



Date: 08.09.2018

Minutes of Annual General Meeting 2018

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

12 new members have joined the NDA this year. They are welcomed.

1.3 NDA Members present

52 NDA members are present
The attendance list is attached.

1.4 Apologies

None

1.5 Proxy holders

22 Proxy forms have been received empowering the following 12 people:

5 for Dr Chris Fourie
3 for Dr De Villiers
2 for Ashlan Heunis
2 for Dr Jordaan
2 for Dr Kruger
2 for Tamsyn McConey
1 for Dr Smith
1 for Dr Mouton
1 for Dr Thomson
1 for Dr Moloi
1 for Dr Herunga
1 for Dr Uusiku

1.6 Announcement of quorum

Number of registered NDA members for 2018: 117
Number of primary NDA members registered in 2018: 82
Number of primary NDA members present at the AGM: 42





Number of proxy forms received for the AGM: 22

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

2. Adoption of the agenda

No objections to the agenda are brought forward.

3. Matters arising from previous meetings

3.1 Import Vat

The situation remains unchanged from last year. Dentists are not exempt from paying import VAT. This levels the playing field for the local traders.

Practitioners are warned not to use their exemption letters if they still have one, since some members have been asked to pay pack import VAT from previous years.

3.2 Practice numbers

The individual practice numbers and practice numbers for each building were brought in last year. No problems regarding this are brought forward from the floor.

3.3 PSEMAS contracts

The new PSEMAS contracts have been signed. The following issues are brought forward and discussed:

- 1) Can the 5% surcharge be left out or charged on advanced work only, since some patients might not be able to afford it?

According to Calle Schlettwein, the Minister of Finance, the 5% surcharge is meant to serve as a deterrent to avoid patients seeking unnecessary Treatment. It will not be abolished, since it lets patients know cost of treatment and take ownership thereof. In specific cases, for example in a rural setting, if a patient cannot afford the surcharge the dentist may apply to the Ministry of Finance to waive it.

It is recommended to ask patients to pay N\$100 for each visit, as part of the 5%. This way they can then build up the credit. Alternatively, they can pay off the amount after treatment.

- 2) The signing of the contracts was a missed opportunity for bargaining. The NDA should have stood together to demand at least 2016 tariffs, since this is the 5th year with no increase.

The difficulty with this is that the government has to make up the difference and they are not in the position to increase the tariffs to that extent.

Objections from the floor since government is spending money on other (potentially unnecessary) infrastructure. People from other medical fields apparently claim to have gotten increases.





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This information is not correct, all medical occupations are receiving 2014 tariffs, and specialists are receiving 2014 + 25%. Dentistry is not yet gazetted as a specialty. The only increases that have been granted are on emergency procedures and essential services and medical products to ensure that the country can keep running.

It is suggested that in future discussions we ask for 2019 NAMAFA tariffs or to be made VAT exempt again in order to claim the losses back.

3) Why does the paper channel take so long to process?

The minister as well as the permanent secretary were under the impression, that practitioners are being paid within 30 days. This was a miscommunication since Methealth needs at least 30 days to assess claims and then the government takes 30 days to make payments. The Minister wants to help us but to a certain extent his hands are tied. He also cannot help if he is not getting the right information.

The government is also planning to implement a scanning platform to improve the process. Other medical aids have tried this unsuccessfully. The minister has been made aware of the problems with this system.

The members of the NDA are encouraged to bring any problems to the ExCo's attention since we cannot solve problems we do not know about. However, we are also practitioners, so give us some time to get back to you.

3.4 Dental therapists' working relation

The situation with the dental therapists remains status quo; due to the fact that we are under different acts, a therapist cannot be employed by a dentist. We and the Minister of Health want to bring them back under our act but they do not want to be ruled by dentists. They are concerned that they will be bullied.

While it should not be their decision whether or not they can be under a different act, the NDA has no legal standing until the triage of 3 Ministries (Health, Trade and Industry, and ?) impose a ruling.

It is suggested to write a letter to the minister to urge that this is done.

A concern is brought forward: who controls the therapists and makes sure they are not doing any illegal treatment?

Dr Mouton suggests that we all check on each other and hold each other accountable if we see something concerning about someone else's treatment (dentists, hygienists and therapists alike). Check the NAMAFA website for the scope of the dental therapists and if anything seems problematic call them to discuss it.

A question is brought forward whether a dentist can employ a medical doctor and vice versa since they are on the same Act. Dr Mouton is unsure of this due to the different coding systems and practice numbers. However, for anaesthesia and sedation a medical doctor can come into the practice to do it and charge separately. Alternatively, another dentist can do the sedation, but one dentist cannot do both at the same time.



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3.5 Medical aid for practitioners and staff at group rates

Since last year NDA members can apply for group rates at the medical aids, for themselves, their family members as well as their staff. This means saving about 10% per person.

NMC needs at least 10 main members in the group to qualify for the group rate. Currently there are only about 8. This is why NDA asked everyone to fill in which medical aid they are with. Dr Mouton will submit the names of NMC members to the medical aid to have them moved to the group.

4. Confirmation of previous minutes

Dr Silvio Suardi confirms the minutes, Dr Kagiso Moloji seconds.

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 Treasure's report

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

5.1 Capitation fees 2019

The capitation fees for 2019 are kept as they were in 2018. 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 2019 NDA congress.

5.2 Approval of Financial report

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

5.3 Appointment of Auditors

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

5.4 Budget of 2019

The budget for 2019 is currently between N\$700 000 and N\$800 000 available.





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6. General matters to discuss

6.1 HPCNA Council

According to the current Act the term of the Health Professions Council's board cannot be extended; there has already been an interim council, which legally is not allowed again, and the minister cannot appoint new council, since he needs a council to him on member selection. This has created a catch 22 situation.

To resolve this situation, it was gazetted on the 6th of September that by the 21st of September each medical association should nominate 8 members of which the minister will appoint 4. Previous nominations that were made for this purpose are Dr Mouton, Dr Uamburu, Dr Petrik, and Dr Kock. NDA members are welcome to nominate 4 more.

A question is raised whether oral hygienists can be nominated, too. Currently the Medical and Dental Act does not allow this. In order for this to be possible the Act would have to be amended, which would have to go via parliament and the national council. The oral hygienists are urged to comment when the minister asks for feedback, for example on the health bill. Otherwise such changes cannot be made because the minister is not aware of what changes are required.

This sparks a discussion pertaining to point 6.8 on the agenda.
GO TO 6.8

6.2 NAMA Code Structures

On the current NAMA coding structure there are many procedures that are not described or have no codes. The easiest solution would be to take the codes from the SADA coding structure and have them added here. However, some of these codes may clash with the codes we currently have, so our codes would have to be adjusted and relearned. Thus, we will need to go through the SADA codes and see which ones we need to be added and then request special permission from SADA to change number of the codes.

Thus, we need a group that will work on the codes to make the list as complete as possible and submit this to NAMA. The radiologists have done this, but the work took two years. Dr Mouton will get permission from SADA, and then a committee can be formed to do the work. By majority vote it is decided that the ExCo can nominate people to be on this committee.

Additionally, NAMA has been asked for at least a 10% increase in their tariff structure and to use the US dollar as an indicator for their fee structure increase, to compensate for rising material costs due to the exchange rate.

6.3 Medical Aids Relations

Currently there are good relations between the medical aids and the NDA.



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The medical aids have also offered to provide training for new practice staff in terms of submitting quotes, and using the websites, etc. This will improve these processes and lead to better communication.

Some colleagues have experienced problems with the NAMAFA registration. It is important to make sure all certificates are up to date and apply for necessary inspections about 3 months before certificates expire.

Maggi da Silver is the contact person at NAMAFA, should there be any further problems.

6.4 UNAM Dental School

Before the AGM Prof Nyarango, the Dean of Health Sciences at UNAM, had given a presentation explaining where the UNAM dental school currently stands. No comments are brought forward.

6.5 Studying Abroad

With the opening of the UNAM dental school it has been recommended by the NDA that all potential students who would like to study dentistry should apply to UNAM first before applying to study abroad. They should also comply with the minimum requirements of UNAM before being able to study abroad and the university should keep track of how many students are abroad in order to make provisions for when they return.

The problem is that it is difficult to evaluate the standard of foreign universities and approve them. Qualified council delegates do the evaluation and make their recommendations, but it is up to the minister to decide which universities he agrees to send students to.

If students from universities abroad need to do any job shadowing in the holidays during their studies they must have an approval letter from the council, they may observe but not touch any patients, and the patients must consent to being observed. Once the UNAM students get to this point the rules will differ, since they will be registered with the HPCNA and may do limited treatment under supervision, as is the case with the UNAM medical students.

6.6 Complaints: Opening of multiple practices

There have been some complaints about practitioners owning more than one practice. This is why NAMAFA brought in the individual practice numbers so that they can track who is working in which practice and that one person is not claiming work in two different places at the same time.

Currently there are no restrictions on how many practices an individual can own. So far NAMAFA can provide the correct paperwork for those colleagues owning many practices.





There appear to be cases where some dentists own practices under therapists' names, and only bank account at NAMAF is linked to dentist, or vice versa. This does not seem legal. NDA will get a legal opinion and then take it further from there.

6.7 Other matters: code 8115

A question has been raised if the previous Ceph code 8116 can be brought back. The decision is made to add this to the other changes in the coding structure and not make a special effort for just one code.

Another question is raised whether oral hygienists can charge the codes 8101, 8102, and 8104, since they are qualified for it, it is on their scope in South Africa, but the scope in Namibia is reduced.

Opinions are divided on the matter.

Decision is that for now each practice must decide individually how they will handle it. It is suggested that dentists visit the OHASA website to see the South African scope. As the NAMAF coding structure is adjusted more codes for the oral hygienists can be added. The oral hygienists will work on getting the Namibia scope updated to match the South African one.

6.8 Oral Hygienists Private Practice

Some of the oral hygienists feel that they are not being heard. Last year's vision for the NDA was to make it as inclusive as possible, to include oral hygienists and technicians, and let the dental therapists join our association and congresses. However, as the NDA constitution currently stands only dentists can be voting members of the NDA, oral hygienists, dental technicians and dental therapists are affiliate members. This means that they get all the privileges of NDA membership, but cannot vote on motions. Therefore, they pay a reduced NDA membership fee. In recent years there have also been oral hygienist representatives on the NDA ExCo. Through them concerns from the oral hygienists can be brought to the attention of the rest of the NDA.

Dr Moloï mentions the history of how the dental therapists decided to separate from the Medical and Dental Act was that they felt that their grievances were not heard. We should avoid a situation where the oral hygienists feel the same, by amending the constitution to give them more rights. If we do this the dental technicians should get the same rights. The dental fraternity is a very small group and we need each other and should support each other.

On this topic, some of the oral hygienists are looking onto going into independent practice. Since 2012 it is possible in South Africa for hygienists to open their own practices without having to work for a dentist. It is however also possible for them to still work for dentists if they wish to. This is what the hygienists are asking for, not all want their livelihood to be dependent on the dentists.

Dr Mouton raises the following concerns:





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Since the situation in Namibia differs from South Africa with regard to the NAMAF practice numbers there is a chance that if the oral hygienists ask for independent practice they will become separated from the Medical and Dental Act and will then fall under the Allied Health Professionals Act, like the dental therapists. If this happens it will affect all hygienists, meaning that none will be able to work for a dentist anymore, even those who are happy with their current situation. This also has financial implications since they will then have their own billing codes and if it is the same as with the therapists then they will only be able to charge a reduced fee compared to the codes they are using now. Additionally, some dentists may opt to do scaling and polishing themselves rather than referring patients to an independent hygienist. Should this become the situation it will affect everybody.

Therefore, the oral hygienists are urged to consider the options carefully and make sure that they are clear on all the possible outcomes as they proceed with this.

It is reiterated that the NDA has no legal influence in this matter, it must go through national council as well as NAMAF. The NDA can offer support in this matter, the oral hygienists must make sure that they are all on the same page and that they know what the implications are. Then they can forward their points and decisions to Dr Mouton to provide as feedback for the health bill.

The oral hygienists mention that they are in the process of forming an Oral Hygienist body similar to the NDA, but emphasize that they do not want to leave the NDA or fall under a separate Act. They do want more rights within the NDA and to have the support of the NDA.

The decision is made that the ExCo will review the NDA constitution to see what changes need to be made to make it more inclusive.

6.9 Dental protection

At the 2017 AGM the question was raised why we must go via SADA to register with DPL.

SADA registration is not necessary, one can register with DPL or MPS directly, but because SADA does the admin and has high membership numbers the rate for SADA membership + DPL is cheaper than going to DPL directly. The NDA cannot get same reduced fee, because we would need 500+ members and exceed a certain value to qualify.

When the new PSEMSA contracts came out many practitioners were forced to get insurance. The difference between dental insurance and protection:

Insurance covers you only while you are practicing and insured with them.

Protection covers you all the time, even if allegations arise after retirement for instance.

Thus, dental protection is better, but it is everyone's own decision which to choose.

6.10 Goals for 2019

The goals for the NDA in 2019 are:



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- To amend the NDA constitution so that it is more inclusive of all members of the dental fraternity.
- To support the oral hygienists in getting their scope broadened to match the scope in South Africa.
- To try and obtain rights for the SADA codes that are not yet recognised in Namibia and have them added to the NAMAF codes.
- To get the dental therapists back under the Dental & Medical Act, of at least further better relations with them.

7. Election of new executive committee 2018 – 2019

Nominations:

President:	Wessley Mouton
Vice President:	Byron Bailey
Secretary:	Maren Thomson
Treasurer:	Theo Scriba
Additional members:	Chris Fourie
	Fearika Jordaan
	Lizette Tshivute
	Sanchia Jauch
	Magdel Kruger
	Coenie De Villiers
	Ashlan Heunis
	Monika Szczepan

In order to avoid each next ExCo having to start from scratch each year a suggestion is brought forward by Dr Mouton:

The office bearers of the ExCo roll over for continuity. This means the vice president will accompany the president to meetings and then take over as president the next year, and the secretary will move on to vice president. This will be the normal pattern, provided there is no sound reason brought up against it at an AGM.

Dr Moloi supports this motion.

Dr Herunga seconds it as long as it is in line with constitution.

Majority vote agreement with the ExCo for 2018/2019.

8. Date and venue of next congress and Annual General Meeting

As per the AGM of 2017 venues will alternate between Windhoek and Swakopmund for 4 years, then potentially an alternate venue in the 5th year. Next year will be Swakopmund again.

Present members liked the concept of multiple programmes running concurrently, offering something for everyone. For future congresses, if the venue allows it the programme can be split. A suggestion it to split it in Windhoek and bring everyone together in Swakopmund to save costs for one year.



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NDA will try to keep congress fees low, but it depends on inflation and cost for venues.

The date for the congress 2019 will be determined by the ExCo.

Additional Point - Health Bill

The amendments to the Health Bill have been sent to NDA members for comment. Dr Mouton to get a legal perspective of the amendments. So far nothing stands out, the motives of the minister seem noble, but the implementation may be problematic. This is due to the clause that all medical and dental doctors must work in rural areas after their internship in order to decentralize service delivery and get students whose studies were sponsored by the government to give back to the community. The doctors/dentists would be employed by the state and receive salaries and equipment from the government.

Perhaps the wording should be rephrased to only affect students who should work back their bursaries. Being placed in rural areas for an as of yet unspecified amount of time may deter medical professionals from coming (back) to Namibia and could do damage to the whole medical field.

Practitioners are urged to familiarize themselves with the health bill and provide comments.

9. Closure

Dr Mouton declares the AGM 2018 as closed.



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