and therefore the VAT exemption certificate has been revoked by the receiver of revenue. Some dentists have already been ordered to back pay Import VAT dating back a number of years. Dr Mouton states that lab work should still be able to be imported without paying import VAT and that local courier companies can aid dentists with arranging the correct documentation.

6.4 Medical Aids and peer relations

Currently there are good relations between the NDA and the medical aid funds. Dentists submitting fraudulent claims might lead to the medical aid funds not being able to maintain solvency anymore, which would collapse the funds and in turn they will have to impose stricter rules and regulations on claims and benefits. The NDA must also stand firm when rules are being implemented and thus plans to submit quarterly reports to the medical aids, compiling concerns, criticisms and praise from all dentists.

6.5 PSEMAS contracts

The new PSEMAS contracts were supposed to be ready by 1 September 2017 and signed on 1 October 2017. However, it does not seem like this deadline will be met. The peer review team wants a face to face meeting to explain some queries. Minister of Finance Call-Herman Schlettwein has recommended PSEMAS tariffs to increase by 20% from the 2014 tariffs. Dr Coenie de Villiers states that PSEMAS cannot work on NAMAF tariffs from more than 2 years ago, that payments must be made within 30 days of claims being submitted and that there must be a mutual agreement between dentists and PSEMAS. The tariffs will be NAMAF 2014 for dentists and NAMAF 2014 +20 % for





specialists for the contract ending 31 March 2018, where after a tariff review will be made by government going into the 2018-2019 financial year.

6.6 Dental therapist relations

Dental therapists currently fall under the Allied Health Professionals Council whereas dentists and oral hygienists fall under the Medical and Dental Council. Therefore dentists and dental therapists charge different codes and cannot work for one another. The HPCNA wants to bring dental therapists under the Medical and Dental council which is something the dental therapists do not want. A decision is made that the NDA will consult with the HPCNA/MOHSS to provide an answer by November 2017 regarding the future of dental therapist regulations in Namibia.

6.7 UNAM dental school

The UNAM dental school is starting in January 2018, but according to lectures heard during the NDA congress the school is not ready, lecturers have not been employed and the buildings and equipment are not in place. The decision is made that the NDA will write a letter to voice the concerns about the viability of the dental school. The NDA will also offer to help and advise UNAM in order to support the future of dentistry in Namibia. Dr Wessley Mouton as the president of the NDA and Dr Kagiso Moloi who has good relations with the organizers of the UNAM dental school will get involved, as they have already been attending the meetings with the board.

6.8 Complaints: Gold, Bleaching & Advertising

In the past the NDA has taken on non-registered individuals selling dental gold jewellery and tooth bleaching treatments, which is against the law. In these previous cases some of these individuals have then lodged a lawsuit against the NDA over this matter. There is a general consensus that it is in the best interest of the dental fraternity to stop this behaviour in order to protect patients and the reputation of the dental field. It is decided that a case needs to be won against one such individual and then used to deter further cases. Dr Silvio Suardi will gather information on a beauty therapist in Swakopmund who is offering tooth bleaching treatments, in order to build a case against her.

Lately there have been a number of cases of dentists promoting themselves on Facebook. The Health Care Jurisprudence and Ethics Manual and the Ethical Guidelines for Health Professionals do not include specifications for social media pages for dentists or health professionals. The decision is made that Dr Maren Thomson and the members of Integrated Dental Holdings will write a social media section for the Ethical Guidelines for Health Professionals by 1 October 2017. This section will be sent out to all dentists for their review





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and feedback and once agreed upon will be sent to the HPCNA with the request to add it to the current Ethical Guidelines for Health Professionals.

6.9 Medical Aid for dentists and staff as members

During the course of the last year the NDA has made arrangements with the different medical aid funds that all NDA members are regarded as part of a group scheme and therefore qualify for a reduced group rate. This rate is also applicable for all staff members of dentists registered with the NDA.

6.10 Medicines and related substances control act

According to the revised Medical Substances Act, the same ruling will apply for dentists, as for medical doctors, with regard to a dispensing licence for medication. Applications can be made to the NMRC. There is a course on dispensing, the cost of which is N\$40000, which is advisable to take, but is not a prerequisite for those who want to apply for a dispensing license.

6.11 Other Matters

Other matters: Dr Mariana Ndyetabula asks if there is a possibility to get DPL to offer membership via the NDA instead of having to apply via SADA, since the Namibian dental community has become quite large. Dr Mouton explains that there is currently no interest from DPL to get involved with Namibia directly.

7 Election of new executive committee 2017-2018

No new nominations for the 2017-2018 NDA executive committee have been received. Dr Kagiso Moloi suggests that the same 2016-2017 committee continues for the 2017-2018 period. Dr Nel seconds the motion.

8 Date and Venue of next congress and annual general meeting

The 2018 NDA congress and AGM will be held in Windhoek. An exact date and location has not been set. The decision is reached that the location for the annual congress and AGM will alter between Windhoek and Swakopmund for 4 years to build up funds and will be held at an alternate location, such as a lodge, in the 5th year.

9 Closure

Dr Wessley Mouton declares the 2017 AGM as closed



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President's Report

NAMAF Practice numbers – New Ceo of NAMAF Mr Steven Tjiuro indicated that NAMAF wants to allocate individual practice numbers to each Clinician. This will allow NAMAF or the authorities to track each individual within a practice for their geographical movements as well as the individuals claim patterns. As well as keeping a closer monitor on who works where since they have found practitioners opening multiple practices and leaving the country. The implementation date of this is January 2018.

Code structures

Many of our Procedures are not properly described or coded, resulting in us having to use a different code as to the actual procedure, causing unnecessary rejections and administrative drama.

The NDA has asked SADA if we may use their codes which may be relevant to us, we still await their feedback as they might have intellectual Property rights and thus we do not just want to implement these codes yet.

CBCT

After many consultations with NAMAF during the year, they are now at a stage where they are converting clinical guidelines into the CBCT code. They are afraid that dentist will start taking a CBCT for each patient that walks in the door. NAMAF has asked us to look at scientific clinical guidelines, for when a CBCT will be indicated and concurred that if you have a CBCT machine then you should be paid but only in specific instances such as Orthodontics, Endodontics, Dental Trauma, Surgical Extractions, Implant Dentistry and TMJ (in limited doses for



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TMJ). NAMAF has indicated that they will include code 8116 in the NDA Schedule for dentists in the 2018 NAMAF Tariffs.

ICD 10 codes

Will be used primarily for statistical purposes by the country to interpret what diseases the population is suffering from and how they are being treated.

NAMAF Tariff Adjustment 2018.

We have asked for a 15% increase and that material costs be included in the decision making process when increasing tariffs year by year, as foreign currency has an effect on this. NAMAF reasoning: Medical inflation is on average 12% and normal inflation is on average 6%, making affordability for the young and healthy difficult and many opting not to have medical aid. This decreases the solvency ratio of the medical aids and result in collapse of a fund. The inverse is true for us, as our expenses do increase by more than the inflation rate, and more practices will be forced to charge above NAMAF tariff. A balance needs to be agreed upon. We suggested 15% to balance the scales a bit more since in previous years we only got 5-7%. This will be discussed once NAMAF releases their fees structure for 2018.

Import VAT

Certificates cancelled due to incorrect interpretation. The Namibian traders started to feel the pressure and went to see the authorities for an opinion. The NDA also sought advice from E&Y via their tax department, signed off by Mr. Cameron Kotze. Their report stated that the correct interpretation is that only those items that you would not pay VAT on locally, you can import with exemption across borders.

Medical aids and Peer relations

After the PSEMAS fraud operation we suspect many of the medical aids will follow suit with investigations. The majority of us are doing the right thing and are working hard to make an honest living. The medical industry is about 3 billion p.a. of which dentistry is only 5%, but if our colleagues within our 5% are taking more than their fair share, we might end up in a situation where the funds will not be able to afford to pay you for honest work, as is the case with what happened with PSEMAS.

In the same breath, we should also not just take what the medical aids dish to us. The NDA has suggested that we provide NAMAF with a report on a quarterly basis so that our difficulties are addressed.

We have built good relations with our peer associations, it was mentioned that all associations meet up to form a body to discuss matters concerning the health



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sector in Namibia. This was however decided against, due to lack of interest from individual associations. The NDA however has good contact with many of the associations and the NPPF.

PSEMAS Contracts

All comments from our members, together with consultation with NPPF for legal advice on the contract has been submitted. The second round/draft of comments are still currently with the PS. Some of the comments were better to be discussed face to face, so the peer review team asked for a meeting, before finalization of the contract. With no response yet, the contract is also not ready yet for signing as we agreed with Ministry on a date of 1-30 September to be implemented by the 1st of October.

Dental Therapists

Currently it is illegal for a dentist to employ a dental therapist as they are not within the same Act. We have contacted the Dental Therapists' ExCo in this regard and after their meeting they have indicated that they do not want to be within the same act and will stand against it. Dr Briedenhann advised that the Minister of Health has decided that they should fall within the Medical and Dental Act. This means they will now have to work for a dentist and no longer on their own.

UNAM Dental School

Taking up students from 2018 with a closing application date of 8 September 2017 as advertised in the newspapers. Prof Risto to advise.

Complaints

IZI Gold and bleach being sold by street vendors/entrepreneurs and advertised on face book, when we take them on, we end up in court with extensive legal costs. What strategy should be used?

Advertising by practitioners, referral discount programs, discount on consultations.

Medical aid for NDA Members

This is a strategy that works to gain members as they are actually getting substantial discount on their medical aid on group scheme. This makes up the membership fees and in some instances the whole congress fees as well.

Medicines and related substances act

The Minister of Health, Mr Haufiko indicated that he wants medication to be distributed without too much red tape, and instructed the NMRC to work more efficiently and effectively in approving the dispensing licenses. Dentists will have the same rules as medical doctors regarding applications for licenses.





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Treasurer's Report

BALANCE SHEET **31 December 2016**

ASSETS	<u>2015</u>	<u>2016</u>		
		<u>N\$</u>	<u>N\$</u>	
Non Current Assets				
Property, Plant & Equipment	-	2	-	
Financial Assets				
Investments		4	255,159	241,515
Current Assets				
372,948				360,673
Debtors	-			-
Cash and cash equivalents	372,948			360,673
TOTAL ASSETS				
<u>614,463</u>				<u>615,832</u>



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EQUITY AND LIABILITIES

Surplus at the beginning of the year	614,463
229,646	
Surplus (Deficit) for the year	<u>1,369</u>
<u>384,817</u>	
Accumulated Funds	615,832
614,463	
Current Liabilities	-
-	
Creditors	-
Bank Overdraft	-
-	
TOTAL EQUITY AND LIABILITIES	<u><u>615,832</u></u>
<u>614,463</u>	

INCOME STATEMENT FOR THE YEAR ENDED 31 December 2016

	Notes	2016 N\$	2015 N\$
Total Revenue	5	881,350	
827,022			
Operating Expenses		903,986	
463,853			
Accounting Fees		5,491	5,175
Advertising & Marketing		14,764	
14,410			
Bank Charges		3,042	
3,168			
Computer Expenses		3,916	
23,760			
Congress & AGM Expenses		861,378	
382,544			
Legal Fees		9,050	22,520



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Stationary		-	198
Travel & Entertainment		<u>6,345</u>	
<u>12,078</u>			
Operating Surplus / (Deficit)			(22,636)
363,169			
Other Income		24,005	
21,648			
Dividends received		-	-
Fair value gain / (loss) - Listed shares on NSX: Old Mutual		(3,505)	
3,375			
Interest received on investments	4	17,149	
13,948			
Interest received		10,361	
4,325			
Surplus / (Deficit) for the year		<u>1,369</u>	
<u>384,817</u>			



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