

Health - Dentists

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Dear Forest Glader,

Half a year has passed since our last A.C.M., and you may like to know what has been, and is, happening in the Association.

1. COMPOSITION OF THE BOARD

We have sadly had to accept the resignations of R.A. Provan, H.S. Rumbelow and G.C. Bunn from the Board.
Mrs. Mary Greenhalgh, who was co-opted to the Board immediately after the A.C.M., was elected as Chairman, J.O. Read as Vice-Chairman, and Mr. E.S. Monk was co-opted as a Director. The Board of Directors now comprises the following:-

- Mrs. Mary Greenhalgh (Chairman) - Hse No. 81 (Hamlet 2) Tel. 723719
- J.O. Read (Vice-Chairman) - Hse No. 58 (Hamlet 3) Tel. 724726
- A. Foor - Hse. No. 44 (Hamlet 4) Tel. 721718
- D.S. Roberts - Hse. No. 1 (non resident) Tel. (Office) 432086
- G.L.R. Burne - Hse. No. 30 (Hamlet 4) Tel. 723994
- E.S. Monk - Hse. No. 39 (Hamlet 4) Tel. 723946

Dentists' fees may increase by 25 pc

7/2/79
GJA
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Own Correspondent

The Dental Association of South Africa has recommended a 25 percent increase in dental fees, it has been announced in Pretoria.

The recommendations have been submitted to the tariff committee of the SA Medical and Dental Council which will publish a revised schedule of fees in the Government Gazette later this year.

HIGHER

This will be the first time fees have been determined by the council. Previously this was the responsibility of a remuneration commission.

The gazetted fees will be those applicable to practitioners who are contracted in to medical aid schemes.

The new recommended schedule of fees is 25 percent higher than the schedule of fees issued as a guide to dentists in 1976.

EXAMPLE

"We drew it up in consultation with economic advisors and experts, and took into account the increased cost of living and cost of dentistry since 1976," said Dr A M Ferreira, chairman of the Medical Schemes Committee and vice-president of the Dental Association of South Africa.

"We have circulated the new schedule of fees among our members and recommended that those who are contracted out of medical aid schemes apply the tariffs now.

An example of the new fees is that a one surface-filling now costs R9 compared to R7, formerly charged by contracted-out dentists.

"The present gazetted tariff for contracted-in dentists is R4,05 for the same service", Dr Ferreira said.

Dr Ferreira stressed the SA Medical and Dental Council would only use the new recommendations as a guide, when determining the new fees.

the fact that some members of few cases, enclosing parts of to stake a claim of ownership will gradually undermine the also can cause illfeeling

by walls, fences or hedges, made from careful landscaping put into a very difficult and ad to conclude that it is in plan scheme for Forest Glade.

It is not possible to consider the individual merits of the various cases without appearing invidious, and therefore, it seems in the best interests of the members generally, to insist that the regulations should be compiled with.

Members are reminded that no walls, fences or other external erections are allowed on their property without the prior consent of the Board of Directors and the Divisional Council. The common area must be kept open for the use and enjoyment of all members. No fill enclosures of any sort can be permitted, and all which have been made must be completely opened up. Barriers or obstructions

put on the common area and interfering with the enjoyment and use of the common area of all must be removed.

We quite realise that some people have gone to a lot of trouble and expense to plant on their own or the common area. Thus where enclosures have been made by planting, we hope that they can be opened up by the least possible disturbance and the judicious moving of certain, rather than all, plants. Mr. Roberts, the Architect for the estate, and member of the board, will be glad to discuss and advise on the possible methods of doing this, and we would suggest that people who have enclosures made by plants should contact him before moving or removing plants themselves.

The Directors have most reluctantly decided that if these enclosures, barriers or obstructions have not been removed by the end of 1978, they must take the necessary steps, possibly through legal action, to have them opened up or removed. While some people have already received requests to open up enclosures and remove barriers, we wish to make it clear that the regulations and policies apply equally to all.

As a general rule, the Directors have decided that they will consider application for fences, hedges etc. along the eastern and western boundaries of private erf but that none will be permitted on the north boundary.

dirtying area close to houses. Sometimes this is so bad that it is a health hazard. It is extremely difficult to see a solution to this problem, and in the past the Board has felt unable to do anything about it, save ask for consideration from dog-owners in cleaning up and generally keeping control of their dogs. The trouble is now becoming so acute that we must remind all members of regulation 4.1.3 which requires permission from the Board for the keeping of animals. Thus in future no one may keep a pet without first obtaining the permission of the Board, which can of course be refused. To try to decide on a future policy to contain this problem and be fair to pet-lovers, we wish to have a complete picture of the situation. For this we need details of the pets kept in each household, and we should be grateful if you will complete the attached form and return it to Mrs. Foor, House No. 44 (Hamlet 4), as soon as possible.

6. The Directors have received complaints that quite a few people have washing lines up on their balconies in the full view of passersby. All the houses have yards especially to avoid this unattractive feature. Moreover, it is quite possible to put up lines at a very low level on 1st floor balconies so that washing hanging on them cannot be seen from the ground or from other houses. Please would people refrain from putting washing in a place or at a level where it can be seen by others.

7. EXTERIOR LIGHTS

For a glorious few weeks after the repair work on the lights had been completed

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8/2/79
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Dentists fees up?

PRETORIA — The Dental Association of South Africa has recommended a 25 per cent increase in dental fees, it has been announced here.

Recommendations have been submitted to the tariff committee of the SA Medical and Dental Council. It will publish a revised schedule of fees in the Government Gazette later this year. — SAPA

16/2/79 (94)
**Dental job
for blacks**

THE ASSEMBLY — There were too few blacks interested in being trained as dental technicians, Mr. G. C. du Plessis (NP, Kempton Park) said here yesterday.

Speaking during the second reading of the Dental Technicians Bill he said the field was wide open for black people who wanted careers as dental technicians.

But up to now blacks have shown a general lack of interest in this profession," he said. — SAPA.

(111) These areas are the most densely populated in the world.
INDIA
(11) MILLIONS OF PEOPLE LIVE IN THE RIVER VALLEYS OF CHINA AND
a tendency to change its course.
(1) THE HANG-HO IS KNOWN AS "CHINA'S SORROW" BECAUSE IT HAS
YANGTZE KANG AND THE SI KIANG.
(2) THE RIVERS OF CHINA ARE THE HANG-HO (YELLOW RIVER),
(3) THE RIVER AMUR FLOWS EASTWARDS INTO THE SEA OF OKHOTSK.
(11) THEY ARE OF LITTLE USE FOR NAVIGATION,
AND FLOW INTO THE ARCTIC OCEAN.
(1) THESE RIVERS ARE FROZEN FOR THE GREATER PART OF THE YEAR
YENISEY RIVERS.
(2) NORTHWARD THROUGH THE SIBERIAN PLAIN TO THE ENA, OB, AND
WATERS" OF THE RIVER.
(11) AT BEMARANG OF THE GANGES, THE SOURCE OF THE "HOLY
SOCI (SIT) BROUGHT FROM THE MOUNTAINS.
(1) THESE RIVERS ARE USEFUL FOR IRRIGATION AND AS SOURCE OF
(2) SOUTHWARD TO THE DRAMAFURA, IRRAWADDY, GANGES AND INDUS.
THE ASIATIC MOUNTAINS ARE THE SOURCE OF GREAT RIVERS.
THE JIMALAYAS, AND IS FROZEN FOR THE GREATER PART OF THE YEAR.
THE GREAT SUBERIAN PLAIN — STOPS OF ASIA — THE
THE GOBY DESERT LIES IN

DEPARTMENT OF STATISTICS

No. R. 1105

25 May 1979

REGULATIONS IN TERMS OF SECTION 17 OF
THE STATISTICS ACT, 1976 (ACT 66 OF 1976)

CENSUS OF HEALTH SERVICES, 1979

MEDICAL PRACTITIONERS AND DENTISTS

The Minister of Statistics has, in terms of section 17 of the Statistics Act, 1976 (Act 66 of 1976), read with Government Notice R. 139 of 4 February 1977, made the following regulations in connection with the collection of statistics in respect of personal information on and activities of and the rendering of services by medical practitioners, interns and dentists:

1. In these regulations any word or expression to which a meaning has been assigned in the Act shall bear that meaning and, unless the context otherwise indicates—

(a) registered "medical practitioner", "intern", "dentist" means any person registered as such in terms of the Medical Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), and shall include a partnership of such persons;

(b) "person in charge of a private practice" means the person who, during the financial year referred to in regulation 2 (i), in respect of the practice concerned—

(i) was the owner thereof; or

(ii) was the person to whom the owner entrusted the supervision or control of the administration, guidance or management of the affairs of such practice; or

any trustee, liquidator, executor or administrator of an insolvent or deceased estate, as the case may be, of the owner;

(c) "private practice" means any registered medical practitioner or dentist or partnership of medical practitioners or dentists whose main activity is the rendering of medical or dental services to the general public;

(d) "consultations, operations and procedures" mean the main groups into which all items in respect of services rendered by medical practitioners and dentists are classified, as summarised in the "Relative Unit Value Schedule and Tariff of Fees in respect of Medical Services", published in Government Notice R. 2084 of 14 October 1977, and the "Relative Unit Value Schedule and Tariff of Fees for Dental Services", published in Government Notice R. 313 of 24 February 1978, respectively;

(e) "treatment" means a service rendered to carry out any consultation, operation or procedure referred to in regulation 1 (d);

DEPARTEMENT VAN STATISTIEK

No. R. 1105

25 Mei 1979

REGULASIES KRAGTENS ARTIKEL 17 VAN
DIE WET OP STATISTIEKE, 1976 (WET 66 VAN
1976)

SENSUS VAN GESONDHEIDSDIENSTE, 1979

GENEESHERE EN TANDARTSE

Die Minister van Statistiek het kragtens artikel 17 van die Wet op Statistieke, 1976 (Wet 66 van 1976), gelees met Goewermentskennisgewing R. 139 van 4 Februarie 1977, die volgende regulasies in verband met die versameling van statistieke betreffende persoonlike inligting en werksaamhede van, en die verskaffing van dienste deur geneeshere, interns en tandartse uitgevaardig:

1. In hierdie regulasies het enige woord of uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis, en tensy uit die samehang anders blyk, beteken—

(a) "geneesheer", "intern", "tandarts" iemand wat as sodanig ingevolge die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet 56 van 1974), geregistreer is, asook enige vennootskappe van sodanige persone;

(b) "persoon in beheer van 'n private praktyk" die persoon wat, gedurende die boekjaar in regulasie 2 (1) bedoel, ten opsigte van die betrokke praktyk—

(i) die eienaar daarvan was; of

(ii) iemand was aan wie die eienaar die toesig of beheer oor, of die administrasie, leiding of bestuur van die sake van sodanige praktyk opgedra het; of enige trustee, likwidateur, eksekuteur of administrateur van 'n insolvente of bestorwe boedel, na gelang van die geval, van die eienaar;

(c) "private praktyk" enige geneesheer of tandarts of vennootskap van geneeshere of tandartse wat as hoofaktiwiteit mediese of tandheelkundige dienste aan die algemene publiek lewer;

(d) "konsultasies, operasies en prosedures" die hoofgroepe waarin al die items ten opsigte van dienste deur geneeshere en tandartse gelewer, geklassifiseer word, soos onderskeidelik saamgevat in die "Relatiewe-eenhedswaarde-staat en geldetarief ten opsigte van mediese dienste" gepubliseer in Goewermentskennisgewing R. 2084 van 14 Oktober 1977 en die "Relatiewe-eenhedswaarde-staat en geldetarief vir tandheelkundige dienste" gepubliseer in Goewermentskennisgewing R. 313 van 24 Februarie 1978;

(e) "behandeling" 'n diens gelewer ter uitvoering van enige konsultasie, operasie of prosedure bedoel in regulasie 1 (d);

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(f) "unit" means the basic value in terms of which the unit values for the item code numbers in respect of the various treatments were determined, as laid down for medical practitioners and dentists in the "Relative Unit Value Schedule and Tariff of Fees in respect of Medical Services", published in Government Notice R. 2084 of 14 October 1977, and the "Relative Unit Value Schedule and Tariff of Fees for Dental Services", published in Government Notice R. 313 of 28 February 1978, respectively.

2. (1) Any medical practitioner, intern or dentist or any person in charge of a private practice shall on or before 30 May 1979, or on or before such later date as the Secretary may for good cause allow, submit to the Secretary the particulars and information prescribed in regulation 3 for the financial year of that person or practice which ends or ended on any date during the period 1 March 1978 up to and including 28 February 1979, in the manner determined in subregulation (2);

(2) The particulars and information referred to in subregulation (1) must be furnished on questionnaires which the Secretary may at his discretion have delivered or forwarded by mail to the persons referred to in subregulation (1) or which (if no such questionnaires have been delivered to them or were sent to them) the persons referred to may obtain from the Secretary for Statistics, Private Bag X44, Pretoria, 0001. Failure on the part of the Secretary to have a questionnaire or questionnaires thus delivered or forwarded by post does not, however, exempt the responsible persons from the obligation to submit a return.

3. The following information and particulars must be furnished and submitted on the questionnaires in accordance with the provisions of these regulations:

(1) Personal particulars relating to address, population group, sex, citizenship, qualifications by virtue of which registration in South Africa was permitted, year in which registered in South Africa for the first time and, in the case of a registered specialist, the speciality, year of registration as such in South Africa and the country where trained as such;

(2) status in the national economy on 28 February 1979, that is, whether the person in respect of whom the questionnaire is completed was the owner of or a partner in a private practice, or was employed in a salaried position, or was awaiting employment or practice, or had already retired or discontinued practice;

(3) nature of professional work and status in profession on 28 February 1979;

(4) general information regarding—

- (a) hours worked per week; and
- (b) refresher course attended;

(5) name/names of owner(s) of the practice;

(6) address of main consulting room;

(7) name of the magisterial district in which the practice is situated;

(8) whether or not the practice was contracted-in in terms of the Medical Schemes Act, 1967 (Act 72 of 1967), during the financial year;

(9) employment as on the last pay-day in February 1979 by population group and sex;

(10) salaries, wages and allowances paid for the month February 1979 by population group;

(11) income statement data for the financial year, showing particulars of income and expenditure, including profits (or losses);

(12) value of fixed and movable assets;

(f) "eenheid" die basiese waarde waarvolgens die eenheidswaarde vir die itemkodenommers ten opsigte van die verskillende behandelings vasgestel is, soos onderskeidelik vir geneeshere en tandartse voorgeskryf is in die "Relatiewe-eenheidswaarde-staat en geldetarief ten opsigte van mediese dienste" gepubliseer in Goewermentskennisgewing R. 2084 van 14 Oktober 1977 en die "Relatiewe-eenheidswaarde-staat en geldetarief vir tandheekkundige dienste" gepubliseer in Goewermentskennisgewing R. 313 van 28 Februarie 1978.

2. (1) Enige geneesheer, intern of tandarts en enige persoon in beheer van 'n private praktyk moet voor of op 30 Mei 1979, of voor of op sodanige latere datum as wat die Sekretaris om goeie redes mag bepaal, die besonderhede en inligting voorgeskryf in regulasie 3 ten opsigte van die bedoelde persoon of praktyk se boekjaar, wat op enige datum gedurende die tydperk 1 Maart 1978 tot en met 28 Februarie 1979 eindig of geëindig het, op die wyse in subregulasie (2) voorgeskryf, by die Sekretaris indien.

(2) Die besonderhede en inligting in subregulasie (1) bedoel, moet ingedien word op vraelyste wat die Sekretaris na goeie rede kan laat aflewer of per pos versend aan persone in subregulasie (1) bedoel, of wat (indien geen sodanige vraelyste by hulle afgelewer of aan hulle versend is nie) deur die bedoelde persone verkry kan word by die Sekretaris van Statistiek, Privaatsak X44, Pretoria, 0001. Versuim deur die Sekretaris om 'n vraelys of vraelyste aldus te laat aflewer of per pos te versend, onthef egter nie die verantwoordelike persone van die verpligting om 'n opgawe in te dien nie.

3. Die volgende inligting en besonderhede moet ooreenkomstig die bepalings van hierdie regulasies op die vraelyste verstrek en ingedien word:

(1) Persoonlike besonderhede betreffende adres, bevolkingsgroep, geslag, burgerskap, ouderdom, kwalifikasies op grond waarvan registrasie in Suid-Afrika toegelaat is, jaar waarin vir die eerste keer in Suid-Afrika geregistreer en, in die geval van 'n geregistreerde spesialis, die spesialiteit, jaar van registrasie as sodanig in Suid-Afrika en land waar as sodanig opgelei;

(2) status in die volkshuishouding op 28 Februarie 1979, dit wil sê of die persoon ten opsigte van wie die vraelys ingevul word, die eienaar van, of 'n vennoot in 'n private praktyk was, of in 'n gesaliede betrekking in diens was, of gewag het op 'n betrekking of praktyk, of reeds afgetree het of praktyk gestaak het;

(3) aard van beroepswerk en status in beroep op 28 Februarie 1979;

(4) algemene inligting betreffende—

- (a) ure per week gewerk; en
- (b) opknappingskursusse bygewoon;

(5) naam/name van eienaar(s) van die praktyk;

(6) adres van die vernaamste spreekkamer;

(7) naam van die landdrostdistrik waarin die praktyk geleë is;

(8) of die praktyk in die boekjaar ingevolge die Wet op Mediese Skemas, 1967 (Wet 72 van 1967), ingetrekke was al dan nie;

(9) werkgeleentheid soos op die laaste betaaldag Februarie 1979 volgens bevolkingsgroep en geslag;

(10) salarisse, lone en toelaes betaal vir die Februarie 1979 volgens bevolkingsgroep;

(11) inkomstestaatsgegevens vir die boekjaar, besonderhede oor inkomste en uitgawes, insluitende winste (of verliese), weergee;

(12) waarde van vaste en roerende bates;

(13) name and address of employer, annual salaries and allowances and estimated annual value of income in kind in the case of medical practitioners, interns and dentists in full-time salaried positions, and name of employer, duration of appointment, salary received and nature of work performed in the case of medical practitioners, interns and dentists in part-time salaried positions;

(14) in the case of medical practitioners—

(a) the number of hours worked during the periods 2 to 8 July 1978, 12 to 18 November 1978 and 13 to 19 May 1979, according to activity;

(b) the volume of work in respect of consultations, operations and procedures performed during the period 2 to 8 July 1978, expressed in terms of the number of units, and the number of treatments carried out during the period 12 to 18 November 1978, or the number of treatments in respect of consultations, operations, and procedures performed during the periods 12 to 18 November 1978 and 13 to 19 May 1979 according to tariff of fees code numbers and population group; and

(15) in the case of dentists—

(a) the number of treatments in respect of consultations, operations and procedures performed during the period 10 to 23 September 1978 according to tariff of fees code numbers, and population group, and

(b) the number of hours worked during the period 10 to 23 September 1978 and time spent on work at the chair with patients, on dental technological work and on other work, respectively.

4. Any person in charge of a practice or a medical practitioner, or intern or dentist who, without reasonable cause, fails to comply with these regulations shall be guilty of an offence and liable on conviction to a fine not exceeding R200, in the case of continuing failure to comply therewith, to a fine not exceeding R10 for every day that such failure continues.

Note.—The Secretary may compile a name and address list of medical practitioners, interns and dentists, classified according to activities, and make such list available to any person or organisation.

(13) naam en adres van werkgever, jaarlikse salaris en toelaes en beraamde jaarlikse waarde van inkomste in natura, in die geval van geneeshere, interns en tandartse in gesalarieerde voltydse betrekkings, en naam van werkgever, duur van aanstelling, salaris ontvang en aard van werk verrig in die geval van geneeshere, interns en tandartse in gesalarieerde deeltydse betrekkings;

(14) in die geval van geneeshere—

(a) die getal ure gewerk gedurende die tydperke 2 tot 8 Julie 1978, 12 tot 18 November 1978 en 13 tot 19 Mei 1979 volgens aktiwiteit;

(b) die omvang van werk ten opsigte van konsultasies, operasies en prosedures uitgevoer gedurende die tydperk 2 tot 8 Julie 1978, uitgedruk in terme van getal eenhede, en die getal behandelings uitgevoer gedurende die tydperk 12 tot 18 November 1978, of die getal behandelings ten opsigte van konsultasies, operasies en prosedures uitgevoer gedurende die tydperk 12 tot 18 November 1978 en 13 tot 19 Mei 1979 volgens geldetariefkodenommers en bevolkingsgroep; en

(15) in die geval van tandartse—

(a) die getal behandelings ten opsigte van die konsultasies, operasies en prosedures uitgevoer gedurende die tydperk 10 tot 23 September 1978 volgens geldetariefkodenommers en bevolkingsgroep, en

(b) die getal ure gedurende die tydperk 10 tot 23 September 1978 gewerk en tyd respektiewelik bestee aan werk by die stoel met pasiënte, aan tandtegnologiese werk en aan ander werk.

4. 'n Persoon in beheer van 'n praktyk of 'n geneesheer, intern of tandarts wat sonder redelike oorsaak versuim om aan 'n bepaling van hierdie regulasie te voldoen, is aan 'n misdryf skuldig en is by skuldigbevinding strafbaar met 'n boete van hoogstens R200 of, in die geval van 'n voortdurende versuim om daaraan te voldoen, met 'n boete van hoogstens R10 vir elke dag waarop sodanige versuim voortduur.

Nota.—Die Sekretaris kan 'n naam- en adreslys van geneeshere, interns en tandartse, ingedeel volgens werksaamhede, opstel en aan enige persoon of instansie beskikbaar stel.

AGROCHEMOPHYSICA

This publication is a continuation of the South African Journal of Agricultural Science Vol. I to 11, 1958-1968 and deals with Biochemistry, Biometry, Soil Science, Agricultural Engineering, Agricultural Meteorology and Analysis Techniques. Four parts of the journal are published annually.

Contributions of scientific merit on agricultural research are invited for publication in this journal. Directions for the preparation of such contributions are obtainable from the Director, Agricultural Information, Private Bag X144, Pretoria, to whom all communications in connection with the journal should be addressed.

The journal is obtainable from the above-mentioned address at R1,50 per copy or R6 per annum, post free (Other countries R1,75 per copy or R7 per annum).

Sales tax must accompany inland orders

AGROCHEMOPHYSICA

Hierdie publikasie is 'n voortsetting van die Suid-Afrikaanse Tydskrif vir Landbouwetenskap Jaargang 1 tot 11, 1958-1968 en bevat artikels oor Biochemie, Biometrika, Grondkunde, Landbou-ingenieurswese, Landbouweerkunde en Ontledingstegnieke. Vier dele van die tydskrif word per jaar gepubliseer.

Verdienselike landboukundige bydraes van oorspronklike wetenskaplike navorsing word vir plasing in hierdie tydskrif verwelkom. Voorskrifte vir die opstel van sulke bydraes is verkrygbaar van die Direkteur, Landbou-mlingting, Privaatsak X144, Pretoria, aan wie ook alle navrae in verband met die tydskrif gerig moet word.

Die tydskrif is verkrygbaar van bogenoemde adres teen R1,50 per eksemplaar of R6 per jaar, posvry (Buitelands R1,75 per eksemplaar of R7 per jaar).

Verkoopbelasting moet by binnelandse bestellings ingesluit word.

NOTICE 403 OF 1979
DEPARTMENT OF HEALTH
THE SOUTH AFRICAN DENTAL TECHNICIANS
COUNCIL

NOTICE OF ELECTION.—ELECTION OF MEM-
BER OR MEMBERS OF THE SOUTH AFRICAN
DENTAL TECHNICIANS COUNCIL

Notice is hereby given in terms of the provisions of the Regulations relating to the Election of Members of the Council that an election of two dental technician employee members, two dental technician contractor members and three dentist members of the council to serve during the period ending 30 September 1984 is about to be held.

Nominations of eligible dental technicians and dentists are awaited. A person nominated shall (a) not be an unrehabilitated insolvent, (b) not be disqualified, in terms of this Act or the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), from practising his profession, (c) not be a patient or a President's patient as defined in section 1 of the Mental Health Act, 1973 (Act 18 of 1973), and (d) be a South African citizen and be permanently resident in the Republic.

94 GG 6466

KENNISGEWING 403 VAN 1979
DEPARTEMENT VAN GESONDHEID
DIE SUID-AFRIKAANSE RAAD VIR
TANDTEGNICI

KENNISGEWING VAN VERKIESING.—VERKIE-
SING VAN LID OF LEDE VAN DIE SUID-
AFRIKAANSE RAAD VIR TANDTEGNICI

Hierby word ingevolge die bepalings van die Regulasies betreffende die Verkieping van Lede van die Raad kennis gegee dat 'n verkieping gehou staan te word van twee tandtegnikuswerknemer-, twee tandtegnikuskontraakteur- en drie tandartslede van die raad om te dien gedurende die tydperk wat op die 30ste dag van September 1984 verstryk.

Nominasies van verkiesbare tandtegnici en tandartse word ingewag. 'n Genomineerde (a) mag nie 'n onge-rehabiliteerde insolvent wees nie, (b) mag nie ingevolge die Wet of die Wet op Geneeshere, Tandartse en Aan-vullende Gesondheidsdiensberoep, 1974 (Wet 56 van 1974), na gelang van die geval, onbevoeg wees om sy beroep te beoefen nie, (c) mag nie 'n pasiënt of 'n Presidentpasiënt soos omskryf in artikel 1 van die Wet op Geestesgesondheid, 1973 (Wet 18 van 1973), wees nie, en (d) moet 'n Suid-Afrikaanse burger en per-manent in die Republiek woonagtig wees.

20 No. 6466

GOVERNMENT GAZETTE, 1 JUNE 1979

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Each candidate shall be nominated on a separate nomination form, but each person who is entitled to vote at the election may sign the nomination forms of any number of candidates, provided the number does not exceed the number of members to be elected.

Each nomination form shall state the first names and the surname of the candidate nominated and shall be signed by two registered dental technician employees, dental technician contractors or dentists, as the case may be. The person nominated shall also sign the form, confirming that he consents to his nomination. The registered address of each one so signing shall be appended to his signature. If the person nominated is unable to sign the nomination form, he may inform the returning officer by letter or telegram that he consents to his nomination. Every nomination form shall reach the undersigned (from whom nomination forms can be obtained on application) at the address given below not later than 16h00 on 2 July 1979.

A deposit of R50 shall accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, shall be invalid.

A. D. VAN DER MERWE, Returning Officer.
531 City Centre, P.O. Box 995, Pretoria, 0001.
1 June 1979.

(1 June 1979)

Elke kandidaat moet op 'n afsonderlike vorm genomineer word, maar elkeen wat by 'n verkieping stemgeregtig is, kan die nominasievorm van enige aantal kandidate teken, dog nie meer as die aantal wat verkies moet word nie.

Elke nominasievorm moet die voorname en die genomineerde kandidaat aangee en moet deur twee geregistreerde tandtegnikuswerknemers of tandartse, na gelang van die geval, die genomineerde persoon moet onderteken ter bekragtiging van sy nominasie. Die geregistreerde adres van die kandidaat wat aldus teken, moet by sy handtekening gegee word. As die genomineerde persoon nie in staat is om die nominasievorm te teken, kan hy die kiesbeambte per brief of telegram mededeel dat hy tot sy nominasie instem. Elke nominasievorm moet die onderstaande adres bereik.

'n Deposito van R50 moet die nominasie vorm gevolg.

Elke nominasievorm ten opsigte waarvan hierdie bepalings nie nagekom is nie of wat na die voormelde datum by onderstaande adres nie is ontvang, is ongeldig.

A. D. VAN DER MERWE, Kiesbeambte.
Stadsentrum 531, Posbus 995, Pretoria, 0001.
1 Junie 1979.

(1 Junie 1979)

betroune and a Mrs Carr Ellison accompanied the column and stayed at hotels every night. This column, however, never came further north than Eshowe.

No. R. 115, 1979

DATE OF COMMENCEMENT OF THE DENTAL
TECHNICIANS ACT, 1979 (ACT 19 OF 1979)

Under and by virtue of the powers vested in me by section 52 of the Dental Technicians Act, 1979 (Act 19 of 1979), I hereby declare that the provisions of the said Act shall come into operation on 1 June 1979.

Given under my Hand and the Seal of the Republic of South Africa at Cape Town this Seventh day of May, One thousand Nine hundred and Seventy-nine.

B. J. VORSTER, State President.

By Order of the State President-in-Council:

S. W. VAN DER MERWE.

94

No. R. 115, 1979

DATUM VAN INWERKINGTREDING VAN DIE
WET OP TANDTEGNICI, 1979 (WET 19 VAN
1979)

Kragtens die bevoegdheid my verleen by artikel 52 van die Wet op Tandtegnici, 1979 (Wet 19 van 1979), verklaar ek hierby dat die bepalings van genoemde Wet in werking tree op 1 Junie 1979.

Gegee onder my Hand en die Seël van die Republiek van Suid-Afrika te Kaapstad, op hede die Sewende dag van Mei Eenduisend Negehonderd Nege-en-sewentig.

B. J. VORSTER, Staatspresident.

Op las van die Staatspresident-in-rade:

S. W. VAN DER MERWE.

at 7 p.m. we had previously been told to prepare for a move at any time carrying three days' food for men and one day for the horse. Bruce Hamilton was in command and he had a very fine force. There must have been over 3 000 mounted men. I left my mule and groom at Bethal and took a roll of rugs in a waterproof sheet on the horse carrying my medical bags. He also carried a nose bag with food for three days.

The information we had was that Groebbler with 800 men was in laager half way between Bethal and Carolina, and Botha with a large force not very far away on his east. Allenby's column was told off to meet Botha while the other columns attacked the laager. It was evidently going to be a big thing, and our night march with so many mounted men moving in the dark in silence was very impressive. No smoking or talking was allowed and this made the night long and dreary. One could not help wondering what was to be our fate at daybreak. A few miles out of camp we had to halt to kill all dogs following the troops. Poor Major Maude, our Provost Marshal, did not like the job.

I got the General to allow one scotch cart to go with our ambulances and this carried a tent, medical and surgical equipment and the kits of the privates R.A.M.C. so that the

DEPARTMENT OF HEALTH

No. R. 1182

8 June 1979

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL**AMENDMENT OF THE REGULATIONS RELATING TO THE CONDUCT OF THE BUSINESS OF PROFESSIONAL BOARDS**

The Minister of Health, on the recommendation of the South African Medical and Dental Council, in terms of sections 15 (5) and 61 (1) (a) and (f) read with section 61 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), hereby amends the regulations published under Government Notice R. 2285 of 3 December 1976 as follows:

- (a) In regulation 61 (1) substitute the words "R21 per day" for the words "R10,50 per day".
- (b) In regulation 61 (2) substitute the words "R35 per day" for the words "R25 per diem".
- (c) In regulation 62 substitute the words "20c per kilometre" for the words "12c per kilometre".

DEPARTEMENT VAN GESONDHEID

No. R. 1182

8 Junie 1979

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD**WYSIGING VAN DIE REGULASIES BETREFFENDE DIE VERRIGTING VAN DIE WERKSAAMHEDE VAN BEROEPSRADE**

Die Minister van Gesondheid, wysig hierby op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikels 15 (5), 61 (1) (a) en (f) gelees met artikel 61 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974), die regulasies afgekondig by Goewermentskennisgewing R. 2285 van 3 Desember 1976, soos volg:

- (a) Vervang in regulasie 61 (1) die woorde "R10,50 per dag" deur die woorde "R21 per dag".
- (b) Vervang in regulasie 61 (2) die woorde "R25 per dag" deur die woorde "R35 per dag".
- (c) Vervang in regulasie 62 die woorde "12c per kilometer" deur die woorde "20c per kilometer".

No. R. 1183

8 June 1979

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL**AMENDMENT OF THE REGULATIONS RELATING TO THE CONDUCT OF THE BUSINESS OF THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL, AND RELATED MATTERS**

The Minister of Health, on the recommendation of the South African Medical and Dental Council, in terms of section 61 (1) (a) and (c) read with section 61 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), hereby amends the regulations published under Government Notice R. 2266 of 3 December 1976, with effect from 1 April 1979, as follows:

- (a) Substitute the following for regulation 66 (1) (a), (b) and (c):

"66 (1) Members attending meetings of the council or of committees of the council, or otherwise engaged in the business of the council (including time occupied in travelling) shall be paid R21 per day: Provided that the president, in addition to the above-mentioned amount, shall be paid R500 per annum, payable monthly in arrear."

- (b) In regulation 67 substitute the words "20c per km" for the words "12c per km".

No. R. 1183

8 Junie 1979

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD**WYSIGING VAN DIE REGULASIES BETREFFENDE DIE VERRIGTING VAN DIE WERKSAAMHEDE VAN DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD EN VERWANTE AANGELEENTHEDE**

Die Minister van Gesondheid, wysig hierby, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (a) en (c) gelees met artikel 61 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974), die regulasies afgekondig by Goewermentskennisgewing R. 2266 van 3 Desember 1976, met ingang van 1 April 1979 soos volg:

- (a) Vervang regulasie 66 (1) (a), (b) en (c) deur die volgende:

"66 (1) Lede wat vergaderings van die raad of van komitees van die raad bywoon of wat andersins besig is met werksaamhede van die raad (met inbegrip van die tyd wat hulle op reis is) word R21 per dag betaal: Met dien verstande dat die president, benewens voormelde bedrag, R500 per jaar betaal word, maandeliks agterna betaalbaar."

- (b) Vervang in regulasie 67 die woorde "12c per km" deur die woorde "20c per km".

No. R. 1184

8 June 1979

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL**AMENDMENT OF THE REGULATIONS RELATING TO THE CONDUCT OF THE BUSINESS OF THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL, AND RELATED MATTERS**

The Minister of Health has, in terms of section 61 (1) (c) read with section 61 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), on the recommendation of the South African Medical and Dental Council, amended the regulations published under Government Notice R. 2266 of 3 December 1976, with effect from 17 November 1978, by the substitution for regulation 66 (2) of the following:

"(2) If members of the council have to travel more than 50 km from their usual place of residence to attend meetings of the council or of committees of the council, or on other business of the council, they shall be paid a subsistence allowance of R35 per day during their absence from their place of residence."

No. R. 1184

8 Junie 1979

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD**WYSIGING VAN DIE REGULASIES BETREFFENDE DIE VERRIGTING VAN DIE WERKSAAMHEDE VAN DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD EN VERWANTE AANGELEENTHEDE**

Die Minister van Gesondheid het kragtens artikel 61 (1) (c) gelees met artikel 61 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies uitgevaardig by Goewermentskennisgewing R. 2266 van 3 Desember 1976, gewysig deur regulasie 66 (2) met ingang van 17 November 1978 deur die volgende te vervang:

"(2) Lede van die raad wat meer as 50 km van hul gewone woonplek af moet reis om vergaderings van die raad of van komitees van die raad by te woon of om ander werksaamhede van die raad te verrig, ontvang 'n verblyftoelae van R35 per dag vir solank hulle van hul woonplek afwesig is."

SUID-AFRIKAANSE RAAD VIR TANDTEGNICI—VERKIESING VAN LEDE VAN DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI

Hierby word bekendgemaak kragtens regulasie 7 van die regulasies uitgevaardig kragtens artikel 50 (1) (a) van die Wet op Tandtegnici, 1979 (Wet 19 van 1979), dat die volgende persone wettiglik genomineer is as kandidate vir verkiesing as lede van die Suid-Afrikaanse Raad vir Tandtegnici vir die tydperk van vyf jaar vanaf 1 Oktober 1979 tot 30 September 1984:

A. *Tandtegnikus-kontrakteurs verkiesbaar deur tandtegnikus-kontrakteurs*

Enslin, John William, Billy's Dental Laboratory, Medical Forum, Harrowerstraat 12a, Port Elizabeth.

Ferreira, Daniel Jacobus Oosthuizen, Kamer 12, Smithstraat 146, Rustenburg.

Lötter, Barend Sebastian, Volkshospitaal 5/7, Derde Straat, Springs.

B. *Tandtegnikus-werknemers verkiesbaar deur tandtegnikus-werknemers*

Finke, Max Georg, p/a Fakulteit Tandheelkunde, Universiteit van Stellenbosch, Posbus 63, Parowvallei.

Hansel, Colwyn Stanley, p/a G. P. Kemp Dental Laboratory, Prentice Place 217, D. F. Malan-rylaan 163, Northcliff, Johannesburg.

Steyn, Louis Adriaan, p/a Fakulteit Tandheelkunde, Universiteit van Wes-Kaapland, Privaatsak X17, Bellville.

Van Nieuwenhuizen, Hendrik Petrus, p/a dr. J. P. Swartz, Middelstraat 19, Parys.

Aangesien die getal persone wettiglik genomineer in Kategorie A en Kategorie B groter is as die getal lede wat verkies moet word, word 16h00 op Vrydag, 31 Augustus 1979, deur my bepaal as die uur en die dag waarvoor elkeen wat geregtig is om by die verkiesing te stem, die stembriefie, soos in die regulasies beskryf, kan onderteken en aan my stuur of oorhandig. In Stembriefie sal aan die jongste geregistreerde adres van elke persoon wat geregtig is by hierdie verkiesing om te stem, gestuur word minstens een maand voor die datum hierbo bepaal.

C. *Tandartse verkiesbaar deur tandartse*

De Jager, Andries Petrus, Posbus 347, Pretoria.

Heydt, Helmut, Privaatsak 1, Houghton.

Naude, Jacobus Petrus, Mediese Sentrum, Verwoerd-
burg.

Aangesien die getal persone wettiglik genomineer in hierdie kategorie, nie groter is as die getal persone wat verkies moet word nie, word die aldus genomineerdes gegag behoortlik verkies te wees.

A. D. VAN DER MERWE, Kiesbeampte.

Stadsentrum 531, Pretoriusstraat, Posbus 995, Pretoria, 0001.

(13 Julie 1979)

frequency of inter-settlement probability of friction was increased until fission of and formed the nuclei of in turn as a centre for fi
In this model, as was carrying capacity has been of limiting resources remain
A flow diagram and model were prepared (Fig.

DATA

Quantitative data. The r were two, three and a half similar to those quoted by uninhabited areas. Four five, ten and fifteen per per square kilometer has

on subsistence agricultural values coincide with low but the possibility remains they may have increased
Both models were simulated input populations: 100, was conceptualised as a circle was set at 10 km

Cultural data. The bevel outline, to the eastern of problems associated with the eastern stream and in eastern and southern cultures included in the not have a high relation Leaves material and shot

SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL—ELECTION OF MEMBERS OF THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

It is notified in terms of regulation 7 of the regulations made under section 50 (1) (a) of the Dental Technicians Act, 1979 (Act 19 of 1979), that the following persons have been validly nominated as candidates for election as members of the South African Dental Technicians Council for five years from 1 October 1979 to 30 September 1984:

A. *Dental technician contractors for election by dental technician contractors*

Enslin, John William, Billy's Dental Laboratory, Medical Forum, 12a Harrower Street, Port Elizabeth.

Ferreira, Daniel Jacobus Oosthuizen, Room 12, 146 Smith Street, Rustenburg.

Lötter, Barend Sebastian, 5/7 Volkshospitaal Buildings, Third Street, Springs.

B. *Dental technician employees for election by dental technician employees*

Finke, Max Georg, c/o Faculty of Dentistry, University of Stellenbosch, P.O. Box 63, Parowvallei.

Hansel, Colwyn Stanley, c/o G. P. Kemp Dental Laboratory, 217 Prentice Place, 163 D. F. Malan Drive, Northcliff, Johannesburg.

Steyn, Louis Adriaan, c/o Faculty of Dentistry, University of the Western Cape, Private Bag X17, Bellville.

Van Nieuwenhuizen, Hendrik Petrus, c/o Dr J. P. Swartz, 19 Middel Street, Parys.

As the number of persons validly nominated in Category A and Category B exceeds the number of persons to be elected, 16h00 on Friday, 31 August 1979, has been determined by me as being the hour and the day before which every person entitled to vote in the election may sign and transmit or deliver to me by a voting paper as described in the regulations. A voting paper will be posted to the last registered address of each person entitled to vote in this election at least one month before the day determined above.

C. *Dentists for election by dentists*

De Jager, Andries Petrus, P.O. Box 347, Pretoria.

Heydt, Helmut, Private Bag 1, Houghton.

Naude, Jacobus Petrus, Mediese Sentrum, Verwoerd-
burg.

As the number of persons validly nominated in this category does not exceed the number of persons to be elected, the nominees are deemed to be duly elected.

A. D. VAN DER MERWE, Returning Officer.

City Centre 531, Pretorius Street, P.O. Box 995, Pretoria, 0001.

(13 July 1979)

Practised while not on roll

Howgate 94
1977/79

THE municipal health department accepted the credentials of professional men they employed 'in good faith' and did not always check whether doctors or dentists were registered with the South African Medical and Dental Council.

This was said today by Dr Alex Chamowitz, acting Medical Officer of Health for Cape Town, when he gave evidence before a disciplinary committee of the Medical Council hearing the case of a retired dentist, Dr Reginald Howgate, 66.

Dr Howgate appeared before the committee charged with practising as a dentist between December 1967 and September 19 1978 while he was not registered with the Medical and Dental Council.

The registrar of the council, Mr W H Barnard, said Dr Howgate's name was erased from the register in 1967 when he did not advise the council of his change of address, and all attempts to trace him failed.

RETIRED

Dr Chamowitz said Dr Howgate was employed by the municipal health department on July 1, 1969 and practised as a dentist until he retired on December 20, 1978.

The department was not aware that he was not registered until another employee, compiling a list of the department's doctors for the 1978 annual report, checked the register to determine Dr Howgate's qualifications.

It was found that his name was not listed. Dr Howgate's name was reinstated on September 20 1978.

Dr Howgate said he had moved to different addresses 15 times in the past 10 years. He said he 'just forgot' to notify the council of one of the moves and was unaware that his name had been erased.

The committee, under the chairmanship of Professor H W Snyman, found Dr Howgate guilty of disgraceful conduct in practising while not being registered. He was cautioned and reprimanded.

Dirty surgery — dentist guilty

CAPE TOWN dentist attracts an average of five patients in two hours evening at his 'untidy' surgery in Athlone.

This was disclosed yesterday in evidence when Dr Maurice Kolevsohn of Buitenkant Street appeared before a disciplinary committee of the South African Medical and Dental Council, charged with practising in improper conditions in that his surgery and

equipment were dirty, disordered, unhygienic or worn.

A Cape Town municipal health inspector, Mr T J Tinker, said that following a complaint he inspected Dr Kolevsohn's rooms at Amelia House, Athlone, on May 11 last year.

He found a steel cabinet, rusted and spattered with blood upon which lay instruments, which were also rusty and blood-stained.

An open waste bin was in the surgery, containing blood, bloodsoaked cotton wool and extracted teeth.

The dental chair was rusted and blood-stained; empty anaesthetic ampoules were scattered about; and waste dental impression material lay on a table. The waiting room was littered, and the ash-trays and bins were full.

Dr Kolevsohn said his main surgery was in Buitenkant Street, Gardens, and he operated the

Athlone surgery only three nights a week — Mondays, Wednesdays and Fridays from 6 pm to 8 pm

He treated between 25 and 30 patients each evening and about 50 on Fridays. Most patients required multiple extractions, the average being five.

He did not employ a nurse or dental assistant because of transport problems, but paid a cleaner

to clean up the rooms between 'sessions'.

Dr Kolevsohn said the rooms were 'always immaculate' when he arrived for his next session.

He was not present when Mr Tinker inspected the rooms, which had been on a Thursday morning obviously before the cleaner had been in to clean up.

After deliberations in camera the committee decided to reprimand and caution Dr Kolevsohn.

94
20/7/79
12/5

No. R. 1869

24 Augustus 1979

**DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD**
**REGULASIES BETREFFENDE DIE REGISTRASIE
VAN STUDENT-GESONDHEIDSINSPEKTEURS**

Die Minister van Gesondheid het kragtens artikel 61 (1) (1) (ivA) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet 56 van 1974), die regulasies in die Bylae hierby uitgevaardig.

No. R. 1869

(94) *6668* 24 August 1979

**THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL**

**REGULATIONS RELATING TO THE REGISTRA-
TION OF STUDENT HEALTH INSPECTORS**

The Minister of Health has, in terms of section 61 (1) (1) (ivA) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), made the regulations set out in the schedule hereto.

BYLAE

1. In hierdie Bylae, tensy uit die samehang anders blyk, beteken—

“die Wet” die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet 56 van 1974); en

“student-gesondheidsinspekteur” ’n leerlinggesondheidsinspekteur soos omskryf in artikel 1 van die Wet op Gesondheid, 1977 (Wet 63 van 1977).

2. Elke student-gesondheidsinspekteur aan ’n opleidingsinrigting in die Republiek wat opleiding aanbied wat lei tot ’n kwalifikasie as gesondheidsinspekteur wat deur die raad kragtens die bepalinge van die Wet erken word, moet ooreenkomstig die bepalinge van regulasie 3 hiervan by die registrateur aansoek doen om registrasie as student-gesondheidsinspekteur—

(1) in die geval van student-gesondheidsinspekteurs wat ’n aanvang maak met die bywoning van kursusse aan ’n opleidingsinrigting, binne twee maande nadat hulle aldus begin het; of

(2) in die geval van student-gesondheidsinspekteurs wat vrygestel is van ’n betrokke studiejaar of -jare, binne twee maande na hulle bywoning van die daaropvolgende studiejaar; of

(3) in die geval van student-gesondheidsinspekteurs wat op die datum van afkondiging van hierdie regulasies reeds ’n aanvang gemaak het met die bywoning van kursusse aan ’n opleidingsinrigting, binne twee maande na die datum van die afkondiging van hierdie regulasies.

3. Elke aansoek om registrasie as student-gesondheidsinspekteur moet gedoen word op die wyse soos aangedui in Aanhangsel A en moet vergesel gaan van—

(1) ’n geboortesertifikaat; of, indien die student-gesondheidsinspekteur nie ’n geboortesertifikaat kan voorlê nie, ’n doopseël of ander bewys in verband met sy ouderdom en korrekte name tot tevredeheid van die registrateur;

(2) ’n seniorsertifikaat of ’n skoleindsertifikaat wat vir die doel deur die raad aanvaar word;

(3) ’n sertifikaat wat aandui dat die student-gesondheidsinspekteur ’n aanvang gemaak het met die studie van ’n vak of vakke aan ’n deur die raad goedgekeurde opleidingsinrigting, welke sertifikaat moet aandui vir watter studiejaar die student-gesondheidsinspekteur ingeskryf is en die datum waarop hy aldus ingeskryf is;

(4) registrasiegeld van R10;

Met dien verstande dat elke aansoek deur ’n student-gesondheidsinspekteur wat in Suid-Afrika vir nie-kwalifikasiedoeleindes tot ’n opleidingsinrigting in ’n tydelike hoedanigheid toegelaat is vir ’n tydperk van hoogstens een akademiese jaar, slegs vergesel moet gaan van ’n sertifikaat wat aandui dat die student-gesondheidsinspekteur ’n aanvang gemaak het met die studie van ’n vak of vakke in ’n studiejaar vir ’n kwalifikasie as gesondheidsinspekteur, asook van ’n bewys dat hy as student-gesondheidsinspekteur geregistreer is by ’n erkende registrasie-owerheid in ’n ander land of staat as die Republiek van Suid-Afrika wat vir hierdie doel deur die raad erken is.

4. Elke student-gesondheidsinspekteur wat na ’n onderbreking van minstens een jaar sy studie as student-gesondheidsinspekteur hervat, moet ’n aansoek om herregistrasie binne twee maande na die hervatting van sodanige studie indien; by dié aansoek moet ingesluit wees ’n sertifikaat wat aandui dat hy sodanige studie

SCHEDULE

1. In this Schedule, unless the context otherwise indicates—

“the Act” means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974); and

“student health inspector” means a student health inspector as defined in section 1 of the Health Act, 1977 (Act 63 of 1977).

2. Every student health inspector at a training institution in the Republic which offers training leading to a qualification as a health inspector which is recognised by the council under provisions of the Act shall submit to the registrar an application for registration as a student health inspector in accordance with the provisions of regulation 3 hereof—

(1) in the case of student health inspectors commencing attendance of courses at a training institution, within two months following such commencement; or

(2) in the case of student health inspectors who have been exempted from a specific year or years of study, within two months following their commencement of attendance in the next year of study; or

(3) in the case of student health inspectors who, on the date of publication of these regulations, have already commenced attendance of courses at a training institution, within two months of the date of publication of these regulations.

3. Every application for registration as a student health inspector shall be made in the form shown in Annexure A and shall be accompanied by—

(1) a birth certificate; or if the student health inspector is unable to furnish a birth certificate, a baptismal certificate or such other evidence as may be required to establish his age and correct names as may be required to the satisfaction of the registrar;

(2) a senior certificate or a school-leaving certificate accepted for this purpose by the council;

(3) a certificate indicating that the student health inspector has commenced study in a subject or subjects at a training institution approved by the council, which certificate shall indicate the year of study in which the student health inspector is enrolled and the date on which he was so enrolled;

(4) a registration fee of R10;

Provided that every application by a student health inspector who has been admitted to a training institution in South Africa in a temporary capacity for a period not exceeding one academic year and for the purposes of obtaining a qualification need be accompanied only by a certificate to the effect that the student health inspector has commenced study in a subject or subjects in a year of study for a qualification as a health inspector, and proof that he has been registered as a student health inspector with the registering authority recognised by the council for that purpose in a country or state other than the Republic of South Africa.

4. Every student health inspector who, after having completed such study for a period of one year or more, wishes to resume such study, shall submit an application for re-registration within two months of resumption of such study; such application shall be accompanied by a certificate to the effect

as gesondheidsinspekteur hervat het, sy oorspronklike registrasiesertifikaat en 'n bedrag van R1: Met dien verstande dat, behoudens die bepalings van regulasie 10 (2), in gevalle waar 'n student-gesondheidsinspekteur sy studies vir langer as een jaar onderbreek maar jaarliks skriftelik sy voorneme verklaar om weer met sy studies voort te gaan, die naam van sodanige student-gesondheidsinspekteur nie van die register van student-gesondheidsinspekteurs geskrap word nie.

5. Elke student-gesondheidsinspekteur wat ingevolge regulasie 4, aansoek doen om herregistrasie en wat nie in staat is om sy oorspronklike registrasiesertifikaat voor te lê nie, moet aansoek doen om 'n gesertifiseerde afskrif van sy oorspronklike registrasiesertifikaat, waarvoor 'n bedrag van 50c betaalbaar is.

6. Elke aansoek tesame met die dokumente en gelde vermeld in regulasie 3 of 4, na gelang van die geval, wat ingedien word na die datum vermeld in onderskeidelik regulasie 2 of 4, is onderworpe aan bykomende registrasiegeld van 50c ten opsigte van elke maand, of gedeelte van 'n maand, wat dit na die betrokke datum ingedien word.

7. Geen student-gesondheidsinspekteur mag geregistreer of herregistreer word as student-gesondheidsinspekteur nie, tensy hy in alle opsigte voldoen het aan die vereistes soos bepaal in regulasie 3 of 4, na gelang van die geval, en aan regulasie 6, waar van toepassing.

8. Aan elke student-gesondheidsinspekteur wat by die raad geregistreer is, moet 'n registrasiesertifikaat, in die vorm soos aangedui in Aanhangsel B, uitgereik word.

9. (1) In die geval van 'n student-gesondheidsinspekteur aan wie erkenning verleen word vir voorgeskrewe vakke vir 'n kwalifikasie as gesondheidsinspekteur, welke vakke hy aan 'n deur die raad goedgekeurde opleidingsinrigting geneem en waarin hy aldaar in die eksamens geslaag het (nie aan die opleidingsinrigting waar hy as student-gesondheidsinspekteur toegelaat word nie) kan die datum van sy registrasie as student-gesondheidsinspekteur teruggedateer word vir 'n tydperk gelykstaande aan dié waarvoor hy erkenning ontvang het: Met dien verstande dat erkenning nie verleen mag word vir 'n tydperk van meer as twee studiejare nie.

(2) In die geval van 'n persoon wat aansoek doen om registrasie as student-gesondheidsinspekteur ingevolge regulasie 2 (3), kan die datum van sy registrasie as student-gesondheidsinspekteur teruggedateer word tot die datum waarop hy 'n aanvang gemaak het met sy studies in gesondheidsinspeksie aan 'n goedgekeurde opleidingsinrigting.

10. (1) Elke opleidingsinrigting in die Republiek wat opleiding aanbied wat lei tot 'n kwalifikasie as gesondheidsinspekteur wat die raad kragtens die bepalings van die Wet erken, moet voor of op 31 Mei van elke jaar aan die registrateur 'n lys voorlê van die name van alle student-gesondheidsinspekteurs wat op 1 Mei van daardie jaar aan dié opleidingsinrigting ingeskryf is vir 'n kwalifikasie as gesondheidsinspekteur, asook 'n lys van alle geregistreerde student-gesondheidsinspekteurs wat hul studies gedurende die voorafgaande 12 maande gestaak het: dié lys moet die volle name, studiejare en, in gevalle waar student-gesondheidsinspekteurs hul studies gestaak het, die datum van staking, van elke student aandui.

(2) Tesame met die lys in regulasie 10 (1) gemeld, moet die betrokke opleidingsinrigting ook 'n lys van name van geregistreerde student-gesondheidsinspekteurs

such student has resumed study as a student health inspector, his original certificate of registration, and a fee of R1: Provided that, subject to the provisions of regulation 10 (2), in cases where a student health inspector interrupts his studies for a period of more than one year but annually states in writing his intention of continuing his studies the name of such student shall not be erased from the register of student health inspectors.

5. Every student health inspector who applies for re-registration in terms of regulation 4 and who is not able to submit his original certificate of registration shall apply for a certified copy of his original certificate of registration for which a fee of 50c shall be payable.

6. Every application, together with the documents and fees mentioned in regulation 3 or 4, as the case may be, submitted after the date mentioned in regulation 2 or 4, respectively, shall be subject to an additional registration fee of 50c in respect of each month or portion of a month it is submitted after such date.

7. No student health inspector shall be registered or re-registered as a student health inspector unless he has complied in all respects with the requirements laid down in regulation 3 or 4, as the case may be, and regulation 6, where applicable.

8. Every student health inspector registered with the council shall be furnished with a registration certificate in the form shown in Annexure B.

9. (1) In the case of a student health inspector who obtains recognition for subjects prescribed for a qualification as a health inspector, which subjects he took and in which he passed examinations at a training institution approved by the council (not at the training institution where he has been admitted as a student health inspector), the date of this registration as a student health inspector may be ante-dated for a period equivalent to that for which he obtained recognition: Provided that recognition shall not be granted for a period of more than two years of study.

(2) In the case of a person who applies for registration as a student health inspector in terms of regulation 2 (3), the date of his registration as a student health inspector may be ante-dated to the date on which he commenced his studies in health inspection at an approved training institution.

10. (1) Every training institution within the Republic which offers training leading to a qualification as a health inspector which is recognised by the council under the provisions of the Act shall submit to the registrar before or on 31 May of each year a list of names of all student health inspectors enrolled for the diploma in public health at that training institution, on 1 May of that year, as well as a list of all registered student health inspectors who discontinued their studies during the preceding 12 months; such list shall indicate the full names, the year of study and, in cases where student health inspectors discontinued their studies, the date of discontinuation, of each student.

(2) Together with the lists mentioned in regulation 10 (1) the training institution concerned shall also submit a list of names of registered student health

Nc
Nasion
Goewe
R. 181

Volksw
Goewe
R. 180

voorelê wat hul studie tydelik gedurende die voorafgaande 12 maande gestaak het, die redes vir sodanige tydelike staking, en die datum waarop die betrokke student-gesondheidsinspekteurs weer na verwagting 'n aanvang met hul studie vir 'n kwalifikasie as gesondheidsinspekteur sal maak, asook 'n lys van die name van student-gesondheidsinspekteurs wat, ná tydelike staking van studie, hul studie vir 'n kwalifikasie as gesondheidsinspekteur gedurende die vorige 12 maande hervat het.

11. Die naam van 'n student-gesondheidsinspekteur moet van die register geskrap word sodra hy as gesondheidsinspekteur geregistreer is, of sodra bewys tot tevredeheid van die registrateur voorgelê is dat hy sy studie as student-gesondheidsinspekteur in die Republiek gestaak het.

AANHANGSEL A

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD
DIE BEROEPSRAAD VIR GESONDHEIDSINSPEKTEURS
AANSOEK OM REGISTRASIE AS STUDENT-GESONDHEIDSINSPEKTEUR

Die Registrateur
Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad
Posbus 205
Pretoria
0001

Ek, (volle name en van)
van (volledige adres)
gebore op met identiteitsnommer
doen hierby aansoek om registrasie as 'n student-gesondheidsinspekteur en indien hierby ter ondersteuning van my aansoek die volgende in:
(a) Geboortesertifikaat.
(b) Seniorsertifikaat.
(c) Sertifikaat van aanvang van studie as student-gesondheidsinspekteur vir die kwalifikasie as gesondheidsinspekteur, welke sertifikaat aandui dat ek op (datum) vir die studiejaar* ingeskryf is.
(d) Die bedrag van R10.
Datum Handtekening

* Vul u akademiese studiejaar in (byvoorbeeld eerste, tweede, ens.).

AANHANGSEL B

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD
DIE BEROEPSRAAD VIR GESONDHEIDSINSPEKTEURS
SERTIFIKAAT VAN REGISTRASIE AS 'N STUDENT-GESONDHEIDSINSPEKTEUR

Hiermee word gesertifiseer dat
my oortuig het dat hy/sy in alle opsigte voldoen het aan die vereistes soos bepaal deur die regulasies vir die registrasie van student-gesondheidsinspekteurs en dat hy/sy met die bywoning van 'n vak of vakke vir 'n kwalifikasie as gesondheidsinspekteur wat die raad vir registrasiedoeleindes erken, op (datum) 'n aanvang gemaak het aan die opleidingsinrigting

in die jaar van studie. Hy/sy is as student-gesondheidsinspekteur geregistreer met ingang van die akademiese jaar

Datum
Pretoria.

Registrateur

inspectors who discontinued their studies temporarily during the preceding 12 months, the reasons for such temporary discontinuation, and the date on which the student health inspectors concerned are expected to resume their studies for a qualification as a health inspector, as well as a list of names of student health inspectors who, after temporary discontinuation of studies, resumed their studies for a qualification as health inspector during the preceding 12 months.

11. The name of student health inspector shall be erased from the registrar as soon as he has registered as a health inspector, or as soon as proof is given to the satisfaction of the registrar that student has discontinued his studies as a student inspector within the Republic.

ANNEXURE A

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

THE PROFESSIONAL BOARD FOR HEALTH INSPECTORS

APPLICATION FOR REGISTRATION AS A STUDENT HEALTH INSPECTOR

The Registrar
South African Medical and Dental Council
P.O. Box 205
Pretoria
0001

I, (full names and surname)
(Full address)
Date of birth Identification
I hereby apply to be registered as a student health inspector and in support of my application submit herewith:
(a) Birth certificate.
(b) Senior certificate.
(c) Certificate of having commenced study as a student health inspector for a qualification as a health inspector, which certificate indicates that I enrolled on (date) in the year of study*.
(d) A fee of R10.
Date Signature

* Fill in the academic year (e.g. first, second, etc.).

ANNEXURE B

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

THE PROFESSIONAL BOARD FOR HEALTH INSPECTORS

CERTIFICATE OF REGISTRATION AS A STUDENT HEALTH INSPECTOR

It is hereby certified that
has satisfied me that he/she has complied in all respects with the requirements as set out in the regulation for the registration of student health inspectors and that he/she has commenced attendance of a subject or subjects for a qualification as a health inspector, approved by the council for registration purposes, at the training institution

on year of study.
He/she has been registered as a student health inspector with effect from the academic year

Date
Pretoria.

Registrar

Gedr
B

(ii) geen vordering kragtens hierdie paragraaf gehef mag word nie vir die eerste dag wat aan die opmeting bestee word;

(iii) vir akkommodasie wat deur die landmeter weg van sy hoofkwartier verskaf word, hy daaglikse verblyfkoste teen R18 elk vir homself en een assistent en R6 vir elk van sy arbeiders vorder.

11. *Oopmaak van lyne*

Wanneer dit vir die uitvoering van 'n opmeting noodsaaklik is dat die plantegroei verwyder word, moet vir die tyd wat noodwendig deur die landmeter bestee is uitsluitlik aan toesig oor sodanige verwydering, 'n vordering gehef word teen 'n tarief van R20 per uur. Met dien verstande dat die landmeter sorg dra dat die verwydering so ekonomies en spoedig moontlik plaasvind: Met dien verstande voorts dat, wanneer dit uitvoerbaar is, die kliënt die geleentheid gegee word om die nodige verwydering te laat doen en die arbeid te verskaf. Die koste van arbeid wat deur die landmeter vir die verwydering verskaf word, is op die kliënt verhaalbaar.

12. *Abnormale omstandighede*

Indien abnormale omstandighede buite die beheer van die landmeter die uitvoering van veldwerk nadelig beïnvloed, kan die vorderings in Tabela A en B van paragraaf 1, in voorbehoudsbepalings 1, 3, 10 en 11 van paragraaf 1, en in paragrawe 3, 4, 5, 6 en 9 [uitsluitende subparagraaf 9 (5) (b)] met hoogstens 35 persent verhoog word. Die verhoging moet in elke geval op eie meriete bepaal word.

13. *Allerlei*

Vir die professionele werk waarvoor nie elders in hierdie tarief voorsiening gemaak is nie, word 'n vordering van R30 per uur gehef, en vir tegniese en nie-professionele werk wat as gevolg van omstandighede deur die landmeter self uitgevoer word, word 'n vordering van R20 per uur gehef. Met dien verstande dat die volgende koste verhaalbaar is:

(a) 30c per kilometer ten opsigte van motorvervoer deur die landmeter verskaf tydens die uitvoering van 'n opmeting;

(b) die bedrag van uitgawes aan bakenmateriaal;

(c) 'n vordering bereken teen 1,5 persent van hulle maandelikse loon of salaris per uur vir onderskeidelik arbeiders en tegniese assistente wat noodsaaklikerwys in diens geneem is:

Met dien verstande voorts dat waar 'n instituut van landmeters 'n tarief van gelde neergelê het vir werk wat ingevolge die Wet en die Regulasies verrig word en waarvoor nie elders in hierdie tarief voorsiening gemaak is nie, 'n vordering gehef word ingevolge sodanige tarief, mits dit gelyk aan of minder is as die gelde wat in hierdie paragraaf voorgeskryf is."

(ii) no charge shall be made in terms of this paragraph for the first day devoted to the survey;

(iii) for accommodation supplied by the land surveyor away from his headquarters, he shall charge subsistence at the daily rate of R18 each for himself and one assistant and R6 for each of his labourers.

11. *Line clearing*

When it is essential for the performance of a survey that vegetation be cleared, the time necessarily occupied by the land surveyor solely on supervising such clearing shall be charged for at the rate of R20 per hour: Provided that the land surveyor shall ensure that the clearing is done as economically and expeditiously as possible: Provided further that, whenever practicable, the client shall be afforded the opportunity of having the necessary clearing done and supplying the necessary labour. The cost of labour supplied by the land surveyor for the clearing shall be recoverable from the client.

12. *Abnormal circumstances*

The charges specified in Tables A and B of paragraph 1, in provisos 1, 3, 10 and 11 of paragraph 1, and in paragraphs 3, 4, 5, 6 and 9 [excluding subparagraph 9 (5) (b)] may be increased by not more than 35 per cent if abnormal circumstances beyond the control of the land surveyor adversely affect the performance of field work. The increase shall be assessed in in each case on its merits.

13. *Miscellaneous*

For professional work not specified elsewhere in this tariff a charge of R30 per hour shall be made and for technical and non-professional work necessarily performed by the land surveyor himself owing to circumstances, a charge of R20 per hour shall be made: Provided that the following costs shall be recoverable:

(a) 30c per kilometre in respect of motor transport supplied by the land surveyor during the performance of survey;

(b) the amount of disbursements for beacon material;

(c) a charge equal to 1,5 per cent of their monthly wage or salary per hour, respectively, for labourers and technical assistants necessarily employed:

Provided further that where an institute of land surveyors has a tariff of fees for work not specified elsewhere in this tariff and which is for services performed in terms of the Act and Regulations, a charge in conformity with such tariff shall be made if it is equal to or less than the charges prescribed in this paragraph."

13

Friends (Quakers) en van die Amerikaanse Iriende Vice Committee deurgang. By het aantal konferensies in verskillende dele van die land... (text is partially obscured)

Doctor, dentist fees to go up?

JOHANNESBURG — Medical and dental costs in South Africa could rocket if the South African Medical and Dental Council allows tariff increases at a meeting next week.

Last night the vice-president of the Dental Association of South Africa said he would not be surprised if tariffs increased by as much as 33 per cent. For many years statutory fees laid down for dentists had not kept pace with the increase in the cost of living, he said.

A spokesman for the Medical Association said doctors' tariffs would also probably go up as present tariffs had been static for five years.

A substantial increase could result in a massive comeback of doctors who have contracted out of the Medical Schemes Act.

The probable increases will come hard on the heels of the shock regulations in last week's Government Gazette authorising an 80 per cent increase in dispensing fees for pharmacists. — DDC.

Khama in hospital

GABORONE — The President of Botswana, Sir Seretse Khama, has been admitted to hospital in Molepolole for a routine checkup, it was announced here yesterday. — S.A.P.A.

van Suid-Afrika (Augustus).

4

c) Ander lede:

- Mr K. Bosman
- Professor A. Cupido
- Mr N. Daniels
- Mr Ahmad Davids
- Profes Dr R.J. Davies
- Professor J. J. DeGenaar
- Mr René de Valliers
- Dr L.D. de Vries
- Professor J. J. Dood
- Professor J. J. du Toit
- Mr A. E. E. E. E.
- Professor R. E. E. E.
- Mr G. J. Gerret
- Mr D. Guma
- Professor L. Paul Hare
- Dr Bernard Heylorn
- Mr J. A. Jacobs
- Mr H. M. Jimba
- Mr H. W. Medekmann
- Mr J. J. M. M. M.
- Professor A. J. J. J.
- Mr A. N. N. N.
- Mr V. V. V. V.
- Mr J. J. J. J.
- Mr L. L. L. L.
- Mr M. M. M. M.
- Mr P. P. P. P.
- Mr Q. Q. Q. Q.
- Mr R. R. R. R.
- Mr S. S. S. S.
- Mr T. T. T. T.
- Mr U. U. U. U.
- Mr V. V. V. V.
- Mr W. W. W. W.
- Mr X. X. X. X.
- Mr Y. Y. Y. Y.
- Mr Z. Z. Z. Z.

d) Twee ere-fellows:

- Professor J. L. Goshoff
- Mr S. S. S. S.

Ieder word na die Algemene Jaarvergadering van die Maatskappij uitgenooi en kies elke drie jaar 'n verteenwoordiger op die Bestuurraad. 'n Verkiesing is in 1978 gehou en die huidige opdraer is Biskop A.W. Habelgaard. Terwyl geen verpligtinge aan lede opgelê word nie, word hulle geraadpleeg in verband met sake wat die Sentrum se program raak.

NAVORSING

gedurende die verslagjaar het die navorsing van die Sentrum die volgende behels:

- A. Mobiliteit en Politieke verandering in Suid-Afrika
- B. Hierdie projek is 'n paar jaar gelede aangepak. 'n Onderzoek onder die kleurling bevolking van die Kaapse Skiereiland is onderneem. 'n Aantal tydelike navorsings-

Munnik says again, Munnik tells doctors

NM 2/14/72

~~99~~

PRETORIA — The Minister of Health, Dr. L. A. P. A. Munnik, announced yesterday he intended asking the South African Medical and Dental Council to reconsider the tariff increases it announced on Tuesday.

He said he would do so before November 1 — the date on which the higher tariffs are due to go into effect.

Dr. Munnik said he had already made arrangements for a meeting with the Medical and Dental Council, the South African Medical Association, the

Representative Association of Medical Schemes and representatives of all bodies concerned with the setting of fees for medical and health services. A statement from Dr. Munnik said:

With reference to the announcement by the Medical and Dental Council on the increase of medical and dental tariffs which will be applicable to members of medical schemes, I would like to state clearly that the council's decisions should be in the interests of the two profes-

sions concerned, but particularly in the general interest of the country.

"The authority vested in the council however, does not absolve me or the Government from the responsibility of ensuring that the best interests of the public and the country are served.

"In terms of legislation I, as Minister of Health, have no authority or power to change or amend any decision taken by the council.

"Mindful, however, of the

government's responsibility to the public, the present legislation shall be considered carefully.

"I intend to meet the Medical and Dental Council, the Medical Association, the Association of Medical Aid Schemes and the Pharmaceutical Council for thorough discussion on the whole question of health costs and subsequent implications to the public.

"My future response will be determined by these discussions." — (Sapa.)

Friends of the American Friends Service

Anders lede:

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shappy
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THURSDAY, AUGUST 30, 1979

PAIN IN THE POCKET

IN THESE inflationary times doctors and dentists are as much entitled as anyone else to regular increments to enable them to meet the rising costs of running a practice and maintain a standard of living befitting their profession.

Most reasonable people do not resent the fact that doctors are among the more visibly affluent members of society, and would agree that their skilled services, the responsibility they bear, their arduous training, relatively short peak earning period, and the need to provide for retirement all entitle them to substantial rewards.

But having dismissed the sort of carping knee-jerk criticism that is usually evoked by increases in medical fees, one must go on to question whether the latest round of massive increases, the largest ever granted, are really justified or are in keeping with the anti-inflationary restraint urged by the Government and the sense of responsibility one expects from professional people in this regard.

With the inflation rate now running near 13 percent (after a sharp and recent increase), the figures granted by the Medical and Dental Council on Tuesday would look more at home on a list of militant trade union demands. General practitioners will get 64,45 percent more and dentists 33,2 percent, while with adjustments in tariffs

for various other branches of medicine the overall increase is calculated at 52,45 percent. The last increase in doctors' fees was four years ago. Dentists had an average increase of 23 percent in February 1978, and before that in November 1974.

The steepness of the increases will seem excessive to many. They are expected to add up to R100-million a year to medical aid fund bills, which would mean some R7 a month more on the average subscription paid by South Africa's 1 578 000 fund members.

Certainly some further explanation is required of what went on at the two-day session of the Medical and Dental Council.

When the Council met last April a proposal for an interim 25-percent increase in fees (based on inflation since the previous tariff increase) was withdrawn on threat of legal action by the Representative Association of Medical Aid Schemes, which said that the proposed increase would have "the gravest economic impact" on the public.

It would be enlightening to know how a 25-percent increase apparently considered adequate in April comes to be more than doubled only four months later.

The Medical Council should heed the advice of the Minister of Health, Dr. Munnik, to reconsider its position.

- Professor E.V. Axelson
- Professor J.F. Beekman
- Professor J.F. Brock
- Professor C.S. Corder
- Professor W.H.B. Dean
- Professor J.P. Duminy
- Professor G.F.R. Ellis
- Professor A.W. Habelgaarn
- Professor E.V.E. Howes
- Professor M.F. Kaplan
- Professor W.A. Landman
- Professor G.K. Lindsay
- Professor Richard Luyt
- Professor S.J. Saunders
- Professor H.W. van der Merwe
- Professor D.J. Welsh
- Professor Monica Wilson

tien persone wat gedurende die afgelope 10 lede van die Beheerraad was (* dui stigters-
aan):

- J.G. Benfield
- H.L. Kennedy
- P.G.T. Watson

stigterslede:

en gemeld, is die Sentrum vir Intergroepstudies
as 'n maatskappy. In die Memorandum en
Vennootskap word voorsiening gemaak vir die
in eenhonderd lede. Tans is daar 57 lede en
die volgende in:

LIDMAATSKAP

navorsings-Fellows het aansienlik tot die Sentrum se
program bygedra: dr Sheila T. van der Horst, afgetrede
mede-professor van Ekonomie, U.K., en professor J.L.
Boshoff, gewese Rektor van die Universiteit van die Noorde.

Mennonite Central Committee se Konferensie oor: 'Die
Rol van Geskiedkundige Vredeskerke', Gaborone,
Botswana. Verhandelinge voorgelê oor: 'The Role of
Churches in Promoting Justice in Southern Africa'

INFLATION HITS DENTISTS TOO

Angus 4/9/79 (9)

THE latest medical and dental fees increase has been heavily criticised by both the public and medical aid schemes. Everybody, it would seem, is prepared to resign themselves to the virtually routine announcements from all commercial sources that due to the usual reasons prices must regrettably be increased once again.

However, when doctors and dentists assert their claim for an increase long overdue they are condemned from every quarter. I am fed up with this attitude and think it is high time that the public were made aware of a few simple facts.

The average dentist working the same hours as he did in 1970 is actually far worse off in real value terms today. Virtually every item of equipment and material used in dentistry is imported from Germany, the US, Britain, Scandinavia or Japan.

Any single item having been subjected to a poor exchange rate, transport costs, import taxes and supplies profit margins is astronomically expensive by the time it reaches the surgery. One can expect never to pay the same

price twice for any dental requisite.

The profession has absorbed these tremendous increases over and above normal rental and staff salaries for the past six years. Increases in fees were granted in 1974 and February 1978 well below the scales demanded and shown to be reasonable for a four-year gap.

The profession is expected to provide an instant service day or night that plumbers and electricians would simply scoff at. Ironically, the skilled artisan if he does condescend to make a call after hours quite unabashedly charges a comparable, if not a higher fee, and on a COD basis.

The same man would expect his doctor or dentist to drop everything, attend to his ills and then complain about the account when he finally grudgingly settles it, if ever, six months later. We are expected on purely moral grounds to run our practices irrespective of our numerous bad debts and come hell or high water to provide the best for the least cost.

If the public want to end up in the final analysis with a health service that provides a fast 'take

it or leave it' service operated by overworked personnel using the cheapest possible materials and equipment they are going the right way about it in not allowing the medical and dental professions to keep pace with the inflationary disease that is ravaging the world economies today.

South African society is blessed with a medical and dental health service that rates as the best in the world when evaluated on the basis of quality treatment available at a fee scale that other countries find amusing in these global inflationary times.

Any dentist who is eventually forced to treat 40 to 55 patients a day as in Britain to maintain his standard of living can only end up doing both himself and the patients a disservice.

The Government should know better than to equate morality and patriotism against the medical profession's demands for fiscal reality. Politicians' talk has always been cheap for the speaker but expensive for the listener.

ANGRY DENTIST
Cape Town

Wits' dental school to be taken over by the State

14/9/79 Star 94

The Department of Health is to take over the University of the Witwatersrand Dental School from next January 1 and staff are to receive a full explanation of the move on Tuesday.

The Dean of the Faculty of Dentistry, Professor J F van Reenen, said recently it had been "felt for a long time that the State should assist universities in carrying the heavy financial burden of dental training."

"Negotiations were begun about four years ago, and we welcomed an announcement by the Minister of Health some years ago that the State would take over responsibility for patient services," he said.

Professor van Reenen will head the hospital section with the rank of chief specialist and heads of academic hospital departments will also be chief specialists with responsibility for both clinical and academic matters.

All dentists on the staff will hold joint appointments which will be bipartite — either University or State Health — or tripartite if the Province is added.

BENEFICIAL

Members of the Dental Research Unit, the Department of General Anatomy and the Department of General Physiology will not be transferred nor seconded to State Health.

Professor van Reenen says the move would prove beneficial to student training and would also provide better facilities for patient treatment.

"As it is the first time that dentistry is being recognised as an essential service by the State, this is a great step forward for the profession," he said.

Dentistry is currently the most expensive faculty in the university.

Munnik plea on fees rejected

JOHANNESBURG — Doctor and dentist associations are standing firm on the massive fee hikes announced last month and have rejected a plea by the Minister of Health, Dr L. Munnik, to review them.

Both the South African Medical Association and the South African Dental Association have refused requests by the Minister to ask the South African Medical and Dental Council to reconsider the increases.

Statutory medical tariffs are to be raised by 52,4 per cent.

Dr Munnik said in Pretoria yesterday that the Medical Association stood by its point of view that the new tariffs were reasonable and fair. It was not prepared to request the council to review the matter.

"Representations were also made to the Dental Association during our

discussions, to request the SA Medical and Dental Council to review the new tariffs in the light of the country's economic position. This association also has not seen its way clear to accede to my request," he said.

The Minister said the full structure of medical costs would be thoroughly investigated in order to allow increases to take place in an orderly and controlled manner.

If amendments to existing legislation were necessary to provide for this, it would be submitted to the Cabinet for consideration, he said.

Dr Munnik said the executive committee of the SA Medical and Dental Council had, however, agreed to his request to withhold the publication of the proposed tariff of fees until the next meeting of the council on October 15-17.

"For this I am grateful.

On that occasion I will address the council at their invitation," Dr Munnik said.

He also disclosed he would submit a written request to the SA Medical and Dental Council for the proposed tariffs to be reviewed.

"I also intend to institute an investigation into the cost structure of medical schemes, especially as regards administrative costs and member benefits.

The Association of Medical Schemes had no objection to such an investigation and had offered their co-operation.

"It is obvious that at this stage I cannot apply a time limit to these investigations. I am, however, very much aware of their seriousness, and will institute the necessary steps as soon as possible," Dr Munnik said — DDC-SAPA.

19/9/29 (94) NM
 Unions tear into
 'self-seeking' doctors
 19/9/29 (93) (94)

Mercury Correspondent

PRETORIA — Labour leaders demanded yesterday that the Government should act swiftly to strip the Medical and Dental Council of its power to fix doctors' and dentists' fees.

They accused the council of acting with reckless, self-seeking disregard for public welfare by refusing to cut the huge 52 per cent tariff increase, which comes into operation from November 1.

This week the Minister of Health, Dr. L. A. P. A. Munnik, said the council had rejected a plea to reconsider the increases.

The council has agreed to with-hold publication of the proposed tariff rises until its next meeting on October 15 when Dr. Munnik will address the council.

Yesterday the president of the Confederation of Labour, Mr. Attie Nieuwoudt, said the confederation had warned the previous Minister of Health he was moving in a dangerous direction by giving the medical

council power to fix its own tariffs.

"We told him you cannot trust these people, and some measure of Government control should be retained. What has happened since merely reinforces our earlier attitude that the doctors should never have been given the authority to decide on the level of their own fees," Mr. Nieuwoudt said.

The general secretary of the Trade Union Council of South Africa, Mr. Arthur Grobelaar, said the council had shown itself unable to use responsibly the powers given it last year, and they should be summarily cancelled.

The president of the Garment Workers Union, Senator Anna Scheepers, agreed the council should be deprived of its fee-fixing power.

If the massive increase in fees came into operation the contributions to medical aid funds would rise to a level where they would aggravate the hardships already being suffered in the families of the less well paid workers, she said.

The general secretary of the National Union of Distributive Workers, Mr. Ray Altman, said his union had for years opposed any suggestion that doctors should be given a unilateral authority to fix fees.

Sapa reports that the Dental Association said in Johannesburg yesterday that the increase of 33.3 per cent in fees recommended by the Medical and Dental Council was applicable only to the medical aid (statutory) tariff. It would not apply to contracted-out dentists.

Dentists.

These dentists comprised about 1 000 of South Africa's 1 500 dentists in private practice.

The Mercury's political correspondent reports from Pretoria that Dr. Munnik is to ask for a commission of inquiry into the cost of medicine and health services.

Botha may ask Blacks to his big indaba

ORMANDE POLLOK
 Political Correspondent

PRETORIA — Black industrialists and businessmen could be invited to the Prime Minister's conference on a constellation of States in November.

Mr. Botha revealed this in a brief interview at the National Party's congress in Pretoria yesterday, following his announcement that he was calling in private enterprise to help him get his scheme going.

He also disclosed that he already had had "good" discussions with Black governments in southern Africa apart from newly independent homelands

and non-independent Black governments.

However he emphasised that the conference, which would be attended by the Cabinet, was purely for local industrialists and businessmen and other countries would not be represented at this stage.

Asked if they might include Black businessmen as well, Mr. Botha said: "Yes, if there were some who could help." He could not name any of the people who were being invited at this stage.

It is understood that the conference will be behind closed doors and that a large number of invitations will be sent out.

914

All dental problems get attention here

By LEN KALANE

"LOOK after your teeth and keep them as long as you can," is the advice given by dentists based at the overhauled dental section of the Alexandra Health Centre Clinic.

The centre has been equipped with new, modern and sophisticated machines for comprehensive treatment of all sorts of dental problems — and without pain! But dentists are disappointed at the public response to their services.

Dentists at Alexandra said the kind of dental treatment they were now offering to the community is a new thing to blacks — and at very low fees. It started three months ago and, like in hospitals, the Government subsidises treatment fees.

A dentist said: "I think we need to educate people that dentists are not there to extract bad teeth only. With the new devices we can even stop teeth from going bad. The problem is that the comprehensive treatment is new and people do not know all about it.

"The Government has just introduced such services to blacks as well. They need to be told. We want them to take advantage of what we have to offer."

Treatment at Alexandra, POST was told covers all kinds of dental problems — drilling all rotten parts of a tooth, straightening impacted teeth, sur-

gical extractions, fillings, replacements of lost teeth and so on.

Dentists also protect the teeth from decaying, clean and cure bad infected gums through these new devices. They can also build up the teeth to "brand new". Thanks to the new devices of comprehensive dental care.

New equipment fittings have been made in the conservative and emergency extraction rooms of the Alexandra dental surgery. Materials may amount up to R15 000 in each room.

The surgery treats about 15 patients daily and would like more and more people to take advantage of the services. The services are also available in a number of other clinics in Soweto.

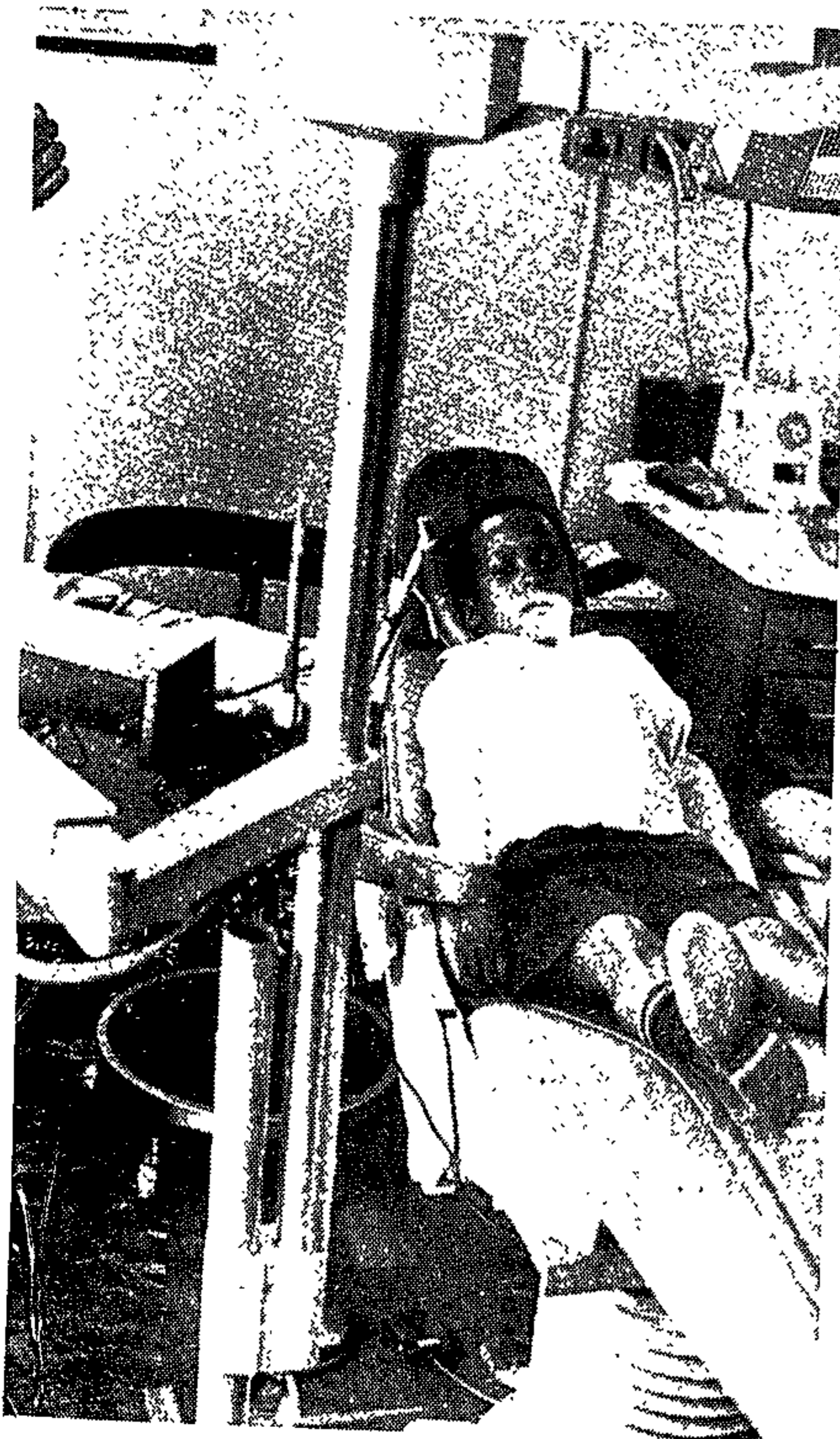
Among other things, the conservative room at the dental centre also caters for tooth scaling, surgery and the root canal treatment. The emergency extraction room caters for teeth extractions.

There are also dental X-ray machines to detect if there is anything wrong with the root of a tooth when you are at the clinic for teeth check-up.

Prices are very low too, dentists say, because of subsidies. For full dentures, which can cost you R131 at a private dentist, you only pay R4. Teeth extractions, no matter how many, are R1 for adults and free for scholars on every visit at the clinic.

Dentists at Alexandra appeal to the public to come in numbers for their dental treatment. It is available to blacks in clinics throughout the Transvaal.

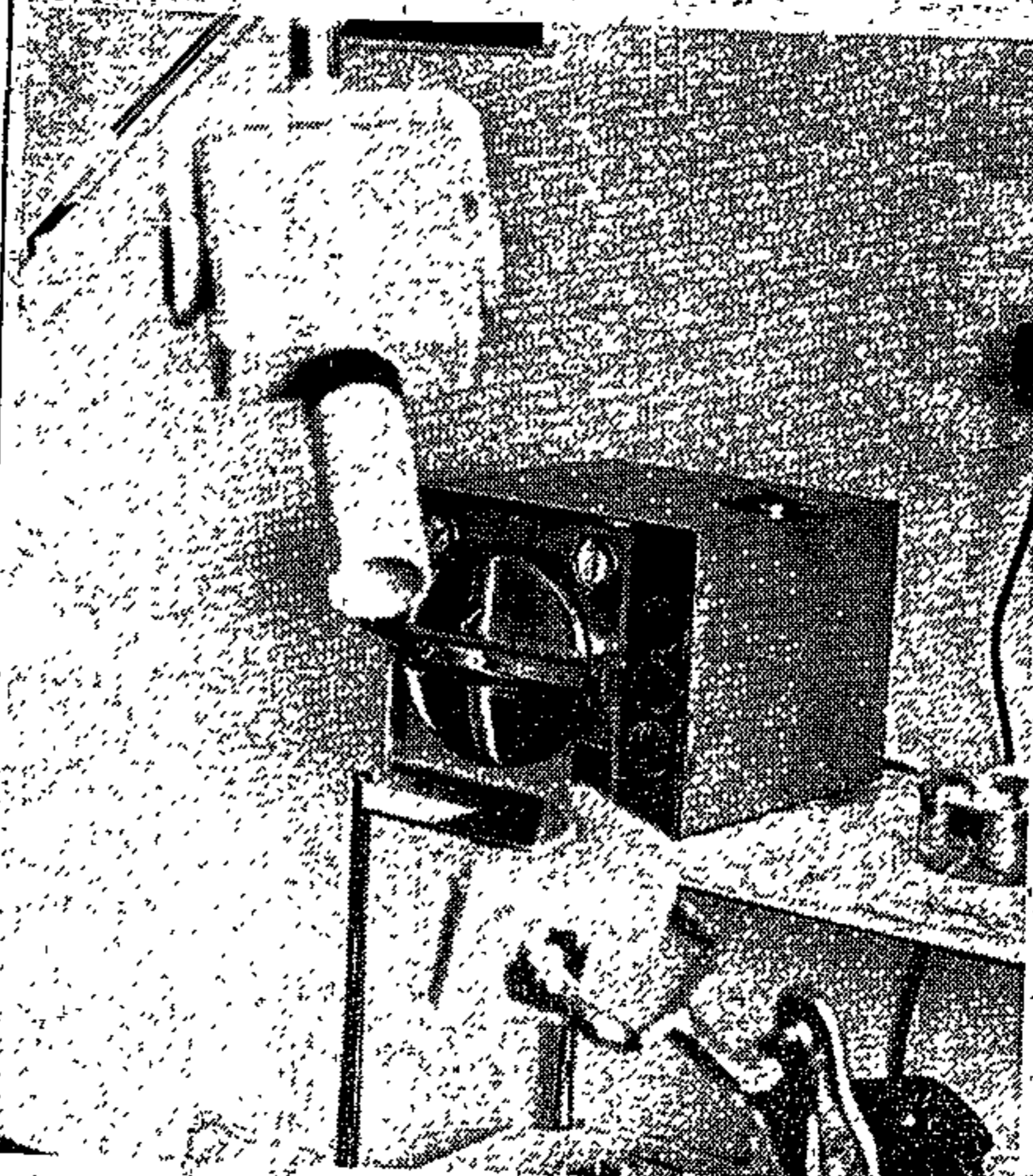
Look after your teeth and keep them as long as you can, they say.



A young patient at the conservative room . . . treatment is without pain.



A patient being inspected with a tooth X-ray machine. The equipment is one of the most sophisticated found in the Alexandra clinic.



The sophisticated tooth X-ray . . . dentists can detect if a root of a tooth has anything wrong.

KENNISGEWING 719 VAN 1979
DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD
VERKIESING VAN LEDE VAN DIE BEROEPS-
RAAD VIR RADIOGRAFIE

Ingevolge artikel 15 (5) van Wet 56 van 1974 en regulasie 8 (2) van die regulasies vir die verkiesing van lede van die Raad afgekondig by Goewermentskennisgewing R. 2279 van 3 Desember 1976, word hierby bekendgemaak dat ondergenoemde persone geldig genomineer is as kandidate vir verkiesing tot lede van die Beroepsraad vir Radiografie vir die vyfjaar-tydperk 1 Desember 1979 tot 30 November 1984:

Anderson, Jennifer Anne.
Anthony, Joan Margaret.
Davis, Elizabeth Marjorie.
Gann (née Evennett), Barbara Jean.
Horak (née Smit), Marita.
Hughes, Constance Anne.
Janse van Vuuren, Marée.
Knobel, Magdalena Maria.
McIntosh, June Zella.
Morgan (née Richardson), Dorothy Edwina.
Stephenson (née Swanepoel), Elizabeth Jacomina
Andrisa.
Tyrer, Evelyn.
Venter (née De Swardt), Marina.
Verwayen (née Gouws), Katrina Elisabet Maria.

Aangesien die getal radiografiste wat geldiglik genomineer is, die getal radiografiste oortref wat verkies moet word, het ek 23 Oktober 1979 om 12h00 vasgestel as die dag en tyd waarvoor elkeen wat geregtig is om by die verkiesing te stem 'n stembriefie in die Derde Aanhangsel van die gemelde regulasies beskryf, kan teken en aan my stuur of oorhandig. 'n Stembriefie sal gepos word na die laaste geregistreerde adres van elkeen wat geregtig is om by die verkiesing te stem.

W. H. BARNARD, Kiesbeampte.

Posbus 205, Oranje-Nassaugebou 6115, Schoeman-
straat 188, Pretoria.

21 September 1979.

(21 September 1979)

NOTICE 719 OF 1979



THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFES-
SIONAL BOARD FOR RADIOGRAPHY

It is hereby notified in terms of section 15 (5) of Act 56 of 1974 and regulation 8 (2) of the regulations for the election of members of the Council published under Government Notice R. 2279 of 3 December 1976, that the following persons have been validly nominated as candidates for election as members of the Professional Board for Radiography for the five year period 1 December 1979 to 30 November 1984:

Anderson, Jennifer Anne.
Anthony, Joan Margaret.
Davis, Elizabeth Marjorie.
Gann (née Evennett), Barbara Jean.
Horak (née Smit), Marita.
Hughes, Constance Anne.
Janse van Vuuren, Marée.
Knobel, Magdalena Maria.
McIntosh, June Zella.
Morgan (née Richardson), Dorothy Edwina.
Stephenson (née Swanepoel), Elizabeth Jacomina
Andrisa.
Tyrer, Evelyn.
Venter (née De Swardt), Marina.
Verwayen (née Gouws), Katrina Elisabet Maria.

As the number of radiographers validly nominated exceeds the number of radiographers to be elected, I have appointed 23 October 1979 at 12h00, before which every person entitled to vote in the election may sign and transmit or deliver to me a voting paper described in the Third Annexure to the said regulations. A voting paper will be posted to the last registered address of every person entitled to vote in the election.

W. H. BARNARD, Returning Officer.

P.O. Box 205, 6115 Oranje-Nassau Buildings, 188
Schoeman Street, Pretoria.

21 September 1979.

(21 September 1979)

ALGEMENE KENNISGEWINGS

KENNISGEWING 733 VAN 1979

DEPARTEMENT VAN GESONDHEID

DIE SUID-AFRIKAANSE RAAD VIR TANDTEG-
NICI. — AANSTELLING EN VERKIESING VAN
LEDE VAN DIE RAAD

Kragtens die bepalings van artikel 5 (4) van die Wet op Tandtegnici, 1979 (Wet 19 van 1979), word bekendgemaak dat die volgende persone ingevolge die bepalings van artikel 5 (1) van genoemde Wet aangestel of verkies is as lede van Die Suid-Afrikaanse Raad vir Tandtegnici vir die tydperk van vyf jaar vanaf 1 Oktober 1979:

(a) Die Hoof van die Afdeling Tandheelkundige Dienste van die Departement van Gesondheid:

Taljaard, L. T.

(b) Aangestel deur die Minister van Gesondheid:

(i) 'n Tandarts verbonde aan 'n universiteit wat 'n tandheelkundige fakulteit het:

Johnson, P. G. W.

(ii) 'n Tandtegnikus verbonde aan 'n inrigting waar tandtegnici onderrig en opgelei word:

Erasmus, G. P.

GENERAL NOTICES

NOTICE 733 OF 1979

DEPARTMENT OF HEALTH

THE SOUTH AFRICAN DENTAL TECHNICIANS
COUNCIL.—APPOINTMENT AND ELECTION OF
MEMBERS OF THE COUNCIL

In terms of the provisions of section 5 (4) of the Dental Technicians Act, 1979 (Act 19 of 1979), it is hereby made known that the following persons have been appointed or elected, in terms of section 5 (1) of the said Act, as members of the South African Dental Technicians Council, for a period of five years from 1 October 1979:

(a) The Chief of the Dental Services Section of the Department of Health:

Taljaard, L. T.

(b) Appointed by the Minister of Health:

(i) Dentist attached to a university having a dental faculty:

Johnson, P. G. W.

(ii) Dental technician attached to an institution at which dental technicians are educated and trained:

Erasmus, G. P.

44

66678

(iii) 'n Persoon wat nie kragtens die Wet op Tandtegnici, 1979, of die Wet op Genceshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974, geregistreer is nie:

Kolver, G. R. E.

(c) Tandtegnikus-kontrakteurs verkies deur tandtegnikus-kontrakteurs:

Enslin, J. W.

Ferreira, D. J. O.

(d) Tandtegnikus-werknemers verkies deur tandtegnikus-werknemers:

Finke, M. G.

Steyn, L. A.

(e) Tandartse verkies deur tandartse:

De Jager, A. P.

Heydt, H.

Naude, J. P.

A. D. VAN DER MERWE, Registrateur.

(28 September 1979)

(iii) Person not registered in terms of the Dental Technicians Act, 1979, or the Medical, Dental and Supplementary Health Service Professions Act, 1974:

Kolver, G. R. E.

(c) Dental technician contractors elected by dental technician contractors:

Enslin, J. W.

Ferreira, D. J. O.

(d) Dental technician employees elected by dental technician employees:

Finke, M. G.

Steyn, L. A.

(e) Dentists elected by dentists:

De Jager, A. P.

Heydt, H.

Naude, J. P.

A. D. VAN DER MERWE, Registrar.

(28 September 1979)

...the basis of administrative or economic criteria, and those in which the role of the public through political

...matter to make a hard and fast
natters and matters of values or
es. From one point of view, the
zophrenics in hospital or in the
which is the cheaper way to fulfill
irements for the treatment of this
ginally became fashionable as a
ditioners are very apt to muddle
nts when it suits them, and the
equally so when it suits them,
o keep them separate".

...in my view, be mainly determined
ng of which one wishes it to con-
that where decisions are primarily
al judgement - of determining basic
the activities to be compared to
s - the mentally handicapped against
is a more technical question of
best be achieved - drug therapy
one would want the activities to
rticular programme. This distinc-
jargon of slightly older vintage -
effectiveness; and through that
sical welfare economics, which attempts
the choice of the composition of the
ce of the set of resources from
duced. The former is, in a broad
alues, or utilities; the latter is

...Programmes is an art. Pole, an econo-
health, writes:

...gives we might afford - so many geriatric
many child welfare clinics, etc.
traditionally arranged on this basis but in
'transport', 'medicines', etc. A separa-
on different disease groups or age groups

No. R. 2279

12 October 1979

THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL

AMENDMENT OF THE REGULATIONS RELATING TO THE CONSTITUTION, FUNCTIONS, POWERS AND DUTIES OF THE PROFESSIONAL BOARD FOR RADIOGRAPHY

The Minister of Health has, in terms of section 15 (5) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule, unless the context otherwise indicates, the expression "the Regulations" means the regulations published under Government Notice R. 2320 of 3 December 1976.

2. The following regulation is substituted for regulation 2 of the regulations:

"2. (1) The professional board shall consist of eight members and shall be constituted as follows:

(a) One person, designated by the council, who shall be a member of the council;

(b) five persons, who shall be registered radiographers, elected by the persons whose names appear on the register of radiographers kept in terms of section 32 of the Act;

(c) one person, who shall be a registered supplementary diagnostic radiographer, elected by the persons whose names appear on the register of supplementary diagnostic radiographers kept in terms of section 32 of the Act;

(d) one person, designated by the council, who shall be a medical practitioner or dentist and who shall have special knowledge of radiography.

(2) The elections in terms of subregulations 1 (b) and 1 (c) shall be conducted by the council and members shall be elected for a period of five years, at the end of which period they shall vacate office: Provided that such members shall be eligible for re-election.

(3) The voting rights of a person elected in terms of subregulation 1 (c) shall be restricted in terms of regulation 10 of Government Notice R. 2285 of 3 December 1976 (as amended) to matters directly relating to the profession that he represents."

3. Regulation 5 of the regulations is hereby amended by—

(a) the deletion of subregulation (1);

(b) the renumbering of subregulation (2) to read (1) and the insertion after the word "radiography", wherever it appears, of the words "and/or supplementary diagnostic radiography";

(c) the renumbering of subregulation (3) to read (2) and the substitution of the words "radiographer or supplementary diagnostic radiographer" for the words "therapeutic radiographer or diagnostic radiographer"; and

(d) the renumbering of subregulation (4) to read (3) and the substitution of the words "radiographer or supplementary diagnostic radiographer" for the words "therapeutic radiographer or diagnostic radiographer".

4. Regulation 6 of the regulations is hereby amended by—

(a) the insertion of the words "and of the profession of supplementary diagnostic radiography" after the words "radiography" in subregulation (1);

No. R. 2279

12 Oktober

DIE SUID-AFRIKAANSE GENEESKUNDIGE
TANDHEELKUNDIGE RAAD

WYSIGING VAN REGULASIES BETREFFENDE DIE SAMESTELLING, WERKSAAMBEVOEGHEDE EN PLIGTE VAN DIE BEROEPRAAD VIR RADIOGRAFIE

Die Minister van Gesondheid het kragtens (5) van die Wet op Geneeshere, Tandartse en Tandheelkundige Gesondheidsdiensberoepse, 1974 (Wet 56 van 1974), die regulasies in die Bylae hiervan uitgevaardig.

BYLAE

1. Tensy dit uit die samehang anders blyk, beteken die uitdrukking "die Regulasies" in hierdie Bylae die regulasies afgekondig by Goewermentskennisgewing R. 2320 van 3 Desember 1976.

2. Regulasie 2 van die regulasies word hieronder deur die volgende regulasie vervang:

"2. (1) Die beroepsraad bestaan uit agt lede en word soos volg saamgestel:

(a) Een persoon deur die raad aangewys as lede;

(b) vyf persone, wat geregistreerde radiografiste is, verkies deur die persone wie se name verskyn op die register van radiografiste wat ingevolge artikel 32 van die Wet gehou word;

(c) een persoon, wat 'n geregistreerde aanvullende diagnostiese radiografis is, verkies deur die persone wie se name verskyn op die register van aanvullende diagnostiese radiografiste wat ingevolge artikel 32 van die Wet gehou word;

(d) een persoon deur die raad aangewys as geneesheer of tandarts is en wat besondere kennis van radiografie dra.

(2) Die verkiesings kragtens subregulasies 1 (b) en 1 (c) word deur die raad gehou en lede word vir 'n tydperk van vyf jaar, na verloop van welke tydperk lede hulle amp ontruim: Met dien verstande dat sodanige lede herkiesbaar is.

(3) Die lid wat ingevolge subregulasie 1 (c) verkies is, se stemreg is ingevolge regulasie 10 van Goewermentskennisgewing R. 2285 van 3 Desember 1976 (soos aangepas) beperk tot sake wat regstreeks verband hou met die beroep wat hy verteenwoordig."

3. Regulasie 5 van die regulasies word hieronder aangepas—

(a) deur subregulasie (1) te skrap;

(b) deur subregulasie (2) te hernoem na die woord "radiografie" waar dit ook voorkom en die woorde "en/of aanvullende diagnostiese radiografie" in te voeg;

(c) deur subregulasie (3) te hernoem na die woorde "terapeutiese radiografie of aanvullende diagnostiese radiografie" te vervang deur die woorde "radiografis of aanvullende diagnostiese radiografis";

(d) deur subregulasie (4) te hernoem na die woorde "terapeutiese radiografis of aanvullende diagnostiese radiografis" te vervang deur die woorde "radiografis of aanvullende diagnostiese radiografis".

4. Regulasie 6 van die regulasies word hieronder aangepas—

(a) deur in subregulasie (1) na die woorde "radiografie" die woorde "en van die beroep van aanvullende diagnostiese radiografie" in te voeg;

(b) the insertion of the words "and/or supplementary diagnostic radiography" after the word "radiography" in subregulation (2); and

(c) the substitution of the words "radiographers or supplementary diagnostic radiographers" for the words "therapeutic radiographers or diagnostic radiographers" in subregulations (3), (4) and (6).

(d) the substitution in subregulation (5) of the Afrikaans text of the words "radiografis of aanvullende diagnostiese radiografis" for the words "terapeutiese radiografiste of diagnostiese radiografiste".

5. These regulations shall come into operation on 1 December 1979.

No. R. 2280

12 October 1979

THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL

AMENDMENT OF THE REGULATIONS RELATING TO THE CONDUCT OF THE BUSINESS OF PROFESSIONAL BOARDS

The Minister of Health has, in terms of section 15 (5) read with section 61 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule, unless the context otherwise indicates, the expression "the Regulations" means the regulations published under Government Notice R. 2285 of 3 December 1976.

2. The following regulation is hereby substituted for regulation 10 of the regulations:

"10. All acts of a professional board shall, subject to any regulation which relates only to such professional board, be decided by a majority of the votes of the members present at any meeting."

(b) deur in subregulasie (2) na die woord "radiografie" die woorde "en/of aanvullende diagnostiese radiografie" in te voeg;

(c) deur in subregulasies (3), (4) en (6) die woorde "terapeutiese radiografiste of diagnostiese radiografiste" te vervang deur die woorde "radiografiste of aanvullende diagnostiese radiografiste";

(d) deur in die Afrikaanse teks in subregulasie (5) die woorde "terapeutiese radiografiste of diagnostiese radiografiste" te vervang deur die woorde "radiografis of aanvullende diagnostiese radiografis".

5. Hierdie regulasies tree in werking op 1 Desember 1979.

No. R. 2280

12 Oktober 1979

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD

WYSIGING VAN REGULASIES BETREFFENDI
DIE VERRIGTING VAN DIE WERKSAAMHED
VAN BEROEPSRADE

Die Minister van Gesondheid het kragtens artikel 15 (5) gelees met artikel 61 (1) van die Wet op Geneesheroepers, Tandartse en Aanvullende Gesondheidsdienbode, 1974 (Wet 56 van 1974), die regulasies in Bylae hiervan uitgevaardig.

BYLAE

1. Tensy dit uit die samehang anders blyk, beteken die uitdrukking "die Regulasies" in hierdie Bylae die regulasies afgekondig by Goewermentskennisgewing R. 2285 van 3 Desember 1976.

2. Regulasie 10 van die regulasies word hierby deur die volgende regulasie vervang:

"10. Alle handeling van 'n beroepsraad word, onderworpe aan enige regulasie wat net betrekking het op sodanige beroepsraad, beslis deur 'n meerderheid van die stemme van die lede wat by enige vergadering aanwesig is."

Only few dentists affected

AD. 94
14/11/79

EAST LONDON — The 33 per cent increase in medical and dental fees recommended by the South African Medical and Dental Council will not affect the schedule of fees used by the majority of dentists.

In a statement the Dental Association of South Africa assured the public the increase would apply only to the medical aid statutory tariff and only affected the fees charged by contracted-in dentists.

The increase will not affect the national schedule of fees used as a guide by the vast majority of South Africa's dentists who have contracted out of medical aid. About 1 000 of the 1 300 dentists in the country have contracted out.

A spokesman for the association explained that members of the public on medical aid schemes would benefit from the increase in the medical aid statutory tariff as it would now be closer to the national schedule of fees and their medical aid scheme would now pay a greater portion of the fee charged by a contracted-out dentist. —
DDR.

R100-M EXPORT SA

D. Entwine 23/12/79

(44)

**Prices unrealistic, claim
 Brazilians as they back
 out of big deal with Luyt**



By KITT KATZIN

BRAZIL has pulled out of a R123-million deal with Mr Louis Luyt's Triomf fertilizer company and Fednis — and switched to suppliers in other countries.

The shattering decision means a massive loss of foreign exchange to South Africa next year. It came after weeks of protracted negotiations between the Brazilian Fertiliz-

Triomf and Fednis, South Africa's major producers of phosphoric acid. Already, Triomf has had to cancel one planned small shipment to Brazil for January. It is negotiating with the shipowners, Odifell, of Bergen, Norway, to cancel two large shipments.

In terms of the deal the Brazilians, by far the biggest buyers of South African phosphoric acid, would have imported 350 000 tons next year. But this week Brazil accused South African producers of fixing an "unrealistic price" for the first quarter of 1980 — and it started placing orders elsewhere. Some observers told the Sunday Express the battle had taken on political overtones.

The Brazilian decision has come as a severe blow to the local industry, and it could have severe implications for the production and marketing operations of the two companies.

Mr Luyt was contacted in Australia yesterday. He told the Sunday Express that the BFS decision was surprising and unusual.

But he said alternative markets would be established. He had already "concluded a big deal in Australia", at prices higher than those quoted to the Brazilians.

Other sources in the industry warned that South Africa would find it difficult to penetrate alternative markets, for

	M	F	M	A
0-1	12,46	9,07	16,92	11
1-4	0,02	0,02	0,02	0
5-24	-	-	-	-
25-44	-	-	-	-
45-65	-	-	-	-
65+	-	-	-	-
ALL	0,25	0,17	0,48	0
NO.	519	359	170	

	M	F	M	B
10	0,25	0,10	0,04	0,06
00	0,12	0,14	0,02	0,04
04	0,02	0,04	0,03	0,02
09	0,17	0,13	0,06	0,08
37	0,36	0,36	0,34	0,25
83	1,57	1,10	0,73	0,56
12	0,15	0,14	0,10	0,08
12	169	165	203	130

NITRO-URINARY SYSTEM

333 329

We'll find alternative markets, says Luyt

From Page 1



● Mr Luyt ... not worried

political and other reasons. Because of this, they said, the phosphoric acid industry could be faced with severe financial, marketing and export problems.

The 350 000 tons that Triomf and Fedmis were geared to export to Brazil next year makes up nearly three-quarters of the total exports of 490 000 tons of phosphoric acid.

However, in the wake of the Brazilian Fertiliser Society decision, the Brazilian Government has:

- "Removed all encouragement" for the use of phosphoric acid.
- Lifted all import restrictions (previously imposed to stimulate phosphoric acid supplies from South Africa) on substitutes such as triple super phosphate and di-ammonium phosphate.
- The Brazilian Fertiliser Society has increased imports of these commodities at "much cheaper equivalent prices" and has
- Concluded contracts with alternative suppliers of phosphoric acid - at \$365 a ton - for 1980.

These supplies are expected to be provided by the United States, Morocco and Algeria.

Asked to comment on the cancelled shipments, a spokesman for Triomf said yesterday the supplies would "be going elsewhere".

According to a spokesman for the Brazilian Fertiliser Society, South African suppliers had intended to charter 28 shipped consignments of phosphoric acid to Brazil over the next two years - at a cost of R19-million.

This year 300 000 tons out of a total export of 440 000 tons went to Brazil.

The balance of phosphoric acid exports - only 127 000 tons - went to smaller markets such as Japan (60 000 tons), Europe (45 000 tons), US

rael (15 000 tons) and Australia (7 000 tons).

Apart from the difficulty of developing these markets as a substitute for the ill-fated Brazilian deal, fertiliser industry sources also point out that fast-growing additional markets, such as India and Indonesia, would be closed to South Africa on sheer political grounds.

Adding to the concern of the Brazilian decision to scrap its contract with South Africa are the heavy financial and capital investment projects to which the main suppliers of phosphoric acid in South Africa are committed.

Triomf, for example, has a R90-million plant at Richards Bay, with a production capacity of 400 000 tons a year. About 600 people are employed there.

Last month Mr Luyt repaid the Government over R12-million - which was "lent" to him by Dr Eschel Rhoodie, the former Information Secretary, to start The Citizen.

He is committed to a R12-million contract with South African Railways to move rock supplies from Phalaborwa to his phosphorous acid plant at Richards Bay.

It is also understood that he has negotiated for 330 000 tons of sulphur from Vancouver, at a cost of R30-million, in 1980.

Fedmis, too, has heavy investments, and is also committed to contracts involving specially designed rail trucks.

But both Triomf and Fedmis are confident that they will establish alternative markets soon.

A Fedmis spokesman said yesterday he was surprised at the Brazilian decision "as our price quotations for the new quarters were submitted only this week".

He thought the Brazilian decision was ill-timed and believed it was possible to renegotiate.

A spokesman for Triomf said his company could find several alternative markets.

But it seems the South African suppliers and the Brazilian are heading for a deadlock situation - with possible severe repercussions for the local industry.

While the main suppliers claim they are not dependent on Brazil, observers are still seriously concerned about the industry's ability to develop substitute export markets.

Mr Philip Clarke, former managing director of Triomf, was asked to comment, and said it was sad that South Africa had apparently disrupted the previously good relations with Brazil.

The basis of previous sales to Brazil, he said, had always been Brazil's encouragement of the use of phosphoric acid.

"This seems now to have disappeared and the Brazilians are making use of the alternatives which they obviously developed as a result of a similar situation in 1973/74.

"In the end, practicalities will resolve the situation. The practicalities are that the Brazilians do have alternatives and the South Africans don't," Mr Clarke said.

Mr Clarke predicted that unless a new agreement was negotiated, and unless South Africa was able to find vital alternative outlets, which he did not think was possible, the home industry could be faced within six weeks with a drastic cut-back in production, export supplies, and perhaps even staff.

	W		A	
	M	F	M	F
0-1	0,51	0,33	1,10	0,
1-4	0,05	0,06	0,02	0,
5-24	0,07	0,06	0,09	0,
25-44	1,09	0,44	1,31	0,
45-64	9,75	4,44	14,76	10,
65	42,19	32,93	55,30	47,
ALL	4,70	3,81	3,22	2,
NO.	9752	7926	1135	80

VIII DISEASES OF THE

	W		A	
	M	F	M	F
0-1	2,90	2,22	7,81	4,8
1-4	0,22	0,28	0,90	0,6
5-24	0,05	0,06	0,17	0,1
25-44	0,20	0,12	0,37	0,33
45-64	1,46	0,92	3,33	1,85
65+	11,52	7,89	16,51	13,42
ALL	1,12	0,97	1,22	0,79
NO.	2336	2019	430	282

45-64	0,07	0,07	0,21	0,11	0,36	0,13	0,26	0,07
65+	0,18	0,13	0,00	0,15	0,47	0,18	0,44	0,15
ALL	0,06	0,04	0,07	0,06	0,25	0,14	0,17	0,12
NO.	128	85	26	23	289	164	366	187

SUNDAY POST

Sunday, November 25, 1979

The worker: someone to be listened to

Judging from the nature of the trouble in the world at present, we seem to be witnessing the growing irrelevance of democracy in today's society.

It appears to have become accepted fact that "power" belongs to anyone with the guts and gumption to seize it, instead of being the natural outcome of orderly democratic processes.

And there seems to be as many people today willing to defend those who take power this way as there are to condemn them.

The very cornerstones of democracy — elections and the rule of law — appear to be in danger, especially in Africa, of coming to be regarded as outdated political niceties, whose time has come to be consigned to the past.

As to whether this will necessarily prove to be in the best interests of mankind and civilisation depends very much on what there is to replace them. Judging by the systems that seem to be finding most popularity today, it is very difficult to feel optimistic about prosperity and happiness in the long term.

Wherever trouble has flared, whether between two people or two nations, it has primarily had to do with someone feeling that someone else has deprived him of something he believed was rightfully his.

At one stage, men resolved such disputes through force of arms. As mankind progressed, this method was replaced by force of reason. Laws were instituted and courts set up to resolve differences in a manner befitting the level of civilisation. Now mankind seems to be reverting to the force-of-

arms method once again.
Why?

The reason seems to be that democratic institutions such as "elections", "law" and "courts" have been abused in such a way that the privileges of a few have been guaranteed at the expense of the many. Now the many are waking up.

The strikes in Port Elizabeth are one sign of this "awakening".

For too long workers in this country have been prevented from selling their labour on the open labour market — the very essence of the "free enterprise system", itself the offspring of democracy.

Now men are saying: "Enough!" They have begun to withhold their labour, and others are threatening to follow their example.

If nothing is done to prevent that (outside of tear gas, baton charges, arrests, and more restrictive laws, of course) there will be a gradual decline in the provision of goods and services, and anarchy could surely follow.

The rule of law will be the first to crumble because the "elected" authorities will be powerless to implement it, and money, property and wives will be "up for grabs".

Employers, big business and Government must realise, and realise soon, that if a man can walk off the job at this time of high unemployment, he can do anything.

Whether they agree with the principle or not, the fact of industrial life today is that the worker is someone they have to listen to.

They turn their backs on him at their cost — and, regrettably, at everyone else's too.

12/12/94 (5) (16) (13) (94)

rect respondent in such a

Commission of inquiry into medical schemes

PRETORIA — A commission of inquiry would investigate all aspects of medical aid schemes, as part of a full inquiry into health services, the Minister of Health, Dr L. A. P. A. Munnik, said yesterday.

The Hon Mr J. W. Haak, has been appointed chairman of the commission, which will issue an interim report on medical schemes within three months of its appointment.

As an interim measure, until the commission reported, draft legislation will be gazetted today, concerning the present tariff of fees for services, as the SA Medical and Dental Council has decided to review tariffs.

Dr Munnik said he hoped the commission would be able to remove the unpleasantness that has accompanied the determination of tariffs.

"I hope they will be able to find an acceptable formula to calculate the cost of health services, so that suppliers receive reasonable incomes and patients were assured that they were paying reasonable fees."

The commission will

make recommendations regarding the scope and cost structure of health services in both public and private sectors.

"This is with a view to rationalising services and making them more effective, as well placing costs on a sound and firm basis," Dr Munnik said.

He said the tariff of fees for services by medical practitioners and dentists, to members of medical schemes, had made it an appropriate time to appoint such a commission.

Some of the terms of reference of the commission are:

- The rationalisation of medical schemes. An investigation of their administrative costs, assets and reserves, profits and/or compensation of entrepreneurs, use of manpower, the extent of coverage.
- The investigation into the extent to which the recommendations of a previous commission of inquiry into the pharmaceutical industry, have been implemented.
- To determine what influence pharmaceutical manufacturers have had on the cost of medicine.
- To investigate the im-

plementation of the recommendations of a previous commission of inquiry into private hospitals and unattached operating theatres.

- To investigate the provision of medical services by state, provincial and local authorities.
- The incomes and fringe benefits of medical practitioners, dentists and supplementary health service personnel.
- Excessive use by patients of medical services.

The commission will publish an interim report of medical schemes three months after its appointment. It will issue interim reports on various facets of its terms of reference and will appoint committees to investigate these various facets.

Professor J. N. de Klerk, chairman of the Federal Council of the Medical Association of South Africa, MASA, said last night he welcomed the appointment of the commission "with open arms."

"We have stated all along we would support a commission and are only too happy it has been appointed." — DDC.

HEALTH AND DISEASE —

DENTISTS

2 / 12 / 80 — 15 / 10 / 81

SA graduates applying
to practise in the US

ST 1012
(114) (93)
2/12/50 STAPL

The Star Burea
NEW YORK — Newly qualified South African doctors and dentists have lost no time in applying to practise in the United States.

At least 30 doctors and dentists, many of whom graduated from the University of the Witwatersrand last week, flew to New

York at the weekend to be in time for the start of a series of entrance exams. The exams which last four days began yesterday and must be successfully completed by all foreign medical graduates wishing to practise in the United States.

The results of the American tests take three months to come through by which time

many of the doctors will have started their national service.

However, in addition to the graduates, several final-year dental students who are due to qualify in June next year are also writing the American tests. They will receive the results to these tests before their July call-up papers come into effect.

Minister's plan to control medical fees 'monstrous'

The Minister of Health's plan to control medical fees by getting the power to amend or set aside decisions of the Medical and Dental Council has been described as "monstrous" by a professor of forensic medicine.

Professor H Shapiro of Unisa was speaking at a special Johannesburg meeting of the council called to discuss draft legislation which gives the Minister extensive powers to control medical fees.

The meeting was requested by at least six members of the council.

Two Bills which are to amend the Medical, Dental and Supplementary Health Service Professions Act and the Medical Schemes Act are being discussed.

In terms of the draft law, the Minister will be empowered to amend or set aside any decision by the Medical Council and substitute new tariffs.

Professor Shapiro also strongly objected to another amendment which gave the Minister powers, after consultation with the executive committee of the council, to amend

or set aside any decision or determination by the council.

The amending legislation makes it clear that any amended or new decision or determination "shall be deemed to be the decision or determination of the council."

Professor Shapiro said the proposed amendment by the Minister to the Medical, Dental and Supplementary Health Service Professions Act was unnecessary and undesirable.

He asked for the amendment to be rejected. He said the amend-

ment was in conflict with the letter of the council in all respects and it rendered the statutory authority of the council as nominal and superfluous.

The amendment thus undermined the exercise of that authority.

A motion that the Minister be advised not to proceed with the amendment was seconded.

Professor Shapiro described the amendment as a "kiss of death; the kiss of a deadly mamba. This is a monstrous amendment to the Act."

He said that the effect of the amendment was that the Minister could do no wrong and "we (the medical profession) can do no right."

Professor A J Brink, Dean of the Faculty of Medicine at Stellenbosch, dissociated himself from the tirade made by Professor Shapiro against the Minister, but said he had sympathy for the motion itself.

Professor H Snyman, president of the council, said the amending law which gave the Minister powers to veto the decision of the council was unacceptable and he would not be associated with it.

Professor Shapiro's motion, condemning the amendment, was carried by a vote of 27 to one with four abstentions.

Quant il oï Guillaume ledengier,
 Molt fu dolanz, n'i ot que cerrocier.
 25 Isnelement avale le planchier,
 Vint a Guillaume, sel sesi par l'estri
 Et par la resne de son corant destrier
 "Sire, dist il, molt es buens chevalier
 Mes el palés ne vaus tu un denier.
 30 - Qui dit ce donques? dit Guillelmes
 - Sire, dit il, ge nel vos doi noier:
 Foi que doi vos, ç'a fet Aymes le vie:
 Envers le roi vos pense d'empirier."
 Et dit Guillelmes: "Il le comparra ch
 35 Lors se regarde dans Guillelmes arrie
 En mi la sale choisi Aymon le vieil.
 Quant il le vit, sel prist a ledengie
 "He ! gloz, lechiere, Dieus confonde t
 Por quoi te paines de franc home jugi
 40 Quant en ma vie ne te forfis ge rien?
 Et si te peines de moi molt empirier?
 Par saint Denis a qui l'en vet proier,
 Ainz que t'en partes le te cuit vendre chier."
 Il passe avant quant il fu rebraciez,
 45 Le poing senestre li a mellé el chief,
 Hauce le destre, enz el col li asiet,
 L'os de la gueule li a par mi froissié;
 Mort le trebuche devant lui a ses piez...
 "Looys sire, dit Guillelmes li fiers,
 50 Ne creez ja glouton ne losengier,
 Que vostre pere n'en ot onques un chier.
 Ge m'en irai en Espagne estraiier;
 Vostre iert la terre, sire se la conquier."

Medical Bill may start brain drain

By MARILYN ELLIOTT

THERE will be a massive brain drain of doctors in South Africa if the Minister of Health, Dr L A P A Munnik, succeeds in pushing through legislation which will give the State unlimited powers in medical matters, warns the Medical Association of South Africa.

At a Press conference yesterday, the association said the implications of proposed amendments to existing medical legislation would destroy the autonomy of South African doctors in a free enterprise system and lead to a system of socialism and bureaucracy.

The chairman of the Federal Council of the Association, Professor J N de Klerk, said: "If this crazy legislation goes through, we are going to see a brain drain in the profession like we've never seen before. The implications of the proposed changes mean that the Minister will have full control on every aspect of the medical world. In any normal democracy, for God's sake, this is not acceptable."

A lengthy letter to the Secretary for Health, Dr J de Beer, which appears in the South African Medical journal, MASA makes the following points.

● The proposed new Bill makes no provision for negotiations, the right of appeal to an

arbiter or the South African Medical and Dental Council to settle disputes between the parties concerned — an omission contrary to legislation affecting various other sectors of the economy.

● The Minister of Health will hold total control of the private sector of the medical profession and thereby socialise medicine in a manner which is diametrically opposed to the principle of free enterprise which the Prime Minister, Mr P W Botha, sees for South Africa.

● The Bill can be regarded as an attack on the integrity and dignity of the SA Medical and Dental Council — a body which has efficiently catered to the needs of both the public and the profession.

The association is concerned about the future of medical practice in South Africa if the Bill is passed. Yesterday, Prof De Klerk said the long-term result would be to lower the standards of medicine and make it more expensive for the consumer.

One of the proposed amendments states that no tariff will be effective without the Minister's approval and that the published tariff would then be a maximum tariff. This will mean that doctors will in future be deprived of the right to contract out.

THEY'RE UNDER DOCTORS' ORDER

Swan TRIB 10/12/80

By Maureen Griffin

No more

fee

increases

without

my

go-ahead

— Munnik

DOCTORS and dentists will not again be allowed to increase fees without the Minister of Health's consent.

Dr. L. A. P. A. Munnik made this clear to delegations of the Medical and Dental Council this week when he told them he would go ahead with legislation that will give him the final say in future fee rises.

to the Sunday Tribune yesterday.

"I am not seeking to control the affairs of doctors with this proposed legislation. All I want is for future fee increases to be referred to me first, and I will then publish them once I've approved them."

They would meet again during the next week or fortnight.

But Professor Guy de Klerk, chairman of the Federal Council of the Medical Association, warned this week that if the draft laws were introduced many people who were planning to enter the profession would be put off for an alternative livelihood.

liberty and destroyed the autonomy in a free enterprise system.

Dr Munnik's response to the professor's warning was: "I was surprised that the Medical Association called a Press conference without first talking to me. I did expect the Association to ask for an interview as the Dental Association did, and the Medical Council."

He spent nearly two and a half hours with the dentists, and about three hours with the doctors, but I have had no request up till now from the Medical Association not to disclose what he spoke

Govt to keep final say on medical fees

By GERALD REILLY
Pretoria Bureau

PROVISION in draft legislation to give the Government a final say over doctors' and dentists' fees will be retained.

Making this clear in an interview yesterday, the Minister of Health, Dr L A P A Munnik, said he rejected a claim by the Medical Association of South Africa that the Bill was socialistic and bureaucratic.

At a Press conference last week the president of the medical association, Professor J N de Klerk, said if "the crazy" legislation went through there would be a brain drain in the profession "like we have never seen before".

The effect of the proposed legislation would be to give the Minister full control of every aspect of the profession — "and for God's sake this is not acceptable".

Background to the row between the Minister and the medical association is the 52% increase in doctors' fees approved by the South African Medical and Dental Council which was brought into effect last October.

Appeals by the Minister at the time to the council to re-

view and reduce the increase were rejected by the council.

Dr Munnik said from Cape Town yesterday he had accepted certain amendments to the draft legislation. One of the amendments was that he would not have authority over all the decisions of the medical council.

But, he stressed, he would have final authority over the level of fees. The medical council would have to refer any fee changes to him. If he disagreed he would refer the proposals back to the council, and if agreement proved impossible he would have the final say.

Dr Munnik said it was strange that the medical association had chosen to hold a Press conference and not to approach him directly.

Last week he spent three hours discussing the proposed legislation with the medical council and another three with the dental council.

Because of the discussions he had decided to amend certain aspects of the Bill.

He stressed, however, that no confrontation situation had developed between him and the doctors.

"My door is always open to the medical association — and they know this. Instead of holding Press conferences they should come and talk to me."

Dr Munnik said it would be better if Professor De Klerk confined himself to the business of the medical association and did not try to do the Minister's work.

Prof De Klerk further claimed that the long-term results, if the original legislation went through, would be to lower the standards of medicine and make it more expensive for consumers.

Dr Munnik said he strongly disagreed with this point of view.

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Munnik accused of anticipation

Science Reporter

Cape Times 14/2/80

FURTHER shots in a fight between the Medical Association of South Africa (MASA) and the Minister of Health, Dr L A P A Munnik, were fired this week in an open letter accusing Dr Munnik of anticipating the findings of his own Commission of Inquiry into health matters.

The factory has refused to negotiate and that it was replaced by machinery and that it was

Although those dismissed are 'Coloured', most are African contract workers. In spite of the fact that the Homelands, the African workers have stood firm. On the first day of the strike men from separate 'Coloured' & African workers who had refused to be separated. One said,

Moves of solidarity with the striking workers at a meeting last week more than 500 university students from Peninsula Training College and Bellville Technical College were reinstated and for a boycott of Fattis & Monis products.

The Western Province Traders Association says it will not sell the factory's products unless there is a settlement.

The South African Council of Sport (SACOS) has asked all schools affiliated to SACOS to support the strike and a boycott of the factory's products.

At a meeting at U.C.T. over 500 students supported a boycott of Fattis & Monis products.

Fattis & Monis insist that there is no 'disruption' of production. He says he is worried about the calls for a boycott of blacks as much of the factory's trade is with whites. Production is going by employing scab workers in the factory. However production has been slowed down.

Who are Fattis & Monis? Fattis and Monis is a large flour mill producing the following products: All Record flour product, Bread flour, Sifted flour, Unsifted flour, products with the Fattis & Monis brand name, cake cups, macaroni, spaghetti, large & small, narrow, plain and green, rings and dilatines under the following brand names: Pick 'n Pay, Roma; Philadelphia flour and Koeberg Millep. Fattis & Monis control a number of Bakeries including Wrenco, Good Hope Bakery in Elsie River and Ultra Bak

The row erupted in public at the annual meeting of the Medical and Dental Council last year when the Minister of Health threatened the council with testing their legality should major fee increases take place. The council went ahead and approved the increases and Dr Munnik gave notice of amending legislation which, among other things, would curb the power of council.

The letter, from the secretary-general of MASA, Dr C E M Viljoen, to the Secretary of Health, Dr Johan de Beer, was published as a supplement to the SA Medical Journal.

Dr Viljoen told Dr De Beer that "attention must be directed to the fact although the Minister of Health has seen fit to appoint a Commission of Inquiry to investigate the full range of health services in detail ... with special reference to the whole field of operations of privately practising and full-time medical practitioners, the minister has nevertheless also seen fit to anticipate the commission's findings and recommendations with the proposed Bills to amend the Acts in question".

The grounds for such "precipitate action" were not well-founded and the association "sincerely hopes it will not influence the commission in any way in the execution of its task".

He added that the Medical Association "urgently requests the government not to proceed with consideration of any amendments to the Medical, Dental and Supplementary Health Service Professions Act and the Medical Schemes Act until such time as the Commission of Inquiry has completed its investigation and submitted its recommendations".

The draft legislation referred to is expected to come before Parliament during the present session.

Bellville Sout have were dismissed. The f a trade union. ork - R40 a week demands are "out on" in his firm.

Union) say the egotiate for better It says the men staff.

on strike are ed back to the red' brothers and of Labour tried to he factory. The v; r the same purpose."

a solidarity from U.W.C., Hewat, d for workers to

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Boycott of all

ctor of the firm products by ment have kept iking workers.

roduces the ing flour, Cake flour; All ones, wafers, les - broad, es and spagettis ss, Checkers and s and Monis also rvatory,

expanding population. Approximately half (8) the country was in the hands of commercial farmers, mainly white settlers a on these farms and in the traditional areas of cash most important both as an employer of labour and as Forestry had been developed since the late 1940s and plantations were one of the largest in the world and paper in substantial quantities. The exploitation in the early 1960s, notably asbestos and iron-ore producing the building of a railway which linked the country from the Witwatersrand. Despite all these developments South Africa was a magnet to work in South Africa although the numbers were a fraction of those going from Lesotho.

Although perhaps not as strong all round as the Swiss economy Botswana's showed the most dramatic improvement in the first decade of independence. Botswana had, like Lesotho, long been neglected. However from the mid-1960s there was a good deal of prospecting and some important strikes. The most important of these was the diamond find at Gaborone in the Gaborone district at Selebe Peka. Although in the early 1960s the Botswana government lacked the necessary experience to bargain adequately with the terms of the concessions they were later able to renegotiate three and a half that over 80% of the profits were paid back rather than being expatriated. During the ten years 1966-1975 the annual rate of growth of GDP was 10.1% and although technical difficulties at Selebe Peka curtailed with a sharp fall in the price of copper after 1970. Deferred investment in the mineral boom the prospects for further substantial developments in that sector were good. Two important problems nevertheless accompanied this growth. One was that the major share of investment in this sector was South African; the other was the amount of capital required to create one job. The inappropriateness of the technology being imported to develop the diamonds was evident

rough the amount of

4/3/80 Argus
93 94

In or out —doctors keep right

Political Correspondent

DOCTORS will retain the right to contract in or out of medical aid schemes in terms of two Bills published in Cape Town today.

They are the Medical, Dental and Supplementary Health Service Professions Amendment Bill and the Medical Schemes Amendment Bill.

When published in their original draft form in December the measures laid down that doctors would not be allowed to contract out.

As promised by the Minister of Health, Dr L A P A Munk, last month, the right of doctors and dentists to contract out will now be retained — but this can be withdrawn if, after consultation with the Medical and Dental Council, this is thought to be in the public interest.

TARIFFS

A draft provision that the Minister could undo a decision of the council is now limited to tariffs of fees for members of medical aid schemes and their dependants after the

Minister has consulted the council executive.

Tariffs will have to be approved by the Minister before publication and will apply only to services for members of medical aid schemes and their dependants.

great deal of
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university
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with a total
of 1000

... This
... The second problem was less
... Thirdly
... apparently increasing
... the land to which theoretically they had
... of Botswana found
... of the people and that the income
... times higher than the income of
... In the
... the ratio of salaries for super-scale posts to
... messenger grade posts was of the order of 10:1 compared with a ratio of

Never mind pain, you'll just have to sit and wait

BLACKS who wish to visit a dentist in Main Street, Jeppe, Dr C G Grush, can either wait outside — sometimes for hours — or take a 30-minute walk to the next dentist.

Reason? An assistant said: "Blacks never keep appointments so we don't make appointments with them."

POST visited the dentist after receiving a complaint from Mr Isaac Komape of Soweto who works near the surgery.

"I had a terrible toothache and wanted the tooth extracted.

"I entered Dr Grush's surgery through the front door. Inside I was told to use the back entrance.

"There were four black men waiting outside to be attended to and they told me they had been waiting more than an hour."

Mr Komape said he inquired how long he would wait because he could not tolerate the pain anymore.

He was told he would

have to wait for three to four hours because the doctor was busy.

He went back to work and returned a few hours later.

He was told to go to another dentist because the doctor was still busy.

The four men he had left waiting had also been sent to the dentist about three kilometres away.

Two POST reporters visited the dentist a few days later. We used the front entrance and waited in the whites' waiting room.

This room is carpeted, spacious with comfortable chairs and various magazines scattered on the table.

We told a white woman we wanted to make an appointment with the doctor.

Post 3/15/70
AL

Harwood

WEDNESDAY, 5 MARCH 1950

†Indicates translated version.

For women reply 3-80
Doctors, dentists/pharmacists salary scales

64
65

69. Mr. N. B. WOOD asked the Minister of the Interior:

What are the salary scales laid down for (a) White, (b) Coloured, (c) Indian and (d) Black (i) doctors, (ii) dentists and (iii) pharmacists in State and provincial hospital services?

The MINISTER OF THE INTERIOR:

(a) to (d)

Rank	Salary Scale (R.p.a.)		
	White	Coloured/ Indian	Black
(i) Doctors			
Chief Specialist / Professor ..	21 300 (fixed)	21 300 (fixed)	21 300 (fixed)
Principal Specialist	19 500 (fixed)	19 500 (fixed)	19 500 (fixed)
Senior Specialist	18 000 (fixed)	18 000 (fixed)	18 000 (fixed)
Principal Medical Officer ...	18 000 (fixed)	18 000 (fixed)	18 000 (fixed)
Specialist	17 400 (fixed)	17 400 (fixed)	17 400 (fixed)
Senior Medical Officer	17 400 (fixed)	17 400 (fixed)	17 400 (fixed)
Medical Officer	10 320-16 800	9 480-16 800	8 640-15 600
(ii) Dentists			
Principal Dentists	18 000 (fixed)	18 000 (fixed)	18 000 (fixed)
Senior Dentist	17 400 (fixed)	17 400 (fixed)	17 400 (fixed)
Dentist	10 320-16 800	9 480-16 800	8 640-15 600
(iii) Pharmacists			
Principal Pharmacists	12 600-15 000	11 580-13 800	10 740-12 600
Senior Pharmacists	10 320-11 580	8 640-9 900	7 200-8 220
Pharmacists	6 900-9 480	6 000-7 800	4 950-6 600

Black patients: dentist reported

STAR
5/16/80
94

By Maud Motanyane

There is no law which says black and white patients should be treated in separate rooms, but Dr J I Sacks of Randburg does so.

He does not keep any records of his black patients and does not issue receipts after they have paid.

The Johannesburg Receiver of Revenue, Mr A Chemaly said doctors should keep records and issue receipts. These he said would enable them to give a correct reflection of their income to the Receiver.

On March 21, Mrs Lesley East phoned to make an appointment for her maid Mrs Leah Malepa at Dr Sacks's rooms, Randburg Medical Centre, Jan Smuts Avenue. She was told Dr Sacks fitted his black patients in between his white appointments.

When she got to the consulting rooms she was told her maid had to go to a room at the back of the building.

Mrs East said 30 minutes later the nurse told her her maid was ready to go home. The doctor had extracted two teeth.

Although she was visibly upset, her maid did not feel any pain, said Mrs East. Mrs Malepa told her the extraction was done on an open verandah, while she sat on an old fashioned upright dentist chair. When she asked to rinse her mouth, she was told to spit in a dustbin

filling paid, R6.50 — 1580"

Dr Sacks could not remember either Mrs Malepa or me when I phoned later to complain about the treatment he gave black patients. He denied his rooms were of a lower standard, claiming they were "the best in the whole of Johannesburg and better than most township clinics."

Fair Deal has reported Dr Sacks to both the Medical and Dental Council and the Receiver of Revenue who will be investigating the matter.

The following places have inexpensive dental facilities for blacks:

● St John's Church, Benmore Road, Parkmore, Sandton Tel 783-1033.

Every Wednesday at 9 am.

Prices:

Extraction R2
Filling R3
X-ray R1
A set of dentures R70

It is not necessary to make an appointment.

● The University of Witwatersrand Dental School, corner Jan Smuts and Stiemens streets (39-4366).

The dentistry school is open to all races and the prices are lower than private fees. It is important that appointments should be made and kept.

Mrs East paid R10 for the treatment and received no receipt. Fair Deal visited Dr Sacks's rooms.

The receptionist showed me to the fire escape stairs. I found a little room with seven chairs, one of which was an old fashioned upright dentists chair.

After a 15 minute wait Dr Sacks appeared from the white patient's side of the consulting room and asked me whether I wanted an extraction I told him I wanted a filling.

He disappeared for ten minutes and reappeared with two injection needles. I was given an anaesthetic.

After another 15 minutes Doctor Sacks took me to the white patients side of the consulting room and did the filling while I sat on a proper dentists chair.

I was charged R6.50. He did not ask for my name or address. When I asked for a receipt, he took an appointment card and on it's reverse wrote "I

False teeth

put new bite on Col

Weekend Argus Correspondent

JOHANNESBURG. — Fees charged by dental technicians will increase by an average of 20 to 25 percent in terms of a notice in yesterday's Government Gazette.

This will be passed on to the public.

The registrar of the South African Dental Technicians' Council, Mr A. D. van der Merwe, said the new tariffs were between 20 percent and 25 percent more than the informal tariffs charged in the past.

Since 1965 dental technicians have not charged a set tariff and fees have varied.

FULL SET

Dental technicians will now charge R60,90 for a full set of upper and lower dentures.

Dr. Helmut Heydt, a member of the Dental Technicians' Council, said that the dentists' fee in the case of a full set of dentures was an additional R80.

A further cost was the porcelain teeth which were imported and sold to the patient at cost.

The new tariffs therefore represent an increase in only part of the dental fees paid by the patient.

Dr Heydt said the new tariffs were a breakthrough and 'a historical event.' He said the Dental Technicians' Council consisted of members of the medical aid movement, dentists, technicians, accountants and the Department of Health.

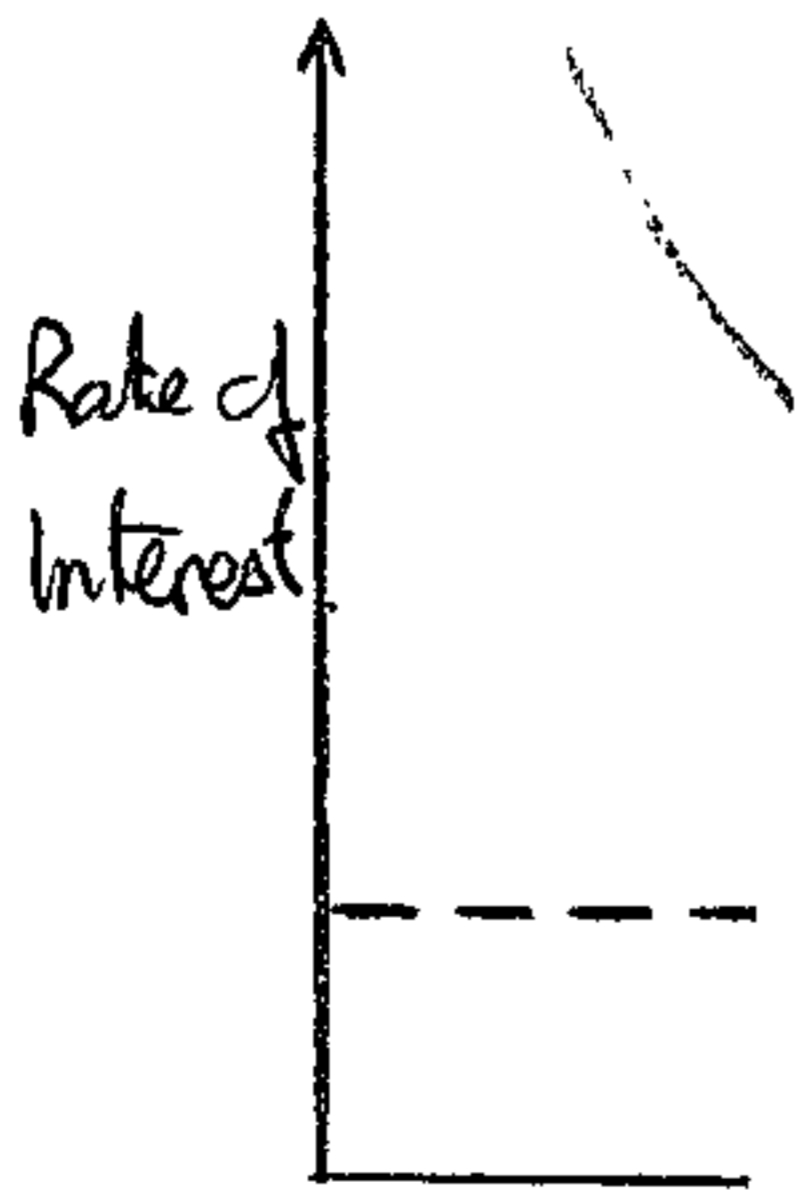
FROM JULY 1

The president of the Dental Association of South Africa, Dr A. Dreyer, said the new tariff would take effect from July 1.

'It's a statutory tariff laid down by the fees committee of the SA Den-

Changes in causing changes illustrated in to where $PQ = MV$ rate of interest changes in to to the market

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Dental Technicians' Council and is mainly an increase in the cost for dental laboratory work,' he said.

'It's not really connected to the recent SA Medical and Dental Council tariff increases and is separate from the dentists' tariff.

'It will not affect dentists' livelihood, but will be passed on to the public.'

D. (for loans).

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of interest affect

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6)

^{STAR}
27/6/80
'Acute shortage' (94)
of black
dentists

By Sheryl Raine

About 881 black dentists and dental therapists are needed in South Africa and in the homelands to perform basic curative services. There are at present only 50.

Of the 50, most are dental therapists and not qualified dentists, says Professor James Gilliland, deputy director-general of the Department of Health, Welfare and Pensions.

Speaking at the first winter graduation ceremony of dental and higher-degree graduates at the University of the Witwatersrand last night, Professor Gilliland said there was also a shortfall of 180 coloured dentists.

"It has been suggested that South African universities may be turning out a disproportionately large number of white dentists," he said.

There was an acute shortage of dentists to serve the needs of population groups other than white, particularly through public health services.

Forty-two bachelor of dental science students graduated at Wits last night of whom one was black, one Indian and one Chinese. Last year, 53 students graduated and only one was black.

Professor Gilliland welcomed the establishment of another dental faculty at the Medical University of Southern Africa (Medunsa) and said 25 black dentists and 75 black dental therapists would be trained there each year. It is not known when these targets will be reached.

Professor Gilliland said that, following the State take-over of the Wits Oral and Dental Teaching Hospital, student dentists would no longer have to spend R3 000 on their own dental instruments. These would be paid for by the State.

Acute shortage of black dentists

THERE was an acute shortage of dentists to serve the needs of South Africa's blacks, Dr James Gilliland, deputy director general of the Department of Health, Welfare and Pensions, said in Johannesburg this week.

SURVEY

Addressing a dental graduation ceremony at the University of the Witwatersrand, Dr Gilliland said a recent survey conducted by the department showed at least 881 African dental operators (dentists and dental therapists) were required to satisfy the need for basic curative services in the Republic and homelands.

"There are at present only 50 such operators, mainly dental therapists. This is a shortfall of 831 operators or 97 percent. For the coloured population group the shortfall is 180 operators or 89 percent, he said.

94
RDM 28/6/80

Acute shortage of black dentists

Staff Reporter

THE need for more black dentists in South Africa is being examined by an inter-departmental Government committee, Dr J Gilliland, the deputy Director-General of Health announced this week.

He was speaking at a graduation ceremony of the University of the Witwatersrand.

Dr Gilliland said that while South African universities were training large numbers of white dentists, there was an acute shortage of dentists for other population groups.

He said 881 dentists and dental therapists were needed for black communities and at present there were only 50 such people.

It was the first June graduation ceremony involving graduates from the faculty of dentistry, who usually only receive their degrees in November after taking their Hippocratic Oath and registering with the Medical and Dental Council in June.

Dr J Gilliland said Wits was renowned — both in South Africa and overseas — for the quality of its graduates.

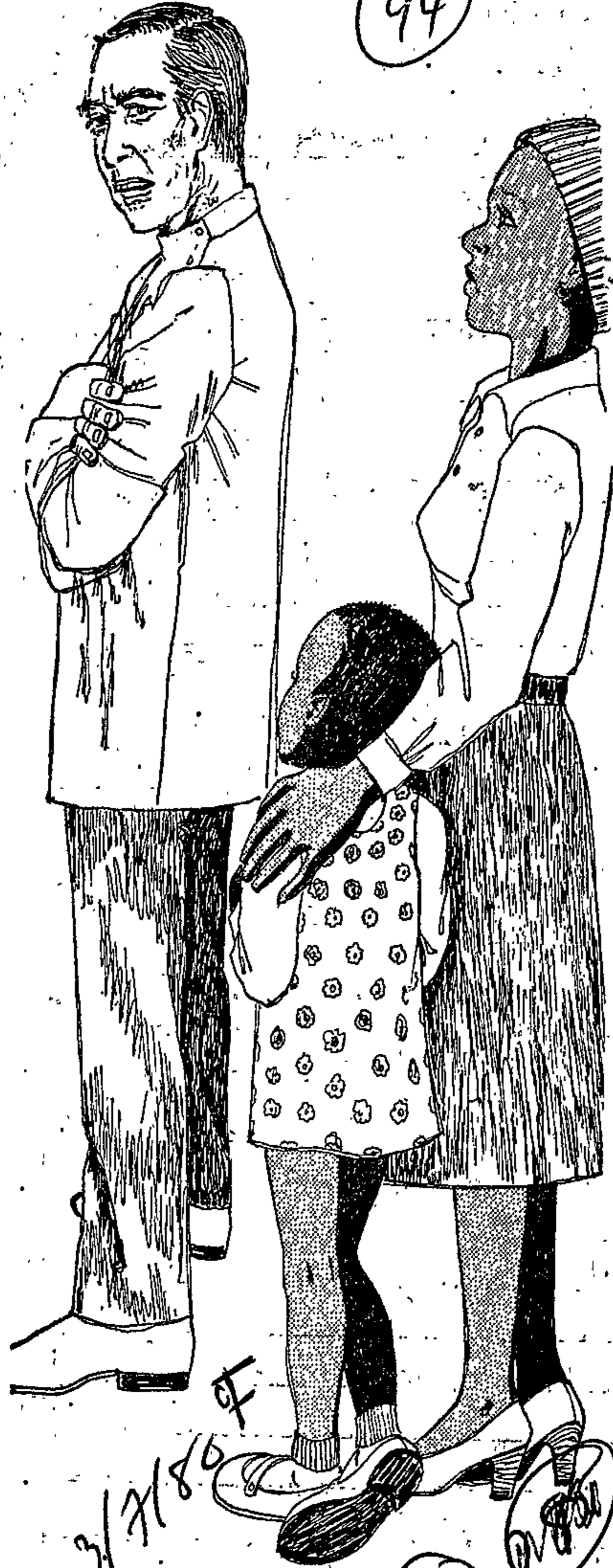
He urged graduates concerned about health care to become involved in ensuring good health care for all the people of South Africa.

"The demand for health care throughout the world is rising steadily. We in South Africa have no immunity from this phenomenon."

He said the establishment of another dental faculty at the Medical University of South Africa was urgently needed.

(94)

23/7/80



23/7/80 F

stair (16) (16)

Black and looking for a dentist...

By Maud Motanyane
 What would you do if your child came home from school with swollen, bleeding gums and a throbbing headache? My reaction was that she had to be seen.

According to the doctor my daughter was getting her pre-molars. Rather strange that she should get them at six, I thought.
 To get a chance to talk to him, I told him I needed a filling.

ately.

Having no family dentist, I consulted the telephone book then dialled about 10 numbers. The reply I got was the same each time.

"Sorry, we do not make appointments for you people. You can come in anytime, the doctor will see you when he is free."

The receptionists tried to be nice, but it hurt.

Being a working mother, I did not have the time to wait in doctors' consulting rooms, not knowing when they would be free to see me. Besides, I thought it unfair.

The next day I tried more numbers and got the same reply. I tried getting one of my white friends to introduce me to their doctor. He was fully booked.

It was the third day since my daughter took ill. Her condition had deteriorated and she was suffering. I tried more doctors — in Germiston, Johannesburg and Alberton. The same reply.

Faced with a miserable child whose gums were aching, I was forced to find a dentist.

EXTRACTIONS

I chose one at random from the telephone book. He was in Germiston, the nearest town to where I live.

The first mistake I made when I got to his surgery was to go through the white section.

"No, not this side my girl. Go to number 10." said a middleaged woman firmly.

There were other black people waiting in room 10 so I joined the queue. A black nurse showed up after a while. Presuming we had all come for extractions, she wanted to know whether we had had our injections.

She was rather taken aback when I told her I did not think my daughter needed an injection. I would explain my problem to the doctor, I told her.

The doctor came in after fifteen minutes and I described my daughter's symptoms. He examined her mouth and immediately wrote out a prescription. Hardly three minutes, and the consultation was over.

"Saturday for that," he told me.

"Can't I make an appointment?" I asked.

He said he did not make appointments for blacks because they did not keep them. He had time set aside for them on Saturday mornings.

I asked him whether it was not common practice that people who did not keep appointments be made to pay.

"No man, it's difficult enough to get money from your people for treatment. How do you get them to pay for an appointment that has not been kept?"

"Look, I have been in this business for more than 20 years and you can't tell me I don't know what I am talking about. I won't take the risk."

REASONABLE

At that point his partner walked in. He was much younger and tried to be more reasonable.

"We understand that you people have trouble with transport and that sometimes your employers won't let you off work. It's a pity that all of you should suffer, but appointments can't work with blacks."

I hated asking the two doctors, but I wanted to find out whether a new kind of black had not emerged since they started practising.

"Not in my 20 years. I've not come across them," the older dentist replied.

My daughter, who understands a fair amount of English, took it all in.

I produced my medical aid card and told the doctor that his money would be paid in full.

He scrutinised the card mumbling "what medical aid is this" and muttered how difficult it was to get money out of "these medical aids."

He finally agreed to fill my teeth and charged me the normal medical aid rate.

I walked out of his consulting room asking myself, "why the hell did I have to go through this?"

My daughter and I did not speak for most of the journey home.

Dentists'

28/7/80 Argus
pledge

(94)

on black

patients

Weekend Argus Correspondent

JOHANNESBURG. — The Dental Association of South Africa admits to discriminatory practices against black patients but is committed to eradicating this situation and improving dental service for blacks.

This was said by the vice-president of the Dental Association, Mr Andre Ferreira after a report in The Star, Johannesburg.

The report, written by staffer Mrs Maude Motanyana, described her difficulties in obtaining treatment from white dentists for her child, who had swollen and bleeding gums.

Dental Association admits discrimination

Blacks to get a better deal

~~94~~ Jan
94
26/7/50

The Dental Association of South Africa admits to discriminatory practices against black patients but is committed to eradicating them and improving dental services for blacks.

This was said this week by the vice-president of the association, Dr Andre Ferreira, in the light of a story published in The Star.

The report, written by Mrs Maude Motanyana, described her difficulties in obtaining treatment from white dentists for her child who was suffering from swollen and bleeding gums.

In several cases she was told: "Sorry, we do not make appointments for you people. You can come in anytime. The doctor will see you when he is free."

APPEAL

Dr Ferreira said that the Minister of Health, Dr Munnik, had appealed to dentists to provide a full service for all races. The Dental Association supported this call and was doing everything possible to eliminate discriminatory practices.

"We are aware of these problems and are trying to eliminate them," he said.

Dr Ferreira said there were only three or four black dentists practising in Soweto and there were only about 100 non-white dentists in the whole country.

He added that some of the discriminatory practices were the result of socio-economic conditions and these could not be solved overnight.

Dr H Heydt, executive secretary of the Dental Association, said: "Any patient having a problem similar to that of Mrs Motanyana should telephone the association at 642-4687. We will do our best to put them in touch with a dentist who will help them."

Another hike in medical fees likely

By GERALD REILLY

Pretoria Bureau

DOCTORS and dentists fees are likely to be increased again later this year, according to Pretoria sources.

Last year amid a storm of protest the SA Medical and Dental Council recommended a huge 52,45% rise in doctors' fees.

And in spite of the public outcry, and a request from the Medical Association of South Africa that the higher tariffs be reviewed and reduced, they came into operation unaltered on November 9.

The chairman of the Federal Council of the Medical Association, Professor Guy de Klerk, said from Cape Town yesterday that the association was investigating the effects of the current high inflation rate on doctors' earnings.

"However, we will take all economic factors into account including the continued high rate of inflation as well as the patients' ability to pay."

Representations, he added, would be made to the Tariff Committee of the Medical Council. A senior official of the council said yesterday that the Tariff Committee would report to a full council meeting in October.

Doctors claimed last year that the big increase merely compensated them for the backlog which had built up over a number of years, inadequate compensation for costs of running practices and general living costs.

Later, against a background of the bitter public reaction, a request from the Medical Council to be relieved of the responsibility of fixing fees was turned down. Legislation, however, was amended to give the Minister the final say in any rise in doctors' fees.

Earlier this year a commission was appointed to inquire into health matters. One of its terms of reference is to determine where the responsibility for fee fixing should lie.

The Vice-President of the Representative Association of Medical Aid Schemes (RAMS), Mr J Ernstzen, said yesterday RAMS still considered the 52,45% increase to be greatly excessive.



REPUBLIC OF SOUTH AFRICA
GOVERNMENT GAZETTE

94

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Vol. 185]

CAPE TOWN, 7 NOVEMBER 1980

KAAPSTAD, 7 NOVEMBER 1980

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[No. 7293

GENERAL NOTICE

ALGEMENE KENNISGEWING

DEPARTMENT OF HEALTH

DEPARTEMENT VAN GESONDHEID

NOTICE 796 OF 1980

KENNISGEWING 796 VAN 1980

THE SOUTH AFRICAN DENTAL TECHNICIANS
COUNCIL

DIE SUID-AFRIKAANSE RAAD VIR
TANDTEGNICI

NOTICE CONCERNING THE CONDITIONS OF
EMPLOYMENT OF DENTAL TECHNICIANS WHO
ARE EMPLOYEES.

KENNISGEWING INSAKE DIE
DIENSVORWAARDES VAN TANDTEGNICI
WAT WERKNEMERS IS

In terms of section 12 (4) of the Dental Technicians Act, 1979 (Act 19 of 1979) I, Andries David van der Merwe, Registrar of the South African Dental Technicians Council, hereby publish the conditions of employment set out in the Schedule hereto, of dental technicians who are employees. The Council has determined in terms of section 12 (6) of the said Act, that the said conditions of employment shall be binding with effect from 16 December 1980 on every person who employs a dental technician in the profession of a dental technician and upon every dental technician so employed: Provided that this determination shall not be applicable to dental technicians who are in the employment of the State or a provincial administration.

Kragtens artikel 12 (4) van die Wet op Tandtegnici, 1979 (Wet 19 van 1979), publiseer ek, Andries David van der Merwe, Registrateur van die Suid-Afrikaanse Raad vir Tandtegnici, hierby die diensvoorwaardes in die Bylae hiervan uiteengesit, van tandtegnici wat werknemers is. Die Raad het kragtens artikel 12 (6) van genoemde Wet bepaal dat genoemde diensvoorwaardes met ingang vanaf 16 Desember 1980 bindend is op alle persone wat 'n tandtegnikus in diens het in die beroep van 'n tandtegnikus en op elke tandtegnikus wat aldus in diens is: Met dien verstande dat hierdie bepaling nie van toepassing is nie op tandtegnici wat in diens is van die Staat of 'n provinsiale administrasie

SCHEDULE

BYLAE

1. DEFINITIONS

Any terms used in this determination which are defined in the Dental Technicians Act, 1979 (Act 19 of 1979), shall have the same meaning as in the Act, and unless the contrary intention appears, words importing the masculine gender shall include females; further, unless inconsistent with the context—

“casual employee” means an employee who is employed by the same employer, in addition to his fulltime employees, on not more than three days in any week;

“days” means a period of twenty-four hours;

“employee” shall not include a dental technician contractor.

1 WOORDOMSKRYWINGS

Alle uitdrukkings wat in hierdie Bylae gebesig en in die Wet op Tandtegnici, 1979 (Wet 19 van 1979), omskryf word, het dieselfde betekenis as in genoemde Wet, en tensy die teenoorgestelde bedoeling blyk, sluit woorde wat die manlike geslag aandui, ook vroue in, voorts, tensy onbestaanbaar met die samehang, beteken—

„Bedryfsinrigting” 'n plek waar 'n werksaamheid in verband met die beroep van 'n tandtegnikus verrig word,

„dag” 'n tydperk van vier-en-twintig uur;

„deeltydse werknemer” 'n werknemer wat in diens geneem word om 'n vaste werknemer of 'n tandtegnikus kontrakteur af te los vir 'n tydperk waarin sodanige vaste werknemer of tandtegnikus kontrakteur afwesig is met siekteverlof of ander verlof;

The management of childhood malnutrition described in this paper is based on the view that it is an expression of family and social disorganisation and economic depression rather than simply or mainly a medical problem. This view, in turn, is based on experience and investigations in the Kojekamahoek area of the Ciskei, which is part of a rural homeland and a city hospital in East London whose patients come in about equal numbers from town and country. A list of these is appended and will be discussed at relevant places.

Heated debate on trade in medicines

ABOUT 1 000 doctors in South Africa were "preparing and trading in medicines" to the disadvantage of pharmacists, the vice-president of the South African Pharmacy Board, Mr J D van Zyl, said yesterday.

In a heated debate at yesterday's meeting of the South African Medical and Dental Council's (SAMDC) in Parow, he said the Pharmacy Board objected to doctors who were compounding and dispensing tablets and medicines at a profit.

"It is clear that there is a profit factor in many of these cases. This practice is causing friction between the two professions. We believe that the dispensing of medicines belongs

to the pharmacists' profession," Mr Van Zyl said.

He told of a doctor in Port Elizabeth who had acquired an electronic device for counting tablets "Surely this was purely for the sake of making money," Mr Van Zyl said.

Professor Guy de Klerk, chairman of the federal council of the Medical Association of South Africa (Masa), accused pharmacists of wanting doctors to be denied the right to compound and dispense medicines.

"Pharmacists will not stop their lobbying until the right of dispensing is taken away from medical practitioners," he said.

At its meeting yesterday, the SAMDC postponed a decision on the matter pending Masa's reply.

destitute or handicapped guardians, often not their mothers, and unsupported by their fathers.

	MN	LUA	WN
Illegitimacy rate	62%	30%	26%
Children in mothers personal care	44%	92%	90%
In mothers care but not supported by father	66%	33%	22%
Unsuitable guardians (eg senility, defect, abuse)	25%	0	2%
Mother working because father not supporting	30%	4%	5%
Abandoned by mother or mother dead	13% (9/4)	0	1% (aban.)

.../2.

more than 5 000 interviews with many conversations with the most important of his home life. I-nourished group, children a most remarkably dis- children with kwashiorkor well, but weighed below 216 well-nourished children number the mothers' es were investigated. unity with three out of children were much more by the following table. It can in the care of

	MN	LUA	WN
Fathers working as migrants in towns	86%	82%	76%
Fathers deserted	70%	26%	18%
Fathers contributing	14%	66%	71%
Average monthly amount from contributing fathers	R4-50	R11-00	R9-00

(b) Severe and almost universal poverty in all groups with most units having less than R3/person/month, which was the price of paupers rations at trading stores in the area at the time of the survey. In this respect, however, the WN group were clearly better off than the other two.

	MN	LUA	WN
R3/month/person or more	2%	16.6%	56%
Child sharing an old age pension as only means	14%	3%	0.5%
Destitute	14%	6%	2%

The extent and severity of poverty found is in keeping with findings of Marée and De Vos in this area. (Ref. 1)

(c) Only in respect of the mothers educational status were all three groups alike. It appeared that a mother's educational level was irrelevant to her child's nutrition, and even slightly more mothers of malnourished children (80%) had attended school than in the other two groups (75%). The fact that one out of four mothers of WN children were illiterate shows that good nutrition is at least compatible with the absence of formal education.

	MN	LUA	WN
% Illiterate	20%	25%	25%
% Primary school	54%	45%	42%
% Secondary school	26%	30%	33%

(d) The composition of the family unit was related to nutrition. Well-nourished children were usually the primary dependants of their fathers and lived in extended family groups, each of whose components was self-supporting and whose members shared resources of manpower and money.

Undernourished children were also usually the primary dependants of their fathers, but typically lived in nuclear family units and relied entirely on their fathers for cash and their mothers for any farming activity undertaken.

Only one in ten malnourished children lived in nuclear units and in nearly all of these the father was unemployed. 70% were living with old relatives, usually deserted by their fathers, and sometimes by both parents. These old

.../3.

Dental, therapy fees could rocket

94
ET 16/4/51

By ENRICO KEMP
INFLATION-STRICKEN consumers may soon face an average increase of 30 percent in dental and physiotherapy fees.

The South African Medical and Dental Council (SAMDC) yesterday approved tariff increases of 25 percent for dentists and dental specialists, 15 percent for maxillo-facial and oral surgeons and up to 36 percent for physiotherapists. The increases were recom-

mended by tariffs committees acting on requests by the Dental Association of South Africa and the Professional Board for Physiotherapy. The recommended increases will now be submitted to the Minister of Health, Social Welfare and Pensions, Dr L. A. P. A. Munnik, for his approval.

On the final day of its meeting in Parow yesterday, the SAMDC also reaffirmed a previously recommended 9 percent increase in doctors' fees, which was turned down by Dr Munnik last year. These tariff scales will again be submitted to the minister for approval.

The recommended increase in dental fees follows an in-depth investigation into the income and practice costs of dentists by the Bureau for Financial Analysis of the University of Pretoria at the end of last year. A further request by the Dental Association that dental tariffs should be adjusted annually was turned down by the tariffs committee.

Presenting his report to the council yesterday, the chairman of the physiotherapy tariffs committee, Professor H. A. Shapiro, requested that fees be increased from 3,3 cents a unit to 4,5 cents a unit for physiotherapy services. Every physiotherapy service is accorded a unit value of up to 100 on a relative unit value schedule. The recommended increase will average about 36 percent.

The chairman of the medical tariffs committee, Mr W. M. C. Davidson, said his committee considered the recommended increases to be "in the best interests of the public and the medical profession".

Earlier, several members of the SAMDC criticized the fact that Dr Munnik last year recommended increases for doctors to the Medical Association of South Africa (Masa) for comment. The 12-page document, which spelt out the recommended increases in doctors' fees approved by the SAMDC, was submitted to Dr Munnik for approval in October last year.

The chairman of the federal council of Masa, Professor Guy de Klerk, said the minister had "circumvented the council and gone straight to only one of the interested parties". Professor R. D. le Roex said that if Dr Munnik did not agree with the council recommendations, Mr N. M. Prinsloo, said Dr Munnik had "acted within the framework of the Act". Part of a resolution, in which the minister's actions were criticized, was later struck out by a majority vote.

Professor H. A. Shapiro, dean of the faculty of medicine at the University of the Witwatersrand, also criticized the delay in the reply from the Minister of Health on recommended tariff increases. In terms of law, the minister has three months in which to reply to an initial submission and the SAMDC is then given a further six months to respond. After that, no set period is fixed in which the minister has to finally dispose of a recommended increase.

'Law needed Chemists

to report
Argus 14/4/81
gunshot
wounds'

Medical Reporter

IF the Government wanted doctors to report patients with gunshot wounds it would have to pass a law forcing them to do so, the South African Medical and Dental Council agreed yesterday.

A council meeting resolved that the body did not wish to take a formal stand on the matter after receiving a letter from the chairman of the Federal Council of the Medical Association of South Africa, Professor Guy de Klerk.

UNREST

Professor de Klerk had suggested that in times of unrest doctors should be permitted occasionally to violate professional secrecy by reporting wounded patients to the police.

Professor de Klerk's letter was a result of a query by the Natal Director of Hospital Services, who had asked whether the council would indemnify a doctor who had acted in this way.

'face unfair
Argus
trade 14/4/81
in drugs'
94

Medical Reporter

PHARMACISTS were facing 'unfair competition' from doctors who traded in drugs and medicines, the vice-president of the South African Pharmacy Board, Mr J D van Zyl, said yesterday.

Speaking at a meeting of the SA Medical and Dental Council, Mr van Zyl appealed to the council to solve the problem which had been under discussion since 1968.

Professor Guy de Klerk, chairman of the federal council of the Medical Association of South Africa, said pharmacists would not be satisfied until general practitioners could no longer dispense medicines.

Professor H A Shapiro, of the University of the Witwatersrand's department of medicine suggested that no action be taken until Masa had completed a report on the subject.

Medical fees

may rocket

SD 16/4/81

(94)

CAPE TOWN — Inflation-stricken consumers may soon face an average increase of 30 per cent in dental and physiotherapy fees.

The South African Medical and Dental Council (SAMDC) yesterday unanimously approved tariff increases of 25 per cent for dentists and dental specialists, 15 per cent for maxillo-facial and oral surgeons and up to 36 per cent for physiotherapists.

The increases were recommended by tariff committees acting on requests by the Dental Association of South Africa and the Professional Board for Physiotherapy. The recommended increases will now be submitted to the Minister of Health, Social Welfare and Pensions, Dr L. A. P. A. Munnik, for his approval.

On the final day of its meeting in Parow yesterday,

the SAMDC also reaffirmed a previously recommended 9 per cent increase in doctors' fees, which was turned down by Dr Munnik last year. These tariff scales will again be submitted to the minister for approval.

However, the chairman of the federal council of Medical Association of South Africa (Masa), Prof J. N. de Klerk, said an immediate increase of at least 14 per cent in medical fees was justified.

Prof De Klerk said "serious dissatisfaction" would arise among members of the medical profession if the increase was not approved.

The recommended increase in dental fees follows an in-depth investigation into the income and practice costs of dentists by the Bureau for Financial Analysis of the University of Pretoria at the end of last year. A further request by the Dental Association that dental tariffs should be adjusted annually was turned

down by the tariffs committee.

The chairman of the medical tariffs committee, Mr W. M. C. Davidson, said his committee had "adjudicated as to a fair and reasonable increase without bias or favour". The committee considered the recommended increases to be "in the best interests of the public and the medical profession."

Earlier, several members of the SAMDC criticised the fact that Dr Munnik last year referred a document on the recommended increases for doctors to Masa for comment.

The 12-page document, which spelt out the recommended increases in doctors' fees approved by the SAMDC, was submitted to Dr Munnik for approval in October last year.

Prof De Klerk said the minister had "circumvented the council and gone straight to only one of the interested parties." Professor R. D. le Roux said if Dr Munnik did not

agree with the council recommendations, he "should have sent them back to the council."

The registrar of the SAMDC, Mr N. M. Prinsloo, said Dr Munnik had "acted within the framework of the Act."

Professor H. A. Shapiro, the dean of the faculty of medicine at the University of the Witwatersrand, also criticised the delay in reply from the Minister of Health on recommended tariff increases.

In terms of law, the minister has three months in which to reply to an initial submission and the SAMDC is then given a further six months to respond. After that, no set period is fixed in which the minister has to dispose finally of a recommended increase.

Prof Shapiro said: "By the time the tariffs are approved, they are already obsolete due to the effects of inflation." — DDC.

25 pc dentists fees move alarms medical aid men

BY GEORGE

Medical Correspondent
 Medical aid administrators are firmly opposed to proposed 25 percent increases in dentists' fees and are to make representations to the Minister of Health on the "excessive hike."
 Medical fees will be raised by 9.9 percent and physiotherapy fees by as much as 36 percent if the Minister, Dr Munnik, agrees to increases recommended by the SA Medical and Dental Council at its meeting in Parow yesterday.

percent but the SAMDC's tariff committee (medical) yesterday reaffirmed its previous recommendation.
 SAMDC also approved a report by its tariff committee (dental) to increase dental tariffs by 25 percent for general practitioners and certain dental specialists.
 Medical aid administrators said they would have to examine the proposed 9.9 percent increase in medical fees.
 "I can hardly see how the Minister can approve this increase so soon after rejecting a similar

increase," said Mr N J van Rensburg, a Cape medical aid administrator.
 He said doctors were granted a massive 52 percent increase in 1979 and dentists received 43 percent. "The whole tariff rate is already too high."
 He pointed out that the Minister was empowered to veto the increases.
 He said if the increases were allowed medical aid subscriptions would go up considerably. There had also recently been an increase in private hospital fees which would also



"This will hurt less than the extra 25 percent on your bill."

To Page 3, Col 10

Medical aid row over higher fees



push up the contributions to medical aid schemes.
 Another administrator said: "The proposed 25 percent dentists' fee increase is far too high and the proposed 36 percent physiotherapists' increase is excessive."

Dr Munnik, today declined to comment on the proposed increases.

Speaking from Barkly East, where he was stopping over on a tour in the Eastern Cape, he said he could not say anything at this stage.

"I am awaiting the full decision of the council and its motivation for taking the decision. Once I have received this in the proper manner, I will attend to it," Dr Munnik said.

An immediate increase of at least 14 percent in medical fees was in order, the chairman of the Medical Association of South Africa's Federal Council, Prof J N de Klerk, said in Cape Town yesterday.

In a statement following the SA Medical and Dental Council meeting, he said Munnik noted with appreciation that the council had agreed to reaffirm its previous recommendations for an increase in the statutory tariff of fees for medical services — an effective increase of 9.9 percent.

economically able to meet traditional obligations. doubt that there is a vicious circle whereby poorer unable to meet school requirements — consequently come it to marriage — greater likelihood of the further exacerbation of the poverty situation.

It is very disturbing to note that in the study 30, 40 and 50 percent of the children were neither supported by their father or the father. Under such circumstances they suffer on their guardians and it follows that 60% would end from malnutrition.

Occupation of the father (Table Five)

Occupation	Percentage of total	Percentage of malnutrition
Employed	52%	32%
Unemployed	30%	56%
Resident farmer	0%	0%
Unknown	18%	12%

Whereabouts of the father (Table Six)

Whereabouts	Percentage of total	Percentage of malnutrition
At home	26%	7%
In no employment not at home	57%	50%
In urban area	74%	30%
Away on farm	6%	0%
Farmer dead	4%	0%
Widow	1%	0%
Unknown	4%	13%

of the children who are malnourished. The study also found that 30% of the children were neither supported by their father or the father. Under such circumstances they suffer on their guardians and it follows that 60% would end from malnutrition.

29. Miller, op. cit., pp. 3-4; Taggart, op. cit., pp. 3-82, 3-31, 10-18; Nois, op. cit., pp. 14-15; Ziskind et al, op. cit., pp. 645, 647, 651; Hunter, op. cit., pp. 975, 981; Steele, P.A., 'The Pathology of Silicosis', in Rogan, (ed.), op. cit., p. 31.

30. Miller, op. cit., p. 3; Steele, op. cit., p. 31; Ziskind et al, op. cit., pp. 647, 654; Holt, op. cit., pp. 15-16; Spencer, op. cit., v. 1, p. 382.

31. Taggart, op. cit., p. 3-82; Hunter, op. cit., p. 981.

32. Taggart, op. cit., p. 3-82; Holt, op. cit., p. 15; Hunter, op. cit., p. 981.

33. Ziskind et al, op. cit., p. 645; Miller, op. cit., p. 5.

34. Ziskind et al, op. cit., p. 645. It is ? on the Morris scale, 10, the highest, being the diamond. See Taggart op. cit., pp. 3-20, 3-82; Zim and Shaffer, op. cit., p. 18.

35. Taggart, op. cit., p. 3-73.

36. Ibid., p. 3-38; Holt, op. cit., pp. 14-15.

Medical aid fees up soon

INCREASES in medical and dental fees proposed by the Medical and Dental Council this week could add as much as R7 a month to each employee's medical aid contributions, according to a spokesman for the Representative Association of Medical Aid Schemes.

This was the total amount which would be required from each member to meet the proposed tariff increases for dentists, maxillo-facial and oral surgeons, and physiotherapists, including recent hospital fee rises. The new tariffs gave maxillo-facial and oral surgeons a 15 percent increase, dentists 25 percent and physiotherapists 36 percent.

The council also reaffirmed a previously recommended 9 percent in doctor's fees which was turned down by the Minister of Health, Dr L A P A Munnik, last year.

"We opposed further increases for doctors at the tariff committee meetings, on the grounds that the last increase in 1977 was excessive and ahead of the general rise in costs. We pointed out there was no justification for further increases at this stage," the spokesman said.

48. Ziskind et al, op. cit., p. 646; Muir, D.C.F., 'Dust Inhalation, Retention and Elimination', in Rogan, (ed.), op. cit., p. 62.

49. Ziskind et al, op. cit., p. 646.

50. Muir, op. cit., p. 67.

51. Ibid., pp. 60-67 passim; Webster, op. cit., p. 56.

52. Webster, op. cit., p. 56. See also Ziskind et al, op. cit., p. 646; Green et al, op. cit., p. 80; Muir, op. cit., p. 60; and Green, G.V., 'The J. Burns Amersack Lecture - in Defense of the Lung', American Review of Respiratory Disease, v. 102, 1970, pp. 691-703, p. 694.

53. Muir, op. cit., p. 67 cf. Ulmer, W.T., 'The Relationship between Dust Exposure and Chronic Bronchitis and Emphysema' in Shapiro, (ed.), op. cit., pp. 328-335.

54. Webster, op. cit., p. 56.

55. Hildick-Smith, G., 'Drilling Dust Problems', in Association of Mine Managers of the Transvaal: Papers and discussions 1939-1941 (Johannesburg, 1942), p. 295.

56. Enterline, P.V., and Jacobsen, M., 'Epidemiology', in Rogan, (ed.), op. cit., p. 364.

57. Le Folk, W.I., 'Recorded Dust Conditions and Possible New Sampling Strategies on South African Gold Mines', in Shapiro, (ed.), op. cit., p. 487.

58. Ziskind et al, op. cit., p. 646; Walton and Hamilton, op. cit., p. 152.

59. Kitto, P.H., 'South African Methods for the Assessment of Dust in Gold and Coal Mines', in Shapiro, (Ed.), op. cit., p. 457; Ziskind et al, op. cit., p. 646.

60. Ziskind et al, op. cit., pp. 646-647.

61. Walton and Hamilton, op. cit., pp. 152-154.

62. Ibid., pp. 155-159 passim, 161; Kitto, op. cit., pp. 457-458; Ziskind et al, op. cit., p. 646-647; Le Roux, op. cit., p. 648; Beadle and Bradley, op. cit., p. 466.

63. Hamilton, F.J., 'The Control of Dust in Mining', in Rogan, (ed.), op. cit., p. 128.

64. Ibid., p. 129.

65. Ibid., pp. 128-133. See also Ziskind et al, op. cit., p. 661.

66. Hamilton, op. cit., pp. 133-135; Webster, op. cit., p. 59; Hunter, op. cit., pp. 1001-1002.

67. Hamilton, op. cit., p. 135; Webster, op. cit., p. 59.

Patient v doctor

What happens when you complain

OVER the past decade or so, there has been a 400 percent increase in the number of South African doctors asking for assistance in defending possible malpractice suits.

Over the same period there has been a dramatic increase in the numbers of complaints from patients to the South African Medical and Dental Council.

While a similar trend has been observed overseas, it has not been so marked. In Canada the number of doctors sued has increased by just under threefold over the last ten years, while in California — the most claim-conscious area in the world — the number of doctors involved in such situations has not quite doubled over the period.

Rarely reported

These figures were given to the Cape Midlands Branch of the Medical Association of South Africa (Masa) by the senior legal advisor of their insurance society, Mr K Simons.

One of his objects in giving the lecture was to show doctors how

they could minimise the risk of appearing in a court or as an accused before the Medical and Dental Council.

It is certainly true that although clearly a good many doctors are involved in complaints — about one in 120 in 1978 — one very seldom reads about such cases in the newspapers. A case reported last Sunday was one of the rare exceptions to this rule.

Mr Simons explained why this was the case.

'When a doctor is threatened with an action for damages, the first thing he does or ought to do is to report the claim to Masa, who in turn will refer the matter to the legal advisor.'

After this the whole matter is gone into thoroughly and expert opinion sought from other doctors in the Republic and Britain if necessary. By the time a summons is issued, if it is issued at all, the matter has been thoroughly prepared for possible trial.

The plaintiff's attorney is not denied access to this careful legal and scientific research, which may well

show that the doctor originally involved really has no case to answer. Good sense often prevails and the action is not pursued. But if the plaintiff persists the following court action seldom succeeds.

'In all but one case since 1967 in the Republic, the societies' — that is the Medical Protection Society and the Medical Defence Union — have succeeded in every action brought up against doctors in all provinces in every court. This reflects the care that goes into the preparation of the dispute or claim,' says Mr Simons.

Quick settlement

In those cases where Masa feels that there was negligence on the part of the doctor, settlement is quickly made out of court and with a minimum of fuss.

'Not one of these cases comes to the attention of the public, let alone gets into the newspapers. A lot of work goes on behind the scenes.'

While all this is clearly perfectly legal, one wonders if it is not desirable that more facts about negligence should not be made public.

Mr Simons goes on to point out that while the plaintiff must prove negligence in the great majority of cases, there are some in which this is not necessary.

If a doctor operates without the informed consent of a patient, he will be liable for damages no matter how skillfully he does so.

'If the doctor is foolish enough to guarantee the success of his treatment, then he will be liable for damages if the hope does not materialise. Again if he guarantees success of sterilisation and the patient falls pregnant he will be liable on the basis purely of the warranty he gave.'

But of course a sterilisation can be carried out without giving a guarantee and without pointing out that there is a risk of failure.

As one expert witness put it: 'We do not necessarily volunteer information about the failure rate; we do not lie if asked about it; we tell the patient what is the position as we see it.'

This attitude was upheld in an English court recently.

100 percent pass at UWC but...

More black dentists

are needed

C. Herald 2/25/81

SOM

(94)

THERE are only 150 registered black dentists in South Africa and 800 more are needed in the community.

With these statistics, Mr Franklin Sonn, rector of the Peninsula Technikon, urged parents to encourage their children to embark on this career.

He was guest speaker at the oath-taking ceremony of 17 final year dentistry students at the University of the Western Cape last week.

UWC's Faculty of Dentistry had a 100 percent pass rate this year.

Mr Sonn told the students they were entering a profession where they would be dealing with the infirm and the insecure. The people would regard them as they would a man of the cloth.

He said dentists would find themselves facing moral and ethical questions in their profession.

'I do not believe we are separate from the people we serve,' he said.

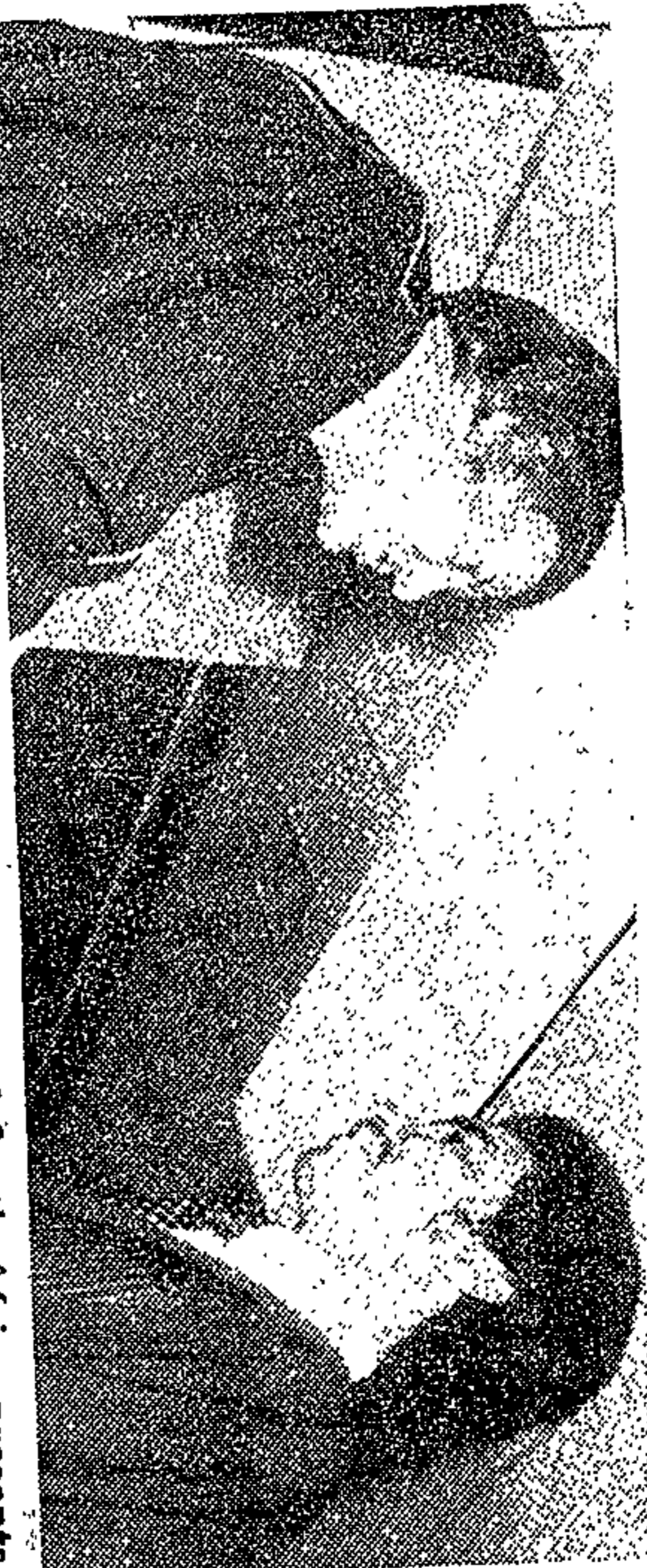
The Prosthodontic Society of South Africa gave awards to R Y Naidoo for achievement in fixed dentistry and A Cassimjee for achievement in removable prosthodontics. Mr Naidoo also received a bronze medal from the Endodontic Society of South Africa for being the best endodontic student.

AWARD

G. S. M. Pedro received an award from the South African Society for Peridontology for meritorious achievement in oral medicine and peridontology.

The Steradent award for the best undergraduate dental academic career went to M Doocrat. He was also awarded a book prize for the greatest progress in orthodontics.

The Julius Staz award for oral pathology was presented to A I Hansa. He received a certificate of merit from the Depart-



DR A FERREIRA of the Dental Association of South Africa presents Mr G S M Pedro with an award from South African Society for Peridontology.

The Dean of the Faculty, Professor Jairam Reddy, said this was the first time they had had a 100 percent pass and he hoped future students would be able to maintain this level of achievement.

Awards and medals were presented to the students with Mr A I Hansa winning the gold medal from the Dental Association of South Africa for the most distinguished academic record.

The list of prizes is as follows.

best results, in community dentistry, a book prize and a bronze medal from Dasa for the best results in conservative dentistry, and another bronze medal from Dasa for being the most distinguished student in orthodontics.

S Ismail won the bronze from Dasa for the best results in oral surgery.

D R Crawage was awarded Dasa's the Hendry St John Randell bronze medal for the most satisfactory undergraduate academic career.



● PROFESSOR Julius Staz congratulates Mr A I Hansa on winning the Julius Staz award for the best results in oral pathology.

Minister strikes raw nerve over dentists' tariffs

RDM 9.10.81 By GERALD REILLY

94

SOUTH Africa's 1 600 dentists claim they are getting a raw deal from the Minister of Health, Dr L A P A

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Three months ago he rejected a demand from the SA Medical and Dental Council (MDC) for an increase in dental fees of 25% because, he claimed, his economic advisers said the application lacked adequate motivation.

He referred the demand back to the council for further investigation.

The MDC meets in Johannesburg next week to consider a revised recommendation from its tariff committee.

Authoritative sources believe the new recommendation will not be less than the original 25%, and it could be higher because of the delay.

The president of the Dental Association of South Africa, Dr A Ferreira, said yesterday the rejection of the 25% claim was incomprehensible.

Dentists were last granted higher tariffs in November 1979. Since then, according to the consumer price index, living costs had increased by about 30%.

Dr Ferreira said at the time of the original application there had been justification for an even bigger demand than the 25%.

Meanwhile medical sources point out that Dr Munnik antagonised the country's doctors by applying similar delaying tactics earlier this year to recommendations for increased doctors fees.

The Medical and Dental Council applied towards the end of last year for tariff increases of about 10%.

The Minister rejected the demand and referred it back to the council. When the demand was resubmitted, the Minister, it is claimed, used the full period allowed before responding.

He then agreed to the higher tariffs, which came into effect on September 1.

Doctors call for another pay rise

RDM 15-10-81 (73) 96
By GERALD REILLY

THE cost of being ill will rise further if the Minister of Health approves tariff increases recommended by the Medical and Dental Council in Pretoria yesterday.

Fees went up 9,9% only six weeks ago — though doctors had to wait nine months for that increase to be implemented. The new recommendation seeks another 6%.

The council is also to recommend to the Minister, Dr Lapa Munnik, that dental fees be raised by 25% and physiotherapy fees by 50%.

Medical Association president Professor Guy de Klerk, who is also a medical council member, pointed out that the previous nine-month wait for the Minister's approval had cost income while inflation continued. One source put the figure at R20-million.

"What has happened now? We will probably have to wait another nine months for the 6%," he said.

"It's an impossible situation which no profession should tolerate."

The Medical Association, he said, had recommended an immediate increase of 15% to the council's tariff committee. In the past 10 months practice costs had risen by about 12% "and now we have this recommendation for 6%".

He said a stand should be taken purely on economic factors, which should determine rates.

Tariff committee chairman Mr W M C Davidson said public reaction to another tariff rise within six weeks of the previous one had had to be considered.

Part of the motivation for the 6% recommendation, he said, was that there should be an annual review of tariffs.

He stressed that if the minister referred the recommendation back to the council, as with the previous one, it could take up to nine months to be implemented.

Mr Davidson said the committee did not want to return to approval delays — if they persisted the council might have to recommend 40% or 50% increases.

● Dental tariffs have not been raised for two years and physiotherapy tariffs for four years.

HEALTH AND DISEASE — DENTISTS

1982; 1983, 1984

Dentists are granted 25 pc fee increase

star 15/1/82

Alb

94

Own Correspondent

All dentists contracted into medical aid schemes were today granted a fees increase of 25 percent.

The increase, which was gazetted in Pretoria in today's Government Gazette, comes into effect from February 1.

This comes on top of an announcement that medical aid scheme subscriptions are likely to rise between 4 and 5 percent because of the dental tariff increase.

The 25 percent increase applies to all contracted-in general

practitioners and specialists except maxillofacial and oral surgeons whose fees have been increased by 15 percent.

According to the new tariffs contracted-in dentists will charge R5,65 for a consultation, R7,25 for a single extraction and R7,50 for a single-surface filling.

These fees are still substantially lower than those of contracted-out dentists whose tariffs are determined by the Dental Association of South Africa.

A consultation with a

contracted-out dentist costs R10 (43 percent more than with a contracted-in dentist), a single extraction R10 (27 percent more) and a single-surface filling R11,50 (35 percent more).

A spokesman for the Dental Association of South Africa said the 25 percent increase, the first since November 1979, was long overdue. The benefit of the increase had long since been eroded by the cost of living and more dentists were contracting out.

Wednesday, January 27, 1982

Munnik, 'no' to tariff hikes angers doctors

~~94~~ (94) 27/1/82
DGH

THE Minister of Health, Dr L. A. P. A. Munnik, has angered doctors by rejecting a demand from the SA Medical and Dental Council for a tariff increase of six percent.

The tariff committee of the council claims the nine percent increase in doctors' fees granted from September last year and the further six percent were needed to compensate for escalating costs of running a practice.

However, Dr Munnik has approved a 25 percent rise in dental fees from February 1.

Dr Munnik has referred the doctors' demand back to the council. The tariff committee will reconsider the demand in March and its decision will be submitted to a full council meeting in April.

The Minister's action is seen by most doctors as "his usual delaying tactics".

Medical sources said yesterday that the Minister had angered doctors by waiving

By GERALD REILLY

until the last minute before making decisions on their applications for increased tariffs.

In October 1980, doctors submitted a demand to Dr Munnik. He waited the full three months provided for by legislation before rejecting the demand and referring it back.

In April last year, the

council reviewed its demand for nine percent and re-submitted it to the Minister. Again Dr Munnik waited the full three-month term before finally agreeing to the increase.

After the six percent demand, he again waited until deadline before responding.

Meanwhile, the president of the Dental Association of South Africa, Dr Andre Ferreira, said the association would decide in June on the increases for "contracted-out" dentists.

Investigation

He added that his association had started an investigation into practice costs which would be grounds for another demand to the SA Medical and Dental Council for higher tariffs.

He said his association wanted smaller and more frequent adjustments of fees.

Dentists last received increases two years ago.

The new tariffs include:

Fillings up from R6 to R7.50, extractions from R5.80 to R7.24, and X-rays from R3.50 to R4.40.

Medical tariffs may rise again

Cape Times 17/8/82 94

Own Correspondent
JOHANNESBURG. — South Africa's doctors and dentists are to ask the SA Medical and Dental Council for another increase in fees — the doctors' fourth in three years.

The council's medical and dental tariff committees are expected to meet

at the end of the month to study representations from the Medical Association of SA and the Dental Association before putting them to the full council.

Doctors have had three tariff adjustments since 1979. The increase that year was 52 percent, at a time when the Medical

Council could decide on the size of increases without going to the Minister of Health.

In spite of representations from medical aid schemes and a plea by the Minister, the council refused to reduce the size of the increase.

As a result, legislation was amended to give the Minister of Health the final say in tariff increases.

Doctors' fees were raised again last November by nine percent and this month by another six percent.

However, doctors claim they are still running behind the inflation rate and that further adjustments are merited.

It is understood that the Dental Association intends asking for a tariff rise of about 40 percent. This is on top of the 25 percent increase they were given in February after asking for 45 percent.

A 40 percent increase in dentists' fees would push up the cost of fillings from R7,50 to R10,50, extractions from R7,24 to R10,13 and X-rays from R4,40 to R6,16.

However, the request by doctors and dentists for increased fees this year is likely to meet more stern opposition from the medical aid schemes.

According to the Representative Association of Medical Aid Schemes, most are having to raise membership subscriptions to meet the increasing costs of illness.

This year has already seen substantial increases in private and provincial hospital fees and in the cost of medicine and drugs.

Medical

Dentists want a 40% increase

fees may rise again

94

RDM

17/8/82

By GERALD REILLY

PRETORIA.

SOUTH Africa's doctors and dentists are to ask the SA Medical and Dental Council for another increase in fees — the doctors' fourth in three years.

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An exam debut for calculators

By MARTIN FEINSTEIN
Education Reporter

ELECTRONIC calculators will make an historic debut next year when 4 200 Joint Matriculation Board (JMB) candidates become the first matrics to be allowed to use them during final examinations.

And the Transvaal Education Department (TED) revealed yesterday that it may allow its Senior Certificate candidates to use them — depending on the results of a "trial" involving several high schools.

But there is a catch: only non-programmable calculators, which are not able to store formulae, will be permitted.

The secretary of the JMB, Mr A Slabbert, said yesterday the decision to allow calculators into exam rooms had followed months of dis-

cussions on the principle of allowing pupils to use computing devices.

"The main reason for us deciding in favour was that calculators are widely available and are being widely used in commerce and industry," he said.

The country's nine other examining bodies are expected to follow the JMB's example sometime before next year's final examinations.

A TED spokesman said "We are busy with an experiment involving a number of secondary schools, and the result will determine whether or not we allow matrics to use calculators."

A spokesman for the Department of Education and Training said his department was "looking into the possibility very carefully" along with the Department of National Education.

Transvaal could be fighting fit

Mail Reporter

TRANSVAAL could produce the most physically efficient squad of rugby players in the Currie Cup competition if they made use of physiology experts and exercise laboratories on the Reef.

Dr Ivan Cohen, the head of the University of the Witwatersrand campus health service, said Transvaal need never have hit the stale physical form they displayed in beating Eastern Transvaal at Ellis Park on Saturday.

The performance prompted coach Apies du Toit to call off practice to rest his men before they clash with Free State in two weeks' time.

"Transvaal are in the unique situation of having at least two exercise laboratories in close locality which are efficiently equipped to precisely measure fitness, provide a precise nutritional guide before matches as well as an acclimatisation procedure," said Dr Cohen.

● See Back Page

council.

Doctors have had three tariff adjustments since 1979. The increase that year was a huge 52%, at a time when the Medical Council could decide on the size of increases without going to the Minister of Health.

In spite of representations from medical aid schemes and a plea by the Minister, the council refused to reduce the size of the increase.

As a result, legislation was amended to give the Minister of Health the final say in tariff increases.

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A 40% increase in dentists' fees would push up the cost of fillings from R7,50 to R10,50, extractions from R7,24 to R10,13 and X-rays from R4,40 to R6,16.

However, the request by doctors and dentists for increased fees this year is likely to meet more stern opposition from the medical aid schemes.

According to the Representative Association of Medical Aid Schemes, most are having to raise membership subscriptions to meet the increasing costs of falling ill.

This year has already seen substantial increases in private and provincial hospital fees and in the cost of medicine and drugs.

millionaire Mr Marino Chiavelli had a criminal record.

In a statement Sen De Klerk said, "I have taken note of these allegations and I am withholding comment at present."

But the Minister said through his private secretary that as far as his department was concerned the allegations were unsubstantiated by evidence.

If the printed allegations that Mr Chiavelli has been convicted of bribery, corruption, bouncing cheques and using a false title are true then the Minister's statement means that Mr Chiavelli did not disclose the information to the Government when he applied for permanent residence in 1976.

"Anyone is free to bring substantial facts with the de



The parents of the detainee, Miss Barbara Annburg Magistrate's Court after a hearing in which she was charged on a charge of assaulting their daughter. Mrs while her husband, Mr P Hogan, stands further

Picture: STEFAN SONDERLING

New medical, dental fee proposals cause outcry

Mercury 7/16/82
914

Mercury Reporter

PROPOSED increases in medical and dental fees have provoked an outcry from parliamentarians and the S A Consumer Council.

The Medical and Dental Council is to meet in Pretoria next week to discuss applications by the Dental and Medical Associations for higher tariffs reported to be as much as 40 percent for dentists and 12 to 15 percent for doctors.

Doctors' fees have gone up by 67,6 percent since November 1979, and if the newest increases are approved it will mean medical fees have rocketed by more than 80 percent in three years. Dental tariffs went up by 25 percent in February.

Complaint

Earlier this year doctors complained that their buying power had dropped by almost 40 percent in three years,

and were still bitter after August's 6,6 percent increase.

Yesterday Prof Marius Barnard, the PFP spokesman on health, cautioned doctors and dentists against asking for too much too soon, and Mr Aubrey Thompson, NRP MP for South Coast, slammed the dentists' 40 percent plea.

'Inflation affects everybody, but to ask for a 40 percent hike is crazy,' he said.

The assistant director of the Consumer Council, Mr Bill Hennis, condemned the applications, saying they would make life for the elderly and pensioned particularly difficult.

Fixed

They had a fixed income, and were the most needy where medical care was concerned.

In defence of the doctor's application, however, Prof Barnard, himself a doctor, said that medical fees in South Africa

were among the lowest in the West.

For example an appendix operation, which took an average of 20 minutes to perform, cost the equivalent of R690 in the United States. In South Africa an open heart operation, which took four to six hours to perform and required months of after-care, cost only R640.

Dr J W Hamilton, president of the Natal Coastal Branch of the Medical Association, said the present backlog in medical fees

against the consumer price index was caused by interfering legislation.

He explained that in 1979 medical fees had lagged far behind the price index, and the 52 percent increase was an effort to level them out. But since 1979 medical fees had increased by only 15,6 percent against an approximate 45 percent increase in the index.

Dr Hamilton said it was decided in 1979 to review tariffs annually, but legislation was amended that year to give the Minister of Health the final say in increases, and the delay in passing new tariffs had caused the backlog.

The secretary of the Dental Association, Dr M L Baranyay, could not be reached for comment.

Only findings will now be made public

Medical justice

Rm 12/10/82

Will be in private

BY LIZ MCGREGOR

THE South African Medical and Dental Council will in future hold all its disciplinary hearings in camera. Only the findings of the disciplinary committees will be made public.

A majority vote to exclude the Press and the public from disciplinary hearings came after a stormy debate at the annual meeting of the South African Medical and Dental Council at the Rand Afrikaans University yesterday afternoon

Council members were sharply divided on the issue — with the most noticeable split being between representatives of State departments

Dr James Gilliland, Deputy Director-General of the Department of Health and Welfare opposed the move quoting the maxim "justice must not only be done it must be seen to be done"

It was very important for the prestige of the profession in the eyes of the public that the hearings remained open he said.

The proposer of the move to close the hearings to the public, Professor H Shapiro of the University of Pretoria accused the Press of "making a Roman holiday" out of disciplinary hearings

He was seconded by Dr B Grove, the Director of Hospital Services in the Transvaal who said the Press should not be allowed to share in the meeting out of justice to doctors charged with misdemeanours

Dr Grove also argued that the families of doctors should be protected from the adverse publicity involved in disciplinary hearings

An example of the type of case investigated by disciplinary committees is the recent death under anaesthetic of a 10-year-old girl, Susan Harrison, of Boksburg, who died while her tonsils were being removed.

Another example is the case of Mrs Moira Ann Holt who bled to death in June last year after the induced birth of her third child

Charges of doctors and dentists overcharging patients also repeatedly come before disciplinary committees In future, the details of all such cases will not be made public

Dr Grove said the Press did not have the necessary "professional depth" to assess proceedings Journalists got a "general picture" and their reports were written from a subjective perspective which could be quite different from that of the disciplinary committee.

A spokesman for the Health Workers' Society commented last night that closing disciplinary hearings to the public was "an extremely dangerous situation which lends itself to abuse"

"The public has a right to know because medicine is a public facility," the spokesman said.

Dr Selma Browde, a local doctor and former Progressive Federal Party provincial councillor, said it was a "backward and unfortunate step".

GENERAL NEWS

Wraps on medical inquiries

By Pamela Kleinot

The South African Medical and Dental Council decided yesterday to hold disciplinary hearings in camera

The majority decision was that the public would be informed of the verdict and penalty of the person found guilty

Professor H Shapiro of the University of Pretoria told the council's annual meeting, held at Rand Afrikaans University, that the public was entitled to hear the findings but the whole "unpleasantness" of an inquiry would be "removed from the public arena"

Dr Hennie Grove, Director of Hospital Services

in the Transvaal, said wives and children were adversely affected by publicity

"The Press don't have the professional depth to assess the situation correctly," he said. "They (the Press) get a general picture then report from their own subjective view—which may be different from that taken from the committee"

Among the few who opposed the move was Dr James Gilliland, Deputy Director-General of Health and Welfare, who said: "Justice must be seen to be done to maintain the prestige of our profession"

Dr Johan de Beer, Director-General of Health and Welfare, also voted against the move



DR GROVE

Secrecy plan 'will arouse SUSPICIONS

Star 13/6/22

94

Staff Reporters

South African doctors and dentists would arouse the suspicions of their patients and the world if disciplinary hearings in the medical profession were held behind closed doors, the Opposition spokesman on health matters, Dr Marius Barnard, said today.

The South African Medical and Dental Council decided to hold future hearings in secret to protect doctors and their families from adverse publicity.

Only the findings will be made public.

"I fear that the decision will have immediate political implications," Dr Barnard said. "South African doctors and dentists will be regarded as professionals who have something to hide."

No matter how good

the intentions of the SAMDC the suspicions of the public and the world would be aroused.

Dr Barnard was concerned that the trust between doctor and patient would be broken down. He also believed the move would do little to protect doctors from adverse publicity.

"So often disciplinary hearings follow a court case. Most of the details of the case are aired in open court before being referred to a hearing of the SAMDC," he said.

Several senior Government health officials have slammed the decision.

The Director-general of Health Dr Johan de Beer, the Deputy Director of Health and Welfare, Dr James Gilliland and the Surgeon-General, Lieutenant-

General Nicol Neuwoudt are against the move.

Professor Robert Charlton, vice-principal of the University of the Witwatersrand, who is also a member of the SAMDC, today said he was opposed to disciplinary hearings being held in camera as innocent doctors were seldom exposed to such procedures.

He said the committee of the preliminary inquiry established whether there was a case that needed to be answered and heard in public before any disciplinary inquiry was held.

"I think justice should be seen to be done," he said.

But in a survey conducted by The Star in Johannesburg yesterday, doctors praised the secrecy decision.

Of 10 doctors contacted, five were of the opinion that Press reports of hearings were often inaccurate and incomplete. "The Press makes a total hash of the reports," said one.

Other reasons given for supporting the Council's move were:

- "Reports often tend to be unduly dramatised before a finding is reached and this is damaging to an innocent party."

- The public were "often misinformed" and many private practices "could be ruined."

- "A doctor who has been in the news for an alleged offence is treated like a leper whether acquitted or not."

The SAMDC will have to receive Government approval before it is able to close disciplinary hearings to the public.

14/10/82

Patients may face R60-m bill

By Pamela Kleinot

Patients will have to cough up another R60 million a year if the proposed increase of up to 30 percent in medical fees is approved by the Minister of Health, Dr Nak van der Merwe.

The South African Medical and Dental Council has asked for an average increase of 17.8 percent in doctors' fees, 30 percent in dentists' fees and 13.8 percent in physiotherapists' fees from March 1 next year.

The proposed tariff increases apply to medical personnel contracted into medical schemes and will effectively mean an additional cost of R7.50 per person each month (of which most employers contribute 50 percent).

The breakdown per person is R3.75 a month for medical fees, R3 for dental fees and 75c for physiotherapy fees.

Doctors' fees have gone up by 69 percent since November 1979 when a 52.54 percent increase was approved.

A further 9.9 percent was approved in September last year — after a lengthy tussle between doctors and the former Health Minister, Dr Lapa Munnik, over the higher tariffs. The last increase was 6.6 percent in August this year.

If the proposed increase of 17.8 percent is approved, the cost of a consultation with a GP at his rooms will go up from R7.70 to R9.07, a home visit from R15.40 to R17.77 and a home visit at night or over weekends from R25.60 to R30.15.

Removal of tonsils

and adenoids in a child under 12 by a specialist will increase in cost from R51.20 to R60.81, appendectomy by a specialist will go up from R115.50 to R135.70 and a consultation with a gynaecologist will go up from R17.90 to R21.08.

A report of the Medical Tariff Committee presented at yesterday's meeting of the SAMDC held at the Rand Afrikaans University said doctors' incomes were lagging behind inflation and the cost of living.

The report also pointed out that the cost of medical services in 1980 represented 1.52 percent of the Gross Domestic Product.

It said a 20 percent increase for medical practitioners, who represented only 42 percent of total services, would affect the GPD by only 0.128 at most.

Yesterday's meeting was told that the total cost of medical services amounts to R800 million a year. The proposed increase would mean that the public and employers would pay an extra R60 million a year.

The report said the Representative Association of Medical Schemes had rejected the new tariffs at an earlier meeting, adding: "RAMS" has consistently opposed every increase in tariffs since 1979."

The proposed increases will be referred to the Minister of Health, who has to decide within three months whether to ratify them or to refer them back to the SAMDC for reconsideration.

Medical Council agrees to fee increase

CAPE Times 14/10/82

Own Correspondent

JOHANNESBURG. — The South African Medical and Dental Council (SAMDC) yesterday agreed to fee increases of up to 30 percent.

However, the proposed increases still have to be vetted by the Minister of Health and Welfare, Dr N A K van der Merwe.

The SAMDC agreed to an average 17,8 percent increase for medical practitioners contracted into medical aid schemes, 30 percent for dentists and 13,8 percent for physiotherapists.

This will be the fourth increase for doctors in three years. In November, 1979, they were granted a huge 52 percent increase. Last November, fees were raised by another 9,9 percent, and in August this year, they were raised by 6,6 percent.

Dentists received a 25 percent increase in February this year.

The increases were opposed by the Representative Association of Medical Aid Schemes at an earlier hearing of an SAMDC committee.

Motivating a recommendation to increase doctors' fees, the SAMDC medical tariff committee said the cost of medical services in 1980 represented 1,52 percent of the gross domestic product (GDP) and that a 20 percent increase for medical practitioners would affect the GDP only by 0,128 percent.

● The Minister of Health, Dr N A K van der Merwe, said from Pretoria last night:

"I don't think it would be proper to comment at this stage since I have not been notified. The first I got to know of the increase was when I was watching the news."

Medical fees set to rise up to 30%

By LIZ MCGREGOR

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THE South African Medical and Dental Council yesterday agreed to fee increases of up to 30% — which could mean a massive R60 000 000 medical bill for the public

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Dentists received a 25% increase in February this year.

If the increases are passed the average medical aid member will pay an extra R3,75 a month for medical care, R3,00 for dental care and 75c cents for physiotherapy.

This means a total of about R7,50 a month, of which employers generally pay 50%.

The increases were opposed by the Representative Association of Medical Aid Schemes at an earlier hearing of the SAMDC's medical and dental tariff committees.

How fee rise will hit you

By LIZ MCGREGOR

A SINGLE visit to your general practitioner — that is, if you're lucky and he or she is contracted into medical aid — will cost you R9 if the increases proposed by the South African Medical and Dental Council are ratified.

The SAMDC agreed this week to an average 17.8% increase for doctors, a 30% increase for dentists and a 13.6% increase for physiotherapists.

But the Representative Association of Medical Schemes will ask the Minister of Health, Dr N A K van der Merwe, to modify the "excessive" tariff increases being demanded by doctors and

dentists.

The proposed increases have now been sent to Dr Van der Merwe, who will decide within the next three months whether to approve the increases or refer them back to the SAMDC for reconsideration.

Here are some examples of what the increases will mean in hard cash:

- GP consultation present fee R7.70, proposed new fee R9.
- House visit from a GP. present fee R15.40, proposed new fee R18.
- Gynaecologist consultation present fee R17.90, proposed new fee R21.
- Paediatrician/psychiatrist

or physician consultation present fee R26.90, proposed new fee R31.50.

● Anaesthetist's fee for a half hour appendectomy. present fee R31.20, proposed new fee R37.50.

● Dentist consultation: present fee R5.65, proposed new fee R7.35.

● Crowning a tooth: present fee R56.25, proposed new fee R73.15.

● Surface filling: present fee R7.50, proposed new fee R9.75.

● Massage by physiotherapist: present fee R4.50, proposed new fee R5.20.

● Spinal manipulation by physiotherapist: present fee R4.50, proposed new fee R5.20.

Doctors' safeguards 'adequate'

Top medics slam secret justice plan

By LIZ MCGREGOR

DOCTORS already had adequate safeguards without disciplinary hearings being conducted behind closed doors, two top State health officials said yesterday.

The Deputy Director-General of Health and Welfare, Dr James Gilliland, and the Surgeon-General, Lieutenant-General Nicol Nieuwoudt, both members of the South African Medical and Dental Council, were commenting on the decision taken earlier this week by the SAMDC to hold disciplinary hearings in camera.

A third senior official, Dr Johan de Beer, the Director-General of Health and Welfare, also voted against the motion.

Dr Gilliland said in an interview that all complaints made against doctors and dentists were "very well vetted" by the committee for preliminary inquiry before being referred to a disciplinary committee.

Once the complaint had been vetted, the inquiry should be held in the open, said Dr Gilliland.

An additional safeguard was that the president could rule that the committee should go into camera at any stage of the proceedings.

"Taking all these safeguards into consideration, it is better that the hearing is open so that everyone is aware of what goes on," said Dr Gilliland.

Gen Nieuwoudt said between 80% and 90% of all complaints received by the committee for preliminary investigation were found to have "no substance".

A doctor would only be subjected to a disciplinary hearing if there seemed to be a case against him, he said.

"This gives doctors enough protection without holding disciplinary hearings in camera," he said.

Gen Nieuwoudt also said that where the interests of the individual clashed with those of the community, the community should come first.

The procedure followed when a complaint is filed against a doctor or dentist, is that he is first asked for an explanation. The committee of preliminary inquiry, a standing committee then considers the explanation and takes one of three courses:

● The explanation is noted, which means that nothing further is done about the complaint.

● The doctor is asked to come before the committee for a "consultation", which is an informal discussion.

● The committee calls for an inquiry into the case and the doctor or dentist concerned is summoned to appear.

A disciplinary committee consisting of five people is then appointed by the SAMDC to hear the case.

Prior to this week's decision, the preliminary inquiry was held in private but the actual hearing was open to the Press and the public. In future only the charge and the penalty will be announced if the person has been found guilty.

GERALD REILLY reports from Pretoria that the decision to hold disciplinary hearings in camera has been denounced by the Progressive Federal Party's spokesman on health, Dr Marius Barnard.

However, Professor S A S Strauss, of the law faculty at the University of South Africa, supported the council's decisions.

Dr Barnard said South African medicine in the past had nothing to hide. The medical council's reaction in the past to doctors' misdemeanours had been "correct and totally satisfactory".

To hold disciplinary hearings in camera could, therefore, create unnecessary suspicion that all was not well with the profession and doctors needed protection. It could lead to a lack of confidence in the medical council.

Prof Strauss said he supported the council's decision. He claimed the majority of similar professional bodies did not have open disciplinary sessions.

And the acting chairman of the federal council of the Medical Association of South Africa, Professor N S Louw, said MASA had enough confidence in the medical council to rely on its discretion on the issue of closed or open hearings.

Stew 15/10/82

(94)

Aid schemes: Medical fee ~~hike~~ ⁹⁴ hike excessive

Own Correspondent

CT. 15/10/82 (S)
JOHANNESBURG. — The Representative Association of Medical Schemes (Rams) is to ask the Minister of Health, Dr N A K van der Merwe to modify the "excessive" tariff increases being demanded by doctors and dentists

The chairman of Rams, Mr J D Ernstzen, said yesterday that the increases approved by the SA Medical and Dental Council — 17,8 percent for doctors and 30 percent for dentists — could raise the total payouts from the country's 250 medical schemes to R800-million a year.

"All funds are under great financial pressure and if these new increases are granted by the minister, then substantial increases in members' subscriptions are unavoidable," Mr Ernstzen warned.

'Demands excessive'

Rams considered the increases demanded excessive because of the series of tariff increases granted doctors and dentists in the past few years

Other medical aid sources pointed out that other costs associated with illness had also risen steeply recently. Costs included higher hospital fees

Since November 1979, doctors' fees had risen by nearly 70 percent.

In Pretoria yesterday, a spokesman for the Medical Association of South Africa said practice costs had increased by about 20 percent in the past 12 months

Weekend Argus
Correspondent

JOHANNESBURG. —
The South African
Consumer Council and
the Consumer Union
have called on the SA
Medical and Dental
Council to curtail "un-
justifiable" percentage
fee increases.

Spokesmen for the two
consumer bodies ap-
pealed to the Medical
and Dental Council to re-
consider its new tariff
structure in the light of
the present economic
squeeze.

Earlier this week, the
Medical and Dental
Council announced its
proposals to increase
doctors' fees by 17,8 per-
cent, dentists' fees by 30
percent and physiothera-
pists' fees by 13,8
percent.

The disclosure was
slated as excessive and
inflationary by the Na-
tional Association of
Medical Aid Schemes,
which believed that prac-
titioners had been placed
well ahead of their costs
after two fee adjust-
ments since August 1981.

According to Mr Fritz
Steyn, the economic ad-
viser for the South Afri-
can Medical Association,
spiralling costs in sala-
ries, rentals and travel-
ling had resulted in the
fee rise application.

Mr Bill Heunis, the
Consumer Council's pub-
lic relations officer,
called on consumers to
be more diligent in send-

Medical fee increases 'excessive'

W/E ARGUS
16/1/82

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ing their medical and
dental accounts to their
medical aid societies.

He said consumer re-
luctance to return their
accounts caused havoc as
practitioners were forced
to wait for their money.

Mrs Betty Hirzel,
chairman of the Consum-

er Union, appealed for
fairness.

"The plight of the con-
sumer should be more
carefully considered. The
Medical and Dental
Council should adjust its
fee increase application
to a level not more than
the inflation rate," she
said

Doctors urged to curtail fee increases

94

The South African Consumer Council and the Consumer Union have called on the SA Medical and Dental Council to curtail "unjustifiable" percentage fee increases.

Spokesmen for the two consumer bodies appealed to the Medical and Dental Council to reconsider its new tariff structure in the light of the present economic squeeze.

Earlier this week the Medical and Dental Council announced its proposals to increase doctors' fees by 17,8 percent, dentists' fees

by 30 percent and a 13,8 percent increase for physiotherapists

The demands were criticised as being "excessive and inflationary" by the National Association of Medical Aid Schemes which believed practitioners were comfortably ahead of their costs after two fee adjustments since August 1981.

According to Mr Fritz Steyn, the economic adviser for the South African Medical Association, spiralling costs in salaries, rentals and travelling had resulted in the medical

fee rise application.

Mr Bill Heunis, the Consumer Council's public relations officer, called on consumers to be more diligent in sending their medical and dental accounts to their medical aid societies. He said consumer reluctance to return their accounts caused havoc as practitioners were forced to wait for their money.

Mrs Betty Hirzel, chairman of the Consumer Union, appealed for fairness

"The plight of the consumer should be more carefully considered. The Medical and Dental Council should adjust its fee increase application to a level not more than the inflation rate," she said

It's bottle party time for 3 orphans

By Jean Waite

At two months little Jupiter is just beginning to learn about the joys of eating meat — but he still purrs like a kitten when his baby bottle appears.

The orphaned lion cub and his brother Tommy and sister Elsa are being hand-reared at the Johannesburg Zoo after being found by the Department of Nature Conservation

Jupiter is being cared for by curator Mr Wilhe Labuschagne and gradually being weaned from his five to six bottles of milk a day.

"He is just beginning to eat meat and chew bones" Mr Labuschagne said "But he will get his bottles for some months yet."

REUNION

Already the bottle teats are beginning to show signs of those killer teeth when Jupiter forgets to suck and digs in those molars.

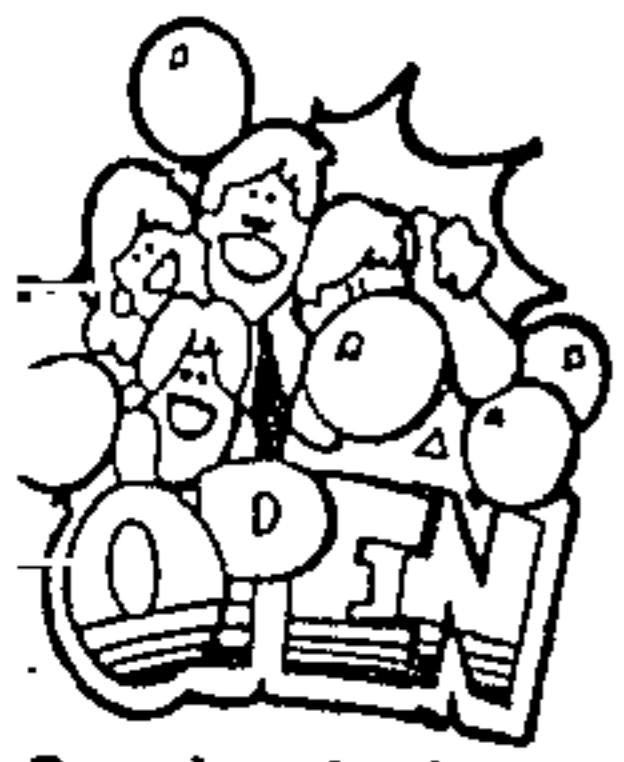
While the three cubs frolic in the zoo offices during the day, they are each taken home at night by a staff member.

For Jupiter that means a happy reunion with Mr Labuschagne's Maltese poodle Wolli. The two have become inseparable, not least when Jupiter gets his nightly bottle and Wolli waits patiently for the stray drops.

When Jupiter is fully weaned he will go into the lion enclosure at the Zoo.



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Knifeman shot dead by guard

By Mike Cohen, Crime Reporter

A knifeman was shot dead early today by a security guard after four armed robbers had attacked a couple at a bus stop in Main Street, Johannesburg.

Mr and Mrs J Lottering were standing at the stop at 5,45 am when the four knifemen approached them. They grabbed Mrs Lottering's handbag, emptied the contents of her purse — R22 — and searched her husband. They took a pocket knife and fled.

The couple ran to a nearby building and re-

ported the incident to two security guards. Two of the knifemen were seen and pointed out. The guards chased them and stopped them as the four were about to flee in a panel van.

One of the robbers pulled a knife and charged the security guard. He fired two shots, hitting the robber twice in the stomach. The wounded man continued to come towards the guard and a third shot was fired. The robber was hit in the head and died instantly. The three other men fled.

Four hurt in crash

Four people are in a "fair" condition in the Johannesburg Hospital after a two-car collision on the Heidelberg road shortly before midnight last night.

The accident happened at the intersection near the Taylor's

Travelodge. A car and a bakkie collided.

Mr and Mrs A J Britz, Mrs Britz's daughter Maria Nel (11) and Mr Trevor Bakos were all admitted to the hospital for treatment.

56 feared drowned

NEW DELHI — Fifty-six people are feared to have drowned last night when a bus plunged into a canal after a head-on collision with another bus.

Cranes were sent to raise the bus from the Bhakra Canal near Patiala, 250 km north of New Delhi, United News of India said.

2 beheaded for murder

JEDDAH — Two Saudi Arabian murderers were beheaded yesterday, the Interior Ministry said.

About 40 people, half of them foreigners, have been beheaded this year under Muslim law. — Reuter.



Today's People

They have seen models of Today! — a new daily section that will be appearing soon in The Star. This is their verdict:

Miss Susan Baker

Mr R Boucher of



Medical and Dental Council already had power to prevent publication

W/L-Ascus 16/10/82 (94) of much information



ANNOUNCEMENTS



IN the light of the Government's hostile attitude to the Press, it is not totally unexpected that the medical profession has decided to jump on to the hand-wagon and to curtail the right of the public to comprehensive information about medical malpractice.

The rights of the public will be curtailed by the Medical and Dental Council's resolution to hold all its disciplinary hearings in camera and to allow only the findings of the disciplinary committee to be made public.

Briefly, the Medical, Dental and Supplementary Health Service Professions Act 1974 empowers the council to institute an inquiry into any complaint, charge or allegation of improper or disgraceful conduct against a medical practitioner, and if found guilty after an inquiry, the council can impose one of the following penalties:

- A caution or a reprimand or a reprimand and a caution, or

● Suspension for a specified period from practising or performing acts specially pertaining to his or her profession; or

● Removal of his or her name from the register.

Although the Supreme Court, upon application, has the right to review the procedural aspects of the body's proceedings, there is no right afforded to a medical practitioner to



appeal against the decision and thereby have the Supreme Court decide upon the merits on which the body made its ruling.

Although the inquiry is conducted under the aegis of the council and not in open court, the Press has enjoyed a limited right to publish the proceedings of such hearings.

The right to publish

MR DENNIS DAVIS, senior lecturer in commercial law at UCT's law faculty, assesses the decision by the South African Medical and Dental Council this week to exclude the Press and public from disciplinary hearings.

has been limited because the regulations governing the conduct of inquiries provide that if the South African Medical and Dental Council or the disciplinary committee considers it to be in the interest of the proper performance of its duties, the council or the disciplinary committee, as the case may be, may order that no person shall at any time, in any way, publish any information which will probably reveal the identity of a particular person (other than the registered person into whose conduct the inquiry is held).

Given this wide-ranging limitation on the right to publish, the justifications given for the new restrictions appear to have little validity.

If the Press is guilty of making a "Roman

be outweighed by the right of the public to be informed about the conduct of those professionals whose misconduct can directly result in a loss of life.



The effect of this proposal is ominous. In a case such as that of Steven Biko, in the event of a disciplinary inquiry

...to deny the public the right to judge the conduct of a profession which deals in life and death . . . "

where the line should be drawn.

Given the serious nature of many of these medical disciplinary hearings in which the death of a patient might well have been the cause of the inquiry being held, the cost of publicity to some must

tion would be available to the public to enable a public assessment of the council's action to take place.

In a recent case concerning the Press, *S v Gibson*, Mr Justice Milne referred with approval to the report of the British Committee of the International Press Institute, which stated that "with regard to the Press itself, we believe that it would be of great advantage to them, and to the public interest, if newspapers could devote more continual and serious attention to matters concerning the administration of justice and employ more experienced reporters and editorial staff for this purpose."

With this latest move, the Medical and Dental Council has arrogantly taken it upon itself to deny the public the right to judge the conduct of a profession which deals in life and death and thereby has caused the few democratic rights remaining in South Africa to be eroded still further.

Doctors lose touch

The council has always had the right to hold all or part of a meeting in camera. Why suddenly make it a blanket decision? It looks highly suspicious to me.

PROFESSOR FRANCES AMES



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SECRET
South African doctors and dentists this week decided to hold all future inquiries into alleged malpractices in secret — and the move was immediately branded as sinister by leading figures in the profession.

They said it could rebound on the profession and on South Africa, sowing suspicion where none had existed.

Dr Marius Barnard, brother of the famous heart surgeon and Opposition spokesman on health, said bluntly: "The suspicion is immediately what are they trying to hide?"

South Africa has

secret organisations. Medicine should stay in the open so that the trust of the public can be maintained. Secret inquiries will only break down the good name of South African medicine."

Professor Frances Ames, a Cape Town professor of neurology, said the decision by the Medical and Dental Council at its annual meeting in Johannesburg was "highly suspicious".

"The council has always had the right to hold all or part of a hearing in camera. Why now suddenly make it a blanket decision? It looks highly suspicious to me," she said.

Professor Ames said she and several other leading doctors had

been pressing the council to probe the conduct of doctors in connection with the death in detention of black conscientious leader Steve Biko.

"We sent in the report in February — they would appear to be dragging their feet on it," she said. "We told the council a month ago that we would go to the Supreme Court to force the matter."

"It seems a curious coincidence that if the council is forced to hold an inquiry which might be highly embarrassing, the details might not emerge because it would now be held in camera." Professor Ames said the medical aspects of the Biko affair had been "extraordinary."

Reports by STAN MAHER

and added: "Holding an inquiry is the only way the public will be reassured about doctors' integrity."

But Professor Frances Geldenhuis and Mr Nico Prinsloo, president and Registrar respectively of the Medical and Dental Council, said there were no sinister motives behind the in camera move.

The findings and penalties imposed would still be made public.

Mr Prinsloo said there had been strong feelings for and against the move, by council members. "Those who asked for the hearings to be held in committee in

future, felt it was basically unfair to doctors to be subjected to harmful publicity when they might well be found not guilty by the disciplinary committee," he said.

"A second argument is that most, if not all other professional bodies, such as lawyers' and pharmacists' bodies, hold their inquiries in private.

"Opposing this view were members who felt that the council has had open hearings since 1928. It was put to the vote and the majority decided for the in camera hearings." Mr Prinsloo said

that only 25 of about 190 complaints against doctors and dentists last year had resulted in disciplinary hearings. He agreed that most tended to be found guilty, because of the thorough preliminary assessment made before an inquiry was held.

Professor Geldenhuis said that in cases where complaints proved unfounded practitioners still suffered "a tremendous amount of unfavourable publicity."

"The difference between cases in the courts and these disciplinary hearings is that many of the issues are ethical, not criminal considera-

tions," he said. "For this reason many of our members feel that the inquiries should be private, as is the practice with other professional organisations."

Dr Barnard, however, commented: "A doctor carries one of the biggest responsibilities there is in the world — to look after the life and health of people."

"When he makes a mistake I don't think he can be protected more than members of other professions. If an attorney is to be struck off the roll, the matter goes to court and is made public."

"And most of the details heard in inquiries about doctors have been heard in court anyway."

Dr Barnard could not reason why Dr Henry Transvaal Hospital Secretary the Press the profession to report inquiries.

"I find it even more interesting," Dr said. "The Press and what decision is it not report on Are our then do secret for reason? I Press thus what happens Dr Barn was imp remain Africa's

WOUNDS! kept secret

tions," he said. "For this reason many of our members feel that the inquiries should be private, as is the practice with other professional organisations."

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"When he makes a mistake I don't think he can be protected more than members of other professions. If an attorney is to be struck off the roll, the matter goes to court and is made public."

"And most of the details heard in inquiries about doctors have been heard in court anyway."

Dr Barnard said he could not accept the reason advanced by Dr Hennie Grove, Transvaal Director of Hospital Services, that the Press did not have the necessary "professional depth" to report medical inquiries.

"I find that attitude even more disturbing," Dr Barnard said. "The Pre report on South Africa's most Press must report vital decisions, so why is it not qualified to report on doctors? Are our court cases then to be tried in secret for the same reason? I think the Press must report what happens."

Dr Barnard said it was important to remember South Africa's particular

position in the world community.

"Anything done in secret here creates suspicion overseas, as well as locally," he said.

"If we get a repeat of the Biko affair in some manner and the doctors go before the medical council in secret, it will harm South Africa's good name in medicine. And that good name has never been harmed by the publicity given to mistakes made by doctors."

Mr Prinsloo confirmed that a petition had been received from several doctors about the "Biko affair" and said it was being considered by a preliminary committee of inquiry.

ONE of the most fascinating aspects of inquiries into doctor's mistakes is not the official finding, which is expected to be fair and impartial, but what is revealed about doctors' attitudes.

These are the details which will in future remain secret, following this week's decision by the Medical and Dental Council to hold disciplinary hearings in camera, announcing only the findings of the inquiries.

What type of details emerge from these inquiries?

A Thabazimbi doctor was found guilty of disgraceful conduct in May this year, for performing a caesarean operation without the help of another doctor.

He told the inquiry he was "unaware" that a doctor could not treat a patient under general anaesthetic if he administered it himself.

That's the kind of information patients should know about members of the profession they consult about their health.

Similarly, an inquiry into the conduct of a Durban pathologist yielded interesting information about the running of pathology laboratories.

The pathologist, who went to India, left his laboratory in the control of someone who was not fully qualified. A colleague who was helping, withdrew when he realised the state of affairs. The pathologist who had gone away was found guilty of disgraceful conduct, in the colourful language of the disciplinary committees. (Findings are always of improper, disgraceful or scandalous behaviour).

But it emerged in evidence that the regulation requiring a fully qualified person to be in charge, was "apparently flouted by any number of institutions."

Interesting tidbits also emerged from cases in which:

- A Germiston doctor who was struck off the roll was discovered to have been admitted to a mental hospital on several occasions for alcohol and drug abuse.
- A doctor was restricted to working under supervision, after he admitted having become a drug addict.
- A former university professor who had been a senior Cape hospital doctor, was suspended for six months, after claiming more than R8 000 in fees to which he was not entitled from workmen's compensation.
- A Transvaal doctor was re-registered, after having been found guilty of three charges of abortion and also having been jailed for illicit diamond dealing.
- Seven doctors from Somerset West were found to have improperly supplied prescriptions for more than 1 000 Wellconal tablets.
- A Rustenburg doctor was told by a disciplinary committee to get psychiatric treatment for a drinking problem. This followed the death of three of eight patients he treated in hospital. The committee found the doctor mentally and physically unable to continue in practice without supervision.
- A mother of 22 died in June last year after the induced birth of her third child in a caesarean operation at a Johannesburg hospital.

In future, the sometimes dramatic details of these cases will not emerge unless the case goes to court.

South Africa has enough secret organisations. Medicine should stay in the open so that the trust of the public can be maintained. Secret inquiries will only break down the good name of South African medicine.

DR MARIUS BARNARD

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DOORS!

Dr Barnard said he could not accept the reason advanced by Dr Hennie Grove, Transvaal Director of Hospital Services, that the Press did not have the necessary "professional depth" to report medical inquiries.

"I find that attitude even more disturbing," Dr Barnard said. "The Pre report on South Africa's most Press must report vital decisions, so why is it not qualified to report on doctors? Are our court cases then to be tried in secret for the same reason? I think the Press must report what happens."

Dr Barnard said it was important to remember South Africa's particular

position in the world community.

"Anything done in secret here creates suspicion overseas, as well as locally," he said.

"If we get a repeat of the Biko affair in some manner and the doctors go before the medical council in secret, it will harm South Africa's good name in medicine. And that good name has never been harmed by the publicity given to mistakes made by doctors."

Mr Prinsloo confirmed that a petition had been received from several doctors about the "Biko affair" and said it was being considered by a preliminary committee of inquiry.

Details that will be kept secret

ONE of the most fascinating aspects of inquiries into doctor's mistakes is not the official finding, which is expected to be fair and impartial, but what is revealed about doctors' attitudes.

These are the details which will in future remain secret, following this week's decision by the Medical and Dental Council to hold disciplinary hearings in camera, announcing only the findings of the inquiries.

What type of details emerge from these inquiries?

A Thabazimbi doctor was found guilty of disgraceful conduct in May this year, for performing a caesarean operation without the help of another doctor.

He told the inquiry he was "unaware" that a doctor could not treat a patient under general anaesthetic if he administered it himself.

That's the kind of information patients should know about members of the profession they consult about their health.

Similarly, an inquiry into the conduct of a Durban pathologist yielded interesting information about the running of pathology laboratories.

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● Seven doctors from Somerset West were

'Council's in camera rule a Biko cover-up'

S. Times 17/10/82

CONTROVERSY over the Medical and Dental Council's decision to hold secret disciplinary hearings grew this week — and a link with the Biko affair has been suggested.

The move has met with widespread surprise in both medical and legal circles, and was condemned by politicians and top state health officials.

It has still to be approved by the Minister of Health, Dr Nak van der Merwe.

A spokesman for the Minister said he was unable to comment until he had been officially approached to approve the council's amended regulations.

Outspoken Professor Frances Ames, head of neurology at the University of Cape Town, believes the "in camera" decision stems from a demand for the Medical and

By SARAH HETHERINGTON

Dental Council to probe the ethical behaviour of doctors involved in the death of Steve Biko.

Professor Ames, and four other doctors, recently threatened to take Supreme

Court action over the council's failure to hold an inquiry into the conduct of the Biko doctors.

The group set a deadline, the end of October for the SAMDC to take action.

Professor Ames, a vigorous campaigner for improved treatment of political

detainees, said the timing of the SAMDC decision and the threatened court action was a "curious coincidence".

"A group of five doctors, including myself, wrote to the Medical Council in February calling for an inquiry. To date nothing has happened.

"The council doesn't represent doctors' interests — but the public's interests. The public must claim the rights that are being taken away from them," she said.

Head of the council, Professor Frans Geldenhuys, denied that the decision to close disciplinary hearings to the public had anything to do with Professor Ames' threat of legal action over Biko.



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Paper No..... 1
(to be copied from the heading on the Examination Paper)

Examiners' Initials		

NOTE CAREFULLY

1. The answers only on the right hand pages will be marked. The left hand pages may be used for rough work, but no credit will be given for such work.
2. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
3. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
4. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

Secrecy call ^{ARGUS 18/10/82} ⁹⁴ 'after legal case threat'

Medical Reporter

THE South African Medical and Dental Council's decision to have private disciplinary hearings came after five doctors threatened legal action unless the Council investigated the conduct of the four doctors who treated black consciousness leader Steve Biko.

Professor Frances Ames, head of the Department of Neurology at Groote Schuur Hospital, said today she and four other South African doctors called on the SAMDC in February this year to inquire fully into the circumstances surrounding the death of Mr Biko.

"NOTHING"

The other doctors were Professor Phillip Tobias, Professor Trevor Jenkins, Dr L I Robertson and Dr E M Barker

Since February, according to Professor Ames, the SAMDC have done nothing about the inquiry call.

"Then, last month, we wrote to them to say that they had had at least six months to do something, and had done nothing; and that if they hadn't done anything by the end of October, we would be compelled to take legal action to force them to do something about it."

Professor Ames pointed out that the five doctors had made this threat before the proposal by the Council recently that all future disciplinary hearings be held in camera.

The call for an inquiry is contained in a 60-page

document presented to the South African Medical and Dental Council in February

The document submits that either

- The circumstances surrounding the death of Mr Biko warrant a finding of improper or disgraceful conduct between the doctors, or

- The Medical and Dental Council should make it explicitly clear to the medical profession in this country and abroad, and to the public, that the conduct of the doctors was in accordance with the standards of professional competence and ethical conduct expected of medical practitioners in South Africa; and

- That other doctors may so conduct themselves in future without fear of disciplinary proceedings against them.

The document submits that one or other of these findings must be made by the Medical and Dental Council if the Council is not to evade its duty to the public and to the profession.

Star 2/11/82

worries doctors

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profession's view, because only a third of the members are elected by the profession.

Most members are Government appointees and academics
The Minister of

Health is the political head of the council. All advisory committees fall under him and he has the power to overrule any decision.

When the council was formed in 1928 there were about 3 000 doctors in the country who elected nine members to the council. Since then the number of doctors has risen to 17 000 and representation on the council has increased by only one

A source close to the council said the number of elected members was ridiculously low, and attempts have been made over the years to increase it.

Although the council itself decided a few years ago to recommend increased representation, the Minister overruled the decision.

CONTROVERSY

There lies what many consider to be the source of the contentious decisions made by the council—the dominance of appointed members who are likely to take a Government line on a controversial matter.

The most obvious example was the Biko case, when the council found there was no cause for an inquiry into the ethical behaviour of three doctors who treated the black consciousness leader before his death in 1977. All the elected members in the council voted for the conduct of these doctors to be investigated.

Biko died in detention five years ago, but his ghost still haunts the medical profession.

A typical comment from the profession on this issue was made by Professor Guy de Klerk, chairman of the Federal Council of the Medical Association of South Africa (Masa), who last

year told the World Medical Association: "The Biko case is a shameful act and a cross which Masa must bear."

Professor de Klerk is an elected member of the Medical Council.

Masa however, is a purely voluntary body looking after the interests of doctors, but it has no statutory power.

The Biko affair has been simmering for five years. The controversial decision two weeks ago to hold disciplinary hearings in camera has been greeted with much suspicion.

Those who voted for secret hearings felt it was unfair for doctors to be subjected to harmful publicity when they might well be found not guilty.

Most professional bodies, such as those dealing with lawyers and pharmacists, hold their inquiries in private.

The council has had open hearings since 1928. In 1980, complaints were filed against 177 doctors and 54 dentists. Twenty-two doctors and one dentist were prosecuted.

Almost all the people prosecuted were found guilty, according to the council's registrar, Mr N M Prinsloo, who attributed the high percentage of guilty verdicts to the careful screening all complaints went through before a doctor or dentist was prosecuted.

PUBLICITY

All complaints are first considered by the SAMDC Committee for Preliminary Inquiry. Only if the committee considers there is a case against the doctor or dentist will he be subjected to a disciplinary hearing.

Professor Frans Geldenhuys, chairman of



PROFESSOR GELDENHUYS . . . "unfavourable publicity."

the SAMDC, said that in cases where complaints proved unfounded, practitioners still suffered "a tremendous amount of unfavourable publicity."

"The difference between cases in the courts and these disciplinary hearings is that many of the issues are ethical not criminal considerations," he said.

Dr Marius Barnard, the Progressive Federal Party spokesman on health, said it was unfortunate that an innocent doctor got unfavourable publicity, but he felt the community interest came before the individual interest.

Commenting on the SAMDC, Dr Barnard made an urgent appeal

for increased representation by the medical sector. He also said it was necessary to diminish the Minister's power in the council.

"We need more democracy," he said. "I do not think the council represents the wish of the medical profession of South Africa. Doctors need to have more say in the running of medicine in the country."

Critics find no fault with the way the council administers the affairs of the medical profession. But contrary to its good and largely unpublicised work, some feel it takes refuge in safe — and politically acceptable — decisions when the going gets really hot.

The South African Medical and Dental Council has 34 members and is headed by the Minister of Health, Dr Nak van der Merwe, who has the power to overrule any decision. Only a third of the members of the council are elected by medical practitioners and dentists.

One-third of 34 members are elected

president of the Medical Research Council, Professor Robert Charlton, vice-principal of the University of the Witwatersrand, Professor D McKenzie of the University of Cape Town and Professor F P Retief of Medunsa.

MEDICAL COUNCIL

Biko affair WORRY



DR MARIUS BARNARD . . . "we need more democracy."

By Pamela Kleynot

First there was the Biko case. Then came a decision to hold disciplinary hearings about the alleged misdemeanours of doctors and dentists behind closed doors.

Do these two issues brand the South African Medical and Dental Council as verkramp?

Sources close to the council say the Biko affair has tainted its image for all time. The council has been accused of helping to cover up a scandal that has had international repercussions. And the council's decision two weeks ago

to hold disciplinary hearings in camera can only create more suspicion about this Government-controlled body.

But critics of the council concede that it does a good job in maintaining the high standard of medicine in South Africa.

The council — which is modelled on the British Medical Council — controls the professional lives of about 50 000 people in the country by laying down educational and ethical standards. The council has the power to strike off the

Image of council now 'tainted'

register any doctor, dentist or paramedic who breaches a regulation.

The medical profession's main criticism of the council is that it does not represent the

profession's view, because only a third of the members are elected by the profession.

Most members are Government appointees and academics. The Minister of

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The Minister of Health appoints 10 members. They are: Dr James Gilliland, Deputy Director-General of Health and Welfare; Professor E T Mokgokong, of the Medical University of South Africa (Medunsa); Lieutenant - General N J Niewoudt, the Surgeon - General; Professor W A van Niekerk of Stellenbosch University who is also a member of the President's Council; Dr A G Dreyer, a dentist; Professor

One-third of 34 members are elected

C F Slabber, Dean of the Faculty of Medicine at the University of the Orange Free State; Mr W H Barnard, former registrar of the council, Mr W M C Davidson, an expert in medical aid schemes; Mr D J de Villiers, a retired lawyer, and Professor J H Robbertze of Medunsa, who is chairman of the Psychology Board.

Designated members of the council include Dr Hennie Grove, Director of Hospital Services in

the Transvaal; Professor Charlotte Searle, of the South African Nursing Council, and Mr J D van Zyl, of the South African Pharmacy Board, and Dr P A H Knocker, of the College of Medicine of South Africa.

Members designated by principals or rectors of universities at which faculties of medicine or dentistry have been established are Professor A J Brink of Stellenbosch University who is also

president of the Medical Research Council, Professor Robert Charlton, vice-principal of the University of the Witwatersrand, Professor D McKenzie of the University of Cape Town and Professor F P Retief of Medunsa.

The 10 doctors elected by medical practitioners are: Dr L Babrow, Professor J N de Klerk, Professor Frans Geldenhuys, Dr R D le Roux, Professor J H Naude, Professor G J Pistorius, Dr S V Potgieter, Professor H A Shapiro, Dr E W Turton and Dr J W van der Riet.

The four dentists elected by the profession are Dr L H Becker, Dr L Blum, Professor H S Breytenbach and Professor J H J van Rensburg.

PE is off beaten track for young dentists

W/15
12/10/54

By YVONNE STEYNBERG
Woman's Editor

MOTHERS usually make their children's dental appointments well in advance, so these school holidays, a large number of pupils will probably have to go to the "torture chamber".

Why do so few young dentists come to Port Elizabeth and why do so few women enter this profession?

These were queries which came to my mind when I was waiting my turn at the dentist — after the usual long wait for an appointment.

A surprising fact which I heard from Dr R Wentzel, chairman of the Cape Eastern Dental Association, was that in Scandinavian countries, most dentists are women.

"In this country women do not seem to take to the dental profession, and those who qualify tend to do clinical work," Dr Wentzel said.

He said he ascribed the lack of new dentists in Port Elizabeth to the fact that there was no dental faculty anywhere nearby.

"Professional people often settle close to where they have qualified and dental faculties are in Pretoria, Stellenbosch and Johannesburg," Dr Wentzel said.

He said if too many stu-

dents were urged to take the 5½-year course, a situation like that in America and Australia could arise. In those countries there are too many dentists.

He said professional men normally preferred to practice in the larger metropolitan areas, and in remote country areas there could be a shortage of services.

Another dentist to whom I spoke said many school leavers were exempted from the army to complete their course, and then had to serve for a minimum of two years after they graduated.

Many of them stayed in the army or enter government services, where they had an assured income and

fringe benefits.

Dr Wentzel said he considered that it was essential for more blacks to qualify as dentists.

"They seem to prefer professions such as medicine and law, so very few go for dentistry, yet services in the black homelands are desperately needed," he said.

How do women feel about women dentists?

Those to whom I spoke seemed sceptical, but then a few decades ago there was the same feeling about women doctors.

After all, these days few teeth are actually extracted and the most frequent objection was "are they strong enough to extract a tooth?"

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Deadline looms for medical fee hike bid

By GERALD REILLY
Pretoria Bureau

DEMANDS for increased fees by the medical profession will have to be met by the Minister of Health, Dr Nak van der Merwe, by January 26.

Doctors, dentists and physiotherapists submitted their demand to him in November last year. Doctors want an increase of 17,8%, dentists 30%, and physiotherapists want 13,8%.

But Pretoria sources said yesterday the Cabinet is unlikely to agree to increases greater than the current 14% inflation rate. The sources expect the Minister to refer the demand back to the South African Medical and Dental council.

Since November 1979, doctors fees have gone up nearly

70% — 52% in November 1979, 9,9% in November 1981 and 6,6% in August last year.

Dr Van der Merwe will probably take into account the overall increase in the costs of illnesses — as claimed by the medical profession — when deciding on any new fee scale:

● Private hospital fees have gone up at least three times in the past two years;

● Last year provincial hospital fees also increased substantially;

● The costs of drugs and medicines are continually escalating;

● Doctors claim their practice costs have increased by more than 20% in the past 12 or 14 months; and,

● Salaries of medical personnel, including nurses, employed by doctors, have also increased by 25%.

ARGUS 20/1/83
94

Medical fees rise refused

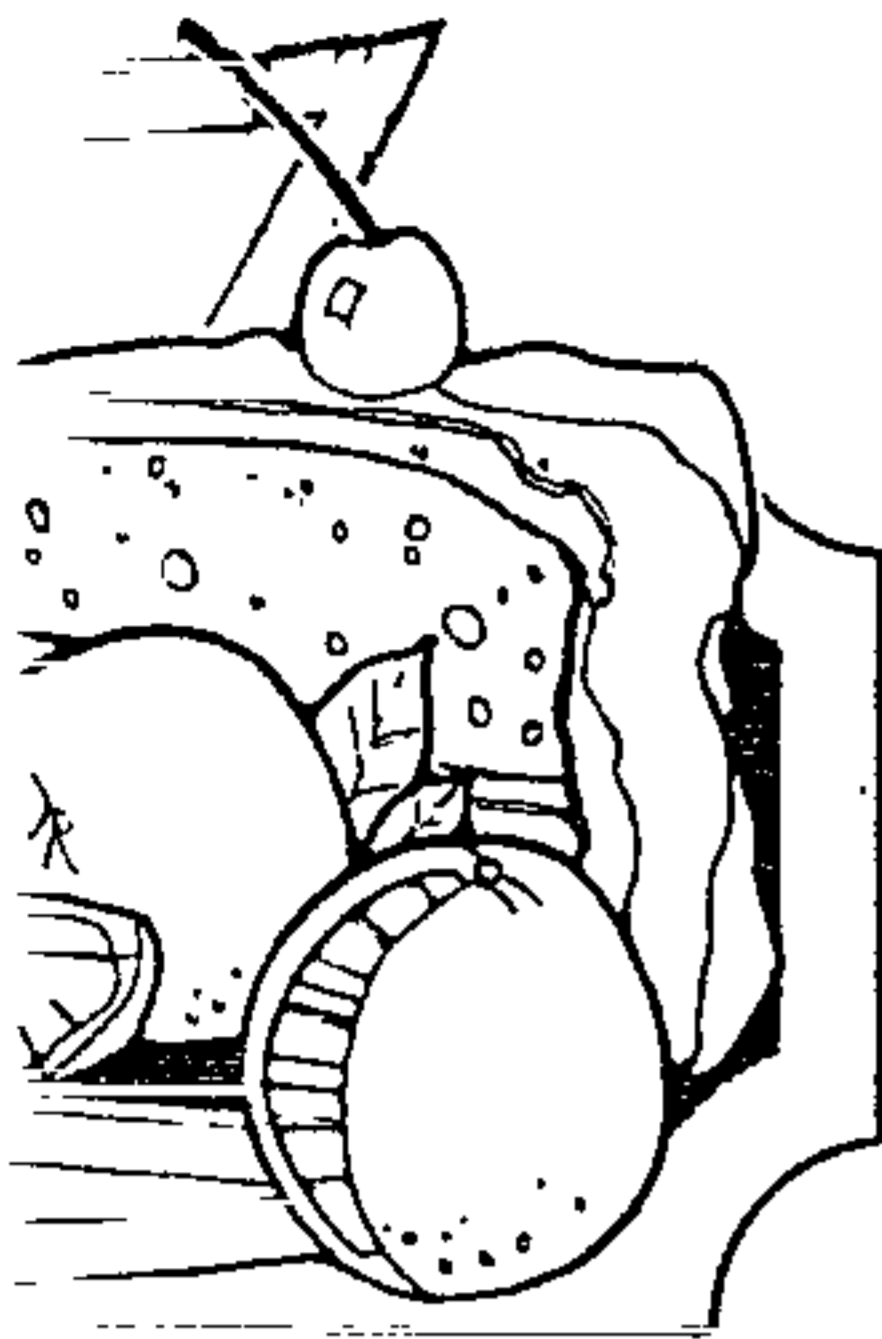
Argus Correspondent

PRETORIA. — Proposed tariff increases for doctors and dentists have been turned down by the Minister of Health and Welfare, Dr Nak van der Merwe.

The South African Medical and Dental Council recently agreed to an average 17,8 per cent increase for doctors contracted into medical aid schemes and 30 per cent for dentists.

The registrar of the council, Mr Nico Prinsloo, said today the Minister had not approved these increases and the matter had been referred back to the tariff committee.

A 13,8 percent increase in fees for physiotherapists was approved.



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'Attractions of private practice pose threat to medical care in SA'

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Weekend Argus Reporter

SOUTH AFRICA faces a serious deterioration in standards of medical education and patient care, a top doctor warns in the latest edition of the SA Medical Journal.

"The Medical Association of South Africa and the South African Medical and Dental Council should take note that all is not well in the academic dovecote," writes Professor J W Downing, head of the department of anaesthetics at the University of Natal, in a letter to the journal.

He says provincial and State teaching hospitals and university departments of

anaesthetics are suffering from a chronic and critical shortage of anaesthetists "dedicated to public, as opposed to private, practice".

"The training of future doctors in the RSA rests in the hands of a few dedicated individuals whose patience with the notion that the private practitioner is worth two to three times the full-time consultant is fast running out.

"Recently-qualified specialists in many fields, but particularly in anaesthesia, with the potential to undertake a successful full-time or academic career, have taken note of this disparity, and many are going into

private practice, or emigrating.

"The final outcome will be a serious deterioration in standards of medical education and hence patient care in this country as we continue to lose many of our best and finest anaesthetists to greener financial pastures."

Professor Downing, recently returned from 13 months' sabbatical leave in the United States, says anaesthetic teaching departments there bill individual patients, raising considerable funds which are paid directly to the departments.

Further funds, running to millions of dollars, come

from research grants, "interaction" with the pharmaceutical industry and the state.

The money is used to subsidise salaries in the teaching departments, to buy equipment and for book and travel allowances.

Professor Downing suggests a similar system would be feasible in South Africa. The necessary funds could come from salaries paid by the provinces or the State, research funds, donations from pharmaceutical companies and service organisations and fees charged to medical aid and Workmen's Compensation Act patients.

Patrols organised to stop 'queer bashing'

Gay vigilantes

By DIRK VAN ZYL
Weekend Argus Reporter

CAPE TOWN's only gay rights organisation, 6010, has called on members to form vigilante patrols to protect themselves from "queer-bashing".

Evidence of physical assault on homosexuals by men picked up as casual lovers has emerged recently in a number of court cases in the city.

In its latest newsletter, 6010, which has about 400 members, refers to the formation of the "Pink Panthers" vigilante group in San Francisco "in the early days of gay lib when they were at the rough end of American

bashing' is an amusing pastime".

It asks: "Surely it is time for us to show these dreary men that brute force can be a two-way thing?"

The newsletter continues: "There are people at 6010 who would like to see our own vigilante force patrolling and our members trained in the art of self-defence so that next time some thug thinks he can practise for a world title fight on you, you can show him what the real meaning of Bella Bash is." (The term is gay slang for fighting.)

Publicity

A 6010 founder member, Mr Richard Griffith, welcomed in a city book

licity the gay community gets, the more homophobic reaction there is, like with AIDS" (the immunodeficient condition which has spread in gay communities).

Mr Griffith, who has been assaulted three times, said the biggest problem facing gays was "lack of education and outdated, misconceived ideas in the 'normal' community, although to a degree there is now more tolerance, which, however, I find condescending".

According to Mr Griffith, "you get the situation where well-respected members of the community are not able to operate normally sexually and are beaten to death in their homes"

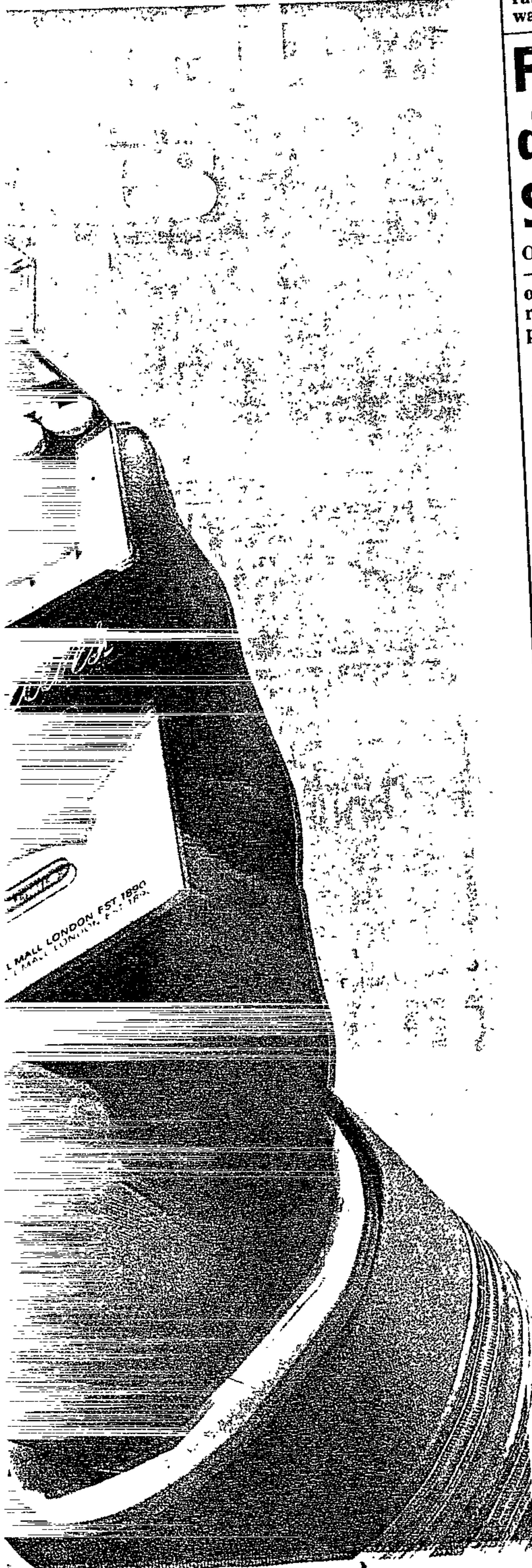
perately needs to relate to someone in physical terms."

Being beaten up was "a basic fact of life for gays".

Mr Griffith continued: "The law in South Africa is ridiculous. It is not illegal to be a homosexual, but just illegal to do something about it. You are virtually condemned to celibacy."

The "biggest battle" facing gays was "their own apathy, which is a form of fear".

According to Mr Barry Kantor, media spokesman for 6010, the organisation "discourages members from 'cruising' — we try to alert them to the dangers involved and to what they are legally entitled to do in



fallen because he was dying out. my children," Mr

Foreign trained doctors fail SA medical exam

24
Cape Herald
10/4/83

ONLY nine out of 28 overseas-trained doctors — most of them Indian — who wrote the first of a two-part examination last week to gain recognition to practise in South Africa, have passed.

This was disclosed by a spokesman for the offices of the Registrar of the South African Medical and Dental Council, Mr F N Pretorius, in Pretoria this week.

Sixty seven percent of the candidates failed and they will not be able to sit for the second part of the examination which covers a practical test later this month.

UNSUCCESSFUL

The unsuccessful candidates will now have to try again in July and for most of them, it means no jobs in the meantime.

Dr Farouk Meer, an executive member of the newly-formed National Medical Dental Association (NAMDA), said his organisation is going into the matter of overseas trained doctors whose degrees are not recognised in this country.

EXAMINATIONS

"We are meeting later this week to discuss among other things the plight of overseas trained doctors who are not recognised here. We want

to know more about the problem.

"We also want to look at the examinations which they have to write before being given recognition. I am surprised at the high failure rate," he said.

The high failure rate has also shocked the medical fraternity and many doctors were dumbfounded when told the results of the examination which was the first since a new deal for overseas trained doctors whose degrees are not recognised in South Africa came into effect in March.

The spokesman for the council declined to give the names or the race of the doctors who passed.

CANDIDATES

"We do not recognise the candidates on grounds of nationality or race. To us they are people and we treat them as such," said the spokesman.

The nine successful candidates will now do a "practical examination" later this month and if they pass, they will be allowed to do their internships at local hospitals for at least two years before they can make further career moves.

Most of the affected doctors are Indians who were forced to go abroad to study medicine because there were not enough facilities for them to study in South Africa.

While most went to India, a few went to Egypt at great expense and sacrifice only to find they could not pursue their careers in this country because of non-recognition of their degrees.

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Dentists to seek 30 pc higher fees

26 APR 1979

Pretoria Bureau

Dentists are once again to approach the Government for a 30 percent tariff increase.

On the first day of a South African Medical and Dental Council (SAMDC) meeting in Pretoria yesterday, the council announced its intention to ask for this amount.

The Minister of Health earlier this year refused a request by dentists for a 30 percent increase.

INCREASES

Explaining the increase, the chairman of the SAMDC's tariffs committee said that since November 1979 postal tariffs had increased by 54 percent, Eskom tariffs by 47 percent and passenger tariffs on railways by 87 percent.

While salary increases gained by public servants and parliamentarians was classified information, municipal employees' salaries at the higher levels had increased by between 56 and 59 percent.

JUSTIFIED

During the same period, dentistry tariffs had increased by only 25 percent. In the light of these figures the SAMDC believed an increase of 30 percent was justified.

When the Minister of Health earlier refused to grant dentists the increase, he gave as his reasons the poor state of the economy and consumer resistance.

The SAMDC will debate tariff increases for doctors later today.

'Security police took my patient'

~~22/10~~ ~~9/11~~ ~~9/11~~ Pretoria Correspondent
8/11

206/1/11/1983 126 APR 1983

The action of Security Police coming between doctor and patient, a detainee, was disclosed today at a meeting of the South African Medical and Dental Council (SAMDC).

A Durban psychiatrist had written to the SAMDC to complain that a detainee he was treating was removed from his care by the Security Police who did not inform him, consult him or ensure that his patient continued to take the psychiatric drugs prescribed for him.

The SAMDC agreed to refer the matter to the Director-General of the Department of Health and Welfare and ask him to bring the incident to the attention of the relevant authorities. The council found the behaviour of the Security Police unacceptable.

This matter was dealt with by the council as it prepared to debate the issue of the Biko doctors.

The Durban psychiatrist, who cannot be named for professional reasons, wrote to the Medical Officer of Health in Durban, Doctor P Buchan, in April 7 last year. His letter said: "I learnt officially today that my patient, Mr Sam Kikane, detained under section 6 (of the Terrorism Act) has been removed from my care.

"This action was taken without consulting me or giving me

an opportunity to discuss the continuation of psychiatric treatment. It is my opinion he may suffer a relapse if he is placed in an unsuitable environment or if his antipsychotic medication is discontinued."

He said it was a cause of concern not only because it could be dangerous to his patient, but also because it was most unethical.

The doctor asked that his protest be forwarded in the strongest terms to the authorities involved with Mr Kikane. He also informed the SAMDC and the Medical Association of South Africa.

On July 25 last year he wrote another letter to the SAMDC with further details of his patient. "Mr Kikane responded well to treatment and was eventually receiving treatment on an outpatient basis. However, without my consent or without even consulting me the Security Police removed him from my care on April 5 last year," he wrote.

The doctor appealed to the SAMDC to advise him regarding his own conduct as a doctor in "these rather delicate circumstances". Mr Kikane was later released on bail but the doctor had no further contact with him, the district surgeons or the Security Police regarding the incident.

● See Page 2 Metro section.

Doctors ask for 16,8 pc increase

ARbus 28/4/83
Argus Correspondent

JOHANNESBURG —
Doctors have asked the Government for a 16,8 percent increase in fees. Their demand comes hot on the heels of a request by dentists for 30 percent more.

At a meeting of the South African Medical and Dental Council (AMDC) in Pretoria yesterday Mr W M C Davidson, chairman of the Medical Tariffs Committee, said a 16,8 percent increase in doctors' fees would be "fair".

He said it was necessary to propose the same increase as the council requested in October last year but which was refused by the Minister of Health.

The cost of living, the consumer price index and the cost of running a medical practice had all increased, Mr Davidson said.

LETTERS

The SAMDC reported that it had received 39 letters from doctors in all the major centres of the country in which they had given details of increases in practice costs over the past year.

Rentals and salaries met by doctors had increased substantially.

The council pointed out to the Minister of Health that to avoid an abnormal increase in doctors fees, as was the case in 1979, the SAMDC had decided to make annual fee adjustments.

SMV

(13)

(14)

(15)

Only about one fifth of the population can afford dental services and most of those need help from medical schemes, Dr A M Ferreira, president of the South African Dental Association, said today at the annual meeting of the Pharmaceutical Society.

Dr Ferreira said that in South Africa although the affluent, largely white, section of the population received sophisticated dental care there was a section of the population that received virtually no treatment at all.

"Sacrifices may have to be made to help the State provide a comprehensive form of dental care for the entire population," he said.

This might see the greater use of dental auxiliaries in private practice.

"It would imply a

One in five can afford dental care

May 1983

The 38th annual meeting of the Pharmaceutical Society of South Africa began in Johannesburg today with a symposium on future trends and opportunities for the health profession. The symposium, chaired by Professor S A Strauss, of the University of South Africa, is expected to bring new ideas for co-operation between public and private sectors to meet the growing needs for the provision of health in the future. Reports by Zenaide Vendeiro and Eugene Saldanha.

greater turnover, reduced cost of dentistry and more time devoted to advanced procedures," he explained.

It was estimated that, in present economic conditions, the State would not be able to increase its

contributions to dental costs for the next 20 to 30 years. The consumer would also find it increasingly difficult to afford increased costs.

"This might put the dental profession back to

where it was about 30 years ago," said Dr Ferreira, "when the patient did not think of primary and secondary prevention but only of the relief of pain.

"The cost of dentistry is high and it is possible that consumer pressure may, as has happened in other countries, force some changes in the delivery of dental care.

"Being mindful of the force of such actions we should seek to keep dentistry within reasonable costs without reducing standards of treatment or causing an erosion of the profession's income," Dr Ferreira said.

Professor wants wider role for nurses in future

A multi-disciplinary health team was necessary to provide a comprehensive health care service, said the president of the South African Nursing Association, Professor Margaretha van Huyssteen.

No individual professional worker, regardless of training, had sufficient skills to render a complete service to individuals, family or community.

Professor van Huyssteen said modern health care necessitated a deepening and widening of the traditional nursing role.

She quoted the previous Director-General of the Department of Health, Dr J de Beer, as saying the nurse "will inevitably have to accept the greatest burden of the responsibility for primary health care".

Present nursing programmes, she said, would be gradually phased out and replaced by a comprehensive programme integrating general, psychiat-

ric and community nursing and midwifery in one programme. "The nurses of the future will therefore be even better prepared to meet the health needs of the community."

The scene was set for the expansion of a comprehensive State health service.

"Unfortunately this is not the case in the private sector, where certain restrictions prevent a nursing service developing to full potential," she said.

It should be possible, she believed, for a nurse under certain circumstances to examine a patient, make a diagnosis and in consultation with the pharmacist prescribe and administer certain medicines without referring to a medical practitioner.

A further limitation on an adequate nursing service in the private sector was the lack of provision for nursing care under medical schemes, Professor van Huyssteen said.

Private sector can do more

If the private sector did not play a greater role in health services, South Africa's critical shortage of health resources would get worse, the Director-General of Health, Dr K Retief, said today.

At the Pharmaceutical Society of South Africa's annual conference, which began this morning in Johannesburg, Dr Retief said private enterprise had always had an important role in the country's health, but it was time it played a greater role in providing primary health services.

"Primary health care represents the point of entry into a comprehensive health care system — the first contact with the professional. These services should be extended until we have adequate facilities to cater for the daily personal health needs of all our peoples. At present the provincial and State health services carry the bulk of the burden, but it goes without saying that these agencies cannot continue carrying the full responsibility," Dr Retief said.

On recent reports of ir-

Doctors should train for Third World conditions

Medical students should be more aware of the health problems of the Third World and better trained in family and general medicine for these communities.

This was said today by Professor J N de Klerk, chairman of the Medical

geared mainly to a Western society.

"Obviously more attention must be paid to training the young doctor to accept his community obligations and involvement.

"The practitioner must also be involved in ongo-

larities for State-employed doctors.

"If an overall medical scheme system is worked out to cover the major portion of the population it will take a large burden off the shoulders of the State and place it within the confines of the private sector," he told

be more aware of the health problems of the Third World and better trained in family and general medicine for these communities.

This was said today by Professor J N de Klerk, chairman of the Medical Association of South Africa (Masa).

At the annual congress of the Pharmaceutical Society of South Africa Professor de Klerk said much of South Africa's population lived under Third World conditions, but medical training was

ern society.

"Obviously more attention must be paid to training the young doctor to accept his community obligations and involvement.

"The practitioner must also be involved in ongoing medical education programmes under the control of medical schools and in association with Masa."

Dr de Klerk appealed to the Government to consider a new fee structure for private practitioners and higher sa-

doctors.

"If an overall medical scheme system is worked out to cover the major portion of the population it will take a large burden off the shoulders of the State and place it within the confines of the private sector," he told the congress.

Dr de Klerk said doctors in the public sector had not received increases in salaries during the past two years, and warned that this would lead to a serious drain of doctors from the public health services.

health needs of all our peoples. At present the provincial and State health services carry the bulk of the burden, but it goes without saying that these agencies cannot continue carrying the full responsibility," Dr Retief said.

On recent reports of irregularities among the medical and pharmaceutical fraternities, Dr Retief said: "I have great faith in both professions and with dialogue and good faith we will be able to sweep the skeletons from our cupboards."

Better planning needed as cities grow

The growth of urban areas will entail more effective planning and co-operation among all facets of health facilities and services, said Mr Don Sutherland, president of the South African Pharmaceutical Society.

Smaller health care centres were already envisaged by the State, he said. "However the society envisages them being financed and run by the private sector and incorporating all the necessary services such as medical practitioners, dentists, nurses, physiotherapists, health educationists and nutritionists and dispensing practices."

Industrial health care centres, serving several industries, had great potential, he said.

"These centres would encourage the provision of an organised health service to industrial workers and educate them into accepting private sector-based medical aid, for which they will have to assume some economic responsibility."

On the matter of health services in the rural areas, Mr Sutherland suggested the use of mobile dispensaries. The setting up of rural clinic dispensaries was also overdue, he said.

Mr Sutherland also appealed for the introduction of a two-tier tariff system. "Our present tariff caters for the economically affluent population and does not meet the needs of socio-subeconomic groups."

Medical aid 'could be a luxury'

By Eugene Saldanha

If subscription rates kept rising, medical cover could soon become a luxury that only the privileged few could afford.

The president of the Representative Association of Medical Schemes (RAMS), Mr J Ernstzen, sounded this warning at the annual congress of the South African Pharmaceutical Society in Johannesburg yesterday.

Pharmacists are 'bound to the dispensary counter'

Pharmacists could not function effectively as primary health care agents because there were too many legal restraints on them, the president of the South African Pharmacy Board, Mr G Clark, said yesterday.

He was addressing the annual congress of the South African Pharmaceutical Society in Johannesburg.

Mr Clark said there was a need to give pharmacists greater freedom within the confines of their pharmacies so their roles as primary health care advisers could be enhanced.

"At present the pharmacist is bound to the dispensary counter by invisible chains, partly of legal enactments, partly of his own inclination and train-

ing. His potential as a primary health care adviser would be greatly enhanced if he were free to leave the pouring, counting and measuring to an assistant with strictly circumscribed functions.

"There is nothing particularly radical about this idea. It has been done for years in Europe. The pharmacy board has been studying the question of technical assistance in the dispensary for some years and has almost reached the point where it can decide on some changes," Mr Clark said.

Mr Clark said statutory provision should be made to allow hospital pharmacists to communicate with patients and give them the benefit of their extensive knowledge of medicines.

Mr Ernstzen said that while medical aid schemes were locked into the present system of benefits, there was little the movement could do about rises in subscriptions. But medical aid schemes should pay more attention to achieving better financial results without unnecessarily resorting to tariff increases, he said.

Mr Ernstzen said the method of determining tariffs by appointing committees to make recommendations to the South African Medical and Dental Council (SAMDC) was unsatisfactory. This was because the Minister of Health had the "unenviable responsibility" of setting tariffs when the RAMS objected to the tariff committees' recommendations.

The method of determining tariffs for private hospitals also had disadvantages.

Mr Ernstzen proposed that the suppliers of medical services be allowed to determine their own tariffs, subject only to their ethical rules.

"The medical schemes, with the possible final approval of the Central Council for Medical Schemes, should also be allowed to determine tariffs on which benefits may be based. These tariffs could be reviewed on an annual or some other suitable time basis," Mr Ernstzen said.

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American dentists face 'empty chair syndrome'

94

S. Post

9/15/83

By **CLAIRE PICKARD-CAMBRIDGE**
AMERICAN dentists are suffering from the "empty chair syndrome" and, according to a report in the South African Medical Journal, are doing what doctors should be aiming at — working themselves out of jobs.

The American Dental Association has claimed that demands for dental services have decreased because of the recession and widespread fluoridation of American water supplies 20 years ago.

According to the SA Medical Journal, while American dental school enrolment has fallen, the actual number of dentists

will increase for some years — and there is not enough work for them.

Fluoridation of water supplies in most Australian areas appears to have had similar results.

The Medical Officer of Health in Port Elizabeth, Dr J N Sher, said his department favoured the fluoridation of water supplies.

"But the whole issue hinges on legislation allowing local authorities to fluoridate water supplies," he said.

"The process is inexpensive, but legal and moral encouragement is needed from higher authorities before this can proceed."

Dr Roux Wentzel, an

executive member of the Dental Association of South Africa, said "almost everybody" in the dental and medical profession favoured fluoridation.

"This would make teeth more resistant to dental decay and could reach those who did not always receive necessary dental care and most needed it."

He said those arguing that it should be optional for people to treat their private water supplies failed to see that many could not afford this.

"There is no reported difference in the mortality rates of those drinking fluoridised and non-fluoridised water."

He said the State Presi-

dent had appointed a Commission of Inquiry into the issue 20 years ago and the commission had unanimously favoured the fluoridation of municipal water supplies.

"However, the issue became a political football and, despite many overtures to those in authority, nothing was done due to a vociferous minority who disapproved.

"But it has been proved absolutely safe in the scientific arena, provided it is administered in the right quantities."

The president of the Cape Province Municipal Association, Dr T G Schibusch, said he thought fluoridation beneficial.

Medical, dental fees to go up

2/14
Consumer Reporter

Star 30/6/83

Patients will have to pay 12 to 15 percent more for medical and dental treatments and also face an increase in medical aid subscriptions.

The Minister of Health and Welfare, Dr Nak van der Merwe, has announced a 15 percent increase in medical and dental tariffs from September 1. The price rise applies to doctors and dentists contracted into medical aid schemes.

Earlier this week the Medical Association of South Africa (Masa) recommended an immediate increase of 12 percent for doctors contracted out of medical aid schemes.

Subscriptions to medical aid schemes will also be raised soon, said a spokesman for the Representative Association of Medical Schemes.

Doctors contracted into medical aid schemes will charge about R8,80 for a consultation (previously R7,70).

Doctors contracted out of medical aid schemes will charge between R9,30 and R12,60 a consultation (previously between R8,40 and R11,40).

Dentists contracted into medical aid schemes will charge about R6,50 a consultation (previously R5,65). A one-surface filling will cost about R8,60 (previously R7,50).

Most dentists, who are contracted out, charge about R8 to R13 for a consultation.

Because the price adjustment was usually granted earlier in the year, the Cabinet had decided to approve a 15 percent increase instead of the earlier guideline of not more than 10 percent.

Increase in ~~2~~ ⁹⁷ medical fees ~~2~~ ^{E. Post} runs into flak ^{30/6/82}

JOHANNESBURG — The 15% increase in tariffs for doctors and dentists contracted to medical aid schemes has come under fire from the Consumer Council.

In a statement the council said the increase had come at a most unfortunate time, and was "a serious setback for the older members of the community who have to rely increasingly on medical assistance".

The council expressed the fear that the increase could harm the relationship between practitioner and patient since it could typecast — "quite unjustly" — the average medical practitioner as being more interested in an excessive profit margin than in rendering an essential service.

The council appealed to the authorities and the medical profession to limit themselves to moderate tariff rises.

Approval for the increase was announced yes-

terday by the Minister of Health and Welfare, Dr Nak van der Merwe. The increase will come into effect on September 1.

Sapa reports that the Medical and Dental Council had proposed to implement increases of 17% and 30% in March this year for doctors and dentists respectively.

These proposals conflicted with a Cabinet decision that no price increases of more than 10% should be approved this year, and they were referred back to the council for negotiations, which are still in progress.

"I am of the opinion that an adjustment of the tariffs or fees is justified," Dr Van der Merwe said.

However, medical aid schemes would not be able to implement any adjustment before September 1.

Over and above the 10% that would have come into effect in March, therefore, he felt a further 5% was justified.

Medical men to get more

Cape Times 30/6/83

Political Staff

DOCTORS and dentists contracted to medical aid schemes have been granted a 15 percent tariff increase.

The Minister of Health, Dr Nak van der Merwe, announced yesterday that the increases would be effective from September 1.

Last year the South African Medical and Dental Council was approached by the Medical Association and the Dental Association to revise tariffs applicable to members of medical aid schemes.

As a result the council recommended a 17 percent increase for doctors and a 30 percent increase for dentists with effect from March.

But any increases are subject to ministerial approval and Dr Van der Merwe said that while an increase was justified the cabinet had decided it should not exceed 10 percent.

"I believe medical practitioners and dentists, like others in South Africa, must contribute towards the fight against inflation and an adjustment of their tariffs by 10 percent from March, 1983, is justified.

"But since medical schemes will not be able to implement any adjustment before September 1, I believe a further increase of 5 percent is justified."

Representatives of medical schemes had agreed to the increase, he said.

Doctors contracted out of medical schemes were granted a 12 percent tariff increase last week.

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Crash project to train black doctors

Argus Correspondent

PRETORIA. — The Medical University of Southern Africa (Medunsa) will train about 200 doctors, 50 dentists, 50 veterinarians and 300 paramedical specialists a year in the next five years.

A spokesman for the university said that millions of rands have been earmarked for projects aimed at expanding and building facilities to cater for the growth of the institution. The university would accommodate about 4 500 students a year, he said.

Phased out

"In a country where there is only one black doctor for every 90 000 black people, and black dentists and veterinarians are almost non-existent, we can be proud of the work Medunsa is doing," he said.

The university, comprising of faculties of medicine, dentistry and veterinary sciences, was established on August 21 1976 to train black doctors after black students were phased out at the University of Natal's Wentworth Medical School in Durban.

The university is located about 30 km northwest of Pretoria in Garankuwa on the border of

Bophuthatswana. It adjoins the Garankuwa Hospital which treats more than 20 000 outpatients and 3 000 admissions a month.

Graduation

The first batch of medical graduates was capped last November. The second graduation ceremony will be held on November 26.

Mr Louis Vogel, chief public relations officer at Medunsa, said a number of major companies and distinguished personalities have been invited to tour the campus on October 26.

The guests will visit the lecture rooms, students' residences, laboratories and other facilities on the campus.

Dentists want to increase fees by 33 percent

Mercury Mercury Reporter 14/10/83
THE Medical and Dental Council is seeking Government approval for another increase in medical tariffs.

The council decided at its meeting in Parow to ask the Minister of Health to approve increases of 33 percent in dental tariffs and 8 percent in doctors' fees.

This follows a 15 percent increase in tariffs last month.

The Director-General of Health, Dr F P Retief, told the meeting the minister might not approve the 33 percent increase for dentists because of the unfavourable economic climate, and because the public might feel such an increase was unreasonable.

If the 8 percent increase for doctors were approved it would cost medical schemes an additional R32 million a year. The average family paying R60 a month to a medical scheme would have to pay about R2 more a month.

Mrs Doreen Stevens, chairman of the Durban branch of the Housewives' League, said she felt dentists' fees were already extremely high.

'In this time of inflation, when people are pretty well at their lowest, a 33 percent increase is a bit much,' she said, sounding outraged.

Medical aid tariffs would increase and place an extra burden on already hard-pressed consumers.

Greedy

Durban doctors said costs had risen considerably and therefore a substantial increase was appropriate, but more than one said doctors ought not to become greedy.

'I feel that our work, treating patients, comes first, and we should not be too conscious of fees,' said a doctor.

Another doctor said: 'I don't feel one needs to charge an exorbitant amount, but the costs of running a practice have risen faster than the tariffs.'

'One has to see more and more patients to cover one's costs.'

'But after the September increase this hike will be very hard to justify and I'm sure the minister won't approve it.'

Dentists said they had been feeling the pinch as their costs soared faster than fees.

Said one: 'The public has the impression that dentists are a wealthy bunch, but this is not so true any more.'

'The costs of running a practice have risen out of all proportion, and we've been hard-pressed at the end of the month to find the money to settle our accounts.'

avoid a collision

He could not deny that Mr Kotze had been hit by his car.

Probation officer Mrs S E Geldenhuys recommended community service as a suitable sentence for Malan.

SUSPENDED

Mrs Geldenhuys said because of his eight years' shipping experience, Malan could provide useful service to the NSRI.

Mr Swanepoel suspended Malan's driving licence for 18 months and ordered that he report to Miss J Hughes at Nicro in 10 days to serve 150 days of community service within 12 months under the supervision of Mr Tony Moore of the NSRI.

Malan acknowledged a previous conviction of driving while under the influence of liquor.

Mrs B Kraynaw appeared for the State and Mr B Halliday for Malan.

UK doctors quit over SA re-admission

ARGUS 6/1/84 94

Argus Foreign Service LONDON. — The British Medical Association has resigned from the World Medical Association over the WMA's decision to re-admit South Africa.

South Africa resigned from the world body after the Medical Association of South Africa was accused of being unable to give a satisfactory explanation of the role played by doctors before the death of Mr Steve Biko in police custody. South Africa was later re-admitted.

Dr John Harvard, secretary of the BMA, said yesterday: "The decision is the culmination of a series of events which have eroded the confidence of UK doctors in the ability and willingness of the World Medical Association to pro-

vide an international forum for the resolution of important medical, professional and ethical issues.

"FAILURE"

"These issues included the failure of the Medical Association of South Africa to investigate adequately the conduct of certain doctors who had examined Steve Biko before his death in police custody."

The BMA's resignation follows a row over the voting system, which allowed three countries — the United States, West Germany and Japan — to outvote the whole of black Africa over the re-admission of South Africa.

Under the WMA's constitution, each country's number of votes depends

on the number of members it pays for. The US has 36 votes, and West Germany and Japan 14 each. Britain has two votes and most other countries only one each.

The BMA decision reduces membership of the world body to 39 countries. Membership has declined steadily from a total of 60 in 1971. All the black African countries resigned over the South Africa decision with the exception of Lesotho and Transkei.

The Scandinavian countries and Holland also resigned over the issue.

In a statement issued today, Dr C E M Viljoen, Secretary General of the Medical Association of South Africa says:

"MASA notes with regret but not with sur-

prise that the Council of the BMA has decided that it should resign from the World Medical Association.

"The regret is due to the fact that the objects for which the WMA was established, which include ensuring the highest international standards of medical training care and ethics, deserve the support of all doctors and can best be pursued through the WMA.

RESERVATIONS

"The MASA is not surprised at the BMA decision, however, as their representatives at the WMA assembly held in Venice during October 1983 had expressed reservations about certain aspects of the Constitution of the WMA — specifically in regard to proportional representation and about its ability to serve as an international forum for the resolution of important professional and ethical issues.

"The majority at the assembly did not regard the BMA objections as valid and did not support the proposals made by them in this regard.

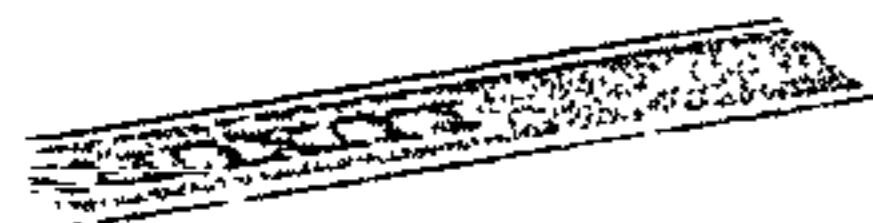
"It must be stressed that the re-admission of the MASA to the WMA was never at issue in Venice. Reports to the effect that the MASA was suspended from the WMA are false.

"The MASA resigned from the WMA during 1976 because of the WMA continuing disregard, at that time, of its own constitution and rules and because it was following a policy of expediency, based on self-interest.

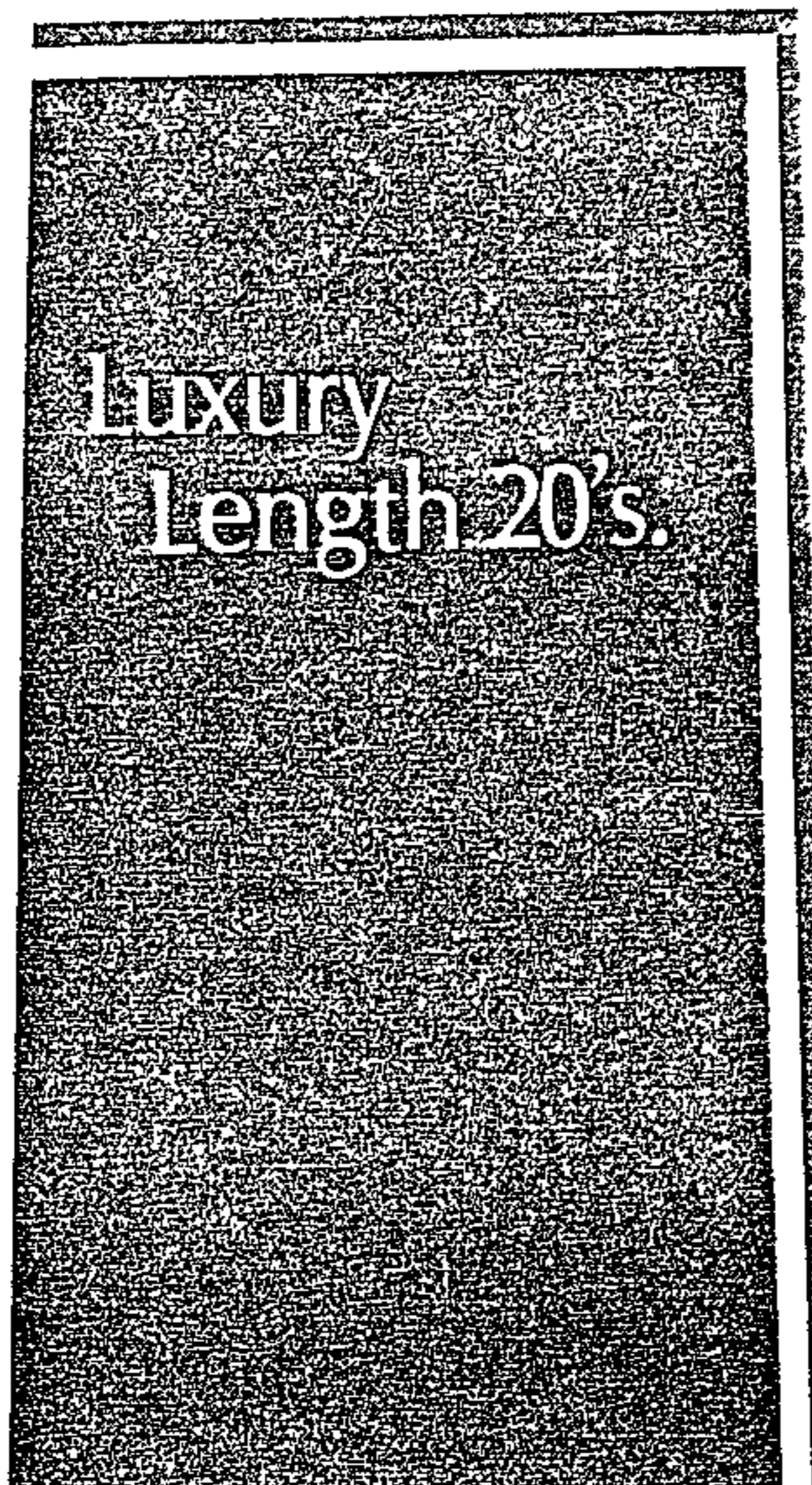
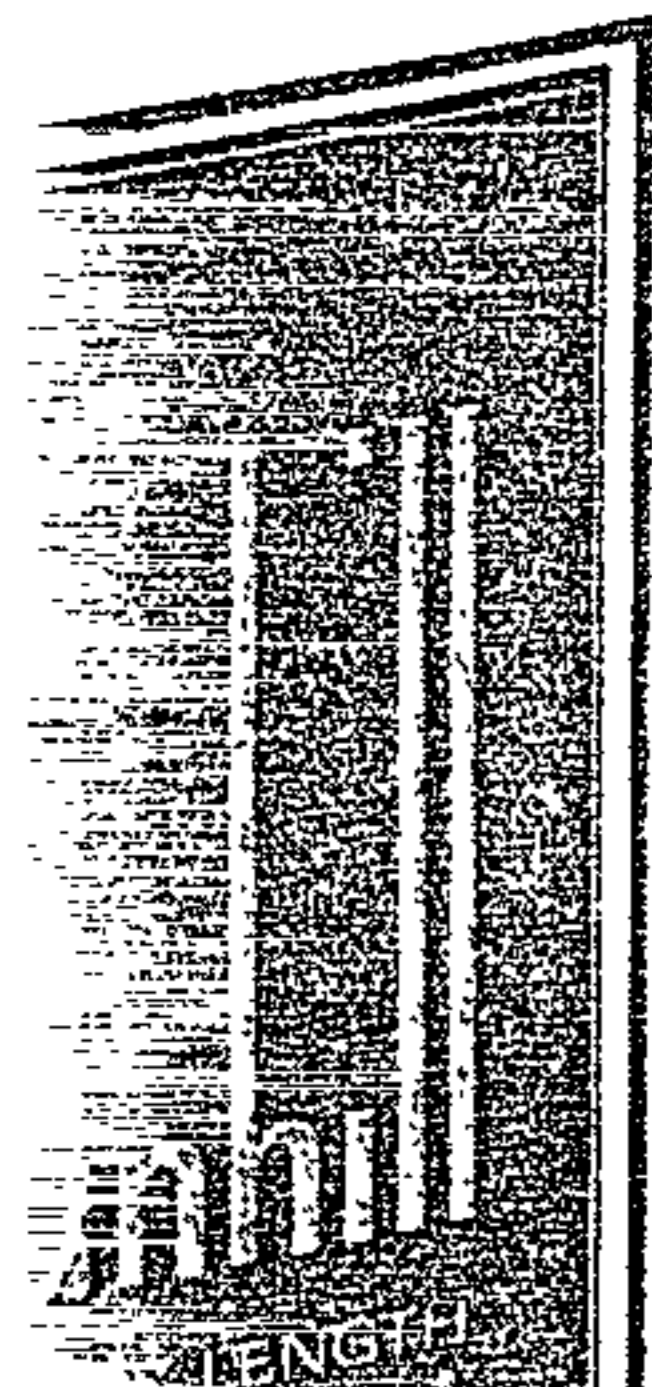
"This resulted in discrimination against certain member associations including the MASA. This was subsequently rectified after the American Medical Association's return to the WMA and in 1981 the MASA was re-admitted by an overwhelming majority, after being requested to apply for re-admission. Such re-admission was opposed by the BMA."

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World of Birds

Staff Reporter

THE World of Birds park and sanctuary will remain open, although the hospital has closed, according to the owner of the park, Mr Walter Mangold.

A report in The Argus

'Restructuring' of health system needed

Staff Reporter

A FUNDAMENTAL restructuring of the entire medical system is needed to alleviate the current health-care crisis in South Africa, according to a study prepared for the Carnegie conference on poverty which opens in Cape Town tonight.

Mr Pundy Pillay, of the South African Labour and Development Research Unit at UCT, says the training of more doctors, nurses and dentists will not ease the chronic shortage and poor distribution of medical personnel in South Africa unless it is linked to the provision of an effective primary rural health-care system.

Pyramid-shaped system

He says the rural sector economy is unable to support a primary health-care system based on professional personnel and proposes a "pyramid-shaped" system, in which a broad base of non-professional community health workers will deal with 40 per cent of the demand for care and refer the rest to progressively smaller layers of specialized institutions.

Mr Pillay describes the current health structure in South Africa as

fragmented and poorly distributed in relation to health needs".

'Third World' structure

One sector of the population (urban and largely white) has a First World health system while the other (the homelands and rural areas, largely black) has a typical Third World health structure.

"The main failure of the health system is its inability to provide an adequate service to the population as a whole."

He says that only 5,5 percent of South African doctors practise in the rural areas where 50 percent of the population live.

Change in 'political control'

The situation is particularly bad in the homelands where, in 1976, the doctor-population ratio was about 1:174 000.

In his conclusion Mr Pillay concedes that it is unlikely that a more equitable distribution of resources will occur within the health sector without fundamental changes in the mechanisms of economic and political control in South Africa.

NATIONAL

Medical complaints: Only fraction were disciplined

Argus 26/4/84 (92)

Argus Correspondent

PRETORIA. — Only a fraction of complaints against doctors lodged with the South African Medical and Dental Council lead to disciplinary hearings, the president, Professor Frans Geldenhuys, has said.

In his opening speech at the council meeting which began in Pretoria on Tuesday, Professor Geldenhuys said that in 1983 18 109 medical practitioners were registered with the council.

Last year 259 complaints were received — which represented 1,43 percent of the number of doctors. Of these complaints 40 ended up in disciplinary hearings.

Most of the complaints were related to persons who had not registered with the council, to incorrect sick certificates, overcharging, charging for services not rendered and incompetent treatment, he said.

There were also complaints about overservicing, criminal convictions, advertising and defaulting in regard to professional secrecy.

Referring to the number of doctors registered in South Africa, Professor Geldenhuys said a committee had been appointed to investigate the maldistribution of doctors.

In Pretoria 1 600 doctors were practising, on the East Rand 500, West Rand 200, Johannesburg 3 100 and Durban 1 300.

More than half the number of medical practitioners were practising in the larger urban areas.

In the non-urban areas, for example those in Northern Transvaal, there were 179 doctors, in Southern Transvaal 400 and southern Free State 38.

The majority of doctors were trained in South Africa, with about 20 percent coming from other countries like Britain, Eastern Europe and India.

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Medical, dental fees up on July 1

Cape Times
24/5/84

85 94

By PETER DENNEHY

CONSUMERS reeling from a barrage of cost-of-living increases are to suffer yet another blow when medical and dental fees rise from July 1.

The Minister of Health and Welfare, Dr Nak van der Merwe, announced in Cape Town yesterday that medical fees would increase

from July 1 by 8,8 percent and dental fees by as much as 25 percent in the case of general practitioners and by 10 percent for others.

July 1 also marks the rise in general sales tax to 10 percent.

Dr Van der Merwe said in a statement that it was on the recommendation of the SA Medical and Dental Council (SAMDC) that general practitioners would get an average 8,8 percent increase.

A report before the Representative Association of Medical Schemes (RAMS) when the increase was mooted in October last year — after a 15 percent rise in medical and dental fees on September 1 —

estimated the proposed medical increase would cost aid schemes R32 million a year.

RAMS president Mr John Ernstzen said at the time that aid schemes would have to raise subscriptions "substantially".

The SAMDC had proposed a 33 percent rise in dental fees, which Dr Van der Merwe said he was "not prepared to accept".

Instead, he approved a general rise of 10 percent with "an additional increase of 15 percent only to general practitioners within the dental profession".

The increases would be the last to be approved by the minister, as tariffs would in future be determined by RAMS, in terms of the Medical Schemes Act passed by Parliament this session, the statement said.

The latest increase comes in the wake of a wave of others.

● GST will rise to 10 percent on most items on the same day.

● Capetonians will pay 8 percent more in rates from July 1, electricity fees are to rise by an unspecified amount and water tariffs rose by 7 percent from April 1 this year.

● Suburban rail fares jumped 12,8 percent on average for third-class tickets on April 1, and domestic air fares rose 6 percent.

● A massive national maize price increase of 18,5 percent was announced on April 26.

● The budget seven weeks ago increased tax and duties on cigarettes and beer.

● Company tax was also raised in the budget to 50 percent of profits.

● Provincial hospital tariffs rose 50 percent from April 1.

● Postal tariffs, including the cost of telephone calls, rose 9 percent on April 1.

● Milk rose by 4c a litre from April 1 and the bread price rose 6c a loaf from February 20.

● The wholesale price of beer rose 5,5 percent in mid-February.

● Mortgage bond instalments rose in mid-February. At the beginning of the same month, GST rose from six to seven percent.

8-25pc rise in medical dental fees

Political Correspondent

MEDICAL and dental fees for members of medical schemes are to be increased by between 8,8 percent and 25 percent from July 1, the Minister of Health, Dr C V van der Merwe, has announced.

Medical fees will rise by 8,8 percent and dental fees by 10 percent, with an additional increase of 15 percent for general practitioners within the dental profession.

The minister said the Medical and Dental Council had proposed a general increase of 33 percent in dental fees, but he was not prepared to accept this.

This will be the last time the minister will have to determine a fee on the recommendation of the council.

In terms of the Medical Schemes Amendment Act, passed this year but not yet implemented, fees will in future be determined by the Representative Association of Medical Schemes after consultation with medical associations.

HEALTH & DISEASE - DENTIST

1988 - 1990

p/d 16/4/88

Pain can be biting ⁹⁴

by David Fletcher
Migraines and pains in the neck, back and ears may all have their root in the jaw, through malocclusion or "bad bite". Now there is a new way of analysing bite on offer which may change the way dentists deal with this problem.

Dentists perform thousands of examinations of the bite each year, without a quantitative method of analysing them. To date, all that has been available to dentists has been a strip of pliable material to show tooth contacts.

Dr Williams Maness, a Boston dentist, has developed a disposable sensor to analyse the bite by computer. It promises a host of other applications such as treating muscle pain suffered by

joggers and giving robots a sense of touch.

Ideally, as many teeth as possible should touch at the same time and with the same force, which can be as much as 200lbs a square inch.

The new device can accurately measure tooth contacts, look for points of excessive pressure and check the efficacy of treatment.

Bite disorders are the cause of many dental problems such as tooth pain and premature failure of crowns and fillings.

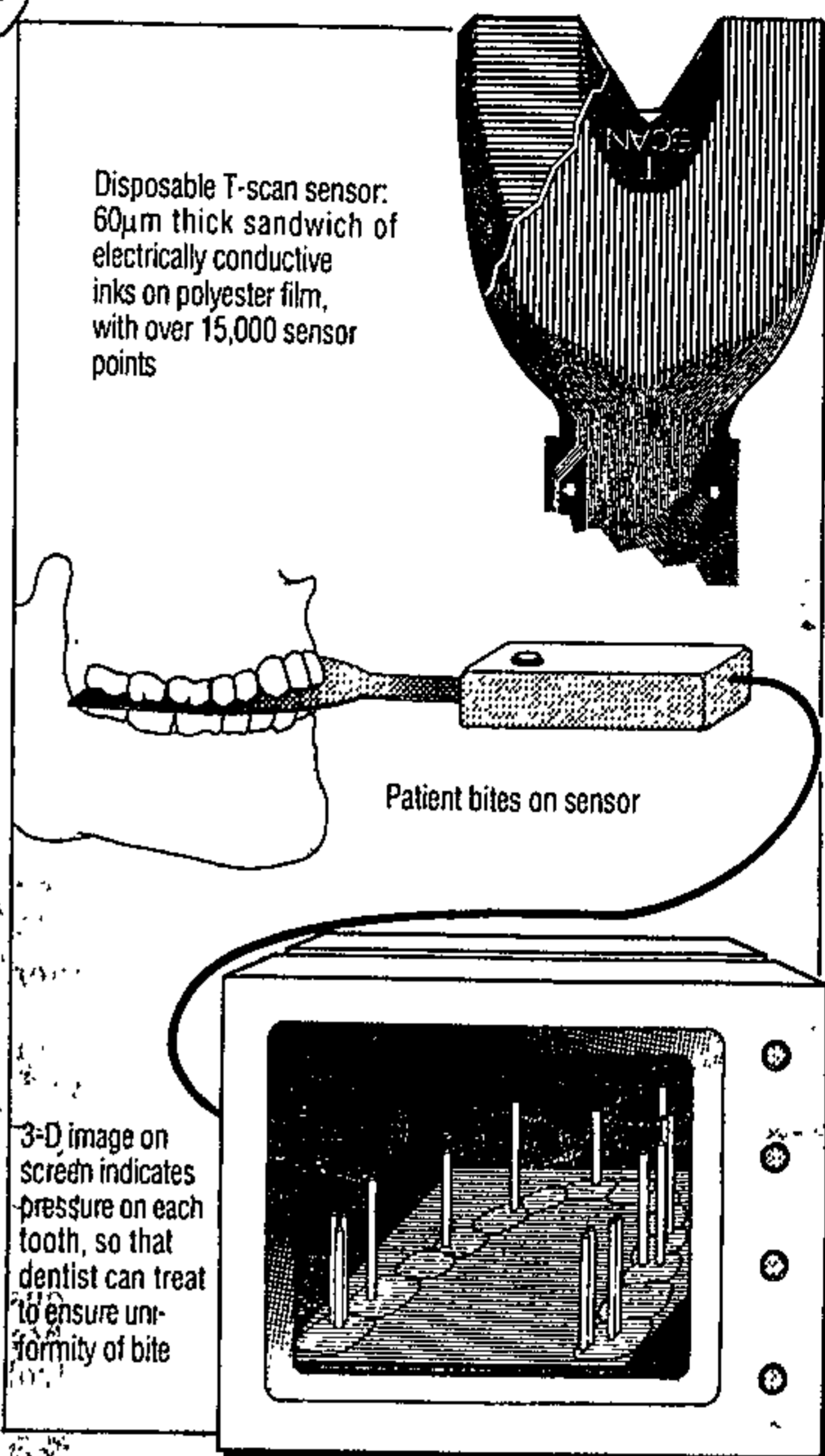
Uneven bite and tooth grinding are two common causes of temporomandibular (TM) disorder. TM concerns the joint in front of each ear, an essential hinge that can sometimes get out of alignment.

Such misalignment upsets the delicate balance of the muscles and ligaments that control the jaw, affecting not just the jaw but also the neck and shoulders in some cases.

"It is more common than you would think — it has been estimated that some five to ten per cent of people may suffer from it to some extent", Dr Maness said.

The sensor scans 100 times each second during a bite. The teeth, forces between them, and points of contact are displayed on a video monitor and analysed to help the dentist assess bite, check how orthodontic correction is progressing, how well dentures fit or whether a filling is raised.

Disposable T-scan sensor: 60µm thick sandwich of electrically conductive inks on polyester film, with over 15,000 sensor points



914

EDUCATION FILE



IT was happy smiles all round recently after the attestation ceremony where Dr Moditjana Paile read and signed the dental oath. With him and his wife, Pheladi, is Professor F D Verwayen, dean of the Faculty of Dentistry. Also in the picture are the Paile children (from left) Mokoni, Kgwerano and Maphuti.

Medunsa dentists pass

Dr MODITJANA Paile recently qualified as a dentist at the Dental Faculty of the Medical University of Southern Africa. He represents the second class of graduates. Speaking at Dr Paile's attestation ceremony, Professor F D Verwayen, dean of the faculty, said the attestation was as significant as any other which will follow in future years. "Whether to honour and witness to one or 50, this function marks, and will always mark, one of the important and significant milestones for all who graduate from the faculty," he said.

Graduations at Turfloop

FOR the first time, the University of the North's graduation ceremony will be held over three days — June 30 to July 2, the university's public relations department announced this week.

A total of 1 154 degrees and diplomas will be awarded, 10 masters degrees and four doctorates.

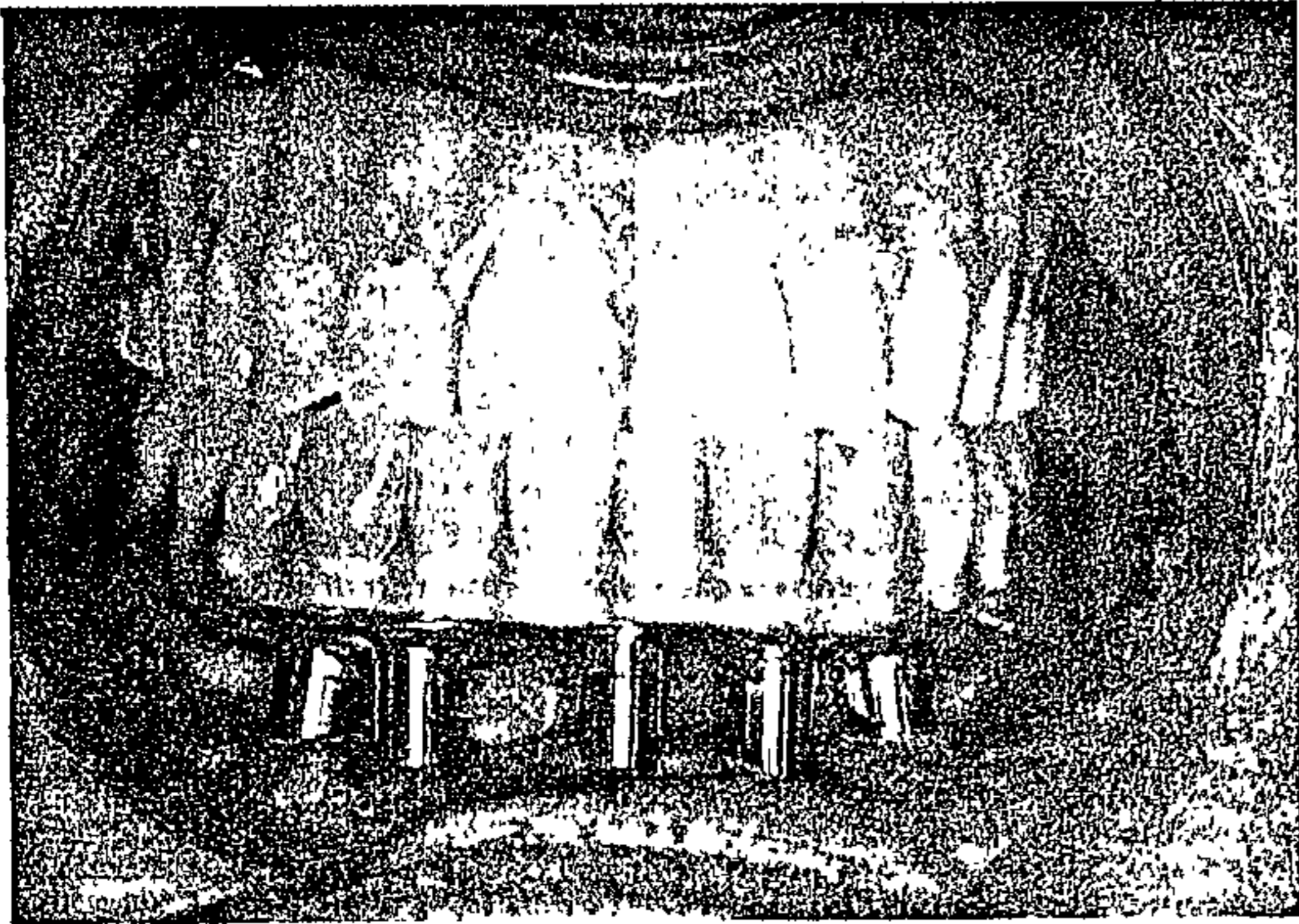
Guest speakers will be, Dr Louw Alberts on June 30, the deputy director-general, Education and Training, Dr D Mering, on July 1 and the vice-chancellor and rector of the University of Transkei, Professor W L Nkuhlu, on July 2.

Meanwhile, the 13th meeting of the convocation of the University of the North will be held at the university tomorrow in the conference hall (R-Block) at 10am. University graduates are invited to attend.

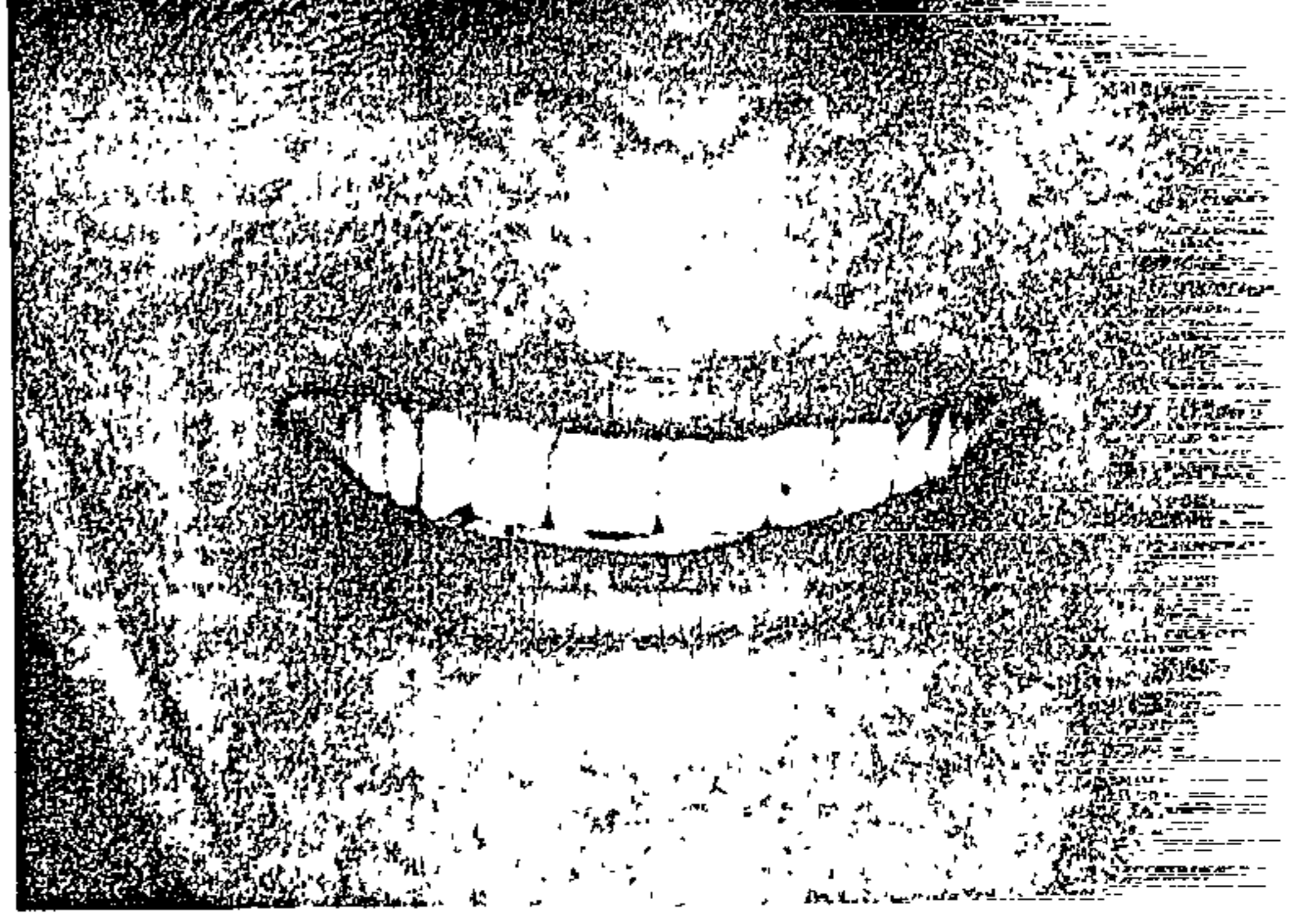
Star 29/10/88 94

JAWS

Just when you thought it was safe to go back to the dentists, they put the 'bite' on you with a dazzling breakthrough...



JAWS: A clear view of the metal abutments and the teeth fixed on top.



BIG SMILE NOW: And here for the fussiest of movie star agents is the finished.

A BREAKTHROUGH in dental surgery has put a smile back on the faces of South Africans who previously had denture trouble.

Denture difficulties are a common problem. A simple indication is the pain experienced when biting an apple — or even just laughing.

But now, through a process called "osseointegration", (from "osseo" meaning bone and "integration" meaning to make as one), dental implants can anchor false teeth directly into the bone beneath the gum.

Ill-fitting or painful dentures become a thing of the past.

The implants can't be told from real teeth and, if maintained properly, will last a lifetime.

The system was developed in Sweden and has been used at Wits University Dental School since 1984. Some 50 patients have been treated there, with a success rate of about 93 percent for the 300 implants used.

Research was carried out on this technique by Professor George Zarb of Toronto University in Canada.

He visited South Africa in 1981 and tried to get local universities to reproduce the clinical trials already carried out in Sweden and Canada.

He met two leaders in the field of dentistry, professors Hannes Slabbert and John Lowrie.

Professor Slabbert is chief specialist and head of the department of prosthetic dentistry at Wits University's School of Dentistry.

Professor Lowrie is chief specialist in the division of maxillo facial and oral surgery in the department of surgery at Wits Medical School.

They saw the potential of the implant technique and in 1982 went to the first International Congress on Osseointegrated Implantology in Toronto.

They came home rarin' to go and secured the permission of the university and the Department of Health to start training. They also got a promise of finance from the Dental Association of South Africa, the State Health Department and Anglo American.

Two years later they went to Sweden on a 10-day course. On their return, they bought the equipment needed to undertake the procedure.

BARBARA DUNN

The outlay was R45 000, but they started operating almost immediately — the first time in this country anyone had attempted anything so revolutionary.

Said Professor Lowrie: "The implants are small metal pillars made of titanium, one of the most tissue-tolerant metals known to man."

"Unfortunately, at the moment they are made only in Sweden and America, so six of these costs about R2 000.

He added: "Anyone who is healthy can have the treatment, but it is usually people who have too little bone for conventional dentures to fit properly or people who have suffered bone loss because of an accident who are selected."

The procedure is in two parts. Altogether the process takes about an hour and a half's surgical work.

The first phase is the placing of the implant under the gum tissue. This is then left to heal for three or four months. During this healing period, people wear their usual dentures.

The second step is when the abutments, or pillars, are placed on to the implants. A month after that, the teeth are fixed.

Said Professor Lowrie: "Usually the gums are sore for a few days, but once the healing is complete and the prostheses are maintained properly, there is no reason why a comfortable, normal way of eating and living can't be looked forward to.

"Maintenance means good regular care like brushing, flossing and rinsing as well as check ups.

"If this doesn't take place, then gum disease can occur round the implant just like it can round the root of a tooth."

The new method is an important advance and Israel will host a world congress next year to seek consensus on future developments.

Professor Lowrie will present a paper at this congress.

• The waiting list for this new treatment is long. At the moment the procedure is being used in reconstruction work after major surgery on cancer or motor accident victims.

Pick 'n
 Southern Transvaal Discount Store
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MORE
 the more store
SUN
 THESE PRICES APPLY TO WEEKEND

Hope for Indian doctors

DURBAN — There is new hope for more than 300 Indian doctors and dentists resident in South Africa and unemployed because their qualifications — obtained in India — are not recognised.

The Minister of Health Services and Welfare in the House of Delegates, Mr Raman Bhana, said

yesterday he would meet members of the SA Medical and Dental Council (SAMDC) at its 60th anniversary celebrations in Pretoria tomorrow.

"I will lobby support for the doctors and dentists and highlight their plight as they have not been able to obtain work in this country without SAMDC registration."

Mr Bhana said the Minister of National Health, Dr Willie van Niekerk, would also be making special representations.

Mr Bhana said Dr van Niekerk would ask the SAMDC to consider the plight of the affected doctors and dentists as the SAMDC regulations had only come into operation midway through their training in India. — Sapa.

St Times 20/1/89

Dentists seek import relief

94

By Robyn Chalmers

THE Government is considering exempting dental imports from surcharges.

The Dental Association of SA (DASA) asked Board of Trade and Industry chairman Lawrence McCrystal for exemption.

Dr McCrystal says: "The application is still being processed because the Christmas holidays caused a delay. I cannot say when a decision will be made."

Sensitive

The situation is sensitive because the board cannot exempt one area and not another which may also have a sound case.

DASA executive director Helmut Heydt says Dr McCrystal gave the association a four-hour hearing.

"We are satisfied that the Government is serious in its consideration of an exemption for dental supplies. It is vital that it be granted because 99,9% of dental instruments are imported.

"Dentists cannot absorb

the import surcharge, which can amount to 60%. The higher cost will be passed to the patient, which is inflationary."

Dr Heydt says the dental profession, in line with the stance taken by private hospitals, regards the annual increases set by the Representative Association of Medical Aid Societies since 1974 as ludicrously inadequate. The association has published its own national schedule of fees since before 1950.

"One has only to look at the facts to see how ridiculous the increases are. An ordinary consultation with a dentist costs R26, but the medical-aid scale of benefits allows only R13,60.

Similar

"This means that the patient foots the bill for the rest. We cannot go the same route as private hospitals because the Medical Council has ruled that dentists cannot charge in advance."

Dentists are in a similar position to that of other members of the medical profession who import equipment — radiologists and physiotherapists.

W/6 ARGUS 22/4/87

New plan alarms doctors, students

by VIVIEN HORLER
Weekend Argus Reporter

SENIOR medics believe a plan to compel some graduating doctors to do two years' community service in rural areas before they can register to practise could result in more doctors leaving the country.

And medical students are worried that the proposal could condemn them to years of low income as they struggle to repay student loans which can be as high as R30 000.

This week the South African Medical and Dental Council, the statutory body with which doctors have to register, adopted the proposal in principle, but council registrar Mr Nico Prinsloo said the details still had to be worked out.

Shortage

"The council feels the need for this type of service because there are certain areas of the country, principally the rural areas, where there is a shortage of doctors.

"This is the primary motivation for the idea — it is not designed to prevent doctors from emigrating."

It was suggested in a report to the council that doctors who had served two years military service be exempt from the provision, but it was made clear community service would not be offered as an alternative to military service.

Counter-productive

If doctors who have served their time in the army are exempt, this will mean the new plan applies mainly to black and women doctors.

Professor J P van Niekerk, new dean of the University of Cape Town's medical school, was wary of the plan.

"If anything is made too punitive people will start breaking the law. If taxes are too high, people avoid them;

if people are compelled to do community service you will drive them from the profession or even the community.

"You must balance the needs of the country with the needs of the individual so that the individual wants to stay here and give service."

There was also the cost factor — the filling of hundreds of posts in rural areas every year would be a major financial consideration.

Dr Max Price, spokesman for the National Medical and Dental Association, said he believed the Medical Council's primary aim was to reduce emigration.

"But what they are proposing will simply defer emigration for two years and may even increase it, since graduates may see two years of compulsory service as a diversion from their career developments."

He added: "The main reason for emigration is compulsory conscription of white male doctors."

Professor van Niekerk said definitive figures were not available, but it was thought about 30 percent of UCT medical graduates and 60 percent of Wits medics left South Africa. Figures for Afrikaans medical schools were minimal.

"I don't believe this plan will stop the medical brain drain, because if a student is in possession of a qualification from a university he or she can leave — they don't have to be registered to practice here.

"The alternative would be to withhold the degree until the community service requirement is completed, but I think that would be dreadful.

"The system should allow for choices. And perhaps certain choices, such as working in rural areas, could be made more attractive by the waiving of a proportion of medical fees, or by offering more money. It is always preferable to persuade people to do something by offering rewards rather than forcing them."

Dentists may charge twice med aid rates

By MONICA GRAAFF

DENTISTS have been advised to charge fees of up to 100% more than the amount medical aids are prepared to pay — and patients will have to pay the difference.

Thus if a dentist charges the new recommended rate of R28 for an ordinary filling when medical aids are only prepared to pay R14,70, the patient will have to pay the R13,30 difference.

This recent Dental Association of South Africa (Dasa) recommendation was made because the scale of benefits determined by the Representative Association of Medical Schemes (Rams) had not kept pace with the increasing costs of dental practices, the Dasa director, Dr Helmut Heydt, said yesterday.

Dentists had therefore been advised to follow the guidelines of Dasa's annually-updated National Schedule of Fees which recommended rates that were more-or-less 100% higher.

These guidelines recommended annual increases in excess of the annual average cost of living increase as they took the increasing costs of imported dental products and other factors like

the education of dentists' children into account.

"While we understand that it will be difficult for Rams to improve the scale of benefits, we cannot advise our members to charge Rams rates," he said.

The chairman of Rams, Mr Nic van Rensburg, declined to comment yesterday on whether his association would consider increasing the amount medical aids would be prepared to pay.

Charging more than the Dasa rate is illegal, but dentists are under no legal obligation to inform their patients that their rates are higher than what the medical aids will pay.

But a pamphlet explaining the necessity of the increased rates to patients has been sent to all Dasa members for inclusion with their accounts.

It tells patients that they "are personally responsible for professional services rendered" regardless of whether they are members of a medical scheme.

"Fees are usually charged by dentists and dental specialists according to individual circumstances and you are free to discuss this matter with your dental practitioner," it adds.

Southern 2/8/89
Dental
group
offers *(94)*
media
award

ELIDA Ponds have announced a new media award.

The award, to be presented by the Dental Association of South Africa, carries R2 000 in prize money.

The association says the award is necessary because a lot of tooth decay is caused by plaque and public ignorance of oral hygiene.

The new award was announced at the launch of this year's Dental Week which begins on August 14 with the slogan:

"Oral Health- the Nation's Wealth".

Education Departments: subsidy formula

16. Mr R M BURROWS asked the Minister of National Education:

- (1) Whether he has determined a subsidy formula for the financing of South African executive education departments; if not, why not; if so, (a) what is this formula and (b) when was it determined;
- (2) whether provision has been made for the a factor to be greater or less than one in the case of any education department; if so, (a) what provision, and (b) why, in each case;
- (3) whether he has determined a timetable for the progress of the a factor for all education departments ultimately to

reach one; if not, why not; if so, what is this timetable?

The MINISTER OF NATIONAL EDUCATION:

- (1) No. Although these financing formulae have already been drafted, no general policy has been tabled yet under section 21(1)(a) of the National Policy for General Education Affairs Act, 1984 (Act No 76 of 1984), as certain interested parties still have to be consulted. The formulae together with a strategy for their implementation on the long term will be announced as soon as general policy has been determined.
- (2) Lapses.
- (3) Lapses.

HOUSE OF DELEGATES

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

Own Affairs:

University of Durban-Westville: dentistry students

Mr M RAJAB asked the Minister of Education and Culture:

Whether any students were enrolled in 1990 in the faculty of dentistry at the University of Durban-Westville for a degree in dentistry; if so, how many; if not, why not?

D14E.INT

The MINISTER OF EDUCATION AND CULTURE: Mr Chairman, I wish to give this answer though it falls within the ambit of the hon the Minister of Health Services and Welfare. However, in consultation with my colleague we have come up with an answer to this interpellation, which is posed as if it is a two part question. The answer to the first part of the question is that no students were enrolled at the University of Durban-Westville in 1990 for the degree in dentistry.

The answer to the second part of the question is that facilities have not yet been established for the training of graduates in dentistry. The university is presently evaluating the feasibility of proceeding with the project in accordance with the required Cabinet decision on the basis of funding.

Mr M RAJAB: Mr Chairman, I am sorry that it has fallen to the hon the Minister of Education and Culture to answer this question, because I think it is rightfully within the jurisdiction of the hon the Minister of Health Services and Welfare. It is a matter of some considerable regret that after a very pompous announcement in this House several years ago, nothing further has transpired with regard to the establishment of the faculty of dentistry at the University of Durban-Westville. I would have thought that the least that could have been done in this regard by the Ministers' Council was to have kept the community informed of the lack of progress in

this regard. We have not forgotten that it was only very recently—in fact, it was in 1988—that the hon the Minister of the Budget and Auxiliary Services, who was then the Minister of Health and Welfare, said in the *Sunday Tribune Herald* of 17 February 1988 that he was confident that the first batch of students would be admitted to this faculty at the beginning of 1989 and that funds would be no problem. The only delay, as far as he was concerned, was on the technical side.

The lack of progress in this regard has had other spin-offs as well. We are aware of the fact that a very highly respected individual, Professor Reddy who was appointed to head this faculty at the University of Durban-Westville, was in fact appointed when he was the dean of a similar faculty at the University of the Western Cape. He was also at the time the vice-rector elect at that institution. This man of great ability was taken away from that institution and I believe his talents have been wasted in his present position at the University of Durban-Westville which only has facilities for studies in oral hygiene and other such fields.

The whole question of the establishment of a dental faculty for the province of Natal is an issue which should again be canvassed. I think it should be canvassed, not only within the Ministers' Council and within the council of the University of Durban-Westville, but also at the level of the Committee of University Principals. I understand that they have a rationalisation committee and I believe it is appropriate that this matter should be canvassed at that level, because I am not very clear in my own mind as to whether we need a full-scale dental faculty to be situated at that particular institution. It could well be situated at another institution. [Time expired.]

The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Chairman, in response to the question raised, the Administration: House of Delegates is acting in keeping with its decision—that is, we have submitted all the required forms to the Treasury, we have liaised with the NPA on the question of the siting of the dental faculty and it is now up to the senate to give us the confirmation. In February of this year we received a letter stating that their final decision as regards the funding will be taken in 1990. We are doing everything possible to ensure that the decisions taken are kept to, but as the hon member for Springfield has said . . .

Mr M RAJAB: Are you saying that this will be followed through in 1990?

Cabinet committees at Cabinet level to achieve this decision.

The MINISTER: No. In April 1990 the senate of the university will take its final decision, because a certain contribution has to be made by the university. They will naturally tell us what that will be. In the meantime we have done everything as far as the Treasury is concerned.

Other services, and training of dental therapists—which the hon member mentioned—and oral hygiene students have not stopped. We started training these individuals some time in 1979. However, may I just say that after the university has taken that decision the syllabi will have to be submitted to the senate and the Medical and Dental Council for approval of the curriculum of the faculty. Thereafter we can start registering students for the dental faculty. As far as we are concerned we are now awaiting this and we have done everything possible to ensure that it is done.

I take the view expressed by the hon member for Springfield, namely that the matter with regard to a whole faculty should be canvassed with the university councils. Maybe it is a good point and something that we need to do, because it will be a training facility. [Time expired.]

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, firstly I must express my regret that the hon the Minister of Education and Culture is leading this debate, because he only does so in the absence of the responsible Minister.

Mr Y MIAKDA: Mr Chairman, on a point of order: The interpellation notice that I received was addressed to the hon the Minister of Education and Culture.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, when a question is directed at the wrong hon Minister this should be corrected by the Ministers' Council. [Interjections.]

We fought the whole of South Africa to get the Cabinet to agree to the establishment of this faculty. The outcome of the De Villiers Committee investigations into dental and medical facilities in South Africa was against us. All the MECs in charge of health services did not support us in spite of the fact that they promised to support us. We had to bulldoze our way through right to

Mr M RAJAB: Nonracial!

The CHAIRMAN OF THE MINISTERS' COUNCIL: Yes, a nonracial dental faculty.

The point has been raised by the hon the Minister of Health Services and Welfare that the senate of the University of Durban-Westville has to take a decision. That decision also implies the need for the university to raise 15% of the funding required for that faculty. Notwithstanding that, it is my sincere wish that we shall be able to find the necessary means and enlist the support of the Government. The hon the Minister of the Budget and Auxiliary Services indicated that he was also committed to this and that the funding of that faculty would be no problem.

We must therefore go back to the Government, depending on the outcome of the decision of the senate, with a view to ensuring that this faculty can get off the ground as soon as possible. In this climate, the launching of that faculty becomes all the more challenging, because Natal could then be served by a multiracial faculty. Natal needs such an institution. In the Transvaal there are several such faculties. There is also more than one such faculty in the Cape. It is high time that the need to have such an institution in Natal is recognised. It should also be recognised that such an institution should be open to students of all race groups.

The MINISTER OF EDUCATION AND CULTURE: Mr Chairman, I would like to agree with a statement that the hon member for Springfield made, namely that universities—and specifically the University of Durban-Westville—need dental facilities.

However, I would like to go further and state that in this political climate it is not necessary to have this particular faculty at that particular university. I would state that all universities in South Africa should be open to all race groups. In fact, it could be argued that because universities recruit or accept students of different ethnic origins or colour, it is not a racial institution and that this should be removed from the Statute Book.

Funding should come from one central funding authority, rather than from the House of Delegates, the House of Representatives or the House of Assembly. In that way we will have dental faculties that will serve the needs of all South Africans. This would mean that dental

facilities would serve the needs of the broader population in South Africa, specifically in the rural areas and homelands where the greatest need for dentists is.

Right now there is no need for that in the Durban Central area and other areas of the capital, because there are more than enough dentists. I would like to see this faculty used to its maximum. At the moment we do not know, because the University of Durban-Westville has already asked that funding should be increased, because it cannot manage on the funding it has. I therefore have grave doubts about that.

I would like to congratulate the hon the Leader of the Official Opposition for asking for this dental faculty. I would also like to congratulate him for suggesting in the Joint Meeting yesterday that we should scrap the University of Durban-Westville and other universities of that ilk, because we should have one general university structure. [Time expired.]

Debate concluded.

QUESTIONS

Indicates translated version.

For oral reply: Hansard 20/2190

Own Affairs:

Certain person employed as public relations officer

*1. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of the Budget and Auxiliary Services:

- (1) Whether a person who belongs to a certain political party, the name of which has been furnished to the Minister's Department for the purpose of his reply, was recently offered employment as a public relations officer in the Administration; House of Delegates by the said Administration or by or on the recommendation of any member of the Ministers' Council of this House; if so, what are the relevant details;
- (2) whether he or any member of his staff interviewed this person for the post of public relations officer; if not, why not; if so, when;

Bill to give more power to medical disciplinary body

CAPE TOWN — New legislation has been proposed to enable more effective reaction by the Medical and Dental Council to unprofessional conduct by doctors and dentists.

A Medical, Dental and Supplementary Health Service Professions Bill, tabled in Parliament yesterday, has proposed that the council's disciplinary committee be empowered to apply penalties for unprofessional conduct by doctors or dentists with immediate effect if it is in the public interest.

Order

Under the current legislation, the disciplinary committee has the power only under certain circumstances immediately to protect the public from a practitioner it has found guilty of misconduct.

In terms of one section of the Medical, Dental and Supplementary Health Service Professions Act, the committee may order suspension or conditional practice only with the council's approval. Another section empowers it to act immediately to protect the public.

The amendments are intended to

LESLEY LAMBERT

remove this anomaly, according to the legal draftsmen.

The Bill also proposes that the council be entitled to levy fees, according to the seriousness of an infringement, for the restoration of a practitioner's name to the register when it has been removed.

Another proposed amendment is that provision be made for the council to impose fines of up to R10 000 for infringements for which existing penalties of a caution, a reprimand, suspension or removal from the register are either too lenient or too harsh.

For less serious infringements, the council proposes the imposition of admission of guilt fines of up to R500 and the scrapping of appearances at inquiries.

The council is currently represented by four medical practitioners and one dentist, designated from the staff of universities at which faculties of medicine and dentistry have been established. It proposes the appointment of another dentist to alter the ratio and improve the representation of dentists.

Promotion of dental health

Sowetan 4/5/90

94
~~289~~

As part of its promotion of dental health, Beecham South Africa has donated a Mitsubishi minibus to the Medunsa Department of Community Dentistry.

Beecham has also donated tubes of toothpaste and toothbrushes for the project, Jane Bunce of Transworld

Promotions said.

A spokesman for Beecham said part of their social responsibility commitment entailed the promotion of dental hygiene. He said if dental hygiene habits were instilled at an early age, they set the foundation for lifetime healthy teeth and gums.

Dispensing-doctors row deadline

THE pharmaceutical and medical professions had three months to resolve the conflict surrounding dispensing doctors, National Health and Population Development Minister Dr Rina Venter said in Bloemfontein yesterday.

Opening the 45th national conference of the Pharmaceutical Society of SA (PSSA), Venter said government would have to step in if the PSSA and the Medical Association of SA failed to make progress on the mat-

ter.

Pharmacists had objected to doctors dispensing medicines for commercial gain and depriving them of business, but doctors insist they are entitled and qualified to dispense as a service to their patients.

Venter said she had held discussions with the interested parties as recently as April 28 and various possibilities were being investigated by the department to eliminate the dead-end.

However, appointing an arbitrator to conduct a public investigation — with se-

rious repercussions for both groups — was not a solution at present.

PSSA president Willie Kock said yesterday unless a feasible solution could be reached inter-professionally, legal impediments against doctors dispensing for commercial gain would have to be introduced.

He said there had been a formidable increase in commercialised dispensing by doctors. Only about 38% of patients received prescriptions.

TANIA LEVY

Dispensing doctors were not registered with the Pharmacy Council, Kock said.

Price discrimination against pharmacists by certain pharmaceutical product-suppliers was another hampering factor, Kock said. This had led to pressure from medical schemes wishing to open their own pharmacies with claims they could provide a cheaper service.

If products destined for sale to pharmacists, dispensing doctors and clinics were supplied at a single

exit price, pharmacy would prove itself to be the most cost effective, he said.

By adopting methods of compensation for medication recommended by pharmacists, schemes could reduce financial burdens partly created by over-utilisation of medical services and prescribed medicines.

The survival of pharmacists in the rural areas had been put at risk by the withdrawal of support by provincial authorities in favour of the district surgeon, Kock said. Only where it was not possible for the district-surgeon or hospital to dispense re-packed medicine in any area was a pharmacist appointed. Even then, pharmacists were paid less than doctors for the same work.

While generic substitution and repackaging into smaller quantities for dispensing were allowed in state health operations, it was still forbidden in the private sector, Kock said. Legislation allowing pharmacists to substitute, promised by former Health Minister Willie van Niekerk, was now long overdue.

An ignorant employer is more

SCHEDULE

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RULES FOR THE REGISTRATION OF DENTAL THERAPISTS

The council may register as a dental therapist any applicant who has obtained after examination any of the following qualifications:

Examining authority

Medical University of Southern Africa.

Qualification and abbreviation for registration

Diploma in Dental Therapy: Dip Dent Ther Medunsa.

Bachelor in Dental Therapy: B Dent Ther Medunsa.

Examining authority

University of Durban-Westville.

Qualification and abbreviation for registration:

Bachelor in Dental Therapy: B Dent Ther Durban-Westville.

Examining authority

University of Western Cape.

Qualification and abbreviation for registration

Diploma in Dental Therapy: Dip Dent Ther Western Cape.

(30 November 1990)

BOARD NOTICE 81 OF 1990**THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL**

The South African Medical and Dental Council hereby in terms of section 32 (1) (c), read with section 61 (4), of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), makes the rules contained in the Schedule hereto.

SCHEDULE**RULES FOR THE REGISTRATION OF AMBULANCE EMERGENCY TECHNOLOGISTS**

1. In this Schedule "the Rules" shall mean the rules published under Board Notice 42 of 1987.

2. The Rules are hereby amended by—

(a) the substitution of the word "three" in subrule (3) with the word "four";

(b) the addition of the following paragraph:

(4) Notwithstanding anything to the contrary contained in these rules, it shall be lawful for the council to register as an ambulance emergency technologist any person who has not fully complied with these rules, if the council, after due inquiry, is satisfied that such person is competent to practise as an ambulance emergency technologist.

(30 November 1990)

BYLAE**REËLS BETREFFENDE DIE REGISTRASIE VAN TANDTERAPEUTE**

Die raad kan 'n applikant wat na eksaminering enige van die volgende kwalifikasies behaal het, as 'n tandterapeut registreer:

Eksaminerende liggaam

Mediese Universiteit van Suider Afrika.

Kwalifikasie en afkorting vir registrasie

Diploma in Tandterapie: Dip Dent Ther Medunsa.

Baccalaureus in Tandterapie: B Dent Ther Medunsa.

Eksaminerende liggaam

Universiteit van Durban-Westville.

Kwalifikasie en afkorting vir registrasie:

Baccalaureus in Tandterapie: B Dent Ther Durban-Westville.

Eksaminerende liggaam

Universiteit van Wes-Kaapland.

Kwalifikasie en afkorting vir registrasie

Diploma in Tandterapie: Dip Dent Ther Wes-Kaap.

(30 November 1990)

RAADSKENNISGEWING 81 VAN 1990**DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD**

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad vaardig hierby kragtens artikel 32 (1) (c), gelees met artikel 61 (4), van die Wet op Geneesherre, Tandartse en Aanvullende Gesondheidsdiensberoepers, 1974 (Wet No. 56 van 1974), die reëls vervat in die Bylae hiervan uit.

BYLAE**REËLS BETREFFENDE DIE REGISTRASIE VAN AMBULANSNOODSORGTEGNOLOË**

1. In hierdie Bylae beteken "die Reëls" die reëls afgekondig by Raadskennisgewing 42 van 1987.

2. Die reëls word hierby gewysig deur—

(a) die vervanging van die woord "drie" in subreël (3) met die woord "vier";

(b) die byvoeging van die volgende paragraaf:

(4) Ondanks andersluidende bepalings in hierdie reëls, is die raad geregtig om enige persoon wat nie ten volle aan die vereistes van hierdie reëls voldoen het nie, as ambulansnood-sorgtegnoloog te registreer, indien die raad na behoorlike ondersoek daarvan oortuig is dat sodanige persoon bevoeg is om as ambulansnood-sorgtegnoloog te praktiseer.

(30 November 1990)

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SCHEDULE**Annual fees payable by dentists**

1. A dentist who, in terms of section 18 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974)—

(a) was registered as a dentist on or before the first day of January of a year shall pay to the Council an amount of R52 as an annual fee in respect of that year; or

(b) is registered as such during the period from that date up to and including 31 December of a year shall pay to the Council an amount of R26 as an annual fee in respect of the unexpired portion of that year.

Annual fees payable by dental technicians

2. Any person who, in terms of section 18 of the Dental Technicians Act, 1979 (Act No. 19 of 1979)—

(a) was registered as a dental technician before the first day of January of a year shall pay to the Council an amount of R120 as an annual fee in respect of that year; or

(b) is registered as such during the period from 1 January up to and including 31 December of a year shall pay to the Council an amount of R60 as an annual fee in respect of the unexpired portion of that year.

Liability

3. The annual fees referred to in—

(a) paragraphs 1 (a) and 2 (a) shall be due on 1 January of the year concerned and shall be payable not later than 31 March of that year; and

(b) paragraphs 1 (b) and 2 (b) shall be due on the day of the registration concerned and shall be payable on or before the last day of the third month following that day or on 31 December of that year, whichever date is the earlier.

Withdrawal and commencement

4. These provisions shall come into operation on 1 January 1991 and Government Notice No. R. 2442 of 2 December 1988 shall be withdrawn on that date.

No. R. 2914

14 Desember 1990

**THE SOUTH AFRICAN DENTAL
TECHNICIANS COUNCIL**

**REGULATIONS RELATING TO THE REGISTRATION
OF DENTAL LABORATORIES AND RELATED
MATTERS.—AMENDMENT**

The Minister of National Health has, in terms of section 50 of the Dental Technicians Act, 1979 (Act No. 19 of 1979), on the recommendation of the South African Dental Technicians Council, made the regulations contained in the Schedule hereto.

BYLAE**Jaarlikse gelde betaalbaar deur tandartse**

1. 'n Tandarts wat kragtens artikel 18 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974)—

(a) voor of op die eerste dag van Januarie van 'n jaar as, tandarts geregistreer is, betaal aan die Raad 'n bedrag van R52 as jaarlikse gelde ten opsigte van daardie jaar; of

(b) gedurende die tydperk vanaf daardie datum tot en met 31 Desember van 'n jaar as sodanige geregistreer word, betaal aan die Raad 'n bedrag van R26 as jaarlikse gelde ten opsigte van die onverstreke gedeelte van daardie jaar.

Jaarlikse gelde betaalbaar deur tandtegnici

2. Iemand wat kragtens artikel 18 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979)—

(a) voor die eerste dag van Januarie van 'n jaar as tandtegnikus geregistreer is, betaal aan die Raad 'n bedrag van R120 as jaarlikse gelde ten opsigte van daardie jaar; of

(b) gedurende die tydperk vanaf 1 Januarie tot en met 31 Desember van 'n jaar as sodanig geregistreer word, betaal aan die Raad 'n bedrag van R60 as jaarlikse gelde ten opsigte van die onverstreke gedeelte van daardie jaar.

Aanspreeklikheid

3. Die jaarlikse gelde bedoel in—

(a) paragrawe 1 (a) en 2 (a) is verskuldig op 1 Januarie van die betrokke jaar en is betaalbaar nie later nie as 31 Maart van daardie jaar; en

(b) paragrawe 1 (b) en 2 (b) is verskuldig op die dag van die betrokke registrasie en is betaalbaar voor of op die laaste dag van die derde maand wat op daardie dag volg, of op 31 Desember van daardie jaar, welke datum ook al die vroegste is.

Herroeping en inwerkingtreding

4. Hierdie bepalings tree op 1 Januarie 1991 in werking en Goewermentskennisgewing No. R. 2442 van 2 Desember 1988 word op daardie datum herroep.

No. R. 2914

14 Desember 1990

**DIE SUID-AFRIKAANSE RAAD
VIR TANDTEGNICI**

**REGULASIES BETREFFENDE DIE REGISTRASIE
VAN LABORATORIUMS VIR TANDKUNDIGE WERK
EN AANVERWANTE AANGELEENTHEDE.—
WYSIGING**

Die Minister van Nasionale Gesondheid het kragtens artikel 50 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici, die regulasies vervat in die Bylae hiervan uitgevaardig.

DEPARTMENT OF MANPOWER

No. R. 2922

14 December 1990

LABOUR RELATIONS ACT, 1956**IRON, STEEL, ENGINEERING AND METALLURGICAL INDUSTRY.—EXTENSION OF METAL INDUSTRIES MEDICAL AID FUND AGREEMENT**

I, Dennis van der Walt, Director: Labour Relations, duly authorised thereto by the Minister of Manpower, hereby, in terms of section 48 (4) (a) (i) of the Labour Relations Act, 1956, extend the periods fixed in Government Notices Nos. R. 2829 of 27 December 1985 as amended by R. 714 of 18 April 1986, R. 2233 of 24 October 1986, R. 1798 of 21 August 1987, R. 786 of 22 April 1988, R. 376, of 3 March 1989, R. 1083 of 2 June 1989, R. 2833 of 22 December 1989 and R. 1744 of 27 July 1990, by a further period ending 31 December 1995.

Government Notice No. R. 2721 of 23 November 1990 is hereby withdrawn.

D. VAN DER WALT,

Director: Labour Relations.

No. R. 2917

14 December 1990

MACHINERY AND OCCUPATIONAL SAFETY ACT, 1983 (ACT No. 6 OF 1983)**THE FACILITIES REGULATIONS, 1990****CORRECTION NOTICE**

The following correction to Government Notice No. R. 2362 in *Government Gazette* No. 12777 of 5 October 1990 is published for general information:

1. In the Afrikaans text of the Schedule in clause 9, substitute the word "werknemer" where it appears after the word "Elke" with the word "werkgewer".
2. In the Afrikaans text of the Schedule in clause 12, substitute the word "Fasiliteitsregulasies" where it appears after the word "die" with the word "Fasiliteiteregulasies".

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 2913

14 December 1990

THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL**NOTICE REGARDING THE ANNUAL FEES PAYABLE TO THE COUNCIL**

I, Elizabeth Hendrina Venter, Minister of National Health hereby in terms of section 49 of the Dental Technicians Act, 1979 (Act No. 19 of 1979), on the recommendation of the South African Dental Technicians Council (hereinafter referred to as "the Council"), fix the fees set out in the Schedule as the fees to be paid to the Council by every dentist and every dental technician.

E. H. VENTER,

Minister of National Health.

DEPARTEMENT VAN MANNEKRAG

No. R. 2922

14 Desember 1990

WET OP ARBEIDSVERHOUDINGE, 1956**YSTER-, STAAL-, INGENIEURS- EN METALLURGIESE NYWERHEID.—VERLENGING VAN DIESE HULPFONDSOOREENKOMS VIR DIE METAALNYWERHEID**

Ek, Dennis van der Walt, Direkteur: Arbeidsverhoudinge, behoortlik daartoe gemagtig deur die Minister van Mannekrag, verleng hierby, kragtens artikel 48 (4) (a) (i) van die Wet op Arbeidsverhoudinge, 1956, die tydperke vasgestel in Goewermentskennisgewings Nos. R. 2829 van 27 Desember 1985 soos gewysig by R. 714 van 18 April 1986, R. 2233 van 24 Oktober 1986, R. 1798 van 21 Augustus 1987, R. 786 van 22 April 1988, R. 376 van 3 Maart 1989, R. 1083 van 2 Junie 1989, R. 2833 van 22 Desember 1989 en R. 1744 van 27 Julie 1990, met 'n verdere tydperk wat op 31 Desember 1995 eindig.

Goewermentskennisgewing No. R. 2721 van 23 November 1990 word hiermee teruggetrek.

D. VAN DER WALT,

Direkteur: Arbeidsverhoudinge.

No. R. 2917

14 Desember 1990

WET OP MASJINERIE EN BEROEPSVEILIGHEID, 1983 (WET No. 6 VAN 1983)**DIE FASILITEITREGULASIES, 1990****VERBETERINGSKENNISGEWING**

Die volgende verbetering aan Goewermentskennisgewing No. R. 2362 in *Staatskoerant* No. 12777 van 5 Oktober 1990 word vir algemene inligting gepubliseer:

1. In die Afrikaanse teks van die Bylae in klousule 9, vervang die woord "werknemer", waar dit na die woord "Elke" verskyn, deur die woord "werkgewer".
2. In die Afrikaanse teks van die Bylae in klousule 12, vervang die woord "Fasiliteitsregulasies" waar dit na die woord "die" verskyn, met die woord "Fasiliteiteregulasies".

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

No. R. 2913

14 Desember 1990

DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI**KENNISGEWING BETREFFENDE DIE JAARLIKSE****GELDE BETAALBAAR AAN DIE RAAD**

Ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, stel hierby kragtens artikel 49 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici (hieronder "die Raad" genoem), die gelde in die Bylae uiteengesit vas as die gelde wat deur elke tandarts en tandtegnikus aan die Raad betaal moet word.

E. H. VENTER,

Minister van Nasionale Gesondheid.

HEALTH & DISEASES - DENTISTS

1991 - 1992

- (g) the supervision over and maintenance of a supply of oxygen to a patient;
- (h) the taking of the blood pressure, temperature, pulse and respiration of a patient;
- (i) the promotion and maintenance of the body regulatory functions of a patient;
- (j) the promotion of the nutrition of a patient, a family and a community;
- (k) the maintenance of intake and elimination in a patient;
- (l) the promotion of communication with a patient during his care;
- (m) the preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person;
- (n) the preparation for and assistance during surgical procedures under anaesthetic;
- (o) the care of a dying patient and a recently deceased patient."

- (g) die toesig oor en instandhouding van suurstofvoorsiening aan 'n pasiënt;
- (h) die meet van die bloeddruk, temperatuur, pols en asemhaling van 'n pasiënt;
- (i) die bevordering en instandhouding van die liggaamsregulerende funksies van 'n pasiënt;
- (j) die bevordering van die voeding van 'n pasiënt, 'n gesin en 'n gemeenskap;
- (k) die bevordering en instandhouding van inname en uitskeiding by 'n pasiënt;
- (l) die bevordering van kommunikasie met 'n pasiënt tydens sy versorging;
- (m) die voorbereiding van individue en groepe vir die uitvoering van diagnostiese prosedures en terapeutiese handeling deur 'n geregistreerde persoon;
- (n) die voorbereiding vir en bystand tydens chirurgiese prosedures onder narkose;
- (o) die versorging van 'n sterwende pasiënt en 'n pasafgestorwene."

No. R. 261

15 February 1991

94 THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE QUALIFICATIONS ENTITLING MEDICAL PRACTITIONERS AND DENTISTS TO REGISTRATION.—AMENDMENT

The Minister of National Health has, in terms of section 24 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 1243 of 8 June 1990.

2. The Regulations are hereby amended by the addition in Annexure B of the following qualification with the corresponding abbreviation under the heading Medical University of Southern Africa:

University or examining authority and qualification

Abbreviation for registration

"Bachelor of Dental Science BDS Medunsa".

No. R. 261

15 Februarie 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE KWALIFIKASIES WAT GENEESHERE EN TANDARTSE DIE REG OP REGISTRASIE VERLEEN.—WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 24 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1243 van 8 Junie 1990.

2. Die Regulasies word hierby gewysig deur in Aangsel B die volgende kwalifikasie met die ooreenstemmende afkorting onder die opskrif "Mediese Universiteit van Suider-Afrika" by te voeg:

Universiteit of eksaminerende liggaam en kwalifikasies

Afkorting vir registrasie

"Baccalaureus in Tandheelkundige Wetenskap BDS Medunsa".

Council set to register formerly exiled medics

Medical Reporter

Doctors and dentists among returning exiles seem likely to be accommodated by the South African Medical and Dental Council in terms of registration which could allow them to continue their professions locally.

A recommendation by the SAMDC's executive committee to review registration requirements for doctors and dentists living in exile, who have obtained foreign qualifications and who now plan to return, has been welcomed in medical circles.

The recommendation of the SAMDC executive committee will be put to the full council for ratification next month, whereafter it could become operative immediately.

ster 11/3/91
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"This recommendation is relevant at a time when a large number of people who have been living in exile will be resettling in South Africa," said the Medical Association of SA (Masa).

It is estimated that about 80 medical practitioners are affected.

A first group of 93 exiles arrived in South Africa last week.

Masa said the SAMDC's decision to review the position of returning doctors and dentists followed representations made by a joint working committee comprising Masa, the National Medical and Dental Association, the South African Health Workers Congress, the Overseas Medical Graduates Association, the health secretariat of the ANC and the Dental Association of South Africa.

Therapists gnash their teeth

Star 11/3/91
Medical Reporter

The Dental Therapy Association of South Africa (Dentasa) has accused Minister of National Health Dr Rina Venter of ignoring attempts to secure a meeting between her and the association.

"The profession of dental therapy was created by the Government as an apartheid structure meant to serve the black communities exclusively," said president Timmy Msiza.

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"Dental therapists, members of Dentasa, who are admitted to this profession are employed by Government health departments under appalling conditions."

Dentasa said issues it wished to discuss included working conditions, pay and uncertainty over the profession's future.

A spokesman for Dr Venter told The Star that Dentasa was welcome to submit a memorandum, after which a meeting would be arranged as speedily as possible.

Cost spiral blamed on old laws, monopolies

Star 18/4/91

Medical Reporter

South Africans are spending 350 percent more on health care today than in 1983, health care specialist Greg Candy said in Johannesburg yesterday.

Speaking on "The pharmaceutical perspective" at the Executive Seminars' cost-effective health-care conference, Mr Candy, of Deloitte Pim Goldby, said the excessive spending was due to outdated legislation and creeping monopolisation in the medication industry.

Health care expenditure was considerably more than the consumer price index rise of 250 percent over the past eight years.

"Health care in South Africa is not cost-effective because restrictive legislation protects monopolies which have developed in the industry in recent years," he said.

"Similarly, the fee-for-service system keeps the cost of consultation immune to influences like supply and demand."

Mr Candy said that without some "significant changes to current

legislation, further restructuring would probably be limited to consolidation of the industry into an even smaller number of players competing with a fairly static private market and a public sector emphasising primary health care".

He suggested a restructuring of the medical industry which would benefit public facilities rather than private hospitals, medical practitioners and the research-based multinationals.

This could be achieved through allowing:

- Medical aid and insurance companies to deliver health care services through "managed care" with a move away from fee-for-service.

- Group practices between medical and paramedical professionals. Inherent in this system were incentives to ensure that the population was as healthy as possible, and not the reverse, as was the case now.

- Deregulation of retail pharmacies so that they could sell certain restricted scheduled drugs without a prescription and provide the patient with generic substitutes.

(94)
**Expatriate
medics can
register**

Own Correspondent

CAPE TOWN — South African doctors and dentists who qualified overseas will be granted registration by the Medical and Dental Council, provided they apply by December 31.

About 100 doctors were expected to apply, said president Dr Len Becker.

Doctors and dentists would have to work for a year in recognised hospitals or institutions and obtain certificates of competence.

The new provisions also apply to South African students studying abroad, provided they were registered as students on July 31 1991.

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BOARD NOTICES

BOARD NOTICE 76 OF 1991

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

THE SOUTH AFRICAN DENTAL TECHNICIAN COUNCIL

NOTICE CONCERNING THE AMENDMENT OF THE CONDITIONS OF EMPLOYMENT OF DENTAL TECHNICIANS WHO ARE EMPLOYEES

In terms of section 12 (4) and 12 (5) of the Dental Technicians Act, 1979 (Act No. 19 of 1979), I, Johann Adam Swanepoel, Registrar of the South African Dental Technicians Council, hereby publish an amendment of conditions of employment of dental technicians who are employees, which the Council has determined in terms of section 12 (1) (a) of the said Act and published in the *Government Gazette* under Notice 796 of 1980, dated 7 November 1980, as amended by Notice 384 of 1982 and published in the *Government Gazette* dated 11 June 1982, and Notice 925 of 1983 and published in the *Government Gazette*, dated 9 December 1983, and Notice 4 of 1986, and published in the *Government Gazette*, dated 18 July 1986, and notice 92 of 1988 and published in the *Government Gazette*, dated 7 October 1988, as follows:

1. Clause 2 (1) is hereby deleted and substituted by the following:

“(1) With effect from 1 July 1991 every employer shall pay and every employee shall receive a minimum annual salary as set out hereunder: Provided that the salary shall be determined from the date of registration of the employee as a dental technician and that every employee shall be entitled to the annual salary according to his years of service as a dental technician after registration: Provided further that in the case of an employee who served as a dental technician outside the Republic of South Africa prior to the date of his registration as a dental technician such period as accepted by the South African Dental Technicians Council, shall be taken into consideration in establishing the minimum salary of such an employee and not the date of registration as a dental technician in the Republic of South Africa:

During the—

	R
First year	25 780
Second year	28 318
Third year	29 495
Fourth year	30 685
Fifth year	31 862
Sixth year	33 432
Seventh year	35 002
Eighth year	36 571
Ninth year	38 167
Tenth year and thereafter	39 710”.

(2) Clause 8 (1) is hereby deleted and substituted by the following:

“(1) Every employer shall pay and every employee shall receive a minimum leave bonus equal to one month's salary.”.

(14 June 1991)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 76 VAN 1991

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING

DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI

KENNISGEWING INSAKE DIE WYSIGING VAN DIE DIENSVORWAARDE VAN TANDTEGNICI WAT WERKNEMERS IS

Kragtens artikel 12 (4) en 12 (5) van die Wet op Tandtegnici 1979 (Wet No. 19 van 1979), publiseer ek, Johann Adam Swanepoel, Registrateur van die Suid-Afrikaanse Raad vir Tandtegnici, hierby 'n wysiging van die diensvoorwaardes van tandtegnici wat werknemers is, soos deur die Raad bepaal kragtens artikel 12 (1) (a) van genoemde Wet en gepubliseer in die *Staatskoerant* onder Kennisgewing 796 van 1980, gedateer 7 November 1980, en gewysig deur Kennisgewing 384 van 1982 soos gepubliseer in die *Staatskoerant*, gedateer 11 Junie 1982, en Kennisgewing 925 van 1983, soos gepubliseer in die *Staatskoerant*, gedateer 9 Desember 1983, en Kennisgewing 4 van 1986, soos gepubliseer in die *Staatskoerant*, gedateer 18 Julie 1986, en Kennisgewing 92 van 1988 soos gepubliseer in die *Staatskoerant*, gedateer 7 Oktober 1988, as volg:

1. Klousule 2 (1) word hiermee geskrap en vervang met die volgende:

“(1) Vanaf 1 Julie 1991 betaal elke werkgever en ontvang elke werknemer 'n minimum jaarlikse salaris soos hieronder uiteengesit: Met dien verstande dat die salaris betaal moet word vanaf die datum van registrasie van die werknemer as tandtegnikus en dat elke werknemer geregtig is op die jaarlikse salaris volgens sy jare van diens as tandtegnikus na registrasie; voorts met dien verstande dat in die geval van 'n werknemer wat voor die datum van sy registrasie as 'n tandtegnikus buite die Republiek van Suid-Afrika as tandtegnikus gedien het, die tydperk, soos deur die Raad vir Tandtegnici aanvaar, in aanmerking geneem moet word by die bepaling van die minimum salaris van sodanige werknemer en nie die datum van registrasie as 'n tandtegnikus in die Republiek van Suid-Afrika nie:

Gedurende die—

	R
Eerste jaar	25 780
Tweede jaar	28 318
Derde jaar	29 495
Vierde jaar	30 685
Vyfde jaar	31 862
Sesde jaar	33 432
Sewende jaar	35 002
Agste jaar	36 571
Negende jaar	38 167
Tiende jaar en daarna	39 710”.

2. Klousule 8 (1) word hiermee geskrap en vervang met die volgende:

“(1) Elke werkgever betaal en elke werknemer ontvang 'n minimum verlofbonus gelykstaande aan een maand se salaris.”.

(14 Junie 1991)

Foreign qualifications recognised

More than 160 South Africans who qualified overseas as doctors or dentists have been granted full recognition by the SA Medical and Dental Council, giving them the option of private practice.

The council said in a statement yesterday that this fol-

lowed its recent acceptance of recommendations relating to the registration of overseas graduates. (94) (92)

The compulsory writing of examinations for registration, considered as the major cause for contention, was scrapped in April last year.

Dentist cash call backed

Staff Reporter

THE Dental Association of South Africa has rallied to the support of Bolland dentists who have told their patients they must pay cash for treatment from next month.

"I'm not surprised that they have done so," Dr Helmut Heydt, executive director of the association, said yesterday.

"Medical rates are ludicrously inadequate and dentists are finding it difficult to make ends meet.

94 OCT 26/10/91

"Dentistry isn't the affluent profession it was a few years ago. Today it is the 46th-best earning profession in South Africa."

Dental Association against VAT closure

Staff Reporter

94 ARG 29/10/91

THE Dental Association of South Africa, representing most of the country's dentists, has opposed the organised withholding of dental services as a protest measure against VAT.

In a statement yesterday, a week before the two-day nationwide stayaway called by Cosatu to protest against the new tax, the association said such a measure would "disadvantage patients and is therefore considered inappropriate".

The association said it continued to oppose the imposition of VAT on health services.

Crackdown on bogus docs

S Times 3/11/91

By MARLAN
PADAYACHEE

ALL doctors and dentists in future will be registered only after passing a fool-proof screening system.

The system is aimed at preventing bogus medical practitioners operating in South Africa.

The decision by the SA Medical and Dental Council follows an investigation by the Sunday Times which disclosed that Geeta Reddy, 33, of Overport, Durban, had not qualified as a doctor in India.

Reddy, who worked at one of the country's busiest hospitals for almost a year, was kicked out of her job after the council de-registered her in May this year.

In future the council plans to contact all medi-

cal schools — in SA and elsewhere in the world — to verify medical certificates produced by doctors seeking registration.

Previously, newly-qualified and immigrant doctors had to submit sworn affidavits of their qualifications, their original medical certificate, and statements by two independent doctors.

The Natal Provincial Administration's health services terminated Reddy's employment at Durban's King Edward VIII a week before she appeared before the council's eight-member execu-

94
tive committee under president Dr LH Becker.

SAMDC registrar Nico Prinsloo said the documents in Reddy's application had appeared to be genuine when she was registered in 1989. He said the council began making inquiries about the validity of her qualifications after a tip-off.

The council contacted Dr RV Agrawal, dean of the BJ Medical College and Sasson General Hospital in Poona, India.

He revealed that Reddy had only passed her first and second year medical examinations, after several attempts, and had failed to complete her degree.

Vervanging van regulasie 20 van die Regulasies

2. Regulasie 20 van die Regulasies word hierby deur die volgende regulasie vervang:

"20. 'n Bedrag van R300 moet van tyd tot tyd aan die registrateur voorgeskiet word ter kontantdelging van klein uitgawes van die raad wat mag ontstaan."

Inwerkingtreding

3. Hierdie regulasies tree op 1 Januarie 1992 in werking.

No. R. 3154

27 Desember 1991

**DIE SUID-AFRIKAANSE RAAD VIR
TANDTEGNICI****REGULASIES BETREFFENDE REGISTRASIE AS
TANDTEGNIKUS EN AANGELEENTHEDE WAT
DAARMEE IN VERBAND STAAN: WYSIGING**

Die Minister van Nasionale Gesondheid het kragtens artikel 50 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici, die regulasies vervat in die Bylae hiervan, uitgevaardig.

BYLAE**Woordoms krywing**

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1018 van 28 Mei 1982, soos gewysig.

Vervanging van regulasie 8 van die Regulasies

2. Regulasie 8 van die Regulasies word hierby deur die volgende regulasie vervang:

"Voorgeskrewe gelde

8. (1) Die gelde betaalbaar ten opsigte van—

(a) registrasie ingevolge artikel 18 van die Wet is R38,50;

(b) (i) die terugplasing op die register van 'n tandtegnikus se naam ingevolge artikel 24 (5) of 36 (6) van die Wet is R38,50;

(ii) die terugplasing op die register van 'n tandtegnikus se naam wat ingevolge artikel 24 (1) (c) of (d) van die Wet geskrap is, is R110,00;

(c) die uitreiking van 'n duplikaatregistrasiesertifikaat ingevolge regulasie 6 (3) is R22,00;

(d) die uitreiking van 'n gesertifiseerde uittreksel uit die register ingevolge regulasie 7 (2) is R33,00;

(e) die aflê van 'n eksamen bedoel in artikel 23 (3) van die Wet is R220,00.

(2) Die gelde in subregulasie (1) bedoel, sluit 10% belasting op toegevoegde waarde in."

Inwerkingtreding

3. Hierdie regulasies tree op 1 Januarie 1992 in werking.

Substitution of regulation 20 of the Regulations

2. The following regulation is hereby substituted for regulation 20 of the Regulations:

"20. An amount of R300 shall be advanced to the registrar from time to time as required to meet petty expenditure incurred by the council."

Commencement

3. These regulations shall come into effect on 1 January 1992.

No. R. 3154

27 December 1991

**THE SOUTH AFRICAN DENTAL
TECHNICIANS COUNCIL (94)****REGULATIONS RELATING TO REGISTRATION AS
A DENTAL TECHNICIAN AND RELATED MATTERS:
AMENDMENT**

The Minister of National Health has, in terms of section 50 of the Dental Technicians Act, 1979 (Act No. 19 of 1979), on the recommendation of the South African Dental Technicians Council, made the regulations contained in the Schedule hereto.

SCHEDULE**Definition**

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 1018 of 28 May 1982, as amended.

Substitution of regulation 8 of the Regulations

2. The following regulation is hereby substituted for regulation 8 of the Regulations:

"Prescribed fees

8. (1) The fees payable in respect of—

(a) registration in terms of section 18 of the Act shall be R38,50;

(b) (i) the restoration of the name of a dental technician to the register in terms of section 24 (5) or 36 (6) of the Act shall be R38,50;

(ii) the restoration of the name of a dental technician which was removed from the register in terms of section 24 (1) (c) or (d) of the Act shall be R110,00;

(c) the issuing of a duplicate registration certificate in terms of regulation 6 (3) shall be R22,00;

(d) the issuing of a certified extract from the register in terms of regulation 7 (2) shall be R33,00;

(e) sitting for an examination referred to in section 23 (3) of the Act shall be R220,00.

(2) The fees referred to in subregulation (1) shall include 10% value added tax."

Commencement

3. These regulations shall come into effect on 1 January 1992.

No. R. 3155

27 Desember 1991

**DIE SUID-AFRIKAANSE RAAD VIR
TANDTEGNICI**

REGULASIES BETREFFENDE DIE REGISTRASIE EN OPLEIDING VAN STUDENT-TANDTEGNICI: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 50 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici, die regulasies vervat in die Bylae hiervan, uitgevaardig.

BYLAE

Woordoms krywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 2309 van 16 Oktober 1987, soos gewysig by Goewermentskennisgewing No. R. 844 van 28 April 1989.

Wysiging van regulasie 7 van die Regulasies

2. Regulasie 7 van die Regulasies word hierby gewysig deur paragraaf (d) van subregulasie (1) deur die volgende paragraaf te vervang:

"(d) registrasiegeld van R38,50, welke registrasiegeld 10% belasting op toegevoegde waarde insluit."

Inwerkingtreding

3. Hierdie regulasies tree op 1 Januarie 1992 in werking.

No. R. 3156

27 Desember 1991

**DIE SUID-AFRIKAANSE RAAD VIR
TANDTEGNICI**

REGULASIES BETREFFENDE DIE REGISTRASIE VAN LABORATORIUMS VIR TANDKUNDIGE WERK EN AANVERWANTE AANGELEENTHEDE: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 50 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici, die regulasies vervat in die Bylae hiervan, uitgevaardig.

BYLAE

Woordoms krywing

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 308 van 26 Februarie 1982, soos gewysig.

Vervanging van regulasie 11 van die Regulasies

2. Regulasie 11 van die Regulasies word hierby deur die volgende regulasie vervang:

"REGISTRASIEGELD

11. (1) Die registrasiegeld vir die registrasie van 'n laboratorium vir tandkundige werk ingevolge artikel 30 van die Wet is R715.

(2) Die registrasiegeld in subregulasie (1) bedoel, sluit 10% belasting op toegevoegde waarde in."

No. R. 3155

27 Desember 1991

**THE SOUTH AFRICAN DENTAL
TECHNICIANS COUNCIL** (94)

REGULATIONS REGARDING THE REGISTRATION AND TRAINING OF STUDENT DENTAL TECHNICIANS: AMENDMENT

The Minister of National Health has, in terms of section 50 of the Dental Technicians Act, 1979 (Act No. 19 of 1979), on the recommendation of the South African Dental Technicians Council, made the regulations contained in the Schedule hereto.

SCHEDULE

Definition

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 2309 of 16 October 1987, as amended by Government Notice No. R. 844 of 28 April 1989.

Amendment of regulation 7 of the Regulations

2. Regulation 7 of the Regulations is hereby amended by the substitution for paragraph (d) of sub-regulation (1) of the following paragraph:

"(d) a registration fee of R38,50, which registration fee shall include 10% value-added tax."

Commencement

3. These regulations shall come into effect on 1 January 1992.

No. R. 3156

27 Desember 1991

**THE SOUTH AFRICAN DENTAL
TECHNICIANS COUNCIL**

REGULATIONS RELATING TO THE REGISTRATION OF DENTAL LABORATORIES AND RELATED MATTERS: AMENDMENT

The Minister of National Health has, in terms of section 50 of the Dental Technicians Act, 1979 (Act No. 19 of 1979), on the recommendation of the South African Dental Technicians Council, made the regulations contained in the Schedule hereto.

SCHEDULE

Definition

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 308 of 26 February 1982, as amended.

Substitution of regulation 11 of the Regulations

2. The following regulation is hereby substituted for regulation 11 of the Regulations:

"REGISTRATION FEE

11. (1) The registration fee for the registration of a dental laboratory under section 30 of the Act shall be R715.

(2) The registration fee referred to in subregulation (1) shall include 10% value-added tax."

Wysiging van regulasie 12 van die Regulasies

3. Regulasie 12 van die Regulasies word hierby gewysig deur—

- (a) in subregulasie (1) die uitdrukking "R365" deur die uitdrukking "R440" te vervang;
 - (b) die volgende subregulasie by te voeg:
- "(3) Die bedrag in subregulasie (1) bedoel, sluit 10% belasting op toegevoegde waarde in."

Inwerkingtreding

4. Hierdie regulasies tree op 1 Januarie 1992 in werking.

No. R. 3157

27 Desember 1991

DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI

KENNISGEWING BETREFFENDE DIE JAARLIKSE GELDE BETAALBAAR AAN DIE RAAD

Ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, stel hierby kragtens artikel 49 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici (hieronder "die Raad" genoem), die gelde in die Bylae uiteengesit vas as die gelde wat deur elke tandarts en elke tandtegnikus aan die Raad betaal moet word.

E. H. VENTER,

Minister van Nasionale Gesondheid.

BYLAE

Jaarlikse gelde betaalbaar deur tandartse

1. 'n Tandarts wat kragtens artikel 17 (3) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974)—

- (a) geregistreer is, betaal aan die Raad 'n bedrag van R60,50 as jaarlikse gelde vir die tydperk 1 Januarie tot 31 Desember van elke jaar; of
- (b) gedurende genoemde tydperk geregistreer word, betaal aan die Raad 'n bedrag van R30,25 as jaarlikse geld ten opsigte van die onverstreke gedeelte van daardie jaar.

Jaarlikse gelde betaalbaar deur tandtegnici

2. Iemand wat kragtens artikel 18 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979)—

- (a) geregistreer is, betaal aan die Raad 'n bedrag van R143 as jaarlikse gelde vir die tydperk 1 Januarie tot 31 Desember van elke jaar; of
- (b) gedurende genoemde tydperk geregistreer word, betaal aan die Raad 'n bedrag van R71,50 as jaarlikse geld ten opsigte van die onverstreke gedeelte van daardie jaar.

Aanspreeklikheid

3. Die jaarlikse gelde bedoel in—

- (a) paragrawe 1 (a) en 2 (a) is verskuldig op 1 Januarie van die betrokke jaar en is betaalbaar nie later nie as 31 Maart van daardie jaar; en

Amendment of regulation 12 of the Regulations

3. Regulation 12 of the Regulations is hereby amended by—

- (a) the substitution in subregulation (1) for the expression "R365" of the expression "R440";
 - (b) the addition of the following subregulation:
- "(3) The amount referred to in subregulation (1) shall include 10% value-added tax."

Commencement

4. These regulations shall come into effect on 1 January 1992.

No. R. 3157

27 December 1991

THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

NOTICE REGARDING THE ANNUAL FEES PAYABLE TO THE COUNCIL

I, Elizabeth Hendrina Venter, Minister of National Health, hereby in terms of section 49 of the Dental Technicians Act, 1979 (Act No. 19 of 1979), on the recommendation of the South African Dental Technicians Council (hereinafter referred to as "the Council"), fix the fees set out in the Schedule as the fees to be paid to the Council by every dentist and every dental technician.

E. H. VENTER,

Minister of National Health.

SCHEDULE

Annual fees payable by dentists

1. A dentist who, in terms of section 17 (3) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974)—

- (a) is registered, shall pay to the Council an amount of R60,50 as an annual fee for the period 1 January to 31 December of each year; or
- (b) is registered during such period shall pay to the Council an amount of R30,25 as an annual fee in respect of the unexpired portion of that year.

Annual fees payable by dental technicians

2. Any person who, in terms of section 18 of the Dental Technicians Act, 1979 (Act No. 19 of 1979)—

- (a) is registered, shall pay to the Council an amount of R143 as an annual fee for the period 1 January to 31 December of each year; or
- (b) is registered during such period shall pay to the Council an amount of R71,50 as an annual fee in respect of the unexpired portion of that year.

Liability

3. The annual fees referred to in—

- (a) paragraphs 1 (a) and 2 (a) shall be due on 1 January of the year concerned and shall be payable not later than 31 March of that year; and

(b) paragrawe 1 (b) en 2 (b) is verskuldig op die dag van die betrokke registrasie en is betaalbaar voor of op die laaste dag van die derde maand wat op daardie dag volg, of op 31 Desember van daardie jaar, welke datum ook al die vroegste is.

Belasting of toegevoegde waarde

4. Alle gelde in hierdie kennisgewing bedoel, sluit 10% belasting op toegevoegde waarde in.

Herroeping en inwerkingtreding

5. Hierdie bepalings tree op 1 Januarie 1992 in werking en Goewermentskennisgewing No. R. 2913 van 14 Desember 1990 word op daardie datum herroep.

**DEPARTEMENT VAN POS- EN
TELEKOMMUNIKASIEWESE**

No. R. 3151

27 Desember 1991

**WYSIGING VAN DIE POSKANTOOR-
DIENSREGULASIES**

Die Minister van Vervoer en van Pos- en Telekommunikasiewese, handelende kragtens artikel 47 van die Poskantoorwet, 1974 (Wet No. 66 van 1974), en op aanbeveling van die Personeelbestuursraad, het die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken—

"Die Regulasies" die Poskantoorwet, 1974 (Wet No. 66 van 1974), en afgekondig by Goewermentskennisgewing R. 1373 van 13 Augustus 1976, soos gewysig by Goewermentskennisgewings R. 2002 van 29 Oktober 1976, R. 839 van 20 Mei 1977, R. 1387 van 22 Julie 1977, R. 2248 van 4 November 1977, R. 2145 van 27 Oktober 1978, R. 2259 van 17 November 1978, R. 250 van 9 Februarie 1979, R. 801 van 20 April 1979, R. 333 van 22 Februarie 1980, R. 1445 van 11 Julie 1980, R. 1620 van 8 Augustus 1980, R. 2052 van 9 Oktober 1980, R. 2095 van 17 Oktober 1980, R. 439 van 6 Maart 1981, R. 1955 van 9 September 1983, R. 538 van 23 Maart 1984, R. 2732 van 13 Desember 1985, R. 2182 van 24 Oktober 1986, R. 896 van 16 April 1987, R. 945 van 30 April 1987, R. 1470 van 10 Julie 1987, R. 1545 van 5 Augustus 1988, R. 1919 van 23 September 1988, R. 2038 van 7 Oktober 1988, R. 2129 van 21 Oktober 1988, R. 2546 van 15 Desember 1988, R. 81 van 20 Januarie 1989, R. 1272 van 16 Junie 1989, R. 2146 van 6 Oktober 1989, R. 938 van 4 Mei 1990, R. 2034 van 31 Augustus 1990, R. 39 van 11 Januarie 1991, R. 1315 van 14 Junie 1991, R. 2125 van 30 Augustus 1991, R. 2165 van 6 September 1991 en R. 2496 van 18 Oktober 1991.

2. Die Regulasies word hierby gewysig deur Regulasie A14 te skrap.

3. Hierdie regulasies tree op 1 Januarie 1992 in werking.

(b) paragraphs 1 (b) and 2 (b) shall be due on the day of the registration concerned and shall be payable on or before the last day of the third month following that day, or on 31 December of that year, whichever date is the earlier.

Value added tax

4. All fees referred to in this notice shall include 10% value added tax.

Withdrawal and commencement

5. These provisions shall come into operation on 1 January 1992 and Government Notice No. R. 2913 of 14 December 1990 shall be withdrawn on that date.

**DEPARTMENT OF POSTS AND
TELECOMMUNICATIONS**

No. R. 3151

27 December 1991

**AMENDMENT OF THE POST OFFICE
SERVICE REGULATIONS**

The Minister of Transport and of Posts and Telecommunications, acting under section 47 of the Post Office Service Act, 1974 (Act No. 66 of 1974), and on the recommendation of the Staff Management Board, has made the regulations set out in the Schedule hereto.

SCHEDULE

1. In these regulations—

"The Regulations" mean the Post Office Service Regulations made in terms of section 47 of the Post Office Service Act, 1974 (Act No. 66 of 1974), and promulgated by Government Notice R. 1373 of 13 August 1976, as amended by Government Notices R. 2002 of 29 October 1976, R. 839 of 20 May 1977, R. 1387 of 22 July 1977, R. 2248 of 4 November 1977, R. 2145 of 27 October 1978, R. 2259 of 17 November 1978, R. 250 of 9 February 1979, R. 801 of 20 April 1979, R. 333 of 22 February 1980, R. 1445 of 11 July 1980, R. 1620 of 8 August 1980, R. 2052 of 9 October 1980, R. 2095 of 17 October 1980, R. 439 of 6 March 1981, R. 1955 of 9 September 1983, R. 538 of 23 March 1984, R. 2732 of 13 December 1985, R. 2182 of 24 October 1986, R. 896 of 16 April 1987, R. 945 of 30 April 1987, R. 1470 of 10 July 1987, R. 1545 of 5 August 1988, R. 1919 of 23 September 1988, R. 2038 of 7 October 1988, R. 2129 of 21 October 1988, R. 2546 of 15 December 1988, R. 81 of 20 January 1989, R. 1272 of 16 June 1989, R. 2146 of 6 October 1989, R. 938 of 4 May 1990, R. 2034 of 31 August 1990, R. 39 of 11 January 1991, R. 1315 of 14 June 1991, R. 2125 of 30 August 1991, R. 2165 of 6 September 1991 and R. 2496 of 18 October 1991.

2. The Regulations are hereby amended by the deletion of Regulation A14.

3. These regulations shall come into operation on 1 January 1992.

- (b) wat verwys na afslag op die prys van medisyne sonder dat die finale prys van die betrokke geadverteerde medisyne ook daarmee saam geadverteer word;
- (c) wat ten doel het, of geïnterpreteer of beskou kan word om ten doel te hê, die bevordering van die wangebruik of misbruik of nadelige of onoordeelkundige of onveilige gebruik van medisyne.
5. (3) Die advertering van sy professionele diens op 'n wyse—
- (a) wat neerhalend is van 'n ander apteker;
- (b) wat daarop bereken is om te kenne te gee dat sy professionele behendigheid of bekwaamheid of sy fasiliteite vir die beoefening van sy beroep of sy professionele dienslewering beter is as dié van ander aptekers.”
3. Reël 6 van die Reëls word hierby deur die volgende reël vervang:
- “6. Die werwing of poging tot werwing van voorskryf of besigheid betreffende die verkoop van medisyne deur op te tree op enige van die wyses soos in reël 5 bedoel.”
4. Die volgende reël word hierby na reël 22 van die Reëls ingevoeg:
- “23. Die verkoop of bevordering van die verkoop van medisyne op enige wyse wat ten doel het om, of geïnterpreteer of beskou kan word om ten doel te hê, die bevordering van die wangebruik of misbruik of nadelige of onoordeelkundige of onveilige gebruik van medisyne.”

No. R. 360 31 Januarie 1992

**DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD**

**REGULASIES BETREFFENDE DIE GEBRUIK VAN
SEKERE NAME SLEGS DEUR GEREGISTREERDE
PERSONE**

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (mA) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken “die Wet” die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974).
2. Vir die doeleindes van artikel 40 (c) van die Wet word hierby bepaal dat die naam “paramedies” nie gebruik mag word deur iemand wat nie kragtens artikel 32 van die Wet geregistreer is nie.

No. R. 362 31 Januarie 1992

**DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD**

**REGULASIES BETREFFENDE DIE SAMESTELLING,
WERKSAAMHEDE, BEVOEGDHEDE EN PLIGTE
VAN DIE BEROEPSRAAD VIR TANDTERAPIE**

Die Minister van Nasionale Gesondheid het, kragtens artikel 15 (5) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

- (b) that refers to a discount on the price of medicines without also advertising the final price of the advertised medicines;
- (c) that is aimed at, or may be interpreted or regarded as having as its aim, the promotion of the misuse or abuse or the detrimental or injudicious or unsafe use of medicines.
5. (3) The advertising of his professional services in a manner—
- (a) that disparages another pharmacist;
- (b) that is calculated to suggest that his professional skill or ability or his facilities for practising his profession or rendering his professional services are superior to those of other pharmacists.”
3. The following rule is hereby substituted or rule 6 of the Rules:
- “6. Touting or attempting to tout for prescriptions or business with regard to the sale of medicines by acting in a manner referred to in rule 5.”
4. The following rule is hereby inserted after rule 22 of the Rules:
- “23. The sale or promotion of the sale of medicines in any manner that has as its aim or may be interpreted or regarded as having as its aim, the promotion of the misuse or abuse or the detrimental or injudicious or unsafe use of medicines.”

No. R. 360

31 January 1992

**THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL**

**REGULATIONS RELATING TO THE USE OF
CERTAIN NAMES BY REGISTERED PERSONS
ONLY**

The Minister of National Health has, in terms of section 61 (1) (mA) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule “the Act” means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974).
2. For the purposes of section 40 (c) of the Act it is hereby determined that the name “paramedic” shall not be used by any person who is not registered in terms of section 32 of the Act.

No. R. 362

31 January 1992

**THE SOUTH AFRICAN MEDICAL AND
DENTAL COUNCIL**

**REGULATIONS RELATING TO THE CONSTITUTION,
FUNCTIONS, POWERS AND DUTIES OF THE
PROFESSIONAL BOARD FOR DENTAL THERAPY**

The Minister of National Health has in terms of section 15 (5) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), made the regulations set out in the Schedule hereto.

BYLAE

1. In hierdie regulasies beteken "die Wet" die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet 56 van 1974), en het 'n uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis en, tensy uit die samehang anders blyk, beteken—

"artikel" 'n artikel van die Wet;

"beroepsraad" die Beroepsraad vir Tandterapie;

"lid" 'n lid van die Beroepsraad vir Tandterapie.

Samestelling van die beroepsraad

2. Die beroepsraad bestaan uit sewe lede en word soos volg saamgestel:

(a) Een persoon wat lid van die raad is, word deur die raad aangewys;

(b) vyf tandterapeute word verkies deur tandterapeute;

(c) een persoon wat 'n geneesheer of tandarts is en wat besondere kennis van tandterapie dra, word deur die raad aangewys.

3. Behoudens die bepalings van regulasie 4 is die dienstermyn van lede van die beroepsraad vyf jaar, gereken vanaf die datum van die verkiesing en aanwysing bedoel in regulasie 2 (b) en (c): Met dien verstande dat sodanige lede herkiesbaar is of weer aangewys kan word, na gelang van die geval.

4. (1) 'n Lid ontruim sy amp—

(a) as hy insolvent raak of van sy boedel afstand doen ten voordele van sy skuldeisers of met hulle 'n skikking aangaan; of

(b) as hy sonder die toestemming van die beroepsraad van meer as twee agtereenvolgende gewone vergaderings van die beroepsraad afwesig is; of

(c) as hy ingevolge die Wet onbevoeg geword het om sy beroep te beoefen; of

(d) as hy, as 'n verkose lid, sy bedanking skriftelik aan die beroepsraad meedeel; of

(e) as hy, as 'n aangewese lid, ophou om aanwysbaar te wees of skriftelik kennis gee aan die raad van sy wens om te bedank en sy bedanking aange- neem word.

(2) Elke sodanige vakature en elke vakature wat deur die dood van 'n lid ontstaan, word aangevul deur aanwysing of verkiesing, na gelang die lid wat sodanige amp ontruim, aangewys of verkies is, en elke aldus aangewese of verkose lid beklee sy amp slegs gedurende die onverstreke gedeelte van die tydperk waarvoor die lid wat sodanige amp ontruim, aangewys of verkies is.

Bevoegdhede van die beroepsraad

5. Die beroepsraad kan—

(a) verhoë tot of deur bemiddelling van die raad rig vir die uitvaardiging, wysiging of intrekking van 'n regulasie of reël wat op die beroepsraad of op tandterapeute van toepassing is;

(b) deur bemiddelling van die raad verhoë tot die Minister rig omtrent die omskrywing van die omvang van die beroep van tandterapeut indien die

SCHEDULE

(94)

1. In these regulations "the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates—

"member" means a member of the Professional Board for Dental Therapy;

"professional board" means the Professional Board for Dental Therapy;

"section" means a section of the Act.

Constitution of the professional board

2. The professional board shall consist of seven members and shall be constituted as follows:

(a) One person, who shall be a member of the council, shall be designated by the council;

(b) five dental therapists shall be elected by dental therapists;

(c) one person, who shall be a medical practitioner or a dentist and who shall have special knowledge of dental therapy, shall be designated by the council.

3. Subject to the provisions of regulation 4, the period of service of members of the professional board shall be five years, reckoned from the date of the election and designation referred to in regulation 2 (b) and (c): Provided that such members shall be eligible for re-election or redesignation, as the case may be.

4. (1) A member shall vacate his office—

(a) if he becomes insolvent or assigns his estate for the benefit of or compounds with his creditors; or

(b) if he is absent from more than two consecutive ordinary meetings of the professional board without the professional board's leave; or

(c) if he has been disqualified under the Act from practising his profession; or

(d) if, as an elected member, he notifies the professional board, in writing, of his resignation; or

(e) if, as a designated member, he ceases to be eligible for designation or gives notice, in writing, to the council of his desire to resign from office and his resignation is accepted.

(2) Every such vacancy and every vacancy arising from the death of a member shall be filled by designation or election, depending on whether the member vacating such office was designated or elected, and every member so designated or elected shall hold office only for the unexpired portion of the period for which the member vacating such office was designated or elected.

Powers of the professional board

5. The professional board may—

(a) make, to or through the council, representations for the making, amendment or withdrawal of any regulation or rule that applies to the professional board or to dental therapists;

(b) submit, through the council, representations to the Minister in regard to the definition of the scope of the profession of dental therapist should the council

RAADSKENNISGEWING 17 VAN 1992**DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD****VERKIESINGSKENNISGEWING****VERKIESING VAN LEDE VAN DIE BEROEPSRAAD
VIR TANDTERAPIE**

Hierby word ingevolge die bepalings van die regulasies betreffende die verkiesing van lede van die Raad kennis gegee dat 'n verkiesing gehou staan te word van 5 Tandterapeute as lede van die Beroepsraad vir Tandterapie om te dien gedurende die tydperk wat op die 31ste dag van Mei 1997 verstryk.

Nominasies van verkiesbare Tandterapeute word ingewag. Elke sodanige geregistreerde persoon—

(a) wat nie met sy skuldeisers 'n akkoord aangeaan het nie, of wie se boedel nie gesekwestreer is nie,

(b) wat nie kragtens die Wet onbevoeg is om sy beroep te beoefen nie,

is nomineerbaar.

Elke kandidaat moet op 'n afsonderlike nominasievorm genomineer word, maar elkeen wat by die verkiesing stemgeregtig is, kan die nominasievorms van enige aantal kandidate teken, dog nie meer as die getal wat verkies moet word nie.

Elke nominasievorm moet die voorname en die van van die genomineerde kandidaat aangee en moet geteken wees deur twee geregistreerde Tandterapeute.

Die genomineerde persoon moet ook die vorm onderteken ter bekragtiging van sy instemming tot sy nominasie. Die geregistreerde adres van elkeen wat aldus teken, moet by sy handtekening gevoeg wees. As die genomineerde persoon nie in staat is om die nominasievorm te teken, kan hy die kiesbeampte per brief of telegram meedeel dat hy tot sy nominasie instem.

Elke nominasievorm moet die ondergetekende (van wie nominasievorms op aanvraag verkry kan word) voor of op 27 Maart 1992 om 12h00 by die onderstaande adres bereik.

'n Deposito van R33 moet die nominasie vergesel.

Elke nominasievorm ten opsigte waarvan een van hierdie bepalings nie nagekom is nie of wat nie teen voorgemelde datum by onderstaande adres ontvang is nie, is ongeldig.

N. M. Prinsloo,

Kiesbeampte.
Posbus 205
PRETORIA
0001

of

Vermeulenstraat 553
Arcadia
PRETORIA
0083.

(28 Februarie 1992)

BOARD NOTICE 17 OF 1992**THE SOUTH AFRICAN MEDICAL AND DENTAL
COUNCIL****NOTICE OF ELECTION****ELECTION OF MEMBERS OF THE PROFESSIONAL
BOARD FOR DENTAL THERAPY**

Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the Council that an election of 5 Dental Therapists as members of the Professional Board for Dental Therapy to serve during the period ending the 31st day of May 1997 is about to be held.

Nominations of eligible Dental Therapists are awaited. Every person so registered—

(a) who has not entered into a composition with the creditors of his estate, or whose estate has not been sequestered;

(b) who is not disqualified under the Act from practising his profession;

is eligible for nomination.

Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election may sign the nomination forms of any number of candidates not exceeding the number to be elected.

Each nomination form must state the first names and the surname of the candidate nominated and must be signed by two registered Dental Therapists.

The person nominated must also sign the form, confirming that he consents to his nomination. The registered address of each one so signing must be appended to his signature. If the person nominated is unable to sign the nomination form he may inform the returning officer by letter or telegram that he consents to his nomination.

Every nomination form must reach the undersigned (from whom nomination forms may be obtained on application) at the address given below not later than 27 March 1992.

A deposit of R33 must accompany the nomination.

Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. Prinsloo,

Returning Officer.
P.O. Box 205
PRETORIA
0001

or

553 Vermeulen Street
Arcadia
PRETORIA
0083.

(28 February 1992)

March 21 to March 26 1992

Cape's first for African dentists

94
Out 21/3 - 26/3/92
By Justin Pearce

THE first three dentists from Cape Town's African townships graduated from the University of the Western Cape last week. And all three are women.

The pride of the crop of graduates produced by UWC last year are Dr Dominica Mama and Dr Pinky Malefane, both from Langa, and Dr Ruth Phomane from Nyanga East.

The dental faculty at UWC was marked by student protests in the past against alleged racist practices of staff, and students often raised the lack of black graduates as proof that the department was racist.

At present there are no dentists practising in these townships, nor are there any private surgeries.

"I think that people have previously not been aware of the possibility of becoming a dentist," Malefane said.

"I was not aware of the option myself when I first went to university. I couldn't get to do medicine, so I decided to do a BSc first and then go on to medicine."

In her first year BSc Malefane decided to switch to dentistry, and was admitted to the second-year dentistry class the following year.

She now works at the state clinics in Bishop Lavis and Elsie's River, but intends starting her own practice in Langa.

"My initial plan was to specialise in maxillo-facial surgery. But as there is no dental service here I decided to do this now, and specialise later," Malefane said.

No. R. 995 **3 April 1992****WET OP BEDRYFSIEKTES IN MYNE EN BEDRYWE, 1973: VERHOOGING VAN SEKERE VOORDELE**

Ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, verhoog hierby kragtens artikel 2 (3) van die Wysigingswet op Bedryfsiektes in Myne en Bedrywe, 1991 (Wet 137 van 1991), na oorlegpleging met die advieskomitee, die voordele wat onmiddellik voor 1 April 1992 ingevolge van die Wet betaalbaar is, vanaf daardie datum, in die geval van—

- (a) 'n voordeel beoog in artikels 80 en 82 met 15 persent;
- (b) 'n voordeel beoog in artikels 87 en 88 met 17 persent;
- (c) 'n voordeel beoog in artikel 106 met 22 persent;
- (d) 'n voordeel beoog in artikels 79 (1) (a) en 86 (1) (a) met R31,00; en
- (e) 'n voordeel beoog in artikels 79 (1) (b), (c) en (d), 79 (4) (a) en (b), 79 (6), 83 (1) (a) en (b), 84 (1) (a), 86 (1) (b) en (c), 91 (1) (a) en (b) en 92 (1) (a) met 10 persent.

By die berekening van so 'n voordeel word 'n breukdeel van 'n rand tot die volgende volle rand bereken.

In hierdie kennisgewing beteken "die Wet" die Wet op Bedryfsiektes in Myne en Bedrywe, 1973 (Wet 78 van 1973), en, tensy uit die samehang anders blyk, het 'n woord of 'n uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis.

E. H. VENTER,

Minister van Nasionale Gesondheid.

No. R. 997 **3 April 1992****DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD****REGULASIES BETREFFENDE DIE REGISTRASIE DEUR GENEESHERE EN TANDARTSE VAN ADDISIONELE KWALIFIKASIES: WYSIGING**

Die Minister van Nasionale Gesondheid het kragtens artikel 61 (1) (o) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepers, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken die uitdrukking "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing R. 2275 van 3 Desember 1976, soos gewysig.

2. Die Regulasies word hierby gewysig deur—
- (a) die byvoeging van die volgende kwalifikasies onder die opskrifte soos aangedui:

No. R. 995 **3 April 1992****OCCUPATIONAL DISEASES IN MINES AND WORKS ACT, 1973: INCREASE OF CERTAIN BENEFITS**

I, Elizabeth Hendrina Venter, Minister of National Health, hereby increase in terms of section 2 (3) of the Occupational Diseases in Mines and Works Amendment Act, 1991 (Act 137 of 1991), after consultation with the advisory committee, the benefits which were payable immediately prior to 1 April 1992 in terms of the Act as from that date, in the case of—

- (a) a benefit contemplated in sections 80 and 82 by 15 per cent;
- (b) a benefit contemplated in sections 87 and 88 by 17 per cent;
- (c) a benefit contemplated in section 106 by 22 per cent;
- (d) a benefit contemplated in sections 79 (1) (a) and 86 (1) (a) by R31,00;
- (e) a benefit contemplated in section 79 (1) (b), (c) and (d), 79 (4) (a) and (b), 79 (6), 83 (1) (a) and (b), 84 (1) (a), 86 (1) (b) and (c), 91 (1) (a) and (b) and 92 (1) (a), by 10 per cent.

In calculating such a benefit in fraction of a rand shall be calculated to the next complete rand.

In this notice "the Act" means the Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), and any word or expression to which a meaning has been assigned in the Act shall bear such meaning.

E. H. VENTER,

Minister of National Health.

No. R. 997 **3 April 1992****THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL****REGULATIONS RELATING TO THE REGISTRATION BY MEDICAL PRACTITIONERS AND DENTISTS OF ADDITIONAL QUALIFICATIONS: AMENDMENT**

The Minister of National Health has, in terms of section 61 (1) (o) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule the expression "the Regulations" means the regulations published by Government Notice R. 2275 of 3 December 1976, as amended.

2. The Regulations are hereby amended by—
- (a) the addition of the following qualifications under the headings as indicated:

(a) GENEESHERE

Eksaminerende liggaam	Kwalifikasie	Afkorting vir registrasie
Die Kollege van Geneeskunde van Suid-Afrika	Diploma in Geestesgesondheid	DGG (SA)
	Diploma in Obstetrie.....	Dip Obst (SA)
	Diploma in Oftalmologie	Dip Oft (SA)
	Genootskap van die Fakulteit van Gemeenskapsgesondheid	GFG (SA)

<i>Eksaminerende liggaam</i>	<i>Kwalifikasie</i>	<i>Afkorting vir registrasie</i>
Kollege van Narkotiseurs, Verenigde Koninkryk	Fellow.....	FC Anaes (UK)
	Diploma in Narkose	DA (UK)
Kollege van Oftalmoloë van Londen.....	*Fellow	FC Ophth Lond
Royal College of Obstetricians and Gynaecologists	Diploma.....	DRCOG
Royal College of Physicians of London	Associateship of the Faculty of Occupational Medicine	AFOM RCP Lond
Universiteit van Gdansk	Doktor in Wysbegeerte.....	PhD Gdansk
Universiteit van Ierland (National University)	Diploma in Kindergesondheid	DCH NU Irel
Universiteit van Leuven.....	Doktor in Wysbegeerte.....	PhD Leuven
Universiteit van Londen.....	Master of Science in Nuclear Medicine	MSc (Nuc Med) Lond
McGill-universiteit	Master of Science in Epidemiology and Biostatistics	MSc Epidemiology and Biostatistics McGill
Universiteit van Osmania	Doktor in Geneeskunde	MD Osmania
Universiteit van Pretoria	Doktor in Wysbegeerte (Geneeskunde)	PhD Pret
Universiteit van Rajasthan	Magister in Chirurgie	MS Rajasthan
Universiteit van Tulane.....	Magister in Volksgesondheid	MPH Tulane
Universiteit van die Witwatersrand	Magister in Huisartskunde.....	M Fam Med Witwatersrand
Wright State University.....	Master of Science	MSc Wright State Univ

* Die kwalifikasie word slegs as 'n addisionele kwalifikasie erken indien dit na eksaminering toegeken is.

(a) MEDICAL PRACTITIONERS

<i>Examining authority</i>	<i>Qualification</i>	<i>Abbreviation for registration</i>
The College of Medicine of South Africa.....	Diploma in Mental Health	DMH (SA)
	Diploma in Obstetrics	Dip Obst (SA)
	Diploma in Ophthalmology	Dip Ophth (SA)
	Fellowship of the Faculty of Community Health	FFCH (SA)
College of Anaesthetists, United Kingdom	Fellow.....	FC Anaes (UK)
	Diploma in Anaesthetics.....	DA (UK)
College of Ophthalmologists of London.....	*Fellow	FC Ophth Lond
Royal College of Obstetricians and Gynaecologists	Diploma.....	DRCOG
Royal College of Physicians of London	Associateship of the Faculty of Occupational Medicine	AFOM RCP Lond
University of Gdansk	Doctor of Philosophy	PhD Gdansk
University of Ireland (National University) ..	Diploma in Child Health	DCH NU Irel
University of London	Master of Science in Nuclear Medicine	MSc (Nuc Med) Lond
University of Louvain.....	Doctor of Philosophy	PhD Louvain
McGill University	Master of Science in Epidemiology and Biostatistics	MSc Epidemiology and Biostatistics McGill
University of Osmania	Doctor of Medicine	MD Osmania
University of Pretoria.....	Doctor of Philosophy (Medicine).....	PhD Pret
University of Rajasthan	Master of Surgery.....	MS Rajasthan
University of Tulane.....	Master of Public Health	MPH Tulane
University of the Witwatersrand.....	Master of Family Medicine	M Fam Med Witwatersrand
Wright State University.....	Master of Science	MSc Wright State Univ

* The qualification shall be recognised as an additional qualification only if granted after examination.

(b) TANDARTSE

<i>Eksaminerende liggaam</i>	<i>Kwalifikasie</i>	<i>Afkorting vir registrasie</i>
Universiteit van Londen.....	Master of Science (Orthodontics)	MSc (Orth) Lond
	Master of Science (Dental Radiology)	MSc (Dental Radiology) Lond
Universiteit van Pretoria	Magister Scientiae (Odontologie)	MSc (Odont) Pret
	Doctor Scientiae (Odontologie)	DSc (Odont) Pret
	Diploma in Odontologie	Dip Odont Pret
	Magister in Tandheelkunde (Maksillofasiale Chirurgie Medicus)	MChD (Chir Max Fac-Med) Pret
Universiteit van Stellenbosch	Nagraadse Diploma in Tandheelkunde	NDT Stell
Die Kollege van Geneeskunde van Suid-Afrika	Genootskap van die Fakulteit van Tandheelkunde (Prostodonsie)	GFT (SA) Prostodonsie
Universiteit van St Louis.....	Certificate in Orthodontics	Cert in Orth St Louis
Royal Australasian College of Dental Surgeons	Fellow.....	FRACDS

(b) DENTISTS

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<i>Examining authority</i>	<i>Qualification</i>	<i>Abbreviation for registration</i>
University of London	Master of Science (Orthodontics).....	MSc (Orth) Lond
	Master of Science (Dental Radiology)	MSc (Dental Radiology) Lond
University of Pretoria.....	Master of Science (Odontology).....	MSc (Odont) Pret
	Doctor of Scientiae (Odontology)	DSc (Odont) Pret
	Diploma in Odontology.....	Dip Odont Pret
	Master of Dental Surgery (Maxillo-Facial Surgery Medicus)	MChD (Chir Max Fac-Med) Pret
University of Stellenbosch.....	Post-graduate Diploma in Dentistry.....	PDD Stell
College of Medicine of South Africa.....	Fellowship of the Faculty of Dentistry (Prosthodontics)	FFD (SA) Prosthodontics
University of St Louis.....	Certificate in Orthodontics.....	Cert in Orth St Louis
Royal Australasian College of Dental Surgeons	Fellow.....	FRACDS

(b) die skrapping van die volgende kwalifikasie onder die opskrifte soos aangedui:

(b) the deletion of the following qualification under the headings as indicated:

(a) GENEESHERE

<i>Eksaminerende liggaam</i>	<i>Kwalifikasie</i>	<i>Afkorting vir registrasie</i>
University of London	Master of Medicine (Nuclear Medicine)	MMed (Nuc Med) Lond

(a) MEDICAL PRACTITIONERS

<i>Examining authority</i>	<i>Qualification</i>	<i>Abbreviation for registration</i>
University of London	Master of Medicine (Nuclear Medicine)	M Med (Nuc Med) Lond

(c) die vervanging in die Afrikaanse teks van die benaming van die volgende kwalifikasies of die afkortings daarvan in kolom (a) vermeld deur dié daarteenoor in kolom (b) vermeld onder die opskrifte soos aangedui:

(c) the substitution in the Afrikaans text for the names of the following qualifications or the abbreviations thereof listed in column (a) of those listed opposite them in column (b) under the headings as indicated:

(a) GENEESHERE

Universiteit van Stellenbosch

(a)	(b)
Magister in Geneeskunde (Anesthesiologie): MMed (Anaes) Stell	Magister in Geneeskunde (Anesthesiologie): MMed (Anes) Stell
Magister in Geneeskunde (Oogheekunde): MMed (Ophth) Stell	Magister in Geneeskunde (Oogheekunde): MMed (Oftal) Stell
Magister in Geneeskunde (Ortopedie): MMed (Orthop) Stell	Magister in Geneeskunde (Ortopedie): MMed (Ortop) Stell
Magister in Geneeskunde [Patologie (Anatomies)]: MMed (Anat Path) Stell	Magister in Geneeskunde [Patologie (Anatomies)]: MMed (Anat Pat) Stell
Magister in Geneeskunde [Patologie (Chemies)]: MMed (Chem Path) Stell	Magister in Geneeskunde [Patologie (Chemies)]: MMed (Chem Pat) Stell
Magister in Geneeskunde in Patologie (Geregtelik): MMed (Forens Path) Stell	Magister in Geneeskunde in Patologie (Geregtelik): MMed (Geregt Pat) Stell
Magister in Geneeskunde (Hematologiese Patologie): MMed (Haem Path) Stell	Magister in Geneeskunde (Hematologiese Patologie): MMed (Hem Pat) Stell
Magister in Geneeskunde [Patologie (Klinies)]: MMed (Clin Path) Stell	Magister in Geneeskunde [Patologie (Klinies)]: MMed (Klin Pat) Stell
Magister in Geneeskunde [Patologie (Mikrobiologies)]: MMed (Mikrobiol Path) Stell	Magister in Geneeskunde [Patologie (Mikrobiologies)]: MMed (Mikrobiol Pat) Stell
Magister in Geneeskunde (Pediatrie): MMed (Paed) Stell	Magister in Geneeskunde (Pediatrie): MMed (Ped) Stell
Magister in Geneeskunde (Psigiatrie): MMed (Psych) Stell	Magister in Geneeskunde (Psigiatrie): MMed (Psig) Stell

(a) GENEESHERE**Universiteit van Stellenbosch**

(a)	(b)
Magister in Geneeskunde (Anesthesiologie): MMed (Anaes) Stell	Magister in Geneeskunde (Anesthesiologie): MMed (Anes) Stell
Magister in Geneeskunde (Oogheekunde): MMed (Ophth) Stell	Magister in Geneeskunde (Oogheekunde): MMed (Ofthal) Stell
Magister in Geneeskunde (Ortopedie): MMed (Orthop) Stell	Magister in Geneeskunde (Ortopedie): MMed (Ortop) Stell
Magister in Geneeskunde [Patologie (Anatomies)]: MMed (Anat Path) Stell	Magister in Geneeskunde [Patologie (Anatomies)]: MMed (Anat Pat) Stell
Magister in Geneeskunde [Patologie (Chemies)]: MMed (Chem Path) Stell	Magister in Geneeskunde [Patologie (Chemies)]: MMed (Chem Pat) Stell
Magister in Geneeskunde in Patologie (Geregteelik): MMed (Forens Path) Stell	Magister in Geneeskunde in Patologie (Geregteelik): MMed (Geregt Pat) Stell
Magister in Geneeskunde (Hematologiese Patologie): MMed (Haem Path) Stell	Magister in Geneeskunde (Hematologiese Patologie): MMed (Hem Pat) Stell
Magister in Geneeskunde [Patologie (Klinies)]: MMed (Clin Path) Stell	Magister in Geneeskunde [Patologie (Klinies)]: MMed (Klin Pat) Stell
Magister in Geneeskunde [Patologie (Mikrobiologies)]: MMed (Mikrobiol Path) Stell	Magister in Geneeskunde [Patologie (Mikrobiologies)]: MMed (Mikrobiol Pat) Stell
Magister in Geneeskunde (Pediatrie): MMed (Paed) Stell	Magister in Geneeskunde (Pediatrie): MMed (Ped) Stell
Magister in Geneeskunde (Psigiatrie): MMed (Psych) Stell	Magister in Geneeskunde (Psigiatrie): MMed (Psig) Stell

(d) die vervanging in die Engelse teks van die benaming van die volgende kwalifikasies of die afkortings daarvan in kolom (a) vermeld deur die daarteenoor in kolom (b) vermeld onder die opskrifte soos aangedui:

(d) the substitution in the English text for the names of the following qualifications or the abbreviations thereof listed in column (a) of those listed opposite them in column (b) under the headings as indicated:

(a) MEDICAL PRACTITIONERS**University of the Orange Free State**

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(a)	(b)
Master of Domestic Medicine: M Fam Med Orange Free State	Master of Family Medicine: M Fam Med Orange Free State
University of Stellenbosch	
Master of Medicine (Medicine): MMed (Int) Stell	Master of Medicine (Medicine): MMed (Int Med) Stell
Master of Medicine (Neurosurgery): MMed (Neurochir) Stell	Master of Medicine (Neurosurgery): MMed (Neurosurg) Stell
Master of Medicine (Surgery): MMed (Chir) Stell	Master of Medicine (Surgery): MMed (Surg) Stell

(a) MEDICAL PRACTITIONERS**University of the Orange Free State**

(a)	(b)
Master of Domestic Medicine: M Fam Med Orange Free State	Master of Family Medicine: M Fam Med Orange Free State
University of Stellenbosch	
Master of Medicine (Medicine): MMed (Int) Stell	Master of Medicine (Medicine): MMed (Int Med) Stell
Master of Medicine (Neurosurgery): MMed (Neurochir) Stell	Master of Medicine (Neurosurgery): MMed (Neurosurg) Stell
Master of Medicine (Surgery): MMed (Chir) Stell	Master of Medicine (Surgery): MMed (Surg) Stell

(e) die vervanging van die benaming van die volgende kwalifikasies of die afkortings daarvan in kolom (a) vermeld deur dié daarteenoor in kolom (b) vermeld onder die opskrifte soos aangedui:

(e) the substitution for the names of the following qualifications or the abbreviations thereof listed in column (a) of those listed opposite them in column (b) under the headings as indicated:

Universiteit van Stellenbosch

(a)
 Magister in Geneeskunde (Gemeenskapsgesondheid):
 MMed (Gemeenskapsgesondheid) Stell
 Magister in Geneeskunde (Obstetrie en Ginekologie):
 MMed (O et G) Stell
 Magister in Geneeskunde (Oor-, Neus- en Keelheelkunde):
 MMed (L et O) Stell
 Magister in Geneeskunde (Plastiese en Rekonstruktiewe Chirurgie):
 MMed (Plast en Rekon) Stell
 Magister in Geneeskunde (Torakschirurgie):
 MMed (Torakschir) Stell

(b)
 Magister in Geneeskunde (Gemeenskapsgesondheid):
 MMed (Gem Ges) Stell
 Magister in Geneeskunde (Obstetrie en Ginekologie):
 (O & G) Stell
 Magister in Geneeskunde (Oor-, Neus- en Keelheelkunde):
 MMed (ONK) Stell
 Magister in Geneeskunde (Plastiese en Rekonstruktiewe Chirurgie):
 MMed (Plast en Rekons) Stell
 Magister in Geneeskunde (Torakschirurgie):
 MMed (Tor Chir) Stell

University of Stellenbosch

(a)
 Master of Medicine (Community Health):
 MMed (Community Health) Stell
 Master of Medicine (Obstetrics and Gynaecology):
 MMed (O et G) Stell
 Master of Medicine (Otorhinolaryngology):
 MMed (L et O) Stell
 Master of Medicine (Plastic and Reconstructive Surgery):
 MMed (Plast and Recon) Stell
 Master of Medicine (Thoracic Surgery):
 MMed (Torakschir) Stell

(b)
 Master of Medicine (Community Health):
 MMed (Comm Health) Stell
 Master of Medicine (Obstetrics and Gynaecology):
 (O & G) Stell
 Master of Medicine (Otorhinolaryngology):
 MMed (ENT) Stell
 Master of Medicine (Plastic and Reconstructive Surgery):
 MMed (Plast and Recons) Stell
 Master of Medicine (Thoracic Surgery):
 MMed (Thor Surg) Stell

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No. R. 999

3 April 1992

WET OP GESONDHEID, 1977
 (WET No. 63 VAN 1977)

REGULASIES BETREFFENDE HINDERLIKE
 BEDRYWE: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 39 (1) van die Wet op Gesondheid, 1977 (Wet No. 63 van 1977), die regulasies wat van toepassing is op die regsgebied van die Dorpsbestuur van Richardsbaai, soos uiteengesit in die Bylae hiervan, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1287 van 23 Junie 1978.

2. Regulasie 2 van die Regulasies word hierby gewysig deur—

- (a) die uitdrukking "die rasse en" in paragraaf (f) van subregulasie (2) te skrap;
- (b) die uitdrukking "rasse en" in paragraaf (g) van subregulasie (2) te skrap.

3. Regulasie 6 van die Regulasies word hierby geskrap.

No. R. 999

3 April 1992

HEALTH ACT, 1977
 (ACT No. 63 OF 1977)

REGULATIONS RELATING TO OFFENSIVE
 TRADES: AMENDMENT

The Minister of National Health has, in terms of section 39 (1) of the Health Act, 1977 (Act No. 63 of 1977), made the regulations applicable to the area of jurisdiction of the Richards Bay Town Board, as set out in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 1287 of 23 June 1978.

2. Regulation 2 of the Regulations is hereby amended by—

- (a) deleting the expression "races and" in paragraph (f) of subregulation (2);
- (b) deleting the expression "races and" in paragraph (g) of subregulation (2).

3. Regulation 6 of the Regulations is hereby deleted.

of the Service and the amount is therefore not supplied per Arm of the Service.

1989-90	1990-91	1991-92
State Funds: R 700 000 R1 526 000 R 889 500		
Contributions by members: R4 597 811 R3 972 309 R4 200 347		

Note:

Contributions by members are used for affiliation and entry fees, equipment and clothing, financial assistance to members representing the SA Defence Force or national teams, hiring of facilities and new facilities.

Dora Ngizwa Hospital: staff complement

204. Mr E W TRENT asked the Minister of National Health:

What, in respect of the Dora Ngizwa Hospital, was the complement of (a) nursing staff, (b) medical practitioners, and (c) pharmacists, in each grade as at 31 December 1991?

B461E

The MINISTER OF NATIONAL HEALTH:

- (a) Senior Nursing Service Manager 1
- Chief Professional Nurse 5
- Senior Professional Nurse 18
- Professional Nurse 112
- Senior Staff Nurse 1
- Staff Nurse 122
- Nursing Assistant 69
- (b) Medical Superintendent 1
- Principal Medical Officer 3
- Medical Officer 14
- Specialist 4
- Part-time Specialist 3
- (c) Principal Pharmacist 1
- Senior Pharmacist 3
- Pharmacist (Intern) 1.

Elizabeth Donkin Hospital: staff complement
206. Lt-Gen R H D ROGERS asked the Minister of National Health:

What, in respect of the Elizabeth Donkin Provincial Hospital, was the complement of (a) nursing staff, (b) medical practitioners, and (c) pharmacists, in each grade as at 31 December 1991?

B463E

Legal abortions

213. Dr Z J DE BEEER asked the Minister of National Health:

- (1) Whether any applications for legal abortions were made to her Department in 1991; if so, how many (a) such applications were made and (b) legal abortions were performed as a result;
- (2) how many of these legal abortions were authorized in respect of (a) statutory rape, (b) rape and (c) incest?

B492E

The MINISTER OF NATIONAL HEALTH:

- (1) No, applications are made to the medical practitioner in charge of a provincial hospital or a few private hospitals designated for this purpose.
- (a) unknown and
- (b) 981 legal abortions were reported for the year 1991 as at 31 January 1992;
- (2) abortions may be procured by a medical practitioner in terms of sections 3(1)(a)-(e) of the Abortion and Sterilization Act, 1975 (Act 2 of 1975) and the statistical returns only specify the categories accordingly.

During 1991 a total of 46 abortions have been procured in terms of section 3(1)(d)—pregnancy in consequence of unlawful carnal intercourse.

Abortion/sterilization: legislation

214. Dr Z J DE BEEER asked the Minister of National Health:

- (1) Whether, with reference to her reply to Question No 13 on 9 April 1991, she intends to introduce any legislation in regard to abortion and sterilization during the present session of Parliament; if not, why not; if so, (a) what legislation and (b) when;
- (2) whether she has received any representations in this regard during the past 12 months; if so, (a) from whom and (b) what was (i) the nature of and (ii) her response to these representations?

B493E

The MINISTER OF NATIONAL HEALTH:

- (1) No, since public opinion is against any amendments to the Act;
- (2) yes,
- (a) 1 318 representations from individuals and organizations were received from which all but one were against any amendments and
- (b) no amendments are envisaged.

Mercury in tooth fillings

215. Mr M J ELLIS asked the Minister of National Health:

- (1) Whether she has received any requests from individuals and/or organizations to ban the use of mercury in tooth fillings; if so, from whom;
- (2) whether her Department is investigating the possibility of banning the use of mercury in tooth fillings; if so, why;
- (3) whether she will make a statement on the matter?

B494E

The MINISTER OF NATIONAL HEALTH:

- (1) No;
- (2) no;
- (3) no.

Immunization programmes: amount allocated

216. Mr M J ELLIS asked the Minister of National Health:

- (1) (a) What sum of money was allocated to immunization programmes in the 1991-92 financial year and (b) what immunization programmes were undertaken;
- (2) whether these programmes could be implemented fully out of the sum so allocated; if not,
- (3) whether additional funds were allocated for this purpose; if so, from what source?

B495E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) R4 766 000 and
- (b) the expanded programme on immunisation consists of sustained vaccination

Dental care coming to their doorstep

94

ARC 13/5/92

LENORE OLIVER
Staff Reporter

MITCHELL'S Plain residents will get low-cost specialised dental care soon when the University of the Western Cape dental faculty moves to the suburb.

"As a people's university we feel we must provide our services where they are needed most and Mitchell's Plain was found to be the ideal place," said Dean of Dentistry at UWC Professor Hanief Moola.

The faculty moves to new premises at the Mitchell's Plain Private Hospital next month.

Professor Moola said the faculty's services would also be available to residents of the southern suburbs, Nyanga and Khayelitsha — in effect to about 1,5 million people.

"We expect to see about 30 000 patients in our first

year," Professor Moola said. Patients would be charged a minimal fee according to their income, he said.

Staff would consist of 145 dentists, nurses and administration staff and 120 dental students and oral hygienists.

The faculty would occupy three floors at the hospital and include a resource centre, lecture theatres, audio-visual rooms and a library.

"The premises will be fully equipped with about 62 dental chairs," Professor Moola said.

A satellite clinic at the Mitchell's Plain Day Hospital would be geared for primary oral health care and emergencies.

"The satellite clinic will fulfill a great need in the area by teaching children how to care for their teeth."

The dental hospital is expected to be open by July.

S/ Times [Cape metro] 24/5/92 (94)

Dentistry is a dream realised for city women

By JANICE HILLIER

FOR two Cape Town women qualifying as dentists and being able to serve their communities are dreams come true.

Ms Khanyisiwe Mama and Ms Liabeng Malefane, of Langa, and Ms Ruth Phomone of Johannesburg made history when they became the first African women to graduate from the University of the Western Cape's dentistry school last year.

"It's a dream come true ... and now I only wish more women would become dentists too," said Ms Mama this week.

Their achievement is even more notable because statistics show that the number of African women dentists nationally is probably just into double figures.

Recent statistics on the training of oral health personnel show that of the 3 775 dentists in South Africa only about 25 are African student dentists.

Fascinated

The same data revealed that of the African dentists, only about eight are women.

Ms Malefane and Ms Mama, both Langa High School matriculants, entered UWC with financial assistance in 1986.

Ms Malefane was drawn to dentistry by her fascination with the healing process.

"As I became older I saw the need in a community where there were so many diseases and so few doctors," she said.

Ms Mama, 26, decided to become a dentist after a careers talk in matric when she heard that "dentistry was not all extractions".

"I wanted to do something for the community," she said.



KHANYISIWE MAMA
'Dream come true'



LIABENG MALEFANE
Community needs

The dental school at the University of the Witwatersrand boasted its first African graduate only in 1975 and its first African woman graduate, Ms Terri Nxumalo, two years later.

Wits signposted the initial break in a pattern of white student exclusivity by accepting its first Indian dental student in 1963.

But the break in male dentists came even earlier.

Women students, albeit only one or two in classes of 60 or 70 men, were studying dentistry in the early 1940s.

The head of oral surgery and radiology at UWC, Professor M E Parker, said the faculty was very pleased with the women's achievement.

Liquor traders tot up cost of holiday

APR 26/5/92

The Argus Correspondent
JOHANNESBURG. — Liquor retailers stand to lose more than R55 million because of the government's decision to declare Saturday a public holiday.

This estimate was given yesterday by Fedhasa's National Liquor Store standing committee chairman Mr Len Polivnick.

The decision came after requests from organisers of the Comrades Marathon to declare Saturday a holiday because Re-public Day — on which the race is usually run — is on a Sunday this year.

Mr Polivnick said the organisation had appealed to Justice Minister Mr Kobie Coetsee and President De Klerk to grant a concession to liquor traders enabling them to open for business.

"I reacted immediately and sent a letter to members in-

forming them it would be a closed day for all retail liquor stores. I then sent a letter of request to the State President and Minister Coetsee."

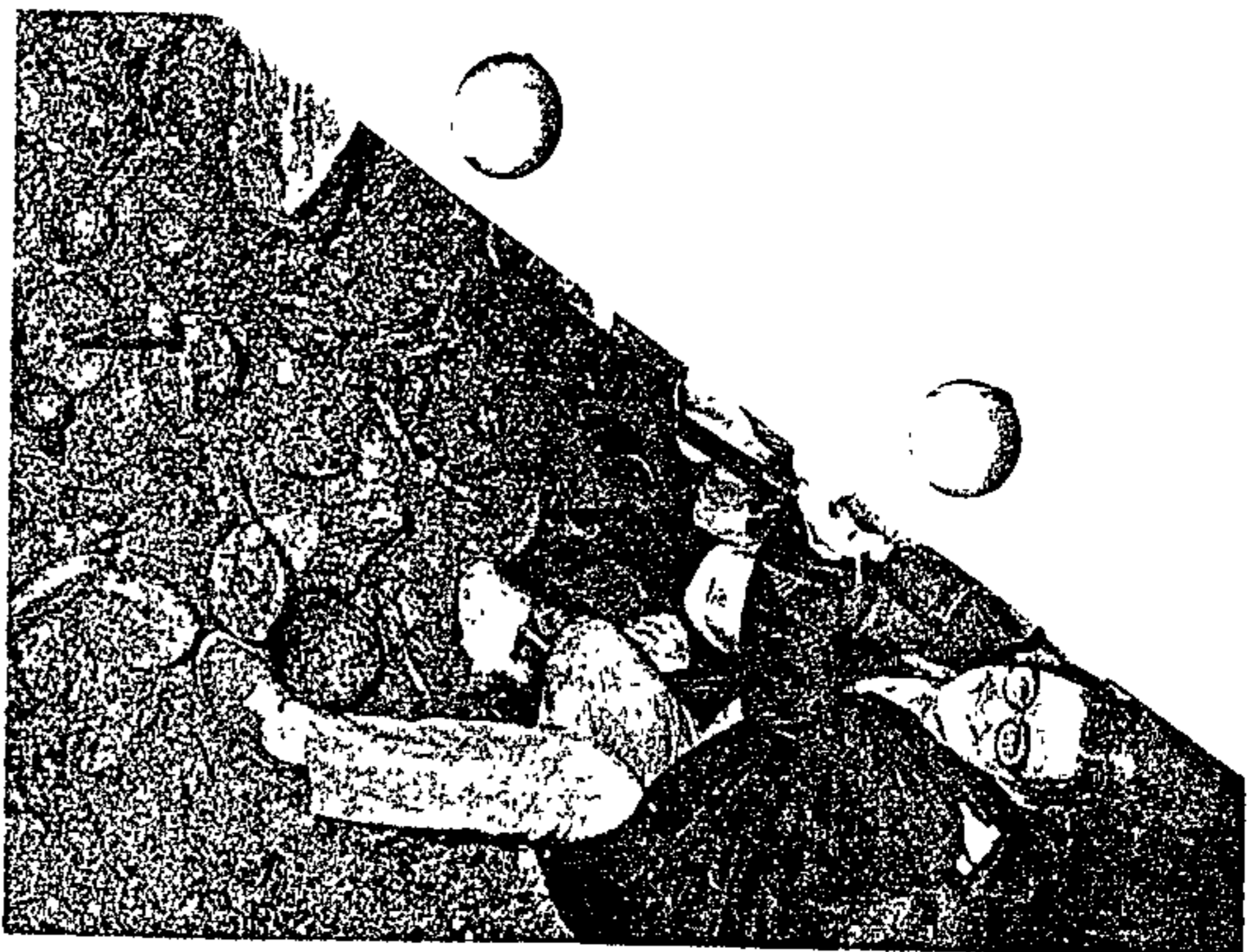
Mr Polivnick said he had not had a reply.

"The major gripe we have is that this comes at a time when the economy cannot afford it. Liquor retailers stand to lose in excess of R55 million if they do not open on Saturday."

Some non-Fedhasa members have indicated they would open and pay the admission of guilt fine instead.

However, Mr Polivnick said it was possible for the Minister to grant a concession and inform attorneys-general in each province not to prosecute.

"Just because they are running a race between Maritzburg and Durban does not mean I shouldn't be able to open for business in Bloemfontein," he said.



ANCIENT RELICS: Amateur archaeologists, from left, Mrs Ethel Seidel, Mr Jorge E'silva, Sebastian E'silva and Mrs Hennie Prins, with some of the 17th Century cannonballs found in Hout Bay.

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 able.

Toss out toothpaste to put the bite on a decaying tradition

APR 26/5/92

ANDREA WEISS, Health Reporter

A DENTIST who has thrown away his toothpaste? This is just one of the unusual things Dr Nick Venter of Stellenbosch University's dentistry school has done.

The retired dentist who works at the university part-time has written a book on oral hygiene he believes could revolutionise people's attitudes towards their teeth.

The catalyst in Dr Venter's life came when he overheard a patient sitting in an oral hygienist's chair muttering to himself: "If she tells me how to brush my teeth one more time, I'm going to walk out."

So he decided instead of blaming patients for not listening, he should re-examine his own approach.

The result is a comprehensive lesson in oral health with detailed explanations of how teeth and gums come under attack and also some unusual advice on oral care.

He has used the approach with his own patients and he has scripted a TV series to be screened in educational airtime.

Did you know, for instance that
 ● Too vigorous brushing with toothpaste can damage the teeth?
 ● Tooth decay is an infectious disease passed on from mother to child in the form of bacteria?
 ● There are 300 species of organisms living in your mouth?
 ● Your saliva is an important key to healthy teeth? It neutralises acids and helps to rebuild the teeth by supplying calcium.
 ● Babies bottle-fed on fruit juice are at increased risk of tooth decay?
 ● Tea is a source of fluoride?
 ● You don't have to brush after meals to keep your teeth healthy? Dr Venter recommends a good "de-plaque" session once a day using colourant to highlight the plaque and then a good going over with a brush, floss and a fluoride rinse. Toothpaste is an optional extra.

Dr Venter's book entitled *The Good News of Total Oral Health* is available from PO Bôx 2539, Bellville, 7635.

Brakes to be put on reckless taxi drivers

PORT ELIZABETH. — A new national register for drivers of public transport will put the brakes on reckless taxi drivers.

A spokesman for the directorate of road traffic in the Department of Transport, Mr Phil Hasluck, said legislation already provided for the register, and the department was hopeful it could be put in place next year.

Details of prosecutions, traffic offences and number of accidents will be recorded — and if a driver accumulates too many offences, he or she can be pulled off the road. The move could open the way for a national register of all drivers.

Mr Hasluck was responding to inquiries about a spate of accidents on Eastern Cape roads. Eleven people were killed and 41 injured in collisions over a single weekend recently in accidents that mostly involved minibus taxis.

In one gruesome accident in Port Elizabeth, a taxi flew more than two metres through the air across a freeway and ploughed into two cars, decapitating a man in one of them and killing three others, including the taxi driver and one of his passengers.

Dentists from UWC 'good value for money'

JOHN VILJOEN
Education Reporter

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DENTISTS ARE 24/6/92
trained at the University of the Western Cape are "good value for money" because they have resisted the brain drain, says UWC dentistry faculty dean Professor Hanif Moola.

After a mid-year graduation ceremony yesterday when 11 dentists took the oath, Professor Moola said no UWC dentistry graduate had emigrated. Since the first class graduated in 1978, UWC had produced 252 dentists. The many who travelled overseas for post-graduate study returned later, he said in an interview.

At UWC's sister dental faculties between a quarter and a third left the country within a year of graduating or completing military service, he said. UWC dentistry graduates were comparable to the best in the world and its dentistry degrees were recognised in Britain, Australia and New Zealand.

These factors combined to give the country, the government and the people "value for money" for their investment in these students.

This was reflected too in the areas where UWC products chose to practise. Nearly 50 percent of the dentists worked in public sector health clinics and community health centres. The rest opened practices in townships and small towns. "We have a spread from Walvis Bay to Nelspruit," Professor Moola said.

UWC pursued a policy of affirmative action on various fronts when recruiting potential dentists.

The faculty tackled the urban-rural bias by seeking students from rural areas — one of this week's graduates, Dr Simon Nematandani, was from Venda and would be returning to practise there.

On another front the university campaigned against the image of dentistry as largely a male stronghold: 50 percent of this week's graduates were women.

The faculty is relocating from Tygerberg Hospital to Mitchell's Plain.

The move to the larger Mitchell's Plain premises, jointly financed by the Department of Health and Housing (House of Representatives) and UWC, would allow the university to train more dentists and oral hygienists and to attract more staff.

RAADSKENNISGEWING 188 VAN 1992**STADSRAAD VAN GROBLERSDAL****WYSIGING VAN VERORDENINGE**

Kennis geskied hiermee ingevolge artikel 80B (3) van die Ordonnansie op Plaaslike Bestuur, 1939, soos gewysig, dat die Stadsraad, by spesiale besluit, besluit het om die volgende verordeninge te wysig:

1. Elektrisiteitstarief.
2. Verordeninge betreffende Vaste Afval en Saniteit.
3. Standaard Rioleringsverordeninge.
4. Standaard Watervoorsieningsverordeninge.

Die algemene strekking van die wysigings is om die tariewe te verhoog met ingang vanaf 1 Julie 1992.

Afskrifte van die voorgestelde wysigings lê ter insae in die kantoor van die Stadsekretaris, Burgersentrum, vir 'n tydperk van 14 dae vanaf datum van publikasie van hierdie kennisgewing.

Enigiemand wat beswaar wil maak teen die voorgestelde verhoging, moet dit skriftelik by die ondergetekende indien voor of op 3 Augustus 1992.

W. DE BEER,

Stadsklerk.

Munisipale Kantore
Posbus 48
GROBLERSDAL
0470.

17 Julie 1992.

(Kennisgewing No. 19/1992)

(17 Julie 1992)

RAADSKENNISGEWING 189 VAN 1992**DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD**

Kennis word hierby gegee ingevolge regulasie 12 van Goewermentskennisgewing No. R. 2279 van 3 Desember 1976, dat by 'n verkiesing gehou ingevolge die bepalinge van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet No. 56 van 1974), van lede van die Beroepsraad vir Tandterapie vir die vyfjaartydperk eindigende op 30 April 1997, die getal stemme deur die onderskeie kandidate aangeteken die volgende is:

MADITSI, Mohlapametse James.....	22
MODISE, Conrad Sekwakwalla.....	38
MOKOENA, Legalana Joyce.....	26
MOTHUSI, Andrew Badukane.....	22
MSIZA, Timothy Emmanuel.....	32
PARAK, Mohammed.....	25
RAMUKUMBA, Albert Ndanganeni.....	40
SINGH, Ramesh Saniah.....	27
THEMA, Kgaladi Lawrence.....	7

Ingevolge regulasie 11 (2) verklaar ek die volgende persone as verkies tot lede van die Beroepsraad vir Tandterapie vir die vyfjaartydperk eindigende op 31 Mei 1997:

MODISE, Conrad Sekwakwalla.
MOKOENA, Legalana Joyce.
MSIZA, Timothy Emmanuel.
RAMUKUMBA, Albert Ndanganeni.
SINGH, Ramesh Saniah.

N. M. PRINSLOO,

Kiesbeampte.

Pretoria, 1992-05-07.

(17 Julie 1992)

BOARD NOTICE 188 OF 1992**TOWN COUNCIL OF GROBLERSDAL****AMENDMENT TO BY-LAWS**

Notice is hereby given in terms of section 80B (3) of the Local Government Ordinance, 1939, as amended, that the Council has, by special resolution, resolved to amend the following by-laws:

1. Electricity Tariff.
2. Refuse (Solid wastes) and Sanitary By-laws.
3. Standard Drainage By-laws.
4. Standard Water Supply by-laws.

The general purport of the amendments is to increase the tariffs with effect as from 1 July 1992.

Copies of the proposed amendments will be open for inspection at the office of the Town Secretary, Civic Centre, for a period of 14 days from the date of publication of this notice.

Any person who desires to object to the proposed amendments must do so in writing with the undersigned on or before 3 August 1992.

W. DE BEER,

Town Clerk.

Municipal Offices
P.O. Box 48
GROBLERSDAL
0470.

17 July 1992.

(Notice No. 19/1992)

(17 July 1992)

BOARD NOTICE 189 OF 1992**THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL**

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It is hereby notified in terms of regulation 12 of Government Notice No. R. 2279 of 3 December 1976, that at an election of members of the Professional Board for Dental Therapy for the five-year period ending 31 May 1997, held in accordance with the provisions of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the number of votes appearing below were recorded for the respective candidates:

MADITSI, Mohlapametse James.....	22
MODISE, Conrad Sekwakwalla.....	38
MOKOENA, Legalana Joyce.....	26
MOTHUSI, Andrew Badukane.....	22
MSIZA, Timothy Emmanuel.....	32
PARAK, Mohammed.....	25
RAMUKUMBA, Albert Ndanganeni.....	40
SINGH, Ramesh Saniah.....	27
THEMA, Kgaladi Lawrence.....	7

In terms of regulation 11 (2) I declare the following persons to have been elected members of the Professional Board for Dental Therapy for the five-year period ending on 31 May 1997:

MODISE, Conrad Sekwakwalla.
MOKOENA, Legalana Joyce.
MSIZA, Timothy Emmanuel.
RAMUKUMBA, Albert Ndanganeni.
SINGH, Ramesh Saniah.

N. M. PRINSLOO,

Returning Officer.

Pretoria, 1992-05-07.

(17 July 1992)

Pain of job extraction

W/Mant 14/8-20/892
By ROSALEE TELELA

A DENTAL therapy course tailor-made to combat a service shortage in the townships has come under fire as therapists battle to join the private sector from which they are barred by law.

According to the secretary of the Dental Therapy Association (DTA), Conrad Modise, the degree was created in the 1970s to combat the shortage of services in the black urban and rural areas. He claims it was designed "under the influence of apartheid". Students doing the three-year course are all black and studying at Medunsa and the University of Durban/Westville.

By law dental therapists cannot work for individual dentists and are not qualified to do extractions, fillings and minor surgery.

"As a result of low pay and stringent employment regulations, many dental therapists leave the profession," said Modise.

Students will be left with few job options as public sector posts were frozen during the past year.

South African Medical and Dental Council spokesman Nico Prinsloo denies the degree was established on a racial basis.

Madoda Xaba, secretary of the DTA, believes dental therapists should be allowed to work in the public sector. After three years he earns R1 906 a month. He had to turn down a post with a starting salary of R4 000 a month because it was offered by a dentist.

The Board for Dental Therapists is trying to have the rule changed.

BIDAM 18/8/92

Lasers take the pain out of dentistry

KATHRYN STRACHAN

PAINFUL dentistry will soon be a thing of the past with the introduction of lasers, says a British dental specialist visiting SA.

Dr. Marsh Midda, who headed international research into dental lasers, said there was no injection, no drilling and no pain when the equipment was used.

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During his five years of research at the Bristol Dental Hospital, not one of the hundreds of patients he had treated had felt anything, Midda told an Dental Association of SA conference of Sun City recently.

"It really is painless," Midda said. "It's ideal for dentaphobics who hate the dentist and fear pain."

The US laser technology uses fibre optics and pulses a beam at one thousandth of a second. The beam cuts through tooth decay, but does not touch enamel, leaving a healthy tooth to be filled. Different settings and attachments mean it can be used for work on root canals and for cutting gums and soft tissue without causing bleeding.

Patients have to wear special protective glasses as a precaution, but Midda claimed the equipment was far safer than any other laser on the market.

He said the new technology would be standard equipment for dentists in about 10 years time.

Mobile unit to be launched

STAR 18/8/92
Colgate Palmolive is about to launch a mobile dental unit to help thousands of disadvantaged South Africans.

The R100 000 unit, which is fully equipped with technologically advanced equipment and staffed by a dental therapist and oral hygienist, forms part of the company's R10 million social upliftment programme.

It will travel to places where dental services are almost non-existent.

"The harsh reality is that

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thousands of people in our country have never used a toothbrush, let alone seen a dentist," said Russell Pollard, trustee of the Colgate-Palmolive Foundation.

Mr Pollard said the unit would provide a much-needed dental service, particularly in rural areas.

"The dental unit can handle the full spectrum of dental care from fillings to root treatment and will be invaluable to communities who do not have ac-

cess to dentists at all. We believe that by bringing treatment to the people rather than the other way round, Colgate-Palmolive can make a meaningful contribution to uplifting the community."

The unit will begin operating in late August in the eastern Transvaal, administering dental treatment to surrounding communities in and around the Kruger National Park.

The dental unit is scheduled to travel thousands of kilometres around South Africa.

18 years of education

Dental Health Week has dramatically changed the face of dental care. First established in 1974, this annual event has helped create an awareness of oral health care. *Star 18/8/92 (94)*

It has expanded the average person's knowledge about teeth care beyond just the brushing of teeth and has focused attention on such concepts as the importance of the design of the brush, the removal of plaque, flossing and fluoride supplementation.

According to the Dental Association of SA, there has been a major change in that section of the population that has ready access to oral health care. However, much still needs to be done to reach the underprivileged sector.

The association says preventative dentistry has proved successful throughout the world and this is largely attributed to fluoride. It is estimated that the oral care market is worth more than R200 million a year and is likely to continue to grow steadily in the future, according to an article in the "Supermarket and Retailer".

"Many South Africans still do not use the most basic means of dental care — the brush and toothpaste — let alone more sophisticated products like floss and mouthwash. This means there's an enormous market out there waiting to be tapped."

SA public 'needs

STAR 18/8/92

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Lack of knowledge among dentists, medical practitioners' and consumers about the use of fluoride has hampered the growth of the South African market.

So says Anthony Mazabow, product manager for Zymafluor — the brand name for fluoride supplementary tablets — who is doing a masters degree in commerce at the University of South Africa on fluoride.

Zymafluor is manufactured by the giant pharmaceutical company, Ciba-Geigy, one of the top five pharmaceutical companies in the world.

The Swiss-based company is also the 70th largest industrial company in the world.

Mr Mazabow said clinical tests had shown that correct dosages of fluoride could reduce tooth decay by up to 80 percent.

Yet, he says, far too many consumers think they will get black spots on their teeth from fluoride or are simply given the wrong advice.

"Through our information helpline we get lots of phone calls from mothers who have been given different advice by dentists and paediatricians," he says.

Mr Mazabow said an over-

dose of fluoride would not cause black spots but rather a calcification of the teeth, an appearance of mottled enamel which is not harmful.

He added, however, that this was unlikely to happen.

"There are a few areas in South Africa with optimum levels of fluoride — such as Pofadder in the eastern Cape — and if residents living in these areas supplemented their fluoride intake they could get fluorosis."

What most people don't know is that fluoride is a natural element found in all South Africa's water supplies at different levels. In most areas it is necessary to supplement fluoride intake.

As long ago as 1966, the Commission of Inquiry into the Fluoridation of Public Water Supplies unanimously recommended the restoration to optimum levels of South Africa's water, but so far the Government has failed to implement this.

This means that most parts of the country still have fluoride levels which are too low. This includes almost all the major cities — Johannesburg, Pretoria, Cape Town and Durban.

A complete list of the fluoride levels throughout the coun-

try is available from Zymafluor and medical practitioners should be able to advise patients.

The important thing to worry about is not getting enough fluoride, rather than getting too much, says Mr Mazabow.

Zymafluor benefits all children up to the age of 14 (or when permanent teeth have developed) and who live in areas where there is insufficient fluoride in the local water supply.

Clinical studies suggest fluoride tablets work in one or more of the following ways: making teeth less susceptible to acids, which lead to decay; inhibiting plaque bacteria and slowing down the decay process.

According to information from the Dental Health Association, fluoride is a substance found in water, soil, plants and food.

It makes tooth enamel stronger and greatly reduces tooth decay.

According to the association, it is most effective when used while the teeth are forming and erupting.

Evidence shows that children who drink fluoridated water from birth have 65 percent fewer cavities and 90 percent fewer teeth that must be extracted.

fluoride education

Dental unit reaches out to street children

By Paula Fray

STAR 28/8/92

Students at Kingsway Care Centre — a “farm” school situated in the heart of Randpark Ridge, Randburg — would barely have had a chance of education were it not for the sponsorship of the surrounding community.

The school supplies not only access to learning, but also clothes and food on a daily basis for the area’s street children and children from the squatter communities.

According to principal Liz Thompson, the school is funded

entirely with donations. Many of the street children are usually collected off the street for a day’s learning.

The school also has a nurse who identifies various ailments — including TB — and the children are sent off to the relevant clinics.

But costs are high.

And were it not for the Wits Community Health Centre’s mobile dental clinic, most would never have access to basic dental care.

However, this week the trail-

er-drawn mobile unit was taken to the school where it was set up within 20 minutes. A team of six — three dental therapists and three assistants — worked on all 120 pupils for the entire week.

Team leader Ronald Phiri explained that once permission was received from the relevant authorities, the team first talked to the school teachers on dental health before talking to the entire school.

In a “brushing programme”, children were given toothbrushes and toothpaste and

taught how to clean their teeth. This programme continued at the school after the team had left.

Inside a large tent, dental therapists checked teeth and did necessary extractions and basic fillings. A video on dental health kept the waiting children amused.

“While the children are waiting for treatment we try to make them comfortable, as this is very often the first time they have come to a place like this and they are always scared,” said Mr Phiri.

Dentists take to rural roads to serve the people

STAR 28/8/92

(94)

"Health for all by the year 2000" is the popular World Health Organisation slogan. And, in line with this, South Africans are beginning to take a closer look at primary health care.

The University of the Witwatersrand Department of Community Dentistry is no exception.

As early as 1979, student dentists would go out into rural areas to administer basic dental care in areas where there were very few facilities.

"For example, in the Transkei, where there was a population of three million, there were only four dentists, practising in Umtata and Butterworth. About 95 percent of the people were living in the rural areas," explained the department's Professor Michael Rudolph.

Even if the oral health was not bad, there were many people who needed care.

According to Professor Rudolph, a team of student dentists would go out to the rural areas where they would do pain relief and extraction.

"We once extracted 4½ thousand teeth in 4½ days," recalled Professor Rudolph.

"It was on one of these visits at Port St Johns that we saw a seven-year-old child who had a small hole in a permanent molar."

In town, where facilities are readily available, this hole would have just been filled but in an outlying area — with only basic facilities — the tooth had to be extracted despite the consequences for all the other teeth.

In 1982, the first step to a mobile unit was taken when the university — with the help of sponsorship — bought portable equipment.

But the heavy equipment could only be used by the strongest students and very few patients could be seen at a time.

Most city dwellers could not imagine being unable to see a doctor or a dentist. Yet, just 30 minutes out of Johannesburg's city centre, there are farm schools and rural communities which have no access to such facilities, reports PAULA FRAY.

"We had identified the problem. Now we needed the appropriate technology to deal with it," he said. Sponsorship from Colgate Palmolive meant that a team could be hired and a mobile clinic developed.

So, the unit moved from a team of volunteers with the barest of essentials, to portable equipment, to what it has now — a trailer which opens up into a temporary office (with electricity or generator power), with four work units to allow for a multi-disciplinary approach.

"The ideal is still to provide the highest standard of care within the appropriate environment." The function of the mobile dental unit is not just to provide a service but also to carry out research.

But the unit discovered that in areas surrounding the city centres the need for primary dental care was just as great.

"Even farm schools don't have access to dental care — it's not just the remote rural areas. Literally hundreds of thousands, if not millions of people don't have access to primary dental care," said Professor Rudolph.

There are now two mobile units — one sponsored by Colgate Palmolive and another by the Sandton Civic Foundation.

This is the fifth year that a mobile unit has been on the road. But more sponsorship is needed to enable the present units to continue and expand.

Make money from mouths

1 Day 1/10/42

94



admission

The following careers are from the guide entitled "Training opportunities at Technikon and possible occupations". Today we list the academic requirement needed for careers in the dentistry field.

DENTAL CHAIRSIDE ASSISTANT Venue: M L Sutan Technikon English medium Duration: One year full-time Entry qualification: Senior Certificate without university admission	Afrikaans or English medium Duration: Three years' full-time; 30 months formal training and six months appropriate in-service training Entry qualification: Senior Certificate without university admission Subjects required: Mathematics OR Physical Science	Selection basis: Aptitude and manual dexterity test, personal interview AND academic achievement Venue: Technikon Natal Duration: Four years' part-time; three years' formal training and one year appropriate in-service training Entry qualification: Senior Certificate without university admission	Afrikaans or English medium Duration: Three years' full-time; 30 months formal training and six months appropriate in-service training Entry qualification: Senior Certificate without university admission Subjects required: Mathematics and Biology
DENTAL TECHNOLOGY Venue: Technikon Pretoria	Subjects recommended: Mathematics OR Physical Science Subjects recommended: Biology AND Woodwork	Afrikaans or English medium Duration: Three years' full-time; 30 months formal training and six months appropriate in-service training Entry qualification: Senior Certificate without university admission Subjects required: Mathematics and Biology	Subjects recommended: Mathematics and Biology

HIV patients 'outcasts'

CT 27/10/92 (98)

By GLYNNIS UNDERHILL

TRYING to treat township patients suffering from the HIV-virus is a nightmare as many of those diagnosed are ostracised by their communities.

"The stigma of Aids is so great that very few live with their families after being diagnosed — they just disappear," said Cape Town Red Cross community worker Mr Duma Mazwai.

A Khayelitsha field worker from the Red Cross, who asked not to be named, said township communities often

turned their backs on HIV and Aids sufferers.

"Nobody knows what happens to them. They may go back to the homelands, or carry on as before," she said.

The Red Cross is now co-ordinating a pilot project "The Buddy Programme" that is focusing on home-based care for HIV and Aids sufferers.

A big problem facing the field workers fighting the spread of Aids in the townships is the lack of acceptance of condoms, Mr Mazwai said.

HEALTH AND DISEASE - DENTISTS
1993

**DEPARTMENT OF NATIONAL
HEALTH AND POPULATION
DEVELOPMENT**

No. R. 106

94

22 January 1993

**THE SOUTH AFRICAN DENTAL TECHNICIANS
COUNCIL**

**NOTICE REGARDING THE ANNUAL FEES
PAYABLE TO THE COUNCIL**

I, Elizabeth Hendrina Venter, Minister of National Health, hereby fix, in terms of section 49 of the Dental Technicians Act, 1979 (Act No. 19 of 1979), and on the recommendation of the South African Dental Technicians Council (hereinafter referred to as the Council), the fees set out in the Schedule as the fees to be paid to the Council by every dentist and every dental technician.

E. H. VENTER,
Minister of National Health.

SCHEDULE

Annual fees payable by dentists

1. A dentist who, in terms of section 17 (3) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974)—

(a) is registered shall pay to the Council an amount of R55,00 as an annual fee for the period 1 January to 31 December of each year; or

(b) is registered during such period shall pay to the Council an amount of R27,50 as an annual fee in respect of the unexpired portion of that year.

Annual fees payable by dental technicians

2. Any person who, in terms of section 18 of the Dental Technicians Act, 1979 (Act No. 19 of 1979)—

(a) is registered shall pay to the Council an amount of R165,00 as an annual fee for the period 1 January to 31 December of each year; or

(b) is registered during such period shall pay to the Council an amount of R82,50 as an annual fee in respect of the unexpired portion of that year.

Liability

3. The annual fees referred to in—

(a) paragraphs 1 (a) and 2 (a) shall be due on 1 January of the year concerned and shall be payable not later than 31 March of that year; and

(b) paragraphs 1 (b) and 2 (b) shall be due on the day of the registration concerned and shall be payable on or before the last day of the third month following that day, or on 31 December of that year, whichever date is the earlier.

Value Added Tax

4. All fees referred to in this notice shall include 10% Value Added Tax.

Withdrawal

5. Government Notice No. R. 3157 of 27 December 1991 is hereby withdrawn.

**DEPARTEMENT VAN NASIONALE
GESONDHEID EN BEVOLKINGS-
ONTWIKKELING**

No. R. 106

22 Januarie 1993

**DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI
KENNISGEWING BETREFFENDE DIE JAARLIKSE
GELDE BETAALBAAR AAN DIE RAAD**

Ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, stel hierby kragtens artikel 49 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici (hieronder die Raad genoem), die gelde in die Bylae uiteengesit, vas as die gelde wat deur elke tandarts en elke tandtegnikus aan die Raad betaal moet word.

E. H. VENTER,
Minister van Nasionale Gesondheid.

BYLAE

Jaarlikse gelde betaalbaar deur tandartse

1. 'n Tandarts wat kragtens artikel 17 (3) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974)—

(a) geregistreer is, betaal aan die Raad 'n bedrag van R55,00 as jaarlikse gelde vir die tydperk 1 Januarie tot 31 Desember van elke jaar; of

(b) gedurende genoemde tydperk geregistreer word, betaal aan die Raad 'n bedrag van R27,50 as jaarlikse gelde ten opsigte van die onverstreke gedeelte van daardie jaar.

Jaarlikse gelde betaalbaar deur tandtegnici

2. Iemand wat kragtens artikel 18 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979)—

(a) geregistreer is, betaal aan die Raad 'n bedrag van R165,00 as jaarlikse gelde vir die tydperk 1 Januarie tot 31 Desember van elke jaar; of

(b) gedurende genoemde tydperk geregistreer word, betaal aan die Raad 'n bedrag van R82,50 as jaarlikse gelde ten opsigte van die onverstreke gedeelte van daardie jaar.

Aanspreeklikheid

3. Die jaarlikse gelde bedoel in—

(a) paragrawe 1 (a) en 2 (a), is verskuldig op 1 Januarie van die betrokke jaar en is betaalbaar nie later nie as 31 Maart van daardie jaar; en

(b) paragrawe 1 (b) en 2 (b), is verskuldig op die dag van die betrokke registrasie en is betaalbaar voor of op die laaste dag van die derde maand wat op daardie dag volg, of op 31 Desember van daardie jaar, welke datum ook al die vroegste is.

Belasting op Toegevoegde Waarde

4. Alle gelde in hierdie kennisgewing bedoel, sluit 10% Belasting op Toegevoegde Waarde in.

Herroeping

5. Goewermentskennisgewing No. R. 3157 van 27 Desember 1991 word hierby herroep.

No. R. 107

22 January 1993

THE SOUTH AFRICAN DENTAL TECHNICIANS
COUNCIL (94)REGULATIONS RELATING TO THE REGISTRATION
OF DENTAL LABORATORIES AND RELATED MAT-
TERS: AMENDMENT

The Minister of National Health has, in terms of section 50 of the Dental Technicians Act, 1979 (Act No. 19 of 1979), on the recommendation of the South African Dental Technicians Council, made the regulations contained in the Schedule hereto.

SCHEDULE**Definition**

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 308 of 26 February 1982, as amended by Government Notices Nos. R. 1808 of 27 August 1982, R. 196 of 4 February 1983, R. 284 of 15 February 1985, R. 854 of 9 May 1986, R. 668 of 3 April 1987, R. 2440 of 2 December 1988, R. 2914 of 14 December 1990 and R. 3156 of 27 December 1991.

Substitution of regulation 11 of the Regulations

2. The following regulation is hereby substituted for regulation 11 of the Regulations:

"REGISTRATION FEES

11. (1) The registration fees for the registration of a dental laboratory under section 30 of the Act shall be R1 100.

(2) The registration fees referred to in subregulation (1) shall include 10% Value Added Tax."

Substitution of regulation 12 of the Regulations

3. The following regulation is hereby substituted for regulation 12 of the Regulations:

"ANNUAL FEES

12. (1) Every owner/partner of a dental laboratory shall pay to the council an amount of R506 as an annual fee for the period 1 January to 31 December of each year or part thereof.

(2) The amount referred to in subregulation (1) shall be due on 1 January of the year concerned and shall be payable not later than 31 March of that year.

(3) The amount referred to in subregulation (1) shall include 10% Value Added Tax."

No. R. 108

22 January 1993

FOODSTUFFS, COSMETICS AND DISINFECTANTS
ACT, 1972 (ACT No. 54 OF 1972)

REGULATIONS RELATING TO HERBS AND SPICES

The Minister of National Health intends, in terms of section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), to make the regulations contained in the Schedule hereto.

No. R. 107

22 Januarie 1993

DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI
REGULASIES BETREFFENDE DIE REGISTRASIE
VAN LABORATORIUMS VIR TANDKUNDIGE WERK
EN AANVERWANTE AANGELEENTHEDE: WYSI-
GING

Die Minister van Nasionale Gesondheid het kragtens artikel 50 van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), op aanbeveling van die Suid-Afrikaanse Raad vir Tandtegnici, die regulasies vervat in die Bylae hiervan, uitgevaardig.

BYLAE**Woordomskrywing**

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 308 van 26 Februarie 1982, soos gewysig by Goewermentskennisgewings Nos. R. 1808 van 27 Augustus 1982, R. 196 van 4 Februarie 1983, R. 284 van 15 Februarie 1985, R. 854 van 9 Mei 1986, R. 668 van 3 April 1987, R. 2440 van 2 Desember 1988, R. 2914 van 14 Desember 1990 en R. 3156 van 27 Desember 1991.

Vervanging van regulasie 11 van die Regulasies

2. Regulasie 11 van die Regulasies word hierby deur die volgende regulasie vervang:

"REGISTRASIEGELDE

11. (1) Die registrasiegelde vir die registrasie van 'n laboratorium vir tandkundige werk ingevolge artikel 30 van die Wet is R1 100.

(2) Die registrasiegelde in subregulasie (1) bedoel, sluit 10% Belasting op Toegevoegde Waarde in."

Vervanging van regulasie 12 van die Regulasies

3. Regulasie 12 van die Regulasies word hierby deur die volgende regulasie vervang:

"JAARLIKSE GELDE

12. (1) Elke eienaar/vennoot van 'n laboratorium vir tandkundige werk betaal aan die raad 'n bedrag van R506 as jaarlikse gelde vir die tydperk 1 Januarie tot 31 Desember van elke jaar of gedeelte daarvan.

(2) Die bedrag in subregulasie (1) bedoel, is verskuldig op 1 Januarie van die betrokke jaar en is betaalbaar nie later nie as 31 Maart van daardie jaar.

(3) Die bedrag in subregulasie (1) bedoel, sluit 10% Belasting op Toegevoegde Waarde in."

No. R. 108

22 Januarie 1993

WET OP VOEDINGSMIDDELS, SKOONHEIDSMID-
DELS EN ONTSMETTINGSMIDDELS, 1972 (WET
No. 54 VAN 1972)REGULASIES BETREFFENDE KRUIE EN
SPESERYE

Die Minister van Nasionale Gesondheid is voornemens om kragtens artikel 15 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), die regulasies vervat in die Bylae hiervan uit te vaardig.

Applicant:

ADE (Pty) Ltd, P.O. Box 1222, Cape Town, 8000.

[Note: This application will result in the reduction of the duty on tractors incorporating internal combustion piston engines with a cubic displacement of 6 000 cm³ from 40 per cent *ad valorem* to free of duty.]

3. Amendment of the provisions under tariff subheading 5601.10 by the substitution therefor of the following:

Tariff Subheading	Description	Rate of Duty
5601.10	Sanitary towels and tampons, napkins and napkin liners for babies and similar sanitary articles, of wadding	15%

[Note: This application will result in the deletion of the subdivision of the tariff subheading as well as a reduction in the rate of duty on other sanitary towels and tampons, napkins and napkin liners for babies and similar sanitary articles, of wadding, classifiable under tariff subheading 5601.10.90, from a rate of duty of 20 per cent *ad valorem* to 15 per cent *ad valorem*.]

[BTT Ref. T5/2/11/1 (930003)
(Ms R. Martin)]

Applicant:

The Commissioner for Customs and Excise, Private Bag X47, Pretoria, 0001.

List 2/93 was published under General Notice 67 of 22 January 1993.
(29 January 1993)

NOTICE 89 OF 1993**DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT****THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL**

94

NOTICE CONCERNING THE AMENDMENT OF THE CONDITIONS OF EMPLOYMENT OF DENTAL TECHNICIANS WHO ARE EMPLOYEES

In terms of section 12 (4) and 12 (5) of the Dental Technicians Act, 1979 (Act No. 19 of 1979), I, Johann Adam Swanepoel, Registrar of the South African Dental Technicians Council, hereby publish an amendment of conditions of employment of dental technicians who are employees.

Establishment of a medical scheme for dental technician employees, which the Council has determined in terms of section 12 (1) (a) of the said Act and published in the Government Gazette under notice 924 of 1983 dated 9 December 1983 as follows:

1. clause 2 (1) substitute the word "Topmed" with the words "Compicare and Old Mutual Flexi-Care Hospital Plan" and the words "South African National Medical Fund Limited (hereinafter referred to as SANMED)" with the words "Reach Out Medical Services".

2. clause 2 (3) substitutes the word "Topmed" with the words "Compicare and Old Mutual Flexi-Care Hospital Plan".

Applicant:

ADE (Edms.) Bpk., Posbus 1222, Kaapstad, 8000.

[Opmerking: Die aansoek het tot gevolg dat die reg op trekkers wat binnebrandsuiereenjins met 'n kubieke verplasing van 6 000 cm³ inkorporeer, verlaag word vanaf 40 persent *ad valorem* tot vry van reg.]

3. Wysiging van die voorsiening by tariefsubpos 5601.10 deur vervanging daarvan deur die volgende:

Tarief-subpos	Beskrywing	Skaal van Reg
5601.10	Sanitêre doekies en tampons, luiers en luiervoerings vir babas, en dergelike sanitêre artikels van watte	15%

[Opmerking: Hierdie aansoek het tot gevolg dat die onderverdeling van die tariefsubpos verval en dat die reg op ander sanitêre doekies en tampons, luiers en luiervoerings vir babas, en dergelike sanitêre artikels van watte, indeelbaar by tariefsubpos 5601.10.90 van 'n skaal van reg van 20 persent *ad valorem* tot 15 persent *ad valorem* verlaag word.]

[RTH-verw. T5/2/11/1 (930003)
(Me. R. Martin)]

Applicant:

Die Kommissaris van Doeane en Aksyns, Privaat Sak X47, Pretoria, 0001.

Lys 2/93 is by Algemene Kennisgewing 67 van 22 Januarie 1993 gepubliseer.
(29 Januarie 1993)

KENNISGEWING 89 VAN 1993**DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGSONTWIKKELING****DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI****KENNISGEWING INSAKE DIE WYSIGING VAN DIE DIENSVOORWAARDES VAN TANDTEGNICI WAT WERKNEMERS IS**

Kragtens artikel 12 (4) en 12 (5) van die Wet op Tandtegnici 1979 (Wet No. 19 van 1979), publiseer ek, Johann Adam Swanepoel, Registrateur van die Suid-Afrikaanse Raad vir Tandtegnici, hierby 'n wysiging van die diensvoorwaardes van tandtegnici wat werknemers is.

Die instelling van 'n mediese skema vir tandtegnici werknemers, soos deur die Raad bepaal kragtens artikel 12 (1) (a) van genoemde Wet en gepubliseer in die Staatskoerant onder Kennisgewing 924 van 1983, gedateer 9 Desember 1983, as volg:

1. In klousule 2 (1) word die woord "Topmed" vervang met die woorde "Compicare en Ou Mutual Flexisorg Hospitaalplan" en die woorde "Suid-Afrikaanse Nasionale Mediese Fonds Beperk (hierna SANMED genoem)" vervang met "Reach Out Mediese Dienste".

2. In klousule 2 (3) word die woord "Topmed" vervang met die woorde "Compicare en ou Mutual Flexisorg Hospitaalplan".

3. clause 3 (5) substitute the words "prescribed in Annexure A" with the words "obtainable from Reach Out Medical Services".

4. clause 4 substitute the word "SANMED" throughout with the words "Reach Out Medical Services".

5. Annexure A and B are deleted.

6. The new medical aid for dental technician employees commences on 1 March 1993.

(29 January 1993)

BOARD NOTICES

BOARD NOTICE 13 OF 1993

CITY OF GERMISTON

AMENDMENT OF THE BY-LAWS REGARDING THE HIRE OF HALLS

The Town Clerk hereby in terms of section 101 of the Local Government Ordinance, 1939, publishes the by-laws set forth hereunder that have been made by the City Council of Germiston in terms of section 96 of the said Ordinance.

The By-laws Regarding the Hire of Halls of Germiston Municipality adopted under Administrator's Notice 827 dated 4 October 1967, as amended, are hereby further amended as follows:

1. By the insertion of the following definition in section 1 of the by-laws:

"lapa" means the building on the northern bank in the Germiston Lake of any section thereof or other accommodation or accessories for the hire of which charges are prescribed in Schedule B.

2. By the insertion of section 28 of the following:

"CHAPTER 2

LAPA

29. CERTAIN PROVISIONS TO APPLY *MUTATIS MUTANDIS*

The provisions of sections 2 (1), (2), (3) and (5), 3, 4, 5, 6, 7, 8, 9, 10 (1), 11, 12, 14, 15, 17, 18, 20, 21 (1) and (2), 22, 24, 25, 26, 27 and 28 of Chapter I shall apply *mutatis mutandis* to the hiring of the lapa, and for the purposes of —

(a) sections 2 (1), (2), (3) and (5), 3, 4, 5, 6, 7, 8, 9, 10 (1), 11, 12, 14, 15, 17, 18, 20, 21 (1) and (2), 22, 24, 25, 26, 27 and 28 of Chapter 1 any reference to hall or halls and the equipment therein shall be construed as a reference to the lapa and its equipment:

(b) section 14 (4) the reference to R500,00 shall be construed as a reference to R1 000,00.

30. PERIOD OF LETTING

(1) Except with the special permission of the Council the lapa shall not be leased to any person or body of persons for any continuous period in excess of two days.

3. In klousule 3 (5) word die woorde "in Aanhangel A hiervan voorgeskryf" vervang met die woorde "verkrygbaar by Reach Out Mediese Dienste" en die woord "SANMED" vervang met die woorde "Reach Out Mediese Dienste".

4. In klousule 4 word die woord "SANMED" deurgaans vervang met die woorde "Reach Out Mediese Dienste".

5. Aanhangel A en B word geskrap.

6. Die nuwe mediese hulpfonds vir tandtegnici werknemers tree op 1 Maart 1993 in werking.

(29 Januarie 1993)

RAADSKENNISGEWINGS

RAADSKENNISGEWING 13 VAN 1993

STAD GERMISTON

WYSIGING VAN DIE VERORDENINGE BETREFFENDE DIE HUUR VAN SALE

Die Stadsklerk publiseer hiermee ingevolge artikel 101 van die Ordonnansie op Plaaslike Bestuur, 1939, die verordeninge hierna uiteengesit wat ingevolge artikel 96 van genoemde Ordonnansie deur die Stadsraad van Germiston opgestel is.

Die Verordeninge betreffende die Huur van Sale van die Munisipaliteit Germiston, aangeneem by Administrateurskennisgewing 827 van 4 Oktober 1967, soos gewysig, word hierby verder soos volg gewysig:

1. Deur in artikel 1 van die verordeninge die volgende definisie in te voeg:

"lapa" beteken die gebou op die noordelike oewer van die Germiston meer of enige gedeelte daarvan of ander akkommodasie of toebehore vir die huur waarvan gelde in Bylae B voorgeskryf is.

2. Deur die volgende na artikel 28 in te voeg:

"HOOFSTUK 2

LAPA

29. SEKERE BEPALINGS SAL *MUTATIS MUTANDIS* VAN TOEPASSING WEES

Die bepalinge van artikels 2 (1), (2), (3) en (5), 3, 4, 5, 6, 7, 8, 9, 10 (1), 11, 12, 14, 15, 17, 18, 20, 21 (1) en (2), 22, 24, 25, 26, 27 en 28 van Hoofstuk I sal *mutatis mutandis* betreffende die huur van die lapa van toepassing wees en vir die doeleindes van —

(a) artikels 2 (1), (2), (3) en (5), 3, 4, 5, 6, 7, 8, 9, 10 (1), 11, 12, 14, 15, 17, 18, 20, 21 (1) en (2), 22, 24, 25, 26, 27 en 28 van Hoofstuk I sal enige verwysing na saal of sale en die toebehore daarin uitgelê word as 'n verwysing na die lapa en sy toebehore.

(b) artikel 14 (4) sal die verwysing na R500,00 uitgelê word as 'n verwysing na R1 000,00.

30. TYDPERK VAN VERHURING

(1) Sonder die spesiale toestemming van die Raad mag die lapa nie vir 'n aaneenlopende tydperk van langer as twee dae aan enige persoon of liggaam verhuur word nie.

Name	Registration No.	Reason	Naam	Registrasie No.	Rede
R. K. Khusal	5182	Registration lapsed.	R. K. Khusal	5182	Registrasie ingetrek.
H. L. Kühn	437	Registration lapsed.	H. L. Kühn	437	Registrasie ingetrek.
R. A. Leeming	229	Voluntary withdrawal.	R. A. Leeming	229	Vrywillig onttrek.
C. A. L. Levick	259	Deceased.	C. A. L. Levick	259	Afgesterwe.
P. J. Masson	5227	Registration lapsed.	P. J. Masson	5227	Registrasie ingetrek.
A. F. Men-Muir	436	Registration lapsed.	A. F. Men-Muir	436	Registrasie ingetrek.
I. G. Michie	5006	Registration lapsed.	I. G. Michie	5006	Registrasie ingetrek.
D. Mocke	017	Voluntary withdrawal.	D. Mocke	017	Vrywillig onttrek.
Dr G. F. W. Ockert.....	144	Voluntary withdrawal.	Dr G. F. W. Ockert.....	144	Vrywillig onttrek.
H. J. Pienaar	5277	Registration lapsed.	H. J. Pienaar	5277	Registrasie ingetrek.
G. Potgieter.....	204	Voluntary withdrawal.	G. Potgieter.....	204	Vrywillig onttrek.
A. C. Rea.....	544	Registration lapsed.	A. C. Rea.....	544	Registrasie ingetrek.
T. M. V. Sandham	371	Voluntary withdrawal.	T. M. V. Sandham	371	Vrywillig onttrek.
J. D. Slabbert	290	Registration lapsed.	J. D. Slabbert	290	Registrasie ingetrek.
G. R. Thompson (Mrs).....	5062	Registration lapsed.	G. R. Thompson (mev.).....	5062	Registrasie ingetrek.
L. Willemse (Mrs)	5156	Registration lapsed.	L. Willemse (mev.)	5156	Registrasie ingetrek.
N. M. Woolfson.....	596	Voluntary withdrawal.	N. M. Woolfson.....	596	Vrywillig onttrek.

F. C. GIUDICI (Mrs),

Registrar.

(26 February 1993)

F. C. GIUDICI (mev.),

Registrateur.

(26 Februarie 1993)

COUNCIL NOTICE 22 OF 1993

SA DENTAL TECHNICIANS COUNCIL

DENTAL TECHNICIANS ACT, 1979
(ACT No. 19 OF 1979)

COMMITTEE OF INQUIRY

Notice is hereby given that the SA Dental Technicians Council has appointed an independent person, Mr S. J. N. Marais and two assessors Dr. H. Heydt and Mr A. P. Pretorius as a Committee of Inquiry to investigate and to report back to the Council on possible charges to the Dental Technicians Act, 1979 (Act No. 19 of 1979), in an attempt to alleviate the frustrations presently felt by technicians and dentists.

Written representations in the form of memoranda are now invited and must reach the Registrar, SA Dental Technicians Council, P.O. Box 995, Pretoria, 0001, on or before 26 March 1993. Applications to testify verbally can accompany the memorandum. No verbal evidence will be permitted without the submission of a complete written representation.

The Committee will, if it deems necessary require verbal testimony to be delivered before the Committee on 16 April 1993 in Pretoria.

J. A. SWANEPOEL,

Registrar.

(26 February 1993)

RAADSKENNISGEWING 22 VAN 1993

SA RAAD VIR TANDTEGNICI

WET OP TANDTEGNICI, 1979
(WET No. 19 van 1979)

KOMITEE VAN ONDERSOEK

Kennis word hiermee gegee dat die SA Raad vir Tandtegnici 'n onafhanklike persoon mnr. S. J. N. Marais plus twee assessore naamlik Dr. H. Heydt en mnr. A. P. Pretorius aangestel het as 'n Komitee van Ondersoek om ondersoek in te stel en aan die Raad terug te rapporteer oor moontlike wysigings in die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), in 'n poging om die frustrasies wat tans deur tandartse en tandtegnici ondervind word, te verlig.

Skriftelike vertoë in die vorm van memorandum word nou versoek en moet die Registrateur, SA Raad vir Tandtegnici, Posbus 995, Pretoria, 0001, bereik voor of op 26 Maart 1993. Aansoeke om mondeliks te getuig kan die memorandum vergesel. Geen mondelike getuienis sal aangehoor word sonder die indiening van 'n volledige memorandum nie.

Die Komitee sal indien dit nodig blyk te wees, uitnodigings rig om op 16 April 1993 in Pretoria mondeliks getuienis voor die Komitee af te lê.

J. A. SWANEPOEL,

Registrateur.

(26 Februarie 1993)

Provision in Schedule 4 for rebate of the duty on flame-proof, explosion-proof and submersible electric motors subject to the submission of a certificate, issued by the South African Bureau of Standards, confirming that the motors are of the flame-proof, explosion-proof or submersible type.

[BTT Ref. T5/2/16/3/4 (920499)
(Mr R. J. van den Berg)]

Applicant:

Electrical Engineering and Allied Industries Association, Rotating Machine Division, P.O. Box 1338, Johannesburg, 2000.

[Note: (1) The revision of the interim duty instituted by Government Notice R. 2574 in the *Gazette* of 1 November 1991 will be done together with the above-mentioned application.

(2) This application may result in an increase or reduction in the duties.

(3) This application supersedes the application published in List 8/92 under Notice No. 219 in *Gazette* 13792 of 6 March 1992.

List 6/93 was published under General Notice No. 157 of 19 February 1993.

Voorsiening in Bylae 4 vir korting van die reg op vlamvaste, plofvry en elektriese dompelmotore onderhewig aan die voorlegging van 'n sertifikaat, uitgereik deur die Suid-Afrikaanse Buro vir Standaarde, wat bevestig dat die motore wel van die vlamvaste, plofvrye of dompeltipe is.

[RTW-verw. T 5/2/16/3/4 (920499)
(Mnr. R. J. van den Berg)]

Applikant:

Electrical Engineering and Allied Industries Association, Rotating Machine Division, Posbus 1338, Johannesburg, 2000.

[Opmerking: (1) Die hersiening van die tussentydse reg ingestel by Goewermentskennisgewing R. 2574 in die *Staatskoerant* van 1 November 1991 sal tesame met bogenoemde aansoek gedoen word.

(2) Die aansoek kan tot gevolg hê dat regte kan verhoog of verlaag.

(3) Hierdie aansoek vervang die aansoek wat in Lys 8/92 by Kennisgewing No. 219 in *Staatskoerant* 13792 van 6 Maart 1992 gepubliseer is.]

Lys 6/93 is by Algemene Kennisgewing No. 157 van 19 Februarie 1993 gepubliseer.

BOARD NOTICES

BOARD NOTICE 19 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

It is hereby notified in terms of section 15 (5) of Act No. 56 of 1974, and regulation 8 (2) of the regulations for the election of members of the Council published under Government Notice No. R. 2279 of 3 December 1976, that the following persons have been validly nominated as candidates for election as members of the Professional Board for Medical Technology for the five-year period 1 May 1993 to 30 April 1998:

CAPPER, Thora Pamela.
CHAMANE, Mandlenkosi Ndodo.
CONRADIE, Maurice Sebastian.
DE-BENEDICTIS, Pietro.
DE WIT, Amanda.
DE WIT, Jan.
DIVALL, Peter David John.
DU PLESSIS, Daniel Paul.
LYTTLETON-FRANCES, Rex William.
McGREGOR, John Edward.
PARTRIDGE, John William.
TEPPER, Manfred Edmund Ernst.
VALE, Charles Leslie.
VAN RIJSWIJK, Anthonius Willem.

As the number of persons validly nominated exceeds the number of persons to be elected, I have appointed 29 March 1993 at 12:00, before which every

RAADSKENNISGEWINGS

RAADSKENNISGEWING 19 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR GENEESKUNDIGE TEGNOLOGIE

Ingevolge artikel 15 (5) van Wet No. 56 van 1974, en regulasie 8 (2) van die regulasies vir die verkiesing van lede van die Raad afgekondig by Goewermentskennisgewing No. R. 2279 van 3 Desember 1976, word hierby bekendgemaak dat ondergenoemde persone geldig genomineer is as kandidate vir verkiesing tot lede van die Beroepsraad vir Geneeskundige Tegnologie vir die vyfjaartydperk 1 Mei 1993 tot 30 April 1998:

CAPPER, Thora Pamela.
CHAMANE, Mandlenkosi Ndodo.
CONRADIE, Maurice Sebastian.
DE-BENEDICTIS, Pietro.
DE WIT, Amanda.
DE WIT, Jan.
DIVALL, Peter David John.
DU PLESSIS, Daniel Paul.
LYTTLETON-FRANCES, Rex William.
McGREGOR, John Edward.
PARTRIDGE, John William.
TEPPER, Manfred Edmund Ernst.
VALE, Charles Leslie.
VAN RIJSWIJK, Anthonius Willem.

Aangesien die getal geldig genomineerde persone, die getal persone wat verkies moet word te bowe gaan, het ek 29 Maart 1993 om 12:00 vasgestel as die dag

person entitled to vote in the election may sign and transmit or deliver to me a voting paper described in the Third Annexure to the said regulations. A voting paper will be posted to the last registered address of every person entitled to vote in the election.

N. M. PRINSLOO,
Returning Officer.

SAMDC Building
553 Vermeulen Street
Arcadia
PRETORIA
0083.

P.O. Box 205
PRETORIA
0001.

(26 February 1993)

en tyd waarvoor elkeen wat geregtig is om by die verkiesing te stem 'n stembriefie in die Derde Aanhangel van die gemelde regulasies beskryf, kan teken en aan my stuur of oorhandig. 'n Stembriefie sal gepos word na die laaste geregistreerde adres van elkeen wat vir die verkiesing stemgeregtig is.

N. M. PRINSLOO,
Kiesbeampte.

SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0083.

Posbus 205
PRETORIA
0001.

(26 Februarie 1993)

BOARD NOTICE 20 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

RULES FOR THE REGISTRATION OF MEDICAL TECHNOLOGISTS: AMENDMENT

In terms of section 32 (1) read with section 61 (4) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), the South African Medical and Dental Council made the rules set out in the Schedule hereto.

SCHEDULE

1. In this Schedule, unless the contents otherwise indicates, the expression "the rules" means the rules published under Board Notice No. 61 of 1991.

2. Rule 1 (1) of the rules is hereby amended by the addition of the following qualification under the headings as indicated:

<i>Examining authority and qualification</i>	<i>Abbreviation for registration</i>
NEW ZEALAND	
Medical Laboratory Technologists' Board	
Diploma in Medical Laboratory Technology	Dip Med Lab Tech New Zealand.

(26 February 1993)

RAADSKENNISGEWING 20 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REÛLS BETREFFENDE DIE REGISTRASIE VAN GENEESKUNDIGE TEGNOLOË: WYSIGING

Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het kragtens artikel 32 (1) gelees met artikel 61 (4) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet No. 56 van 1974), die reëls in die Bylae uitgevaardig.

BYLAE

1. Tensy uit die samehang anders blyk, beteken die uitdrukking "die reëls" in hierdie Bylae die reëls afgehierdie Bylae die reëls afgekondig by Raadskennisgewing No. 61 van 1991.

2. Reël 1 (1) van die reëls word hierby gewysig deur die byvoeging van die volgende kwalifikasie onder die opskrifte soos aangedui:

<i>Eksaminerende liggaam en kwalifikasie</i>	<i>Afkorting vir registrasie</i>
NIEU-SEELAND	
"Medical Laboratory Technologists' Board"	
Diploma in Mediese Laboratorium Tegnologie	Dip Med Lab Teg, Nieu-See- land.

(26 Februarie 1993)

BOARD NOTICE 21 OF 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

ELECTION OF MEMBERS OF THE PROFESSIONAL BOARD FOR PHYSIOTHERAPY

It is hereby notified in terms of section 15 (5) of Act No. 56 of 1974, and regulation 8 (2) of the regulations for the election of members of the Council published under Government Notice No. R. 2279 of 3 December

RAADSKENNISGEWING 21 VAN 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

VERKIESING VAN LEDE VAN DIE BEROEPSRAAD VIR FISIOTERAPIE

Ingevolge artikel 15 (5) van Wet No. 56 van 1974, en regulasie 8 (2) van die regulasies vir die verkiesing van lede van die Raad afgekondig by Goewermentskennisgewing No. R. 2279 van 3 Desember 1976, word hierby

1976, that the following persons have been validly nominated as candidates for election as members of the Professional Board for Physiotherapy for the five-year period 1 May 1993 to 30 April 1998:

BEATTIE, Margaret Ann.
 BEENHAKKER, Johlyne.
 BLAKE, Priscilla Frances.
 BOWERBANK, Patricia.
 BUTLER, Marion Joan Lamont.
 DE WET, Christiaan.
 EVANS, Hannah.
 GILDER, Johanna Alexandrina Couttis.
 GLAUBER, Frances Mathilda.
 GOUNDEN, Poobalam.
 HUYSAMEN, Hester Jacoba.
 MCKEON, Dorothea Ann.
 REYERS, Lynne.
 ROUX, Lo-An.
 SEAMAN, Yvonne Maria.
 SMITH, Elsa Dorothea.
 STOFBERG, Marthinus Theunis Steyn.
 UYS, Marietta Susanna.

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As the number of persons validly nominated exceeds the number of persons to be elected, I have appointed 29 March 1993 at 12:00, before which every person entitled to vote in the election may sign and transmit or deliver to me a voting paper described in the Third Annexure to the said regulations. A voting paper will be posted to the last registered address of every person entitled to vote in the election.

N. M. PRINSLOO,
 Returning Officer.

SAMDC Building
 553 Vermeulen Street
 Arcadia
 PRETORIA
 0083.

P.O. Box 205
 PRETORIA
 0001.

BOARD NOTICE 23 OF 1993

TOWN AND REGIONAL PLANNERS ACT, 1984
 (ACT No. 19 OF 1984)

TENTH AMENDMENT OF THE RULES OF THE SOUTH AFRICAN COUNCIL FOR TOWN AND REGIONAL PLANNERS PUBLISHED IN TERMS OF SECTION 28 OF THE TOWN AND REGIONAL PLANNERS ACT, 1984 (ACT No. 19 of 1984)

The following further amendment to its Rules published in *Government Gazette* No. 9614 on 8 March 1985, has been approved by the Council with effect from 1 April 1992.

bekendgemaak dat ondergenoemde persone geldig genomineer is as kandidate vir verkiesing tot lede van die Beroepsraad vir Fisioterapie vir die vyfjaartydperk 1 Mei 1993 tot 30 April 1998:

BEATTIE, Margaret Ann.
 BEENHAKKER, Johlyne.
 BLAKE, Priscilla Frances.
 BOWERBANK, Patricia.
 BUTLER, Marion Joan Lamont.
 DE WET, Christiaan.
 EVANS, Hannah.
 GILDER, Johanna Alexandrina Couttis.
 GLAUBER, Frances Mathilda.
 GOUNDEN, Poobalam.
 HUYSAMEN, Hester Jacoba.
 MCKEON, Dorothea Ann.
 REYERS, Lynne.
 ROUX, Lo-An.
 SEAMAN, Yvonne Maria.
 SMITH, Elsa Dorothea.
 STOFBERG, Marthinus Theunis Steyn.
 UYS, Marietta Susanna.

Aangesien die getal geldig genomineerde persone, die getal persone wat verkies moet word te bowe gaan, het ek 29 Maart 1993 om 12:00 vasgestel as die dag en tyd waarvoor elkeen wat geregtig is om by die verkiesing te stem 'n stembriefie in die Derde Aanhangsel var: die gemelde regulasies beskryf, kan teken en aan my stuur of oorhandig. 'n Stembriefie sal ge-pos word na die laaste geregistreerde adres van elkeen wat vir die verkiesing stemgeregtig is.

N. M. PRINSLOO,
 Kiesbeampste.

SAGTR-gebou
 Vermeulenstraat 553
 Arcadia
 PRETORIA
 0083.

Posbus 205
 PRETORIA
 0001.

RAADSKENNISGEWING 23 VAN 1993

WET OP STADS- EN STREEKBEPLANNERS, 1984
 (WET No. 19 VAN 1984)

TIENDE WYSIGING VAN DIE REËLS VAN DIE SUID-AFRIKAANSE RAAD VIR STADS- EN STREEKBEPLANNERS AFGEKONDIG INGEVOLGE ARTIKEL 28 VAN DIE WET OP STADS- EN STREEKBEPLANNERS, 1984 (WET No. 19 VAN 1984)

Die onderstaande verdere wysiging van die Reëls wat op 8 Maart 1985 in *Staatskoerant* No. 9614 afgekondig is, is deur die Raad met ingang 1 April 1993 goedgekeur.

Probe into 'racist' incident not final

PORT ELIZABETH. — The allegedly racist conduct of a Uitenhage doctor is to be probed on a "higher level", a hospital inquest revealed yesterday.

Dr J E I de Swardt was suspended last month from the Uitenhage Provincial Hospital after he ordered two black women out of their beds, replacing them in the ward with two of his white patients who had been placed in a ward with black patients.

The inquest into the actions of Dr De Swardt was held by CPA Hospital and Health Services deputy director-general Dr G S Watermeyer and CPA medical services regional director Dr Reg Simpson.

The two men interviewed Dr De Swardt at the hospital yesterday, hospital superintendent Dr Philip Bothma said.

However, Dr Watermeyer did not make a final decision and it appears he will take the matter "higher up", Dr Bothma said.

CT 24/2/93

STAR 24/2/93

Patience pays off for Nova

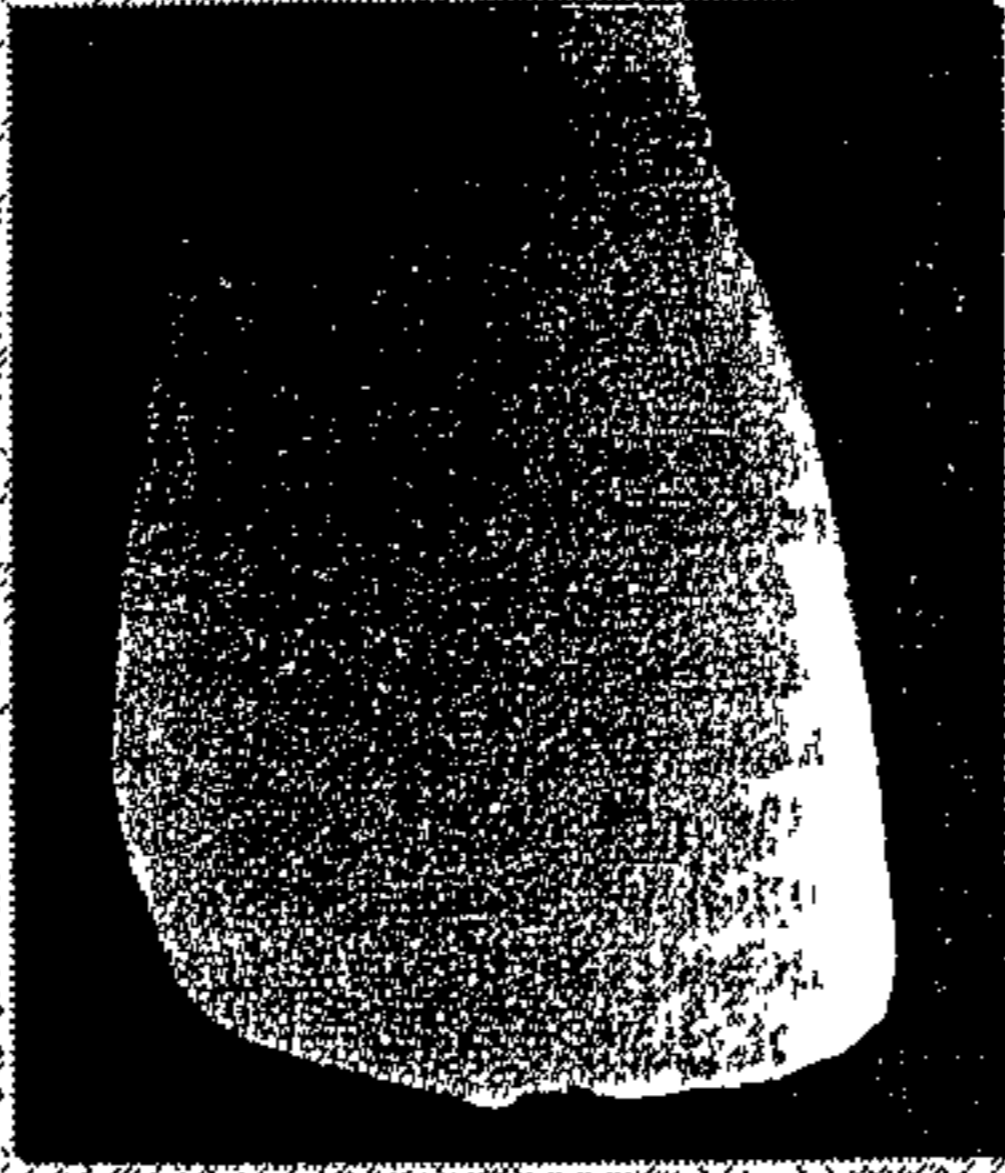
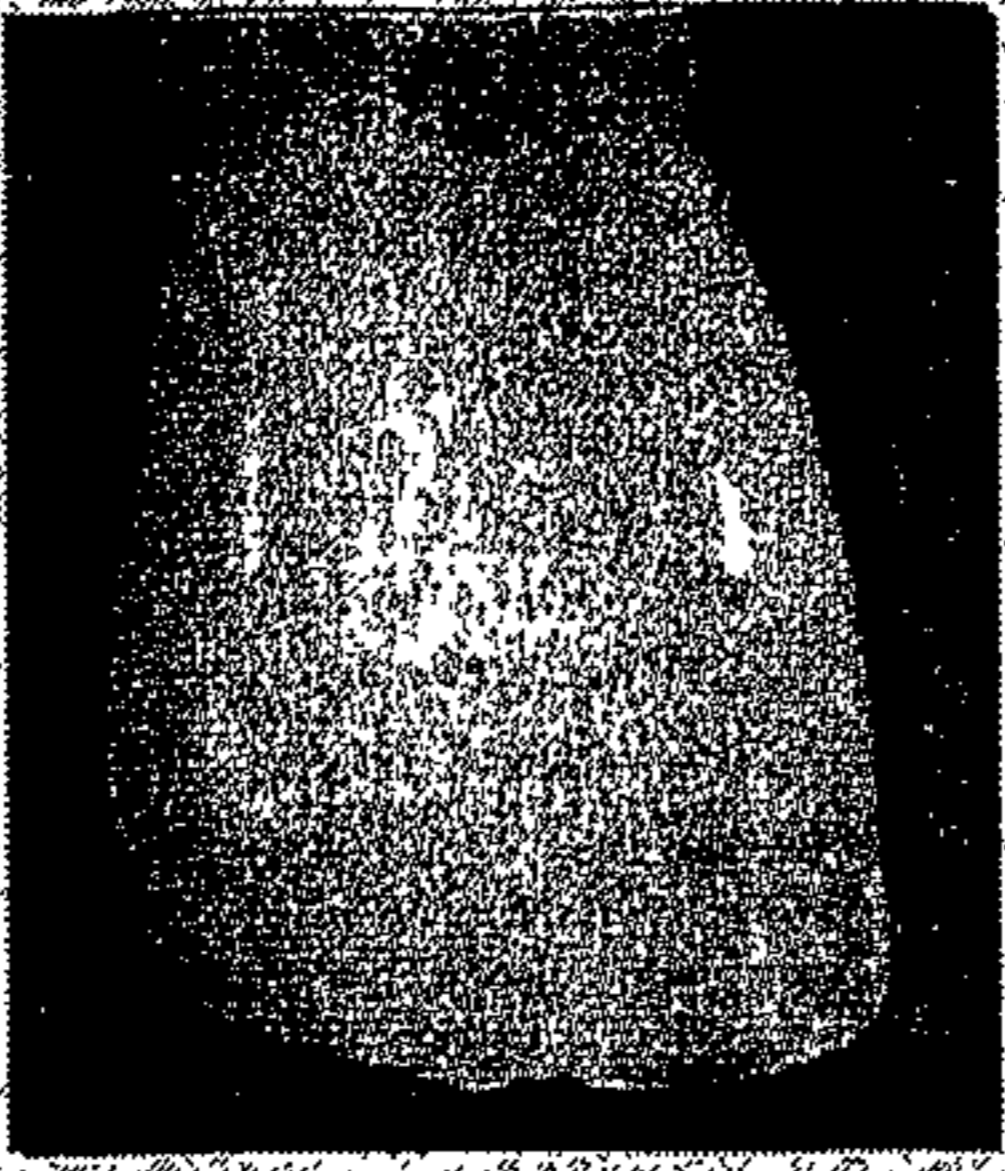
Levels of expertise in the dental industry have reached the stage where virtually any dental anomaly can be rectified. Nova Dental Supplies is a local company that makes sure SA is stocked with the latest in state-of-the-art technology.

The development and growth of Nova Dental Supplies is not one of those proverbial "overnight success" stories.

It took 20 years, a lot of hard work and patience. But more importantly, it took tremendous faith and dedication of its two co-owners, Victor Young and Marlene Peterson, in their own ability and supreme trust in the products they imported from many of the world's leading dental manufacturers to do so.

This year Nova Dental celebrates its 21st anniversary. The company is based in new, modern, custom-built premises in Southdale, Johannesburg. It has a staff complement of 30 plus distributors in Durban and Cape Town and its exclusive dental agencies include Vita, Bego and Dentsply — world renowned for technology, research and manufacturing.

Dentistry has changed dramatically within the last decade. In fact the dentist today spends a considerable amount of time



STATE OF THE ART ... Pronounced characteristics in a Vita Omega Metal ceramics restoration (above) compared with the old methods (below).

educating patients and carrying out procedures which are purely of a preventative nature. The old "drill and fill" procedures that many of the older readers may remember with much trepidation have now disappeared. The latest technology now available to patients is:

- Ceramic porcelain fillings — hereby eliminating mercury toxicity
- Ceramic porcelain facings — a veneer to cover severely discoloured or stained teeth which

requires far less preparation of the tooth by the dentist and has the advantage of being far simpler to repair should it be accidentally chipped or broken.

■ Ceramic porcelain infused with aluminium glass — a technique used for superior strength, metal free crown and bridge systems. Known as Vita Inceram, it is totally inert to the effects of oral fluids and the mouth tissue area is not affected in any way by the ceramic material.

■ High quality acrylics, namely Lucitone 199 for the manufacture of almost unbreakable dentures.

These products, of which there is still little public awareness in SA, meet a growing need for cosmetic dentistry. In fact, the level of expertise of the dental technologist and the dentist has reached the stage where virtually any dental anomaly can be rectified.

An additional area that Nova is constructively engaged in is the introduction of a new product which will enable the dentist and dental technician to produce extremely stable lower dentures with implant technology.

It is now possible to have both crowns and bridges constructed on implants, a technique to bring the "smile back" on to the faces of many patients who had become afraid that they might never confidently be able to do so again.

Nova is probably the largest supplier dedicated to serving the dental laboratory industry in South Africa.

For further information on the range of Nova products telephone (011) 433-2031.

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 325 **5 March 1993**

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT No. 54 OF 1972)

REGULATIONS—FOOD COLOURANTS: AMENDMENT

The Minister of National Health has, in terms of section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), made the regulations contained in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 756 of 6 May 1977, as amended by Government Notices Nos. R. 1958 of 9 September 1983, R. 103 of 20 January 1984, R. 2152 of 27 September 1985, R. 2660 of 29 November 1985, R. 517 of 21 March 1986, R. 937 of 30 April 1987, R. 1123 of 22 May 1987, R. 1293 of 1 July 1988, R. 1427 of 15 July 1988, R. 1933 of 17 August 1990, R. 2380 of 12 October 1990, R. 2140 of 30 August 1991 and R. 1878 of 10 July 1992.

Amendment of Annex I to the Regulations

2. Annex I to the Regulations is hereby amended by the insertion in the correct alphabetical position of the following particulars opposite the item "Cereal and cereal products" in column I:

I Foodstuff	Colour index number	II Name of colourant	III Conditions and limits (mg/kg)
Cereal and cereal products	"75470....	Cochineal or carminic acid.....	200".

No. R. 340 **5 March 1993**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL (94)

REGULATIONS RELATING TO THE REGISTRATION BY DENTAL THERAPISTS OF ADDITIONAL QUALIFICATIONS: AMENDMENT

The Minister of National Health has, in terms of section 61 (1) (o) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

No. R. 325 **5 Maart 1993**

WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET No. 54 VAN 1972)

REGULASIES—VOEDSELKLEURSTOWWE: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 15 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), die regulasies in die Bylae hiervan vervat, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 756 van 6 Mei 1977, soos gewysig by Goewermentskennisgewings Nos. R. 1958 van 9 September 1983, R. 103 van 20 Januarie 1984, R. 2152 van 27 September 1985, R. 2660 van 29 November 1985, R. 517 van 21 Maart 1986, R. 937 van 30 April 1987, R. 1123 van 22 Mei 1987, R. 1293 van 1 Julie 1988, R. 1427 van 15 Julie 1988, R. 1933 van 17 Augustus 1990, R. 2380 van 12 Oktober 1990, R. 2140 van 30 Augustus 1991 en R. 1878 van 10 Julie 1992.

Wysiging van Aanhangel 1 van die Regulasies

2. Aanhangel 1 van die Regulasies word hierby gewysig deur teenoor die item "Graan en graanprodukte" in kolom I, die volgende besonderhede in die korrekte alfabetiese posisie in te voeg:

I Voedingsmiddel	Kleur-indeks-nommer	II Naam van kleurstof	III Voorwaardes en perke (mg/kg)
Graan en graanprodukte	"75470....	Cochenille of karmynsuur .	200".

No. R. 340 **5 Maart 1993**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR TANDTERAPEUTE VAN ADDISIONELE KWALIFIKASIES: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 61 (1) (o) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

SCHEDULE

94

(1) In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 872 of 26 April 1991.

(2) The Regulations are hereby amended by the addition of the following qualification:

Examining authority and qualification

Abbreviation for registration

"University of California—

Master of Public Health..... M Public Health California".

No. R. 341

5 March 1993

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT No. 54 OF 1972)

REGULATIONS—FOOD COLOURANTS: AMENDMENT

The Minister of National Health has, in terms of section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), made the regulations contained in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 756 of 6 May 1977, as amended by Government Notices Nos. R. 1958 of 9 September 1983, R. 103 of 20 January 1984, R. 2152 of 27 September 1985, R. 2660 of 29 November 1985, R. 517 of 21 March 1986, R. 937 of 30 April 1987, R. 1123 of 22 May 1987, R. 1293 of 1 July 1988, R. 1427 of 15 July 1988, R. 1933 of 17 August 1990, R. 2380 of 12 October 1990, R. 2140 of 30 August 1991 and R. 1878 of 10 July 1992.

Amendment of Annex I to the Regulations

2. Annex I to the Regulations is hereby amended by—

(a) the insertion under the following items listed in column I of the colourant "Beta-apo-8'-carotenal" in column II in the correct alphabetical position and of the corresponding particulars:

I Foodstuff	Colour index number	II Name of colourant	III Conditions and limits (mg/kg)
Soft drinks including powdered products.....	40820.....	Beta-apo-8'-carotenal	4 (ready to drink)
Mayonnaise, French dressing, salad dressing and other salad toppings	40820.....	Beta-apo-8'-carotenal	1

I Voedingsmiddel	Kleurindeks-nommer	II Naam van kleurstof	III Voorwaardes en perke (mg/kg)
Koeldranke, insluitende verpoeierde produkte.....	40820.....	Beta-apo-8'-karotenal	4 (gereed om te drink)
Mayonnaise, slaaisous, Franse slaaisous en ander slaaibedekkings..	40820.....	Beta-apo-8'-karotenal	1

BYLAE

(1) In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 872 van 26 April 1991.

(2) Die Regulasies word hierby gewysig deur die volgende kwalifikasie by te voeg:

Eksaminerende liggaam en kwalifikasie

Afkorting vir registrasie

"Universiteit van Kalifornië—

Master of Public Health..... M Public Health California".

No. R. 341

5 Maart 1993

WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET No. 54 VAN 1972)

REGULASIES—VOEDSELKLEURSTOWWE: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 15 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), die regulasies vervat in die Bylae hiervan, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 756 van 6 Mei 1977, soos gewysig by Goewermentskennisgewings Nos. R. 1958 van 9 September 1983, R. 103 van 20 Januarie 1984, R. 2152 van 27 September 1985, R. 2660 van 29 November 1985, R. 517 van 21 Maart 1986, R. 937 van 30 April 1987, R. 1123 van 22 Mei 1987, R. 1293 van 1 Julie 1988, R. 1427 van 15 Julie 1988, R. 1933 van 17 Augustus 1990, R. 2380 van 12 Oktober 1990, R. 2140 van 30 Augustus 1991 en R. 1878 van 10 Julie 1992.

Wysiging van Aangangsel I van die Regulasies

2. Aangangsel I van die Regulasies word hierby gewysig deur—

(a) die kleurstof "Beta-apo-8'-karotenal" in die korrekte alfabetiese posisie in kolom II en die ooreenstemmende besonderhede onder die volgende items gelys in kolom I, in te voeg:

Star 5/3/93

Doctor in court

HARARE — Dr Richard Gladwell McGown, the anaesthetist arrested yesterday after a parliamentary select committee accused him of conducting unauthorised experiments on patients, was to appear in court today charged with five counts of murder. (30)

McGown, a graduate of Edinburgh University's medical school, was said by the select committee to have given black patients experimental injections of morphine without their knowledge. — Star Africa Service. (94)

Dentist of Disoster

C1Press

14/3/98

Reader puts bite on fake operator

WE'VE all heard of backyard mechanics, but backyard dentists?

This week a City Press reader reported a backyard dental surgery and laboratory in Mofolo, Soweto, to the police after discovering it was unregistered and illegal.

The reader, who does not want to be named for fear of reprisals, said she discovered the con after complaining about ill-fitting dentures she had bought from the unregistered, unqualified dental technician.

The "technician", Themba Skosana, runs a dental consulting room and laboratory at 773 Mofolo Village. The reader said that besides refusing to fix her false teeth, the "dentist" also refused to give her a receipt for the R1 200 she paid for them.

This week a City Press reporter visited Skosana, who told her she needed a bridge which would cost R185. He told her to bring the money the following morning.

The consultation took place in a small corrugated iron shack in the backyard, which the reporter described as filthy.

In terms of the Dental Technicians Act, all technicians must be registered with the Dental Technicians Council.

City Press made enquiries with the Dental Technicians' Council and the Medical and Dental Council of SA who confirmed that Skosana was not registered with them.

It is illegal for anyone to work as an unregistered technician.

It is illegal for anyone to run an unregistered laboratory making dentures or other dental fittings.

It is also illegal for anyone who is a registered dental technician to take money for false teeth or other work. They are paid by dentists.

At the time of going to press, the Narcotics Branch of the Soweto SAP was investigating the complaint.

Health & Disease Dentists.

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OF
SOUTH AFRICA



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8 APR 1993

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94

Vol. 333

PRETORIA, 26 MARCH 1993
MAART

No. 14677

GOVERNMENT NOTICE

DEPARTMENT OF MANPOWER

No. 489 26 March 1993

WORKMEN'S COMPENSATION ACT, 1941
(ACT No. 30 OF 1941), AS AMENDED

I, Louis van Assen, Workmen's Compensation Commissioner, hereby give notice that, after consultation with the Dental Association of South Africa, and acting under the powers vested in me by section 79 of the Workmen's Compensation Act, 1941 (Act No. 30 of 1941), as amended, I withdraw the "Scale of Fees for Dental Aid" published in Government Notice No. 3086 of 20 December 1991 and any amendments to such Scale of Fees, and prescribe the "Scale of Fees for Dental Aid" inclusive of the General Rules and General Modifiers applicable thereto, appearing in the Schedule to this notice, with effect from 1 April 1993.

The fees appearing in the Schedule are applicable in respect of payments authorised with effect from 1 April 1993 irrespective of the date of accident or the date the service was rendered and *exclude VAT*.

L. VAN ASSEN,

Workmen's Compensation Commissioner.

SCHEDULE

SCALE OF FEES FOR DENTAL SERVICE

GENERAL RULES GOVERNING THE SCALE OF FEES

- 001 A consultation shall include an examination and charting. No further consultation fee shall be chargeable until the treatment plan resulting from this initial consultation has been discharged. This rule applies only to tariff items 8101 and 8103.
- 002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this scale of fees shall be based on the fee in respect of a comparable service that is listed herein.

95344—A

GOEWERMENSKENNISGEWING

DEPARTEMENT VAN MANNEKRAG

No. 489 26 Maart 1993

ONGEVALLEWET, 1941 (WET No. 30 VAN 1941),
SOOS GEWYSIG

Ek, Louis van Assen, Ongevallekommissaris, maak hierby bekend dat ek, na beraadslaging met die Tandheelkundige Vereniging van Suid-Afrika en handelende kragtens die bevoegdheid my verleen by artikel 79 van die Ongevallewet, 1941 (Wet No. 30 van 1941), soos gewysig, die "Tarief vir Tandheelkundige Behandeling" soos gepubliseer by Goewermentskennisgewing No. 3086 van 20 Desember 1991 en enige wysigings van sodanige Tarief, intrek en die "Tarief vir Tandheelkundige Behandeling", met inbegrip van die Algemene Reëls en Algemene Wysigers wat daarop van toepassing is, en wat in die Bylae van hierdie kennisgewing verskyn, met ingang van 1 April 1993 voorskryf.

Die tariewe wat in die Bylae voorkom, is van toepassing op betalings wat met ingang van 1 April 1993 goedgekeur word ongeag die datum van die ongeval of datum van diens en *sluit BTW uit*.

L. VAN ASSEN,

Ongevallekommissaris.

BYLAE

TARIEF VIR TANDHEELKUNDIGE DIENSTE

ALGEMENE REËLS BETREFFENDE DIE TARIEF

- 001 'n Konsultasie sluit 'n ondersoek en kartering in. Geen verdere konsultasiegeld mag gehef word alvorens die behandelingsplan wat uit hierdie aanvanklike konsultasie voortspruit, afgehandel is nie. Hierdie reël is van toepassing slegs op tariefitems 8101 en 8103.
- 002 Uitgesonderd in die gevalle waar die bedrag vasgestel word "volgens ooreenkoms", moet die bedrag vir die lewering van 'n diens wat nie in die tarieflys vermeld word nie, gebaseer word op die bedrag vir 'n vergelykbare diens wat wel daarin vermeld word.

14677—1

- 003** In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commissioner whether he will accept financial responsibility in respect of such treatment.
- 004** In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a dental practitioner, such higher fee as may be agreed upon between the dental practitioner and the Commissioner, may be charged.
Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the Scale of Fees should be charged.
- 005** Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated under the Workmen's Compensation Act.
- 007** "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays.
- 008** A dental practitioner shall submit his account for treatment under the Act to the employer of the workman concerned.
- 009** Dentists in general practice shall be entitled to charge two thirds of the fees of specialists only for treatment that is not listed in the tariff of fees for dentists in general practice. Any specialist performing any treatment not listed in the tariff of fees for his speciality shall charge the same fee as that for dentists in general practice or, if such treatment does not appear in the tariff of fees for dentists in general practice either, then two-thirds of the fee listed in the appropriate specialist tariff of fees. Such treatment shall be indicated on the account against the code 8004.
- 010** Fees charged by dental technicians for their services (+L) shall be shown on the dentist's account against the code 8099. Such dentist's account shall be accompanied by the actual account of the dental technician (or a copy thereof) and the account of the dental technician shall bear the signature of the dentist (or the person authorised by him/her) as proof of that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of teeth. For example, tariff item 8231 is specified as follows:

	R
8231	X
8099 (8231)	Y
	R(X+Y)

- 011** For the adjustment of specific tariff items to certain circumstances, it is necessary to show the following modifiers on the account:
- 8002 The appropriate scheduled fee plus 50%.
 - 8003 The appropriate scheduled fee plus 10%.
 - 8004 Two-thirds of appropriate scheduled fee.
 - 8005 The appropriate scheduled fee to a maximum of R106,30.
 - 8006 50% of the appropriate scheduled fee.
 - 8007 15% of the appropriate scheduled fee.
 - 8008 The appropriate scheduled fee plus 25%.
 - 8009 75% of the appropriate scheduled fee.
 - 8010 25% of the appropriate scheduled fee.
 - 8011 10% of the appropriate scheduled fee.
 - 8012 5% of the appropriate scheduled fee.

- 003** in die geval van 'n langdurige of duur tandheelkundige diens of prosedure, moet die tandarts vooraf by die Kommissaris vasstel of hy geldelike aanspreeklikheid vir sodanige behandeling sal aanvaar.
- 004** In buitengewone gevalle waar die tariefgelde buite verhouding laag is met betrekking tot die werklike dienste deur 'n tandarts gelewer, kan sodanige hoër gelde gehef word soos deur die tandarts en die Kommissaris ooreengekom.
Aan die anderkant, as die gelde buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tarief aangegee word, gevra word.
- 005** Behalwe in buitengewone gevalle moet die dienste van 'n spesialis beskikbaar wees slegs op die aanbeveling van die tandarts of algemene praktisyn wat oor die geval gaan. Praktisyns wat gevalle verwys, moet vir die spesialis aandui dat die pasiënt kragtens die Ongevalwet behandel word.
- 007** "Gewone spreekure" is tussen 08:00 en 17:00 op weksdae en tussen 08:00 en 13:00 op Saterdag.
- 008** 'n Tandarts moet sy rekening ten opsigte van behandeling kragtens die Wet aan die betrokke werksman se werkgewer stuur.
- 009** Tandartse in algemene praktyk is daartoe geregtig om twee derdes van die gelde van spesialiste te vra slegs vir behandeling wat nie in die tarieflys vir tandartse in algemene praktyk aangegee word nie. 'n Spesialis wat 'n behandeling uitvoer of wat nie aangegee word in die tarieflys vir sy spesialiteit nie, moet dieselfde geld vra as dié vir tandartse in algemene praktyk of, indien sodanige behandeling nie in die tarieflys vir tandartse in algemene praktyk aangegee word nie, dan twee derdes van die geld in die toepaslike spesialistatarieflys. Op die rekening moet sodanige behandeling aangetoon word teenoor die kode 8004.
- 010** Die geld wat 'n tandtegnikus vra (+L), moet op die tandarts se rekening aangedui word teenoor die kode 8099. Sodanige rekening van die tandarts moet vergesel gaan van die werklike rekening van die tandtegnikus (of 'n afskrif daarvan), en die rekening van die tandtegnikus moet die handtekening van die tandarts (of sy gevolmagtigde) dra as bewys dat dit korrek saamgestel is. "L" bestaan uit die geld wat die tandtegnikus vir sy dienste vra, asook uit die koste van tande. Byvoorbeeld, tariefitem 8231 word soos volg gespesifiseer:

	R
8231	X
8099 (8231)	Y
	R(X+Y)

- 011** Ter aanpassing van spesifieke tariefitems by sekere omstandighede is dit nodig om onderstaande wysigers op die rekening aan te bring:
- 8002 Die toepaslike geld plus 50%.
 - 8003 Die toepaslike geld plus 10%.
 - 8004 Twee-derdes van die toepaslike geld.
 - 8005 Die toepaslike geld tot 'n maksimum van R106,30.
 - 8006 50% van die toepaslike geld.
 - 8007 15% van die toepaslike geld.
 - 8008 Die toepaslike geld plus 25%.
 - 8009 75% van die toepaslike geld.
 - 8010 25% van die toepaslike geld.
 - 8011 10% van die toepaslike geld.
 - 8012 5% van die toepaslike geld.

- 012** In case where treatment is not listed in the dental tariff of fees for dentists in general practice or specialists then the appropriate fee listed in the medical tariff of fees shall be charged.
- 013** Payment of a fee in respect of treatment ⁹⁴not listed in the Scale of Fees but for which the Commissioner has agreed to accept liability, and of any fee reflected in respect of a service listed in the Scale of Fees, shall be in full and final settlement for the treatment or procedure given to the workman as is contemplated under section 79 of the Act in respect of medical practitioners.
- 014** Payment shall only be made for services required as a direct result of the accident. No liability would e.g. be accepted for gold fillings in broken dentures for cosmetic purposes only.
- 015** Where a general anaesthetic is administered by a dental practitioner, the fee charged shall be as set out in item 8499.
- 016** 8279 and 8281 Metal Base to Full and partial Dentures: The fees for these items refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base.

- 012** In gevalle waar behandeling nie in die tandheerkundige geldetarief vir tandheerkundigedienste gelewer deur algemene tandheerkundige praktisyns of spesialiste gelys is nie, word die toepaslike gelde, soos gelys in die mediese geldetarief, gehef.
- 013** Betaling ten opsigte van behandeling wat nie in die tarief ingesluit is nie, maar ten opsigte waarvan die Kommissaris aanspreeklikheid aanvaar het, asook die van enige bedrag wat aangegee word vir 'n diens wat in die tarief ingesluit is, is in volle en finale vereffening vir die behandeling of prosedure wat aan die werksman gelewer is, soos in artikel 79 van die Wet in die geval van geneeshere bedoel word.
- 014** Betaling sal slegs gedoen word vir dienste indien dit regstreeks uit die ongeval voortspruit. Geen aanspreeklikheid sal byvoorbeeld ten opsigte van goudinlegsels in gebreekte kunsgebite aanvaar word nie waar dit bloot om kosmetiese redes gedoen word.
- 015** Waar 'n algemene narkose deur 'n tandarts toegedien word, moet die vordering daarvoor wees soos in item 8499 uiteengesit.
- 016** 8279 en 8281 Volle- en Gedeeltelike Kunsgebied met Metaalbasis: Die gelde vir hierdie items verwys slegs na die metaalbasis. Addisionele gelde word gehef vir die volle- of gedeeltelik kunsgebied wat aan die basis geheg word.

GENERAL DENTAL PRACTITIONERS

Code No.	Procedure	R
Consultations		
8101	Consultation at surgery.....	30,60
8103	Consultation at home or hospital	42,00
8105	Appointment not kept (not payable by Commissioner)	
Diagnostic procedures		
8107	Intra-oral radiographs, per film.....	19,60
8108	Maximum.....	158,00
8113	Occlusal radiographs.....	30,60
8115	Panoramic radiographs	95,40
Treatment procedures		
8129	Additional fee for emergency treatment rendered outside normal working hours including emergency treatment carried out at hospital.....	74,00
8131	Emergency treatment for relief of pain where no other tariff item is applicable	30,60
8132	Emergency root canal treatment.....	49,40
8133	Re-cementing of inlays, crowns or bridges—per abutment ..	30,60
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) as an emergency procedure.....	60,10
8137	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	102,70
8138	Pre-formed metal crown emergency procedure	62,60

ALGEMENE TANDHEELKUNDIGE PRAKTISYNS

Kode No.	Prosedure	R
Konsultasies		
8101	Konsultasie in spreekkamer	30,60
8103	Konsultasie in hospitaal of tuis.....	42,00
8105	Afspraak nie nagekom (Nie betaalbaar deur Ongevallekommissaris nie)	
Diagnostiese prosedures		
8107	Binnemondse röntgenfoto's, per film	19,60
8108	Maksimum.....	158,00
8113	Okklusale röntgenfoto's.....	30,60
8115	Panoramiese röntgenfoto's	95,40
Behandelingsprosedures		
8129	Bykomende gelde vir noodgevalle, waar die behandeling buite die normale spreekure uitgevoer is (insluitende behandeling wat by 'n hospitaal uitgevoer is).....	74,00
8131	Noodbehandeling vir pynverligting waarop geen ander tarief item van toepassing is nie.....	30,60
8132	Noodbehandeling van wortelkanaal	49,40
8133	Hersementering van inlegsels-, krone of brúe- per ankertand	30,60
8135	Verwydering van inlegsels en krone (per eenheid) en brúe (per ankertand) as 'n noodprosedure ..	60,9.5
8137	Noodkroon (nie van toepassing op plasing van tydelike kroon gedurende roetine kroon en brug voorbereidings nie)..	102,70
8138	Voorafvervaardigde metaalkroon as noodprosedure	62,60

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Code No.	Procedure	R	Kode No.	Prosedure	R
8139	Additional fee for treatment under general anaesthetic or domiciliary or hospital treatment, per case	49,40	8139	Bykomende gelde vir behandeling onder algemene narkose of hospitaal- of tuis-besoeke, per geval.....	49,40
	Note: This item refers to additional treatment carried out as a result of the consultation referred to under items 8101 and 8103.			Let wel: Hierdie item verwys na aanvullende behandeling wat uitgevoer is as gevolg van die konsultasie waarna onder items 8101 en 8103 verwys word.	
8141	Inhalation sedation—first quarter-hour or part thereof	21,30	8141	Inhaleringskalmering—eerste kwartier of gedeelte daarvan	21,30
8143	Per additional quarter-hour or part thereof ..	11,60	8143	Elke bykomende kwartier of gedeelte daarvan	11,60
	Note: No additional fee to be charged for gases used in the case of items 8141 and 8143.			Opmerking: Geen addisionele gelde mag gehef word ten opsigte van gasse gebruik in die geval van items 8141 en 8143.	
8144	Intravenous sedation	14,20	8144	Intraveneuskalmering.....	14,20
	Extractions <i>Extractions during a single visit</i>			Ekstraksies <i>Ekstraksies ten tyde van enkele besoek</i>	
8201	One	30,60	8201	Een	30,60
8202	Two	42,90	8202	Twee	42,90
8203	Three	54,50	8203	Drie	54,50
8204	Four	67,70	8204	Vier	67,70
8205	Five	79,80	8205	Vyf	79,80
8206	Six	91,20	8206	Ses	91,20
8207	Seven	103,60	8207	Sewe	103,60
8208	Eight	116,70	8208	Agt	116,70
8209	Nine	128,30	8209	Nege	128,30
8210	Ten	141,10	8210	Tien	141,10
8211	Eleven	153,50	8211	Elf	153,50
8212	Twelve	165,20	8212	Twaalf	165,20
8213	Thirteen	177,80	8213	Dertien	177,80
8214	Fourteen	190,00	8214	Veertien	190,00
8215	Fifteen	201,60	8215	Vyftien	201,60
8216	Sixteen	214,90	8216	Sestien	214,90
8217	Seventeen	226,30	8217	Sewentien	226,30
8218	Eighteen or more	238,60	8218	Agtien en meer	238,60
8221	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias e.g. haemophilia)	21,30	8221	Lokale behandeling van postekstraksiebloeding (uitgesonderd behandeling van bloeding in die geval van bloedsiekte bv. hemofilie)	21,30
8223	Each additional visit	15,00	8223	Elke bykomende besoek	15,00
8225	Treatment of septic socket	21,30	8225	Behandeling van septiese tandkas	21,30
8227	Each additional visit	15,00	8227	Elke bykomende besoek	15,00
	Prosthetics			Prostetika	
8231	Full upper and lower dentures. (See footnote below 8267)	486,60 + L	8231	Volle bo- en onderkunsgebit. (Sien voetnota onder 8267)	486,60 + L
8232	Full upper or lower dentures. (See footnote below 8267)	299,90 + L	8232	Volle bo- en onderkunsgebit. (Sien voetnota onder 8267)	299,90 + L
8233	Partial denture, one tooth	139,30 + L	8233	Gedeeltelike kunsgebit met een tand	139,30 + L
8234	Partial denture, two teeth	139,30 + L	8234	Gedeeltelike kunsgebit met twee tande	139,30 + L
8235	Partial denture, three teeth	208,20 + L	8235	Gedeeltelike kunsgebit met drie tande	208,20 + L
8236	Partial denture, four teeth	208,20 + L	8236	Gedeeltelike kunsgebit met vier tande	208,20 + L
8237	Partial denture, five teeth	208,20 + L	8237	Gedeeltelike kunsgebit met vyf tande	208,20 + L
8238	Partial denture, six teeth	277,50 + L	8238	Gedeeltelike kunsgebit met ses tande	277,50 + L
8239	Partial denture, seven teeth	277,50 + L	8239	Gedeeltelike kunsgebit met sewe tande	277,50 + L
8240	Partial denture, eight teeth	277,50 + L	8240	Gedeeltelike kunsgebit met agt tande	277,50 + L
8241	Partial denture—nine or more teeth	277,50 + L	8241	Gedeeltelike kunsgebit met nege of meer tande	277,50 + L
8243	Additional fee where a soft base is incorporated with items 8231—8241	42,90 + L	8243	Bykomende gelde waar 'n sagte basis met items 8231—8241 ingelyf is	42,90 + L

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Code No.	Procedure	R	Kode No.	Prosedure	R
8255	Stainless steel clasp or rest per clasp or rest.....	28,80+ L	8255	Klammer of rus van vlekvrige staal, per klammer of rus	28,80+ L
8257	Lingual bar or palatal bar	34,70+ L	8257	Linguale stang of palatale stang	34,70+ L
	Note: Where items 8281 or 8269 are applied, items 8255 or 8257 may not be charged.			Let wel: Waar items 8281 of 8269 toegepas word, mag items 8255 of 8257 nie gevra word nie.	
8259	Re-base, per denture.....	114,50+ L	8259	Herbasering per kunsgebit	114,50+ L
8261	Re-model, per denture.....	186,60+ L	8261	Hermodellering, per kunsgebit.....	186,60+ L
8263	Re-line: self-curing hard conditioner acrylic, per denture	71,60+ L	8263	Opvulling—Selverhardende harde akriel, per kunsgebit	71,60+ L
8265	Tissue conditioner and soft self-cure interim reline, per denture	47,50+ L	8265	Weefselopknapper en sagte selverhardende interim opvulling, per kunsgebit....	47,50+ L
8267	Soft base reline per denture (heat cured)....	165,20+ L	8267	Sagte basis opvulling, per kunsgebit (met hitte verhard).....	165,20+ L
	Note: Not applicable when items 8231 to 8241 are carried out concurrently.			Let wel: Waar item 8231 tot 8241 gelyktydig uitgevoer is, mag hierdie item nie gevra word nie.	
8269	Repair of denture and/or addition of one or more teeth or clasps to denture.....	39,90+ L	8269	Herstelling van kunsgebit en/of byvoeging van een of meer tande of klammers tot kunsgebit	39,90+ L
8273	Additional fee where impression is required for 8269.....	21,30+ L	8273	Bykomende gelde waar 'n afdruk nodig is vir 8269	21,30+ L
8279	Metal base to full denture, per denture.....	149,10+ L	8279	Metaalbasis vir volle kunsgebit, per gebit ...	149,10+ L
8281	Metal base to partial denture, per denture ..	370,50+ L	8281	Metaalbasis vir gedeeltelike kunsgebit, per gebit.....	370,50+ L
	Note: 1. The fees for items 8279 and 8281 refer to the metal base only. An additional fee is then charged for the partial or full denture which is fitted to the base. 2. Where item 8281 is applied, items 8255 and 8257 cannot be charged.			Let wel: 1. Die gelde vir items 8279 en 8281 verwys slegs na die metaalbasis. Addisionele gelde word gehef vir die volle of gedeeltelike kunsgebit wat aan die basis geheg word. 2. Waar item 8281 toegepas word, kan items 8255 en 8257 nie gevra word nie.	
Conservative dentistry			Konserwatiewe tandheelkunde		
	Note: The South African Medical and Dental Council has ruled that, with the exception of diagnostic intra-oral radiographs, fees for only three further intra-oral radiographs may be charged for each completed root canal therapy on an anterior tooth and a further five intra-oral radiographs for each completed root canal therapy on a multi-rooted tooth.			Let wel: Die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad het beslis dat, met uitsondering van diagnostiese binnemondse röntgenfoto's, gelde vir slegs drie verdere binnemondse röntgenfoto's gevra mag word vir elke voltooide wortelkanaal terapie op 'n voortand en 'n verdere vyf röntgenfoto's vir elke voltooide wortelkanaal terapie op 'n veelworteltand.	
	Endodontics			Endodonsie	
8132	Emergency root canal treatment.....	49,40	8132	Noodbehandeling van wortelkanaal	49,40
	Note: If an emergency root canal treatment is followed by the completed root treatment at the same visit item 8132 cannot be charged.			Let wel: Indien 'n nood-wortelkanaal tydens dieselfde besoek permanent gevul word (voltooide wortelkanaalbehandeling) mag item 8132 nie gevra word nie.	
8301	Direct pulp capping.....	14,20	8301	Direkte pulpa-oorkapping	14,20
8303	Indirect pulp capping where permanent filling is not completed at same visit	39,60	8303	Indirekte pulpa-oorkapping waarvoor die permanente herstelling nie gedurende dieselfde besoek voltooi word nie	39,60
	Note: Where Rubber Dam is applied for the endodontic procedures listed below, item 8304 may be applied.			Let wel: Waar 'n Kofferdam aangewend word vir die endodontiese prosedures hieronder genoem, mag item 8304 toegepas word.	

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Code No.	Procedure	R	Kode No.	Prosedure	R
8304	Application of Rubber Dam, per arch (irrespective of number of teeth treated) when items 8133, 8307, 8330, 8334-8336, 8351-8354 are carried out ..	23,90	8304	Aanwending van Kofferdam, per boog (ongegag die aantal tande herstel) wanneer items 8133, 8307, 8330, 8334-8336, 8351-8354 uitgevoer word..	23,90
8307	Amputation of pulp (pulpotomy).....	39,60	8307	Amputasie van pulpa (pulpotomie)	39,60
8330	Preparatory visit—single-rooted tooth (previously 8315).....	30,60	8830	Vorbereidingsbesoek—eenwortel (voorheen 8315).....	30,60
8331	Maximum for 8330 (previously 8317).....	122,00	8331	Maksimum vir 8330 (voorheen 8317)	122,00
8332	Preparatory visit—multi-rooted tooth (previously 8319)	42,00	8332	Vorbereidingsbesoek—tand met meer as een wortel (voorheen 8319)	42,00
8333	Maximum for 8332 (previously 8321).....	167,90	8333	Maximum vir 8332 (voorheen 8321)	167,90
	Note: Items 8330, 8331, 8332 and 8333 are not charged at the same visit as items 8334, 8335 and 8336.			Let wel: Items 8330, 8331, 8332 en 8333 word nie gehef tydens dieselfde besoek as items 8334, 8335 en 8336 nie.	
8334	Root canal therapy, excluding molars, first canal (previously 8311).....	136,60	8334	Wortelkanaalterapie, uitgeslote molare- eerste kanaal (voorheen 8311)	136,60
8335	Root canal therapy, molars, first canal (previously 8312)	186,60	8335	Wortelkanaalterapie molare, eerste kanaal (voorheen 8312)	186,60
8336	Each additional canal (applicable to all teeth) (previously 8313)	56,20	8336	Elke bykomende kanaal (van toepassing op alle tande) (voorheen 8313)	56,20
	Note: Where a root treatment is completed at one visit (i.e. pulp removal, debridement, enlarging and filling canals, etc.) Modifier 8008 can be applied to items 8334, 8335 and 8336.			Let wel: Waar 'n wortelkanaalbehandeling voltooi word tydens een besoek (d.w.s. pulpaverwydering, insnyding, vergroting en opvulling van kanale, ens.) mag Wysiger 8008 toegepas word op items 8334, 8335 en 8336.	
	Plastic restorations Note: Plastic Restorations of the same material on posterior teeth are classified in accordance with the number of surfaces treated per tooth per visit, irrespective of whether the restorations are contiguous or not.			Plastiese herstellings Let wel: Plastiese herstellings van dieselfde materiaal op die molare en premolare word geklassifiseer ooreenkomstig die aantal oppervlaktes behandel per tand, per besoek, ongeag of die herstellings aaneenlopend is al dan nie.	
8341	One surface.....	32,90	8341	Een vlak.....	32,90
8342	Two surfaces.....	45,30	8342	Twee vlakke	45,30
8343	Three surfaces	60,10	8343	Drie vlakke.....	60,10
8344	More than three surfaces.....	74,00	8344	Meer as drie vlakke.....	74,00
8345	Preformed post reinforcement per post	44,40	8345	Voorafvervaardigde stif versterking, per stif	44,40
8347	Pin retention for restoration, first pin	30,60	8347	Penversterking vir herstelling, eerste pen....	30,60
8349	Maximum for pin retention, per tooth	60,80	8349	Maksimum vir penversterking per tand	60,80
	Plastic restorations (using acid etch technique)			Plastiese herstellings (met gebruik van suur-ets tegniek)	
8304	Application of Rubber Dam, per arch (irrespective of number of teeth restored) when items 8133, 8307, 8330, 8334-8336, 8351-8354 are carried out	23,90	8304	Aanwending van Kofferdam per boog (ongegag die aantal tande herstel) wanneer items 8133, 8307, 8330, 8334-8336, 8351-8354 uitgevoer word	23,90
8351	One surface.....	37,80	8351	Een vlak.....	37,80
8352	Two surfaces	50,30	8352	Twee vlakke	50,30
8353	Three surfaces	64,20	8353	Drie vlakke.....	64,20
8354	More than three surfaces.....	77,60	8354	Meer as drie vlakke.....	77,60
	Note: Where items 8351 to 8354 are carried out on molars and premolars Modifier 8008 may be applied.			Let wel: Waar items 8351 tot 8354 toegepas word op die molare en premolare mag Wysiger 8008 gebruik word.	
8355	Composite Veneers (Laminated or Direct)	95,40+L	8355	Harsfinere (Lamel of Direkte).....	95,40+L
8356	Bridge per abutment	95,40+L	8356	Brug per ankertand.....	95,40+L
	Per pontic (see 8420, 8422, 8424)			Per foptand (kyk 8420, 8422, 8424)	
8357	Preformed metal crown	62,60	8357	Voorafgevormde metaalkroon	62,60

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Code No.	Procedure	R	Kode No.	Prosedure	R
<p>Inlays</p> <p><i>Metal inlays</i></p> <p>8361 One surface 95,40+L</p> <p>8362 Two surfaces 139,30+L</p> <p>8363 Three surfaces 232,40+L</p> <p>8364 Four surfaces 280,90+L</p> <p>8365 Five surfaces 280,90+L</p> <p><i>Ceramic/Resin Bonded Inlays</i></p> <p>8371 One surface 95,40+L</p> <p>8372 Two surfaces 139,30+L</p> <p>8373 Three surfaces 232,40+L</p> <p>8374 Four surfaces 280,90+L</p> <p>8375 Five surfaces 280,90+L</p>			<p>Inlegsels</p> <p><i>Metaalinlegsels</i></p> <p>8361 Een vlak 95,40+L</p> <p>8362 Twee vlakke 139,30+L</p> <p>8363 Drie vlakke 232,40+L</p> <p>8364 Vier vlakke 280,90+L</p> <p>8365 Vyf vlakke 280,90+L</p> <p><i>Keramiek/Hars Gebonde Inlegsels</i></p> <p>8371 Een vlak 95,40+L</p> <p>8372 Twee vlakke 139,30+L</p> <p>8373 Drie vlakke 232,40+L</p> <p>8374 Vier vlakke 280,90+L</p> <p>8375 Vyf vlakke 280,90+L</p>		
<p><i>Preformed Post and Core</i></p> <p>8376 Single post and core 77,60</p> <p>8377 Double post and core 122,50</p> <p>8378 Triple post and core 167,00</p> <p>Note:</p> <p>Items are inclusive of pins.</p> <p><i>Post with thimble or coping</i></p> <p>8391 Single post 71,60+L</p> <p>8393 Binary post 114,50+L</p> <p>8395 Triple post 165,20+L</p> <p>8396 Copings 47,00+L</p> <p>8397 Cast core with pins 114,50+L</p> <p>8398 Plastic core on pin reinforcing irrespective of number of pins 114,50</p>			<p><i>Voorafvervaardigde Stif en Kern</i></p> <p>8376 Enkel stif en kern 77,60</p> <p>8377 Tweeledige stif en kern 122,50</p> <p>8378 Drieledige stif en kern 167,00</p> <p>Let wel:</p> <p>Bogenoemde items sluit penne in.</p> <p><i>Stif met kappie of vingerhoed</i></p> <p>8391 Enkele stif 71,60+L</p> <p>8393 Tweeledige stif 114,50+L</p> <p>8395 Drieledige stif 165,20+L</p> <p>8396 Vingerhoede 47,00+L</p> <p>8397 Gegote kern met penne 114,50+L</p> <p>8398 Plastiese kern op penversterking ongeag aantal penne 114,50</p>		
<p>Note:</p> <p>The fees in this section include cost of temporary/intermediate crowns.</p> <p><i>Crowns</i></p> <p>8401 Cast full crown 333,70+L</p> <p>8403 Cast three-quarter crown 333,70+L</p> <p>8405 Acrylic jacket crown 284,80+L</p> <p>8407 Acrylic veneered crown 356,20+L</p> <p>8409 Porcelain jacket crown 356,20+L</p> <p>8411 Porcelain veneered crown 356,20+L</p> <p>8413 Facing replacement 69,90+L</p>			<p>Let wel:</p> <p>Die gelde sluit die koste van voorlopige/tussentydse krone in.</p> <p><i>Krone</i></p> <p>8401 Gegote volle kroon 333,70+L</p> <p>8403 Gegote driekwartkroon 333,70+L</p> <p>8405 Akrieldopkroon 284,80+L</p> <p>8407 Akrielfineerde kroon 356,20+L</p> <p>8409 Porseleindopkroon 356,20+L</p> <p>8411 Porseleingefineerde kroon 356,20+L</p> <p>8413 Vervanging van gesigstuk 69,90+L</p>		
<p>Resin bonded retainers</p> <p>Maryland Bridges (see 8356)</p> <p>Per Pontic (see 8420, 8422, 8424)</p> <p><i>Bridges (retainers as above)</i></p> <p>8420 Sanitary pontic 173,90+L</p> <p>8422 Posterior pontic 232,40+L</p> <p>8424 Anterior pontic including premolars 291,00+L</p>			<p>Harsgebonde ankers</p> <p>Maryland Brûe (kyk 8356)</p> <p>Per foptand (kyk 8420, 8422, 8424)</p> <p><i>Brûe (ankers soos hierbo)</i></p> <p>8420 Sanitêre foptand 173,90+L</p> <p>8422 Posterior foptand 232,40+L</p> <p>8424 Anterior foptand (sluit premolêre in) 291,00+L</p>		
<p>General anaesthetics</p> <p>8499 The relevant items in the tariff of fees for medical services as published in <i>Government Gazette</i> No. 14456 of 24 December 1992 shall apply to all general anaesthetics in dental procedures.</p>			<p>Algemene narkose</p> <p>8499 Die relevante items in die geldetarief vir mediese dienste, gepubliseer in <i>Staatskoerant</i> No. 14456 van 24 Desember 1992 is van toepassing op alle algemene narkose in tandheelkundige prosedures.</p>		

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SPECIALIST PROSTHODONTISTS			SPESIALIS PROSTODONTISTE		
Code No.	Procedure	R	Kode No.	Prosedure	R
	Treatment procedures			Behandelingsprosedures	
	Emergency treatment			Noodbehandeling	
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)..	69,90	8511	Pynverligting (waarop geen ander tarief-item van toepassing is nie).....	69,90
8513	Emergency crown (not applicable to temporary crowns placed during routine crown and bridge preparations)	114,50	8513	Noodkroon (nie van toepassing op plasing van tydelike kroon gedurende roetine kroon en brug voorbereidings nie).....	114,50
8515	Recementation of inlay, crown or bridge per abutment.....	44,40	8515	Hersementering van inlegsel, kroon of brug, per ankertand.....	44,40
8517	Reimplantation of a tooth, including fixation as required.....	118,60+ L	8517	Herinplantering van tand, insluitende verandering soos benodig.....	118,60+ L
	Provisional treatment			Tydlike behandeling	
8521	Provisional splinting-extracoronale wire, per sextant.....	95,40	8521	Tydlike spalking-ekstrakoronale draad, per sekstant.....	95,40
8523	Provisional splinting-extracoronale wire plus resin, per sextant	139,30	8523	Tydlike spalking-ekstrakoronale draad plus hars, per sekstant	139,30
8527	Provisional splinting-intracoronale wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	44,40+ L	8527	Tydlike spalking-intrakoronale draad of penne of gegote stang plus amalgaan of hars, per tandeheid in die spalk ingesluit	44,40+ L
8529	Provisional crown, which is not placed during routine crown preparation	114,50+ L	8529	Voorlopige kroon wat nie gedurende roetine kroonvoorbereiding geplaas word.....	114,50+ L
8530	Preformed metal crown	97,10	8530	Voorafvervaardigde metaalkroon	97,10
	Occlusal adjustment			Okklusale verstelling	
8551	Major occlusal adjustment.....	325,80	8551	Volledige okklusale verstelling.....	325,80
8553	Minor occlusal adjustment.....	102,70	8553	Geringe okklusale verstelling.....	102,70
	Ceramic/ Resin Bonded Inlays			Keramiek/Hars Gebonde Inlegsels	
8555	One surface.....	430,70+ L	8555	Een vlak.....	430,70+ L
8556	Two surfaces.....	621,70+ L	8556	Twee vlakke	621,70+ L
8557	Three surfaces	962,90+ L	8557	Drie vlakke.....	962,90+ L
8558	Four surfaces	962,90+ L	8558	Vier vlakke.....	962,90+ L
8559	Five surfaces	962,90+ L	8559	Vyf vlakke	962,90+ L
	Metal inlays			Metaalinlegsels	
8571	One surface.....	206,80+ L	8571	Een vlak.....	206,80+ L
8572	Two surface.....	298,90+ L	8572	Twee vlakke	298,90+ L
8573	Three surfaces	462,80+ L	8573	Drie vlakke.....	462,80+ L
8574	Four surfaces	462,80+ L	8574	Vier vlakke.....	462,80+ L
8575	Five surfaces	462,80+ L	8575	Vyf vlakke	462,80+ L
8577	Pin retention	69,00+ L	8577	Pen retensie	69,00+ L
	Post and copings			Stiwwe en vingerhoede	
8581	Single post.....	114,70+ L	8581	Enkelstif.....	114,70+ L
8582	Double post	165,20+ L	8582	Tweeledige stif	165,20+ L
8583	Triple post.....	206,80+ L	8583	Driedledige stif.....	206,80+ L
8587	Copings.....	95,40+ L	8587	Vingerhoede.....	95,40+ L
8589	Cast core with pins	163,00+ L	8589	Gegote kern met penne	163,00+ L
8591	Plastic core on pin reinforcing irrespective of number of pins	114,50	8591	Plastiese kern op penversterking ongeag aantal penne	114,50
	Connectors			Verbinders	
8597	Locks and milled rests	47,00+ L	8597	Slot en gemasjineerde ruste	47,00+ L
8599	Precision attachments	114,50+ L	8599	Slotheftings	114,50+ L
	Crowns			Krone	
8601	Cast three-quarter crown.....	462,80+ L	8601	Gegote driekwartkroon	462,80+ L
8607	Porcelain jacket crown.....	462,80+ L	8607	Porseleindopkroon	462,80+ L
8609	Porcelain veneered metal crown ..	577,90+ L	8609	Porseleingefineerde metaalkroon.....	577,90+ L

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Code No.	Procedure	R	Kode No.	Prosedure	R
	Bridges			Brugwerk	
	<i>Note:</i> Retainers as above.			<i>Let wel:</i> Ankers soos bo.	
8611	Sanitary pontic.....	349,10+L	8611	Sanitiere fooptand.....	349,10+L
8613	Posterior pontic.....	430,40+L	8613	Posterior fooptand.....	430,40+L
8615	Anterior pontic.....	462,80+L	8615	Anterior fooptand.....	462,80+L
	Resin bonded retainers			Harsgebonde ankers	
8617	Per abutment.....	142,50+L	8617	Per ankertand.....	142,50+L
	Per pontic (see 8611, 8613, 8615)			Per fooptand (sien 8611, 8613, 8615)	
	Conservative treatment of myofascial pain-dysfunction syndrome			Konserwatiewe behandeling van miofasiale pyn disfunksiesindroom	
8621	First visit.....	56,20	8621	Eerste besoek.....	56,20
8623	Subsequent visit.....	42,00	8623	Opvolgende besoek.....	42,00
	Endodontic procedures, etc.			Endodontiese prosedures, ens.	
8631	Root canal therapy, first canal.....	405,00	8631	Wortelkanaalterapie, eerste kanaal.....	405,00
8633	Each additional canal.....	101,20	8633	Elke bykomende kanaal.....	101,20
	<i>Note:</i> The above endodontic fees include all X-rays and repeat visits.			<i>Let wel:</i> Bogenoemde endodontiese gelde sluit in alle X-straalfoto's en bykomende besoeke.	
8635	Apexification of root canal, per visit.....	67,70	8635	Apeksifikasie van wortelkanaal, per besoek.....	67,70
8637	Hemisection of a tooth or resection of root..	163,00	8637	Hemiseksie van 'n tand of reseksie van 'n wortel.....	163,00
8638	Incision and drainage of pyogenic abscess, intraoral approach.....	96,30	8638	Lansering en dreinerings van piogene absesse (binnemondse toegang).....	96,30
9015	Apicectomy, including retrograde root filling where necessary— anterior tooth...	224,20	9015	Apisektomie insluitende retrograde herstelling waar nodig— anterior tand.....	224,20
9016	Apicectomy including retrograde filling where necessary— posterior tooth.....	334,80	9016	Apisektomie insluitende retrograde herstelling waar nodig— posterior tand.....	334,80
8640	Removal of fractured post or instrument from root canal.....	118,60	8640	Verwydering van fraktureerde stif of instrumente vanuit die wortelkanaal.....	118,60
	Prosthetics (Removable)			Prostetika	
8641	Complete upper and lower dentures without primary complications.....	1 156,80+L	8641	Volle kunsgebit—bo en onder, sonder primere komplikasies.....	1 156,80+L
8643	Complete upper and lower dentures without major complications.....	1 501,40+L	8643	Volle kunsgebit—bo en onder, sonder groot komplikasies.....	1 501,40+L
8645	Complete upper and lower dentures with major complications.....	1 846,70+L	8645	Volle kunsgebit—bo en onder, met groot komplikasies.....	1 846,70+L
8647	Complete upper or lower dentures without primary complications.....	809,30+L	8647	Volle kunsgebit—bo of onder, sonder primere komplikasies.....	809,30+L
8649	Complete upper or lower denture without major complications.....	924,60+L	8649	Volle kunsgebit—bo of onder, sonder groot komplikasies.....	924,60+L
8651	Complete upper or lower denture with major complications.....	1 039,80+L	8651	Volle kunsgebit—bo of onder, met groot komplikasies.....	1 039,80+L
8661	Diagnostic dentures (inclusive of tissue conditioning treatment).....	924,60+L	8661	Diagnostiese kunsgebitte (met inbegrip van weefselopknappbehandeling).....	924,60+L
8662	Remounting and occlusal adjustment of dentures.....	133,20	8662	Hermontering en okklusale verstelling van kunsgebitte.....	133,20
8663	Chrome cobalt base for full denture (extra charge).....	278,40+L	8663	Chroomkobalt basis vir volle kunsgebit (ekstra koste).....	278,40+L
8665	Re-base, per denture.....	186,60+L	8665	Herbasering, per kunsgebit.....	186,60+L
8667	Soft base, per denture (heat cured).....	278,40+L	8667	Sagte basis, per kunsgebit (met hitte verhard).....	278,40+L
8668	Tissue conditioner, per denture.....	69,00+L	8668	Weefselopknapper, per kunsgebit.....	69,00+L
8669	Intraoral relines of complete or partial denture.....	102,70	8669	Binnemondse opvulling van vol-of gedeeltelike kunsgebit.....	102,70
8671	Metal (e.g. Chrome cobalt) partial denture..	924,60+L	8671	Metaal (bv. Chroomkobalt) gedeeltelike kunsgebit.....	924,60+L
8672	Additional fee for altered cast technique for partial denture.....	36,20+L	8672	Bykomende gelde vir veranderde model tegniek, gedeeltelike kunsgebit.....	36,20+L
8674	Additive partial denture.....	419,00+L	8674	Aanlasbare gedeeltelike kunsgebit.....	419,00+L
8679	Repairs.....	47,00+L	8679	Herstelwerk.....	47,00+L
8273	Additional fee where impression is required for 8269.....	21,30+L	8273	Bykomende gelde waar 'n afdruk nodig is vir 8269.....	21,30+L

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SPECIALIST MAXILLO-FACIAL AND ORAL SURGEONS

See Rule 011

1. If procedures under tariff items 8201 to 8218 inclusive are carried out by specialists in maxillo-facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (8002).
2. The fee for more than one operation or procedure **performed through the same incision** shall be calculated as the fee for the major operation plus the tariff for the subsidiary operation to a maximum of R106,30 for each such subsidiary operation or procedure (8005).
3. The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operations plus—
 75% for the second procedure/operation (8009).
 50% for the third procedure/operation (8006).

This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his operation.

If, within six months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation.

The tariff fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: Provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the Commissioner may be charged.

4. The fee payable to a general practitioner assistant shall be calculated at 15 per cent of the fee of the practitioner performing the operation, with a minimum of R64,20 (8007).

The assistant's fee payable to a maxillo-facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the account rendered.

5. The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the tariff fee of the procedure or procedures performed (8008).

See Rule 012

In cases where treatment is not listed in the dental tariff of fees for general practitioners or specialists then the appropriate fee listed in the medical tariff of fees shall be charged, and the medical tariff item must be indicated.

Code No.	Procedure	R
	Consultations and visits	
8901	Consultation at consulting rooms.....	56,20
8903	Consultation at hospital, nursing home or house.....	62,60
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house .	30,60

SPESIALIS KAAKGESIGS- EN MONDCHIRURGIE

Kyk Reël 011

1. Indien die prosedures van tariefitems 8201 tot en met 8218 uitgevoer word deur spesialiste in kaak-, gesig-, en mondchirurgie, is die gelde gelyk aan die toepaslike tariefgelde plus 50 persent (8002).
2. Die gelde vir meer as een operasie of prosedure **via dieselfde insnyding uitgevoer**, word bereken as die geld vir die hoofoperasie plus die tariefgeld van die bykomende operasie tot 'n maksimum van R106,30 vir elke sodanige operasie of prosedure (8005).
3. Die gelde vir meer as een operasie of ingreep onder dieselfde narkose maar via 'n ander insnyding uitgevoer, word bereken as die geld vir die hoofoperasie plus—
 75% vir die tweede prosedure/operasie (8009).
 50% vir die derde prosedure/operasie (8006).

Hierdie reël is nie van toepassing nie waar twee of meer onverwante operasies deur praktisyns van verskillende spesialiteite uitgevoer word, in welke geval elke praktisyn geregtig is op die volle geld vir sy operasie.

Indien daar binne vier maande 'n tweede operasie vir dieselfde toestand of besering uitgevoer word, is die gelde vir die tweede operasie die helfte van die vir die eerste.

Die tariefgeld vir 'n operasie sluit in, tensy daar anders vermeld word, die normale na-operatiewe versorging vir 'n tydperk van hoogstens vier maande. Indien 'n praktisyn nie self die na-operatiewe versorging voltooi nie, moet hy reël dat dit voltooi word sonder bykomende heffing: Met dien verstande dat, in die geval van na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard, sodanige gelde gehef kan word as waarop die praktisyn en die Kommissaris ooreengekom het.

4. Die bedrag aan 'n algemene praktisyn-assistent betaalbaar word bereken op 15 persent van die geld van die praktisyn wat die operasie uitvoer, met 'n minimum van R64,20 (8007).

Die bedrag aan 'n kaak-gesigs- en mondchirurgiasistent betaalbaar word bereken op 33,33 % van die toepaslike geld. (Wysiger 8001). Die assistent se naam moet op die rekening wat gelewer word verskyn.

5. Die bykomende gelde vir alle lede van die snykundige span vir na-ure noodoperasies sal bereken word deur 25% by die tariefgeld vir die prosedure of prosedures uitgevoer by te voeg (8008).

Kyk Reël 012

In gevalle waar behandeling nie in die tandheelkundige geldetarief vir algemene praktisyns of spesialiste gelys is nie, sal die toepaslike gelde, gelys in die mediese geldetarief gevra word, en die mediese gelde tariefitem moet aangedui word.

Kode No.	Prosedure	R
	Konsultasie en besoeke	
8901	Konsultasie by spreekkamers.....	56,20
8903	Konsultasie by hospitaal, verpleeginrigting of tuis	62,60
8904	Daaropvolgende konsultasie by spreekkamer, hospitaal, verpleeginrigting of tuis	30,60

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Code No.	Procedure	R	Kode No.	Prosedure	R
8905	Weekend visits and night visits between 17:00-08:00 of the following day.....	90,30	8905	Naweek- en nagbesoeke tussen 17:00 en 08:00 die volgende dag.....	90,30
8907	Subsequent consultations, per week, to a maximum of.....	103,60	8907	Daaropvolgende konsultasie per week, tot 'n maksimum van.....	103,60
<p>Note: "Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same traumatic condition provided that such consultations occur within six months of the first consultation.</p>			<p>Let wel: "Daaropvolgende konsultasie" beteken in verband met items 8904 en 8907, 'n konsultasie vir dieselfde traumatiese toestand mits sodanige konsultasie plaasvind binnes maande vanaf die eerste konsultasie.</p>		
<p>Investigations and records</p>			<p>Ondersoek en rekords</p>		
8107	Intra-oral radiographs, per film.....	19,60	8107	Binnemondse röntgenfoto's, per film.....	19,60
8108	Maximum.....	158,00	8108	Maksimum.....	158,00
8113	Occlusal radiographs.....	30,60	8113	Okklusale röntgenfoto's.....	30,60
8115	Panoramic radiograph.....	95,40	8115	Panoramiese röntgenfoto.....	95,40
8917	Biopsies: Intra-oral.....	115,20	8917	Biopsies: Binnemonds.....	115,20
8919	Biopsy of bone: Needle biopsy.....	199,00	8919	Beenbiopsie: Naald.....	199,00
8921	Biopsy of bone: Open.....	327,80	8921	Beenbiopsie: Oop.....	327,80
8811	Cephalometric radiograph and analysis.....	95,40	8811	Kefalometriese röntgenfoto en ontleding.....	95,40
8813	Cephalometric radiograph and analysis plus hand-wrist or P-A radiograph.....	103,60	8813	Kefalometriese röntgenfoto en ontleding plus handgewrig of P-A-opname.....	103,60
8815	Cephalometric radiograph and analysis plus hand-wrist and P-A radiograph.....	114,50	8815	Kefalometriese röntgenfoto en ontleding plus handgewrig en P-A-opneame.....	114,50
<p>Removal of teeth</p>			<p>Verwydering van tande</p>		
8924	More than eighteen teeth, per tooth.....	5,80	8924	Meer as agtien tande, per tand.....	5,80
8957	Alveolotomy or alveolectomy—concurrent with or independent of extractions (per jaw).....	273,20	8957	Alveolotomie of alveolektomie—tesame met of onafhanklik van ekstraksies (per kaak).....	273,20
8961	Implanting of teeth.....	447,90+L	8961	Implanting van tande.....	447,90+L
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia).....	149,90	8931	Lokale behandeling van postekstraksiebloeding (met uitsluiting van bloeding in die geval van bloedsiektes, bv. hemofilie).....	149,90
8935	Treatment of post-extraction septic socket where patient is referred by another registered person.....	39,60	8935	Behandeling van postekstraksieseptiese tandkas waar die pasiënt verwys word deur 'n ander geregistreerde persoon.....	39,60
8937	Surgical removal of a tooth i.e.: raising of mucoperiosteal flap, removal of bone and suturing.....	138,40	8937	Chirurgiese verwydering van 'n tand d.w.s. maak van mukoperiosteale flap, verwydering van been en hegting.....	138,40
<p>Removal of roots</p>			<p>Verwydering van wortels</p>		
8953	Surgical removal of residual roots of first tooth.....	199,10	8953	Chirurgiese verwydering van wortelreste van die eerste tand.....	199,10
8955	Surgical removal of residual roots of each subsequent tooth. See Rule 011. Notes 2 and 3.....	—	8955	Chirurgiese verwydering van wortelreste van elke daaropvolgende tand. Verwys Reël 011. Notas 2 en 3.....	—
<p>Diverse procedures</p>			<p>Diverse prosedures</p>		
8908	Removal of roots from maxillary antrum in volving Caldwell-Luc and closure of oral antral communication.....	680,00	8908	Verwydering van tandwortels van die maksillêre antrum insluitend Caldwell-Luc operasie en herstel van antro-orale fistel.....	680,00
8909	Closure of oral antral fistula—acute or chronic.....	522,10	8909	Sluiting van antro-orale fistel—akuut of kronies.....	522,10
8910	Removal of roots from maxillary antrum.....	204,90	8910	Verwydering van wortel vanuit die maksillêre antrum.....	204,90
8911	Caldwell-Luc procedure.....	204,90	8911	Caldwell-Luc prosedure.....	204,90
8965	Peripheral neurectomy.....	447,90	8965	Perifere neurektomie.....	447,90
8966	Functional repair of oronasal fistula (local flaps).....	634,20	8966	Funksionele herstel van oronasale fistula (lokale flappe).....	634,20
8977	Major repairs of upper or lower jaw i.e by means of bone grafts or prosthesis, with jaw splintage. (Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure).....	1 064,90	8977	Groot herstelwerk aan bo- of onderkaak, bv. deur middel van beenoorplanting of protese met kaakspalking. (Wysigers 8005 en 8006 is nie van toepassing in hierdie geval nie. Die volle geld kan gehêf word ongeag of hierdie prosedure gelyktydig met prosedure 8975 of as 'n afsonderlike prosedure uitgevoer word)	1 064,90

(94)

Code No.	Procedure	R	Kode No.	Prosedure	R
8978	Harvesting of bone graft	201,50	8978	Insameling van been vir oorplanting	201,50
8997	Sulcoplasty/Vestibuloplasty	1 026,60+L	8997	Sulkoplastiek/Vestibuloplastiek	1 026,60+L
8999	Deepening the vestibular sulcus: Plastic repair	273,20+L	8999	Verdieping van vestibulêre sulkus: Plastiese herstelling	273,20+L
9001	Deepening the buccal/labial sulcus: Buccal inlay	622,30+L	9001	Verdieping van bukkale/labiale sulkus: Bukkale inlegsels	622,30+L
9003	Repositioning mental foramen and nerve, per side	622,30+L	9003	Herplasing van foramen mentale en senuwee, per tand	622,30+L
9005	Alveolar ridge augmentation by bone graft	1 045,60+L	9005	Verbetering van alveolêre rif deur beenoorplanting	1 045,60+L
Sepsis			Sepsis		
9011	Incision and drainage of pyogenic abscesses (intra-oral approach)	127,80	9011	Lansering en dreinerings van piogene absesse (binnemondse toegang)	127,80
9013	Extra-oral approach, e.g. Ludwig's angina	173,90	9013	Buitemondse toegang, bv. Ludwigkeelpyn	173,90
9015	Apicectomy including retrograde filling where necessary— anterior teeth	224,20	9015	Apisektomie insluitend retrograde herstelling waar nodig— anterior tand	224,20
9016	Apicectomy including retrograde filling where necessary— posterior teeth	448,80	9016	Apisektomie insluitend retrograde herstelling waar nodig. Posterior tand	448,80
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	922,90	9017	Dekortisering, uitholling en sekwestrektomie vir osteomiëlitis, van mandibula	922,90
9019	Sequestrectomy— intra-oral	199,00	9019	Sekwestrektomie— binnemondse toegang	199,00
Trauma <i>Treatment of associated soft tissue injuries</i>			Trauma <i>Behandeling van gepaardgaande sagteweefselbeserings</i>		
9021	Minor	224,20	9021	Gering	224,20
9023	Major	473,30	9023	Uitgebreid	473,30
Mandibular fractures			Frakture van die mandibula		
9025	Treatment by closed reduction, with intermaxillary fixation	497,30	9025	Behandeling deur middel van geslote reduksie, met intermaksiliêre fiksering	497,30
9027	Treatment of compound fracture, involving eyelid wiring	698,10	9027	Behandeling van saamgestelde fraktuur deur middel van ogies en kruisbedrading	698,10
9029	Treatment by metal cap splintage or Gunning's splints	773,90+L	9029	Behandeling deur middel van metaal— op spalke of Gunningspalke	773,90+L
9031	Treatment of open reduction with restoration of occlusion by splintage	1 146,10+L	9031	Behandeling deur middel van oop reduksie en herstel van okklusie met spalke	1 146,10+L
Maxillary fractures with special attention to occlusion			Frakture van die maksilla met spesiale aandag aan okklusie		
9035	Le Fort I or Guérin fracture	699,80+L	9035	Le Fort I-fraktuur of Guérin-fraktuur	699,80+L
9037	Le Fort II or middle third of face	1 146,10+L	9037	Le fort II-fraktuur of middelste derde van gesig	1 146,10+L
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	1 643,10+L	9039	Le Fort III-fraktuur of kraniofasiale ontwinging of brokkelfraktuur van middel gesig wat oop reduksie en spalke vereis	1 643,10+L
Zygoma/Orbit/Antral— Complex fractures			Wangbeen/Oogkas/Antrum— Saamgestelde frakture		
9041	Gillies or temporal elevation	497,30	9041	Gillies of temporale elevasie	497,30
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation	996,10	9043	Onstabiele en/of verbrokelede wangbeen, behandeling deur middel van oop reduksie of Caldwell-Luc operasie	996,10
9045	Requiring multiple interosseous wiring or bone graft	1 493,50	9045	Wat veelvuldige tussenbeenbedrading of beenoorplanting vereis	1 493,50
Deformities <i>Note:</i> For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply.			Deformiteite <i>Let wel:</i> Die volle geld kan gehef word vir prosedures 9047 tot 9072 d.w.s. aanmerkings 2 en 3 (i.s. Reël 011) is nie toepasbaar nie.		
9047	Operation for the improvement of restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)	2 090,90+L	9047	Operasie ter verbetering of restourasie van sluit-en-koufunksie, bv. bilaterale osteotomie, oop operasie (met immobilisering)	2 090,90+L

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Code No.	Procedure	R	Kode No.	Prosedure	R
9049	Anterior segmental osteotomy of mandible (Köle)	1 742,10+L	9049	Osteotomie van anterior segment van die mandibula (Köle).....	1 742,10+L
9051	Genioplasty	996,10	9051	Kenplastiek.....	996,10
9055	Maxillary posterior segment osteotomy (Schukardt)—1 or 2 stage procedure	1 742,10+L	9055	Osteotomie van posterior segment van die maksilla (Schukardt)—1-stadium- of 2-stadium-prosedure.....	1 742,10+L
9057	Maxillary anterior segment osteotomy (Wassmund)—1 or 2 stage procedure	1 742,10+L	9057	Osteotomie van anterior segment van die maksilla (Wassmund)—1-stadium- of 2-stadium-prosedure.....	1 742,10+L
9059	Le Fort I osteotomy.....	3 278,00+L	9059	Le Fort I-osteotomie	3 278,00+L
9061	Palatal osteotomy.....	1 146,10+L	9061	Palatale osteotomie.....	1 146,10+L
9063	Le Fort II osteotomy for correction of facial deformities of faciosostenosis and post-traumatic-deformities	4 185,40+L	9063	Le Fort II-osteotomie vir korreksie van gesigsdeformiteite of fasiostenose en nabeseringdeformiteite	4 185,40+L
9069	Functional tongue reduction (partial glossectomy).....	747,70	9069	Funksionele tongreduksie (gedeeltelike glosektomie).....	747,70
9071	Geniohyoidotomy	447,90	9071	Geniohoïdotomie	447,90
9072	Functional closure of the secondary oronasal fistula and associated structures with bone grafting (complete procedure)	3 278,00+L	9072	Funksionele herstel van sekondêre oronassale fistel en verwante strukture met been transplantaat (volledige prosedure)	3 278,00+L
<p>Temporomandibular joint procedures (Investigation as in preceding section)</p>			<p>Prosedures vir temporomandibulêre gewrig (Ondersoek soos in voorafgaande afdeling)</p>		
9073	Bite plate therapy for TMJ dysfunction.....	176,10+L	9073	Bytplaat terapie vir TMG-disfunksie.....	176,10+L
9074	Diagnostic arthroscopy	504,00	9074	Diagnostiese artroskopie.....	504,00
9075	Condylectomy or coronoïdectomy or both (extra-oral approach or menisectomy)	1 045,60	9075	Kondilektomie of koronoïdectomy of albei (buitemonde toegang) of menisectomy	1 045,60
9053	Coronoïdectomy (intra-oral approach).....	622,30	9053	Koronoïdectomy (binnemonde toegang)..	622,30
9077	Intra-articular injection, per injection	74,90	9077	Intra-artikulêre inspuiting, per inspuiting	74,90
9079	Trigger point injection, per injection	58,90	9079	Sneller-punt inspuiting, per inspuiting.....	58,90
9081	Condyle neck osteotomy (Ward/Kostecka).	497,30	9081	Kondielnek-osteotomie (Ward/Kostecka) ..	497,30
9083	Temporomandibular arthroplasty, e.g. eminectomy (Le Clerk and Toller procedure)	1 244,90	9083	Temporomandibulêre artroplastiek, bv. eminectomy (Le Clerk-en-Toller-ingreep)	1 244,90
9085	Reduction of temporomandibular joint dislocation without anaesthetic.....	98,90	9085	Reduksie van temporomandibulêre ontwrigting sonder narkose.....	98,90
9087	Reduction of temporomandibular joint dislocation, with anaesthetic.....	199,00	9087	Reduksie van temporomandibulêre ontwrigting, onder narkose.....	199,00
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation	497,30	9089	Reduksie van temporomandibulêre ontwrigting, onder narkose en immobilisasie	497,30
9091	Reduction of temporomandibular joint dislocation requiring open reduction.....	1 045,60	9091	Reduksie van temporomandibulêre ontwrigting wat oop reduksie vereis	1 045,60
9092	Total joint reconstruction with alloplastic material or bone includes condylectomy and coronoïdectomy	3 380,80+L	9092	Totale gewrigsherkonstruksie met alloplastiese materiaal of been insluitend kondilektomie en koronoïdectomy)	3 380,80+L
<p>Salivary glands</p>			<p>Speekselkliere</p>		
9095	Removal of salivary gland.....	598,00	9095	Verwydering van speekselklier	598,00
<p>Implants</p>			<p>Implantate</p>		
*9180	Placement of sub-periosteal implant—Preparatory procedure/operation	687,50	*9180	Plasing van sub-periosteale implantaat—Voorbereiding prosedure/ operasie.....	687,50
*9181	Placement of sub-periosteal implant prosthesis/operation	687,50	*9181	Plasing van sub-periosteale implantaat, protese/operasie	687,50
*9182	Placement of endosteal implant, per implant.....	343,80+L	*9182	Plasing van endosteale implantaat, per implantaat	343,80+L
*9183	Placement of a single osseointegrated implant per jaw	357,60	*9183	Plasing van een osseo-integrerende implantaat per kaak	357,60
*9184	Placement of a second osseointegrated implant in the same jaw	467,70	*9184	Plasing van 'n tweede osseo-integrerende implantaat in dieselfde kaak.....	467,70
*9185	Placement of a third and subsequent osseointegrated implant in the same jaw, per implant.....	577,80	*9185	Plasing van 'n derde en daaropvolgende implantaat in dieselfde kaak, per implantaat.....	577,80

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Code No.	Procedure	R	Kode No.	Prosedure	R
*9189	Cost of implants	By arrangement	*9189	Koste van implantate	Deur onderhandeling
9190	Exposure of a single osseointegrated implant and placement of a transmucosal element	168,00	9190	Blootlegging van een osseo-integrerende implantaat en plasing van 'n transmukosale element	168,00
9191	Exposure of a second osseointegrated implant and placement of a transmucosal element in the same jaw	126,00	9191	Blootlegging van 'n tweede osseo-integrerende implantaat en plasing van 'n transmukosale element in dieselfde kaak	126,00
9192	Exposure of a third and subsequent osseointegrated implant in the same jaw, per implant	84,00	9192	Blootlegging van 'n derde en daaropvolgende implantaat in dieselfde kaak per implantaat	84,00
	*Note: For items 9180 to 9192 the full fee may be charged, i.e. note 2 of rule 011 will not apply—p. ?.			*Let wel: Vir items 9180 tot 9192 mag die volle fooie gehef word, dit wil sê aanmerking 2 van Reël 011 is nie van toepassing nie—bl. ?.	

THE ONDERSTEPSPOORT JOURNAL OF VETERINARY RESEARCH

The Onderstepoort Journal of Veterinary Research is printed by the Government Printer, Pretoria, and is obtainable from the Director, Division of Agricultural information, Private Bag X144, Pretoria, 0001, to whom all communications should be addressed.

This publication is a continuation of the Reports of the Government Veterinary Bacteriologist of the Transvaal which date back to 1903 and of which 18 have appeared up to 1932. These were followed by 52 volumes of the Onderstepoort Journal. At present each volume comprises four numbers which are obtainable from the above address at R10 per copy or R40 per annum plus GST local or other countries R12,50 per copy or R50 per annum (air mail: R15 per copy or R60 per annum).

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THE ONDERSTEPSPOORT JOURNAL OF VETERINARY RESEARCH

Die "Onderstepoort Journal of Veterinary Research" word deur die Staatsdrukker, Pretoria, gedruk en is verkrygbaar van die Direkteur, Afdeling Landbou-inligting, Privaatsak X144, Pretoria, 0001, aan wie ook alle navrae in verband met die tydskrif gerig moet word.

Hierdie publikasie is 'n voortsetting van die "Reports of the Government Veterinary Bacteriologist of the Transvaal" wat terugdateer tot 1903 en waarvan 18 verskyn het tot 1932. Dit is gevolg deur 52 volumes van die "Onderstepoort Journal". Tans bestaan elke volume uit vier nommers wat teen R10 per kopie of R40 per jaar plus AVB binnelands en R12,50 per kopie of R50 per jaar buitelands van bogenoemde adres posvry verkrygbaar is (lugposbestellings: R15 per kopie of R60 per jaar).

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have new legislation placed on the Statute Book in this connection.

*5. *RAJBANSI*—Local Government. [Withdrawn.]

INTERPELLATION

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

Own Affairs:

Durban-Westville : establishment of dental faculty

1. Mr M RAJBAB asked the Chairman of the Ministers' Council:

- (1) Whether a decision has been taken by the Ministers' Council in respect of the establishment of a dental faculty at the University of Durban-Westville; if not, why not; if so, what are the relevant details;
- (2) whether he will make a statement on the matter?

D172E.INT

The CHAIRMAN OF THE MINISTERS' COUNCIL. Mr Chairman, in reply to the first part of the interpellation, the health function was transferred to the Department of National Health and Population Development by proclamation on 1 April 1993. This included the transfer of all dental facilities to the Department of National Health and Population Development.

With regard to the second part, the Ministers' Council believes that the establishment of a dental faculty at the University of Durban-Westville is essential to serve the needs of the people of Natal, especially in view of the very large indigent population in that province.

The present training of oral hygienists and dental therapists is highly relevant in the national health policy plan with respect to primary health care. Some 22 000 patients received treatment at that institution during 1991, and approximately 24 000 during the ensuing year. This Administration remained committed to funding the institution, and an amount of R2,838 million was included in the budget for 1993-94, and transferred to the Department of National Health

answer the interpellation, but had sidestepped the issue. In view much the same vein he has acceded to the point that the hon the Chairman of the Ministers' Council together with the Ministers' Council was fully supportive. I am happy that there is a tremendous degree of support in this House for the transfer of the health function to the Department of National Health and Population Development. It is important that that matter be addressed.

However, I might just state that education is the key to freedom. What is education without training? Can a dentist be a dentist if he does not have training? Imagine the problems one would encounter if there were no dental faculty. I agree wholeheartedly with the hon member that there is no dental faculty in Natal and that such a faculty is a necessity.

Rev C PILLAY: Mr Chairman, I must state that it is totally unacceptable to us in the rejuvenated solidarity that the dental faculty at the University of Durban-Westville did not come to fruition despite the numerous representations and the loud outcry of the deprived community in Natal.

We must not use the transfer of power on 1 April, as it were, as a scapegoat. The question I want to ask is what the Ministers' Council's recommendation was prior to health services being transferred to general affairs. I also wish to ask what the Department of National Health and Population Development's response was to this matter. I say Natal needs a dental faculty. It was approved by the Government, but a moratorium was placed on this essential faculty.

Solidarity feels that there is a dire need to establish a dental faculty at the University of Durban-Westville. If this is not done, we will say, "Bring Dookie back, bring Dookie back!" [Interjections.]

Mr A RAJBANSI: Mr Chairman, against tremendous odds and in the face of political pressure the Cabinet decided in 1987 that there should be a dental faculty at the University of Durban-Westville. I suggest to the hon the Chairman of the Ministers' Council that he look at our budget allocations for that particular year. Money was set aside.

I think the problem was between an individual at the university, who wanted to structure the faculty in his own way and go against established

norms, etc, and our Administration. At the time we had a brilliant director-general, namely Dr Gilliland. If he had had his way, the dental faculty would no doubt have been established. What happened was that a different party came to power after we made the announcement, so we did not get the Phoenix Hospital and the dental faculty.

They robbed us of our faculty long ago and gave it to the University of the Western Cape. They started a dental faculty at the University of the Western Cape with Indian staff, an Indian head and Indian students. That was a political decision.

Mr M RAJBAB: Mr Chairman, I am afraid that the comments made by the hon member for Montford do not ring true. The question could well be asked, and in fact has been asked by the hon member for Arena Park, as to what solidarity has done in this regard in all the years it controlled this Administration. [Interjections.]

I am aware that in April 1989 approval was, in fact, obtained for a dental hospital in Natal with 61 dental chairs. All that remained was for the Treasury to approve this particular project. We know that recently money was found to build two hospitals in Durban and we appreciate that. I wish to take this opportunity to call on the hon the Chairman of the Ministers' Council, who in fact is a member of the NP and the Cabinet of this country, to use whatever influence he has to prosecute the claim for the establishment of a dental faculty at the University of Durban-Westville.

I am not interested in the personality clashes that may have occurred in the past. I do not believe that we should allow personalities to deprive us of a dental faculty.

The CHAIRMAN OF THE MINISTERS' COUNCIL: Mr Chairman, I would like to thank hon members for their contributions to this debate. I must place on record the efforts made by the hon member for Arena Park as well as the hon member for Red Hill in trying to secure a dental faculty for the University of Durban-Westville.

Last year we had a meeting with the rector of the university. Perhaps I should quote briefly from a statement that was issued jointly:

A delegation from the University of Durban-

Westville met with the Administration: House of Delegates on Monday 2 November 1992. Following representations made on the university's behalf by the Rector, Prof Reddy, it was decided that the Administration would continue funding the services provided by the oral and dental hospital to the community.

I will skip some of it. It continues... the Department of National Health and Population Development is urged to give serious consideration to the provision of the necessary funds and authority to fully develop the dental faculty, as any further delay in the commencement of the project could only contribute to a steep escalation in the final cost of this project.

I have already mentioned that the services that are being provided by the dental hospital are quite unique, and something which is a service to the poor people in Natal, particularly in the Durban region. I wish, however, to advise the hon member for Springfield that our Administration had full responsibility for health services which fell under its jurisdiction. The province did not act as our agent. There is a general shortfall in the money allocated to the province of Natal. Hon members can rest assured that I will prosecute vigorously the need for the establishment of a dental school in Durban.

Debate concluded.

QUESTIONS

Indicates translated version.

For oral reply:

Own Affairs:

Cultural promoters employed by Department

*1. Mr K PANDAY asked the Minister of Education and Culture:

- (1) Whether any cultural promoters appointed by her predecessor are still in the employ of her Department; if not, why not; if so, how many;

- (2) whether she or her Department intends retaining the services of these cultural promoters; if not, why not; if so what are the relevant details? D126E

HOUSE OF DELEGATES

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes. 20.

- (2) Yes. The Culture Promoters' services will be retained at the 14 centres established until such time that the Work Study Report with regard to all the restructuring of the personnel in the Culture Sub-Directorate to provide for all facets of culture is implemented.

Mr G MARI: Mr Chairman, arising out of the hon the Minister's reply, can she tell us whether she intends to increase the number of cultural promoters and, if so, by how many?

The MINISTER: Mr Chairman, the answer is yes, but at this stage I cannot tell the hon member by how many. I know the hon member is referring to Phoenix in particular. At the moment we are concentrating on that area.

Dr K RAJOO: Mr Chairman, further arising out of the hon the Minister's reply, I would like to ask her whether she is contemplating expanding the scope of such a development and, if so, whether she will have enough funds, because she said she intended to rationalise all facets of culture development?

The MINISTER: Mr Chairman, we are definitely trying to expand our activities. As far as funding is concerned, we will have to ask for extra money if necessary.

Mr A RAJBANSI: Mr Chairman, further arising out of the hon the Minister's reply, does she intend to open a new cultural centre and, if so, where? Furthermore, will an all-party committee of this House be consulted in respect of the location of such a centre?

The MINISTER: Mr Chairman, we are contemplating opening a cultural centre, we have earmarked a certain venue for such a cultural centre and there will be consultation.

Mr P NAIDOO: Mr Chairman, further arising out of the hon the Minister's reply, would she consider naming the planned cultural centre after the former Minister of Education and Culture, Dr K Rajoo?

Maintenance personnel: Ministers' private residences

*2. Mr A RAJBANSI asked the Minister of Education and Culture:

- (1) Whether maintenance personnel of her Department are authorized to undertake repairs or renovations to Ministers' private residences during their working hours; if so, why; if not,

- (2) whether any maintenance personnel of her Department were at any time employed to undertake such repairs and/or renovations to any such residences; if so, (a) when, (b) who were the owners of these residences, (c) how long did such personnel take to perform the work, and (d) by whom were their salaries paid while they were performing these tasks, in each case? D138E

The MINISTER OF EDUCATION AND CULTURE:

- (1) No.

- (2) No (a), (b), (c) and (d) fall away.

State financed dwellings: rentals/loan instalments

*3. Mr G MARI asked the Minister of Housing:

- (1) Whether (a) rentals and (b) loan instalments in respect of State financed dwellings are due to be increased; if so, when;

- (2) whether he or his Department intends adjusting the interest and redemption components of these rentals and instalments; if not, why not; if so, by what amounts or percentages;

- (3) whether he will make a statement on the matter? D142E

The MINISTER OF HOUSING:

- (1) No.

- (2) No. The Cabinet is expected to take a decision on this issue shortly.

- (3) No.

*4. Mr A RAJBANSI—Local Government, Housing and Agriculture. [Transferred to General Affairs, Question No 5.]

*5. Mr M RAJAB—Education and Culture. [Withdrawn.]

Language promoters at schools: reduction

*6. Mr K PANDAY asked the Minister of Education and Culture:

- (1) Whether she intends reducing the number of language promoters at schools under the control of her Department; if not, why not; if so, for what reasons;

- (2) whether she will make a statement on the matter? D127E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes. Teaching units for the 1993 academic year have been established at an accelerated pace. This was done to ensure:

- (a) minimal disruption to the organisation of schools in the course of the second, third and fourth quarters of the school year, and

- (b) maximum instruction time to pupils through minimum delay in the commencement of classes.

As a result of the accelerated constitution of classes we have far exceeded the 1992 class units in Eastern languages.

For example, in 1992 the Department had employed 460 part-time teachers of Eastern languages as at 13 August 1992. The number projected for 1993 was 511 part-time teachers. But as at 24 March 1993 the Department had already employed 644 part-time teachers for the 1993 academic year. We are, moreover, still processing the isolated applications for constitution of classes.

Therefore, there is need to reduce the present number of language promoters. In preparation for this, all chief language promoters have been asked to hand all teaching units constituted in March, and in special cases in April, to language promoters to enable a transition of their role from language promoters to language teachers. This would have the effect of ensuring that all language promoters desirous of serving as language teachers are still in the employ of the Department.

Those language promoters retained will

HOUSE OF DELEGATES

CATEGORIES OF EMPLOYEES WHO RENDER A SECURITY SERVICE

"In house" security officers (any employee who renders a service to an employer in the private sector for the safeguarding or protection of the employers property, or of persons or property on the employers' premises or under the employers' control).

2. Locksmiths and key cutters.
3. Manufacturers, suppliers, marketers and installers of any security equipment in respect of the protection or safeguarding of people or property in any manner whatsoever.
4. Private detectives and investigators.

(14 May 1993)

BOARD NOTICE 51 OF 1993

THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

ELECTION OF MEMBERS OF THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

It is notified in terms of regulation 7 of the regulations made under section 50 (1) (a) of the Dental Technicians Act, 1979, (Act No. 19 of 1979), that the following persons have been validly nominated as candidates for election as a member of the South African Dental Technicians Council for the unexpired period ending on 30 September 1994:

ONE DENTIST FOR ELECTION BY DENTISTS

DR/0504..... MATHEWS: Lennox Laurentius:
from:

402 Lindeque Avenue
SILVERTON RIF
0184.

DR/2611..... TERBLANCHE: Dereyck Francois
from:

P.O. Box 619
SPRINGS
1560.

As the number of persons validly nominated exceeds the number of persons to be elected, Monday, 21 June 1993 at 16:00, has been determined by me as being the day on or before which every person entitled to vote at this election may sign and transmit to me a voting paper described in the regulations. A voting paper will be posted at least one month before the day determined, to the last registered address of each person entitled to vote at this election.

J. A. SWANEPOEL,

Returning Officer.

630 Robert Koch Building
345 Pretorius Street
PRETORIA
0002;

or

P.O. Box 995
PRETORIA
0001.

(14 May 1993)

KATEGORIEË VAN WERKNEMERS WAT 'N SEKURITEITSDIENS LEWER

1. "In huise" sekuriteitsbeamptes (enige werknemer wat 'n diens lewer aan 'n werkgever in die privaat sektor vir die beveiliging of beskerming van die werkgever se goed, of van persone of goed op die werkgever se perseel of onder die werkgever se beheer).
2. Slotmakers en sleutelsnyers.
3. Vervaardigers, verskaffers, bemarkers en installeerders van enige sekuriteitstoerusting ten opsigte van die beskerming of beveiliging van persone of goed op watter wyse ook al.
4. Privaatspeurders en ondersoekers.

(14 Mei 1993)

RAADSKENNISGEWING 51 VAN 1993

DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI

VERKIESING VAN 'N LID VAN DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI

Dit word hierby bekendgemaak kragtens regulasie 7 van die regulasies uitgevaardig kragtens artikel 50 (1) (a) van die Wet op Tandtegnici, 1979 (Wet No. 19 van 1979), dat die volgende persone wettiglik genomineer is as kandidate vir verkiesing as lid van die Suid-Afrikaanse Raad vir Tandtegnici vir die onverstreke tydperk eindigende op 30 September 1994;

EEN TANDARTS VERKIESBAAR DEUR TANDARTSE

Reg. No.

DR/0504..... MATHEWS: Lennox Laurentius
van:

Lindequelaan 402
SILVERTON RIF
0184.

DR/2611..... TERBLANCHE: Dereyck Francois
van:

Posbus 619
SPRINGS
1560.

Aangesien die getal persone wettiglik genomineer, meer is dan die getal lede wat verkies moet word, word Maandag, 21 Junie 1993 om 16:00, deur my bepaal as die dag waarvoor of waarop enigeen wat geregtig is om by die verkiesing te stem, die stembrief soos in die regulasies omskryf kan onderteken en aan my stuur. 'n Stembrief sal aan die jongste geregistreerde adres van elke persoon wie geregtig is om te stem in hierdie verkiesing, gestuur word minstens een maand voor die datum hierbo bepaal.

J. A. SWANEPOEL,

Kiesbeampte.

Robert Kochgebou 630
Pretoriusstraat
PRETORIA
0002;

of

Posbus 995
PRETORIA
0001.

(14 Mei 1993)

SCHEDULE

1. In this schedule, unless the contents otherwise indicates, the expression "the rules" means the rules published under Board Notice 61 of 1991.

2. Rule 1 of the rules, under the heading "ZIM-BABWE", is amended as follows:

(a) the note "(Recognised only if obtained prior to 31 December 1992)" is being added to the qualification Diploma in General Medical Laboratory Technology from the University of Zimbabwe;

(b) the following qualification is being added under the headings as indicated:

<i>Examining authority and qualification</i>	<i>Abbreviation for registration</i>
University of Zimbabwe—	
Specialist Diploma in Medical Laboratory Technology.....	Specialist Dip Med Lab Tech Zimbabwe

(25 June 1993)

BYLAE

1. Tensy uit die samehang anders blyk, beteken die uitdrukking "die reëls" in hierdie Bylae die reëls afgekondig by Raadskennisgewing 61 van 1991.

2. Reël 1 van die reëls, onder die opskrif "ZIM-BABWE", word as volg gewysig:

(a) die opmerking "(Word erken slegs indien toegeken voor 31 Desember 1992)" word toegevoeg tot die kwalifikasie Diploma in Algemene Geneeskundige Laboratorium Tegnologie van die Universiteit van Zimbabwe;

(b) die volgende kwalifikasie word toegevoeg onder die geskifte soos aangedui:

<i>Eksaminerende liggaam en kwalifikasie</i>	<i>Afkorting vir registrasie</i>
Universiteit van Zimbabwe—	
Spesialisdiploma in Geneeskundige Laboratorium Tegnologie	Specialist Dip Med Lab Tech Zimbabwe

(25 Junie 1993)

BOARD NOTICE 59 OF 1993

THE SOUTH AFRICAN NURSING COUNCIL (95)

The South African Nursing Council, hereby, in terms of section 5 (7) of the Nursing Act, 1978 (Act No. 50 of 1978), divides the Republic into the regions mentioned in Column A of the Schedule hereto, and which will consist of the magisterial districts mentioned in Column B of the said Schedule referred to, opposite each region.

RAADSKENNISGEWING 59 VAN 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

Die Suid-Afrikaanse Raad op Verpleging verdeel hierby, kragtens artikel 5 (7) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die Republiek in die streke in Kolom A van die Bylae hierby genoem en wat sal bestaan uit die landdrostdistrikte in Kolom B van die gemelde Bylae teenoor iedere streek vermeld.

SCHEDULE

COLOMN A	COLOMN B
Region 1.....	Beaufort West, Bellville, Bredasdorp, Caledon, Calitzdorp, Calvinia, Cape town, Ceres, Clanwilliam, Fraserburg, George, Goodwood, Heidelberg (C.P.), Hermanus, Hopetfield, Knysna, Kuils River, Ladismith (C.P.), Laingsburg, Malmesbury, Montagu, Mossel Bay, Murraysburg, Namaqualand (Springbok), Oudtshoorn, Paarl, Piketberg, Prince Albert, Riversdale, Robertson, Simon's Town, Somerset West, Stellenbosch, Strand, Sutherland, Swellendam, Tulbagh, Uniondale, Van Rhynsdorp, Victoria West, Vredenburg, Vredendal, Walvis Bay, Wellington, Williston, Worcester, Wynberg.
Region 2.....	Barkly West, Bethlehem, Bethulie, Bloemfontein, Bloemhof, Boshof, Bothaville, Botshabelo, Brandfort, Britstown, Bultfontein, Carnarvon, Colesberg, Cloccolan, Christiana, Coligny, De Aar, De Wetsdorp, Delareyville, Edenburg, Excelsior, Fauresmith, Ficksburg, Fouriesburg, Frankfort, Gordonia (Upington), Hanover, Hartswater 1, Harrismith, Hay (Griekwastad), Heilbron, Hennenman, Herbert (Douglas), Hoopstad (O.F.S.), Hopeown (C.P.), Jacobsdal, Jagersfontein, Kenhardt, Kimberley, Klerksdorp, Koffiefontein, Koppies, Kroonstad, Koster, Kuruman, Ladybrand, Lichtenburg, Lindley, Marico (Zeerust), Marquard, Noupoot, Oendaalsrus, Parys, Petrusburg, Philippolis, Philipstown, Postmasburg, Prieska, Potchefstroom, Reddersburg, Reitz, Richmond (C.P.), Rouxville, Rustenburg, Schweizer-Reneke, Senekal, Smithfield, Swartruggens, Theunissen, Trompsburg, Ventersburg, Ventersdorp, Viljoenskroon, Virginia, Vrede, Vredefort, Vryburg 1, Vryburg 2, Warrenton, Welkom, Wepener, Wesselsbron, Winburg, Witsieshoek, Wolmaransstad, Zastron.
Region 3.....	Aberdeen, Adelaide, Albany (Grahamstad), Albert (Burgersdorp), Alexandria, Aliwal North, Barkly East, Bathurst (Port Alfred), Bedford, Cathcart, Cradock, East London, Elliot, Fort Beaufort, Graaff-Reinet, Hankey, Hofmeyer, Humansdorp, Indwe, Jansenville, Joubertina, King William's Town, Kirkwood, Komga, Lady Grey, Maclear, Mdantsane 2, 3 and 4, Middelburg (C.P.), Molteno, Pearston, Port Elizabeth, Queenstown, Somerset East, Sterkstroom, Steynsburg, Steytlerville, Stutterheim, Tarkastad, Uitenhage, Venterstad, Willowmore, Wodehouse (Dordrecht).

(95)

COLOMN A	COLOMN B
Region 4.....	Alfred (Harding), Babanango, Bergville, Camperdown, Dannhauser, Dundee, Durban, Emnambithi, Emzumba, Enseleni, Entuzuma, Eshowe, Estcourt, Glencoe, Hlabisa, Hlanganani, Inanda (Verulam), Ingwavuma, Inkanyesi, Ixopo, Izingolweni, Klipriver (Ladysmith), Kranskop, Lions River (Howick), Lower Tugela (Stanger), Lower Umfolozi (Empangeni), Madadini, Mahlabatini, Mapumulo, Mooi River, Mount Currie (Kokstad), Mpendle, Msinga, Mtonjaneni, Mtunzini, Ndwedwe, New Hanover, Newcastle, Ngotshe (Louwsburg), Nkandla, Nongoma, Ngutu, Okhalamba, Ongove, Paulpietersburg, Pietermaritzburg, Pinetown, Polela (Bulwer), Port Shepstone, Richmond (Natal), Simdlangentsha, Ubombo, Umbumbulu, Umvoti (Greytown), Umzinto, Underberg (Himeville), Utrecht, Vryheid, Vulamehlo, Weenen.
Region 5.....	Amersfoort, Balfour (Tvl), Barberton, Belfast, Bethal, Bochum, Bolobedu, Carolina, Eerste Hoek, Ellisras, Ermelo, Giyani, Groblersdal, Highveld Ridge (Secunda), Letaba 1 (Tzaneen), Letaba 2, Lydenburg, Malamulele, Mapulaneng, Messina, Mhala, Middelburg (Tvl), Mokerong 1, Mokerong 2, Mokerong 3, Namakgale 1, Namakgale 2, Naphuno 1, Naphuno 2, Nebo, Nelspruit, Nkomazi (Kamhluhwa), Nsikazi, Phalaborwa, Pietersburg, Piet Retief, Pilgrim's Rest 1, Pilgrim's Rest 2, Potgietersrus, Rivati 1, Rivati 2, Sekgusese 1, Sekhukhune, Seshego, Soutpansberg (Louis Trichardt), Standerton, Thabamooopo, Thabazimbi, Volksrust, Wakkerstroom, Warmbad, Waterberg (Nylstroom), Waterval-Boven, Witbank, Witrivier.
Region 6.....	Alberton, Benoni, Boksburg, Brakpan, Brits, Bronkhorstspuit, Cullinan, Delmas, Germiston, Heidelberg (Tvl), Johannesburg, Kempton Park, Mdujiana 1, Mkobola, Moutse 1, Moutse 2, Nigel, Oberholzer (Carletonville), Pretoria, Randburg, Randfontein, Roodepoort, Sasolburg, Soshanguve 1, Soshanguve 2, Springs, Vanderbijlpark, Vereeniging, Westonaria, Wonderboom.

BYLAE

KOLOM A	KOLOM B
Streek 1.....	Beaufort-Wes, Bellville, Bredasdorp, Caledon, Calitzdorp, Calvinia, Ceres, Clanwilliam, Fraserburg, George, Goodwood, Heidelberg (K.P.), Hermanus, Hopefield, Kaapstad, Knysna, Kuilsrivier, Ladismith (K.P.), Laingsburg, Malmesbury, Montagu, Mosselbaai, Murraysburg, Namakwaland (Springbok), Oudtshoorn, Paarl, Piketberg, Prins Albert, Riversdale, Robertson, Simonstad, Somerset-Wes, Stellenbosch, Strand, Sutherland, Swellendam, Tulbagh, Uniondale, Van Rhynsdorp, Victoria-Wes, Vredenburg, Vredendal, Walvisbaai, Wellington, Williston, Worcester, Wynberg.
Streek 2.....	Barkly-Wes, Bethlehem, Bethulie, Bloemfontein, Bloemhof, Boshof, Bothaville, Botshabelo, Brandfort, Britstown, Bultfontein, Carnarvon, Colesberg, Clocolan, Christiana, Coligny, De Aar, De Wetsdorp, Delareyville, Edenburg, Excelsior, Fauresmith, Ficksburg, Fouriesburg, Frankfort, Gordonia (Upington), Hanover, Hartswater 1, Harrismith, Hay (Griekwastad), Heilbron, Hennenman, Herbert (Douglas), Hoopstad (O.V.S.), Hopetown (K.P.), Jacobsdal, Jagersfontein, Kenhardt, Kimberley, Klerksdorp, Koffiefontein, Koppies, Kroonstad, Koster, Kuruman, Ladybrand, Lichtenburg, Lindley, Marico (Zeerust), Marquard, Noupoot, Odendaalsrus, Parys, Petrusburg, Philippolis, Philipstown, Postmasburg, Prieska, Potchefstroom, Reddersburg, Reitz, Richmond (K.P.), Rouxville, Rustenburg, Schweizer-Reneke, Senekal, Smithfield, Swartruggens, Theunissen, Trompsburg, Ventersburg, Ventersdorp, Viljoenskroon, Virginia, Vrede, Vredefort, Vryburg 1, Vryburg 2, Warrenton, Welkom, Wepener, Wesselsbron, Winburg, Witsieshoek, Wolmaransstad, Zastron.
Streek 3.....	Aberdeen, Adelaide, Albanie (Grahamstad), Albert (Burgersdorp), Alexandria, Aliwal-Noord, Barkly-Oos, Bathurst (Port Alfred), Bedford, Cathcart, Cradock, Elliot, Fort Beaufort, Graaff-Reinet, Hankey, Hofmeyer, Humansdorp, Indwe, Jansenville, Joubertina, King William's Town, Kirkwood, Komga, Lady Grey, Maclear, Mdantsane 2, 3 en 4, Middelburg (K.P.), Molteno, Oos-Londen, Pearston, Port Elizabeth, Queenstown, Somerset-Oos, Sterkstroom, Steynsburg, Steytlerville, Stutterheim, Tarkastad, Uitenhage, Venterstad, Willowmore, Wodehouse (Dordrecht).
Streek 4.....	Alfred (Harding), Babanango, Bergville, Camperdown, Dannhauser, Dundee, Durban, Emnambithi, Emzumba, Enseleni, Entuzuma, Eshowe, Estcourt, Glencoe, Hlabisa, Halanganani, Inanda (Verulam), Ingwavuma, Inkanyesi, Ixopo, Izingolweni, Kliprivier (Ladysmith), Kranskop, Lionsrivier (Howick), Lower Tugela (Stanger), Lower Umfolozi (Empangeni), Madadini, Mahlabatini, Mapumulo, Mooirivier, Mount Currie (Kokstad), Mpendle, Msinga, Mtonjaneni, Mtunzini, Ndwedwe, New Hanover, Newcastle, Ngotshe (Louwsburg), Nkandla, Nongoma, Ngutu, Okhalamba, Ongoye, Paulpietersburg, Pietermaritzburg, Pinetown, Polela (Bulwer), Port Shepstone, Richmond (Natal), Simdlangentsha, Ubombo, Umbumbulu, Umvoti (Greytown), Umzinto, Underberg (Himeville), Utrecht, Vryheid, Vulamehlo, Weenen.

(95)

KOLOM A	KOLOM B
Streek 5.....	Amersfoort, Balfour (Tvl.), Barberton, Belfast, Bethal, Bochum, Bolobedu, Carolina, Eeste Hoek, Ellisras, Ermelo, Giyani, Groblersdal, Hoëveldrif (Secunda), Letaba 1 (Tzaneen), Letaba 2, Lydenburg, Malamulele, Mapulaneng, Messina, Mhala, Middelburg (Tvl), Mokerong 1, Mokerong 2, Mokerong 3, Namakgale 1, Namakgale 2, Naphuno 1, Naphuno 2, Nebo, Nelspruit, Nkomazi (Kamhlushwa), Nsikazi, Phalaborwa, Pietersburg, Piet Retief, Pelgrimsrus 1, Pelgrimsrus 2, Potgittersrus, Rivati 1, Rivati 2, Sekgusese 1, Sekhukhune, Seshego, Soutpansberg (Louis Trichardt), Standerton, Thabamooop, Thabazimbi, Volksrust, Wakkerstroom, Warmbad, Waterberg (Nylstroom), Waterval-Boven, Witbank, Wit-rivier.
Streek 6.....	Alberton, Benoni, Boksburg, Brakpan, Brits, Bronkhorstspuit, Cullinan, Delmas, Germiston, Heidelberg (Tvl.), Johannesburg, Kempton Park, Krugersdorp, Mdutjana 1, Mkobola, Moutse 1, Moutse 2, Nigel, Oberholzer (Carletonville), Pretoria, Randburg, Randfontein, Roodepoort, Sasolburg, Soshanguve 1, Soshanguve 2, Springs, Vanderbijlpark, Vereeniging, Westonaria, Wonderboom.

(25 June 1993)/(25 Junie 1993)

BOARD NOTICE 61 OF 1993
TRANSVAAL PROVINCIAL ADMINISTRATION
HEALTH SERVICES BRANCH
MENTAL HEALTH ACT, 1973 (ACT No. 18 OF 1973)
APPOINTMENT: HOSPITAL BOARD: WESTFORT HOSPITAL, PRETORIA

Under section 47 of the Mental Health Act, 1973 (Act No. 18 of 1973), the Administrator of the Province of the Transvaal has appointed the following persons as members of the Hospital Board, Westfort Hospital, Pretoria, for a period of three years with effect from 15 March 1993 until 14 March 1996:

- Mr J. H. Tshungu (Chairman).
- Col G. J. P. Pretorius.
- Rev. M. A. Masipa.
- Rev. M. D. Robbertze.
- Mrs A. Venter.

(25 June 1993)

BOARD NOTICE 62 OF 1993
CANNON ISLAND SETTLEMENT MANAGEMENT BOARD

Notice is hereby given in terms of subsection (1) of section 4 of Act No. 15 of 1939, that the time service of the members of the Cannon Island Settlement Management Board lapses on 31 July 1993 and that a public meeting of the owners will be held on Saturday, 31 July 1993, in the public hall from 09:00 to 11:00 for the purpose of nominating and election of a new board.

By Order.

L. C. KRUGER,
 Secretary.
 Kanoneiland.
 7 June 1993.

(25 June 1993)

RAADSKENNISGEWING 61 VAN 1993
TRANSVAALSE PROVINSIALE ADMINISTRASIE
TAK GESONDHEIDSDIENSTE

WET OP GEESTESGESONDHEID, 1973 (WET No. 18 VAN 1973)

AANSTELLING: HOSPITAALRAAD: WESTFORT HOSPITAAL, PRETORIA

Kragtens artikel 47 van die Wet op Geestesgesondheid, 1973 (Wet No. 18 van 1973), het die Administrateur van die provinsie Transvaal die volgende persone as lede van die Hospitaalraad, Westfort Hospitaal, Pretoria, vir 'n tydperk van drie jaar met ingang van 15 Maart 1993 tot 14 Maart 1996 aangestel:

- Mnr. J. H. Tshungu (Voorsitter).
- Kol. G. J. P. Pretorius.
- Ds. M. A. Masipa.
- Ds. M. D. Robbertze.
- Mev. A. Venter.

(25 Junie 1993)

RAADSKENNISGEWING 62 VAN 1993
KANONEILANDNEDERSETTINGSBESTUURS-RAAD

Kennisgewing geskied hiermee, ooreenkomstig subartikel (1) van artikel 4 van Wet No. 15 van 1939, dat die dienstyd van die lede van die Kanoneilandnedersettingsbestuursraad op 31 Julie 1993 verstryk en dat daar op Saterdag, 31 Julie 1993, vanaf 09:00 tot 11:00 'n openbare vergadering van tuinperseeleienare in die saal gehou word vir die benoeming en verkiesing van 'n nuwe raad.

Op las.

L. C. KRUGER,
 Sekretaresse.
 Kanoneiland.
 7 Junie 1993.

(25 Junie 1993)

Nurses hit out at Sana move

By SIPHO KHUMALO

THE newly-formed Concerned Nurses of South Africa (Consa) is up in arms against what it believes to be unilateral restructuring of the nursing profession by the state-protected SA Nursing Association (Sana).

And to register their anger, nurses in Durban, Pretoria and Port Elizabeth this week marched to protest against the referendum ordered by Sana's central board.

The board has given nurses until Friday to vote in favour of its decision that the organisation should become non-statutory.

The referendum will be asking nurses to reverse the decision of a previous referendum in June last year when nurses voted over-

whelmingly to keep Nasa statutory.

A spokeswoman for Sana, Eileen Brannigan, said they were still studying the demands of Consa and would draw up their response soon.

Consa co-ordinator Ntsiki Matakana told City Press: "We are saying the timing is wrong. This cannot happen on the eve of major negotiations for a new government. Sana's strategy is to stop the new government from laying its hands on its resources. All along they have been happily protected by the government."

In the June edition of *Nursing News* the board made an "urgent call" to all nurses and ordered branch meetings around the country to rally support for the change within the associ-

ation.

Sana said that although a year ago the nursing profession voted overwhelmingly in favour of statutory status, the board now wanted the profession to reconsider the decision.

Consa rejected the new referendum ordered by the central board as being a "high-handed" action and demanded that the board should be suspended.

Said Matakana: "Sana assumes that it is a legitimate body and therefore can call nurses to endorse their decisions. They claim to be consistent with debates around human rights and, in the light of that, want to change their stance. We feel this change is due to pressure from the progressive nurses in this country and also from interna-

tional bodies." (94)

She said Consa regarded this move as "sinister" - Sana wanted to legitimise itself in order to entrench its position in the new dispensation.

"Nurses of SA must be given ample time to consider the implications of this exercise. We believe that the challenge to Sana is not to change any aspect of itself, but to disband completely and for a democratic nurse body to be formed."

She said Consa believed the referendum made a mockery of democracy in that it was Sana was going to monitor "itself" in voting in all regions.

She said nurses in the homelands were also excluded by Sana.

Ombudsman to handle moans about dentists

Health Reporter

THE Dental Association of South Africa has appointed an ombudsman to deal with complaints from disgruntled patients.

Dr Lionel Blum, a former president of the association, has agreed to take the job, believing he will be able to respond more quickly to patient complaints than existing procedures.

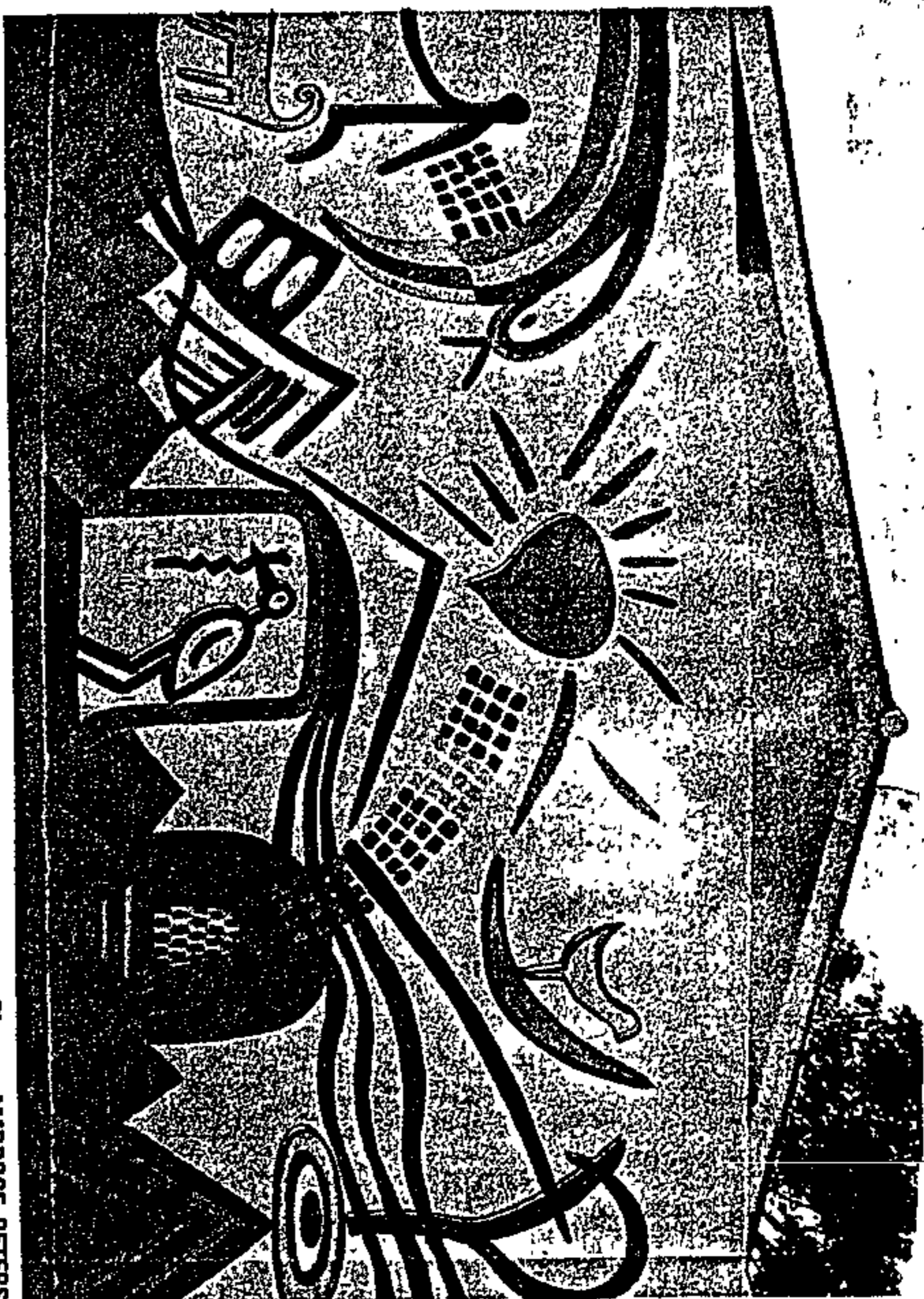
"Individual patients who are unhappy with any aspect of the dental treatment they receive can obviously approach either the Dental Association or the SA Medical and Dental Council with their problems," he said.

"As ombudsman, I will be able to respond more rapidly and visibly to patients' complaints."

The Dental Association is the first association of health-care professionals to appoint an ombudsman.

Complainants may contact Dr Blum by telephoning toll-free 080 011 3334, or by writing to The Ombudsman, Box 55496, 2116 Northlands.

By: SLD



BRIGHT PROSPECT ... A cheerful mural outside the Guguletu clinic

Picture: AMBROSE PETERS

Guguletu clinic has links to conflict

UWC's Guguletu dental clinic has close links to the history of conflict and development in Cape Town's townships. **SITWED 29/8/93**

The clinic's humble origins lie in a shack in Crossroads where it operated alongside the Saccia clinic. The Crossroads conflict of 1986 meant the dental clinic had to move from Crossroads to Guguletu where UWC took over an unused Cape Town City Council clinic building which had stood vacant since the 1976 uprising. **(CINELP)**

Recalls the head of the Dentistry Faculty's Department of Community Dentistry, Dr Neil Myburgh: "We were just coping. We were not stable in terms of equipment and we were stretched to the limit."

Myburgh said there was a desperate need to improve service in order to respond to community needs. The IDT agreed to a request for funding and some R900 000 later the revamped and refurbished clinic is open.

The new clinic has seven dental chairs, access for the disabled and includes a lobby which can be converted into an education room. The equipment includes the best dental chairs presently available. The clinic has had to deal with a range of authorities as well as local community groups and has established a supervisory board with majority community representation and representatives from statutory groupings.

Not only is the clinic revamped but its focus is shifting. Myburgh says the early days saw a largely extraction type operation. Today, the clinic staff are looking towards preventative dentistry and gradually more people are requesting staff to fill and clean their teeth rather than pull out their teeth.

A large percentage of the clinic's time is now to be devoted to catering for primary and pre-primary children including disabled children living in the area. On Saturday mornings, student volunteers from UWC and the Peninsula Technikon in conjunction with the Cape Peninsula Organisation for the Aged have organised a denture clinic.

Over the years the clinic has increasingly laid emphasis on reaching young people and teaching them oral hygiene.

At present it runs a pre-school brushing programme and visits schools in the area.

"The clinic reflects our philosophy of community based education including service supported by ongoing research and evaluation," said Myburgh.

Handwritten notes: "Jan 2", "EPI 8", "29/8/93"

UWC helps community with its new dentistry facility

St Times (C/Metro)

22/8/93

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THE official opening this weekend of the University of the Western Cape's Faculty of Dentistry headquarters in Mitchells Plain underlines the university's commitment to community health programmes.

This is the view of the dean, Professor Martin Hobdell.

The Faculty of Dentistry began in 1974 against the backdrop of apartheid which had led to the creation of UWC itself.

The faculty was housed at Tygerberg Hospital, which saw the ludicrous situation of two separate dental schools operating side by side in the same building.

However, Professor M E Parker points out that these inauspicious beginnings meant dental health was opened as a career field to large numbers of black students with considerable benefit to their communities. The faculty produced its first crop of graduates in 1978 and to date 261 dentists and 108 hygienists have qualified there.

Research

Today, the faculty itself has more black than white staff. As UWC's ethos changed, so did that of the faculty. Today, UWC interprets its role as a university to include a strong commitment to the development of third world communities within South Africa and the university operates a number of research and outreach programmes which are directly concerned with community development.

According to Prof Hobdell, the move a year ago from Tygerberg to Mitchells Plain underlines this community-centred approach. The new faculty is housed in the heart of Mitchells Plain in a tall building which elbows the busy Town Centre.

The Town Centre is not only the main shopping centre for some 450 000 residents of Mitchells Plain but also a major shopping venue for people from surrounding townships, swelling the population served by the faculty to over one million.

Professor Parker readily acknowledges that the move was a jolt for staff.

"At first people were reluctant to move. We were used to work-



Professor M E Parker

ing in a clinical situation at a hospital. Now we were moving to a shopping centre.

"However, since the move these fears have been allayed and there is a very happy atmosphere."

The faculty operates an Oral Health Centre for members of the public from the faculty building in addition to a dental clinic in the Town Centre. Not surprisingly, the number of patients who have so far attended the centre is double the attendance at Tygerberg.

Co-operation

Professor Parker says the faculty is looking at ways to extend opening hours so that the facilities are accessible to people who work far from Mitchells Plain. Hobdell points out that such community orientated services means there must be close co-operation between the faculty and the community.

He says the existence of a joint supervisory board involving local community groups in the oral health centre has greatly facilitated this relationship.

With the major reorganisation of health services in the region, UWC's Dentistry Faculty hopes to become the manager of den-

tal services in a huge area of the Cape Peninsula ranging from Khayelitsha to Guguletu and encompassing Mitchells Plain.

Dr Neil Myburgh, the Faculty's Director of Community Dentistry says the university is already the major supplier of dental services in the area between Duinefontein Road and Faure. Myburgh says that already the faculty controls about 65 of the 75 dental public health chairs in the area.

System

"We want to develop a system of satellite clinics which would provide services and be a training base for our students. We envisage about 12 satellites in the area — the first of which is our clinic in Guguletu," said Myburgh.

Dean Hobdell underlines Myburgh's views. He said the faculty hoped to see the development of several community clinics which would refer patients to the Oral Health Centre.

Said Dean Hobdell: "We are looking to the future when our main oral health centre becomes the centre to which people are referred from a network of primary oral health care centres sited as close to their homes as possible."



Dr Neil Myburgh

HEALTH & DISEASE DENTISTS

HANSARD NO. 13

Qualified dentists

809 Mr. G. W. MILLS asked the Minister of National Education: 928

How many students in each race group qualified as dentists at the end of 1975 or early in 1976.

The MINISTER OF NATIONAL EDUCATION:

1975 White	114
Asian	2
Bantu	1

HANSARD 14 Q. 947-8

13 May 1975

Coloureds/Indians enrolled for dentistry at University of the Western Cape

The MINISTER OF COLOURED, RE-HOBOTH AND NAMA RELATIONS replied to Question *5, by Mr. L. F. Wood.

Question:

(1) How many (a) Coloureds and (b) Indians are at present enrolled in respect of each year of the course

L. F. Wood
2. 94

in dentistry at the University of the Western Cape;

(2) how many of these (a) Coloureds and (b) Indians are in receipt of bursaries or study loans;

(3) in what province are these (a) Coloured and (b) Indian students domiciled.

Reply:

(1) (a) No students are enrolled for 1st year dentistry as such in 1974 are admitted as 1st year dentistry students.
2nd year students—13.
3rd year students—10.

(b) 1st year students—Nil.
2nd year students—7.
3rd year students—10.

(2) (a) 15.
(b) 13.

(3) (a) Cape Province: 10 (2nd year), 10 (3rd year).
Natal: 2 (2nd year)—Nil.
Transvaal: 1 (2nd year)—Nil.

(b) Cape Province: 2 (2nd year), 2 (3rd year).
Natal: 4 (2nd year), 1 (3rd year).
Transvaal: 1 (2nd year), 7 (3rd year).

Minister ARGUS 4/18/75 suggests probe of medical profession

The Argus Correspondent

PRETORIA — The Minister of Health, Dr. S. W. van der Merwe, has suggested that the South African Medical and Dental Council conduct an inquiry into professional malpractices.

Addressing the first meeting of the council in its newly constituted form, the Minister warned that:

- The medical profession was becoming increasingly materialistic.

- The number of cases of malpractice was rising out of proportion to the numerical increase in doctors.

- Relations between doctors and pharmacists needed urgent attention.

Dr. van der Merwe said the composition of the council had been changed to meet changing demands, but the council itself had been evenly divided on whether it should be increased or reduced in size.

GOING WRONG

A problem of primary concern was the image of the profession. The traditional doctor-patient relationship was in the process of serious erosion and in the eyes of the public, the profession was becoming more and more materialistic.

The Minister said the increasing number of disciplinary investigations was becoming a source of concern. It appeared that the number of cases of malpractice was rising disproportionately and that somewhere something is going wrong.

"I am forced to ask myself whether the time has not come for the council to undertake an inquiry to determine the causes of this phenomenon," he said.

COSTS

Dealing with difficulties between doctors and pharmacists, Dr. van der Merwe said pharmacists were dissatisfied because doctors competed with them in prescribing and marketing, while doctors were dissatisfied with counterfeit prescriptions.

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93
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Hansard 2

TUESDAY, 3 FEBRUARY 1976

Dental clinics

41. Mr. L. F. WOOD asked the Minister of Health:

- (1) (a) How many dental clinics were established by his Department in co-operation with provincial administrations and local authorities in each province during 1975, (b) for which race groups were they established, (c) where are they situated and (d) what was the State's annual contribution to dental services for each province during 1975;
- (2) how many persons were treated at such clinics in each province during the year ended 31 December 1975.

The MINISTER OF HEALTH:

- (1) (a) One.
- (b) Coloured.
- (c) Eersterus Pretoria.
- (d) State's contribution in respect of all the clinics which have been established:

	R
Transvaal	105 450
Cape	136 500
Services by the Department of Health	485 000*
Services by private practitioners which are paid by the Department of Health	725 000*
Total	R1 451 950

The expenditure by the provinces in respect of school dental services and in respect of indigents who were treated in general hospitals, is not known.

* Unfortunately it is not possible to give a break-up figure on a provincial basis.

- (2) Number of persons who were treated at all the clinics referred to under (1)(d):

Transvaal--131 778.
Cape--130 384.

UNIVERSITY OF CAPE TOWN
16-27 FEBRUARY 1976



TO UNIVERSITY INTRODUCTION

Hansard 3 Feb 1976

WEDNESDAY, 16 FEBRUARY 1976

† Indicates translated version

For written reply:

Bantu medical/dental students: Training facilities

8. Mr. L. P. WOOD asked the Minister of Bantu Education:

(1) Whether he intends to establish additional training facilities for Bantu medical and dental students; if so, (a) where, (b) when and (c) how many students will be trained initially;

(2) what is the projected output of trained (a) medical practitioner and (b) dentists in 1985, 1990 and 1995, respectively, in respect of these facilities.

The MINISTER OF BANTU EDUCATION:

(1) Yes. (a) Near Ga-Rankuwa.

(b) Legislation is now being prepared to provide for the establishment of a new university.

(c) It is estimated that 200 medical students and 50 dental students will be admitted yearly to the second year of study.

(2) The projected output is as follows:

	(a)	(b)
1985	150 per year	35 per year
1990	160 per year	40 per year
1995	17 per year	43 per year

① 93
② 94

SUN EXP.

14/3/76

Dental service fails to meet SA needs

Express Reporter

DENTAL services in South Africa are so "inefficient, unbalanced and uncoordinated" that they have failed to meet the needs of the country, says the Minister of Health.

Dr Schalk van der Merwe told the annual meeting in Pretoria of the Dental Association that comprehensive dental services are available to only 15 per cent of the total population — while 85 per cent of the country's dentists and nearly all the dental specialists provide these services.

Yet State plans to improve the position are being stymied by lack of money.

He said State Treasury approval has been obtained for the start of a national service, and provisional planning is being done over a five-year period.

But, he warned, the present economic circumstances make it impossible for the scheme to swing into action for a few years.

Divided control, with the resulting loss of co-ordination is one of the most important causes of the backlog in public dental services, he said.

Despite the difficult economic conditions, however, his Department is doing everything in its power to extend dental services as far as possible.

"We believe that a well-organised service would save on State expenditure, while the users would have a wider and more comprehensive service," he said.

Health + Dis - Dentists

Mansard 9
col 668
26/3/76

School children: Dental health service

*8. Dr. E. L. FISHER asked the Minister of Health:

- (1) What is the policy of the State in regard to the provision of a dental health service for school-going children;
- (2) whether any part of this policy is being implemented at present; if so, what part;
- (3) whether any children receive free dental treatment from the State; if so, what children.

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†The DEPUTY MINISTER OF SOCIAL WELFARE AND PENSIONS (for the Minister of Health) (Reply laid upon Table with leave of House):

- (1) State policy is that it shall be the function of the Department of Health

to provide comprehensive dental services for Coloured, Asiatic and Bantu school-going children. It shall further be the function of Provincial authorities to render dental services to White school-going children on the understanding that where they are unable to do so, the Department of Health will, in co-operation with the Provincial authorities, be empowered to make such services available.

- (2) The policy is at present being implemented as follows:
 - (a) Provincial authorities provide dental services for White school-going children.
 - (b) The Department of Health provides organized school dental services by full-time dentists in the following areas, namely:
 - (i) Western Cape — Coloured School Children.
 - (ii) Durban — Indian School Children.
 - (iii) Pretoria — Coloured School Children.
 - (iv) Bantu Homelands — Full-time dentists provide school dental services in their respective operational areas.
 - (c) Provincial and local authorities are being subsidized by the Department of Health to provide dental services for Coloured and Bantu school-going children in Johannesburg, Port Elizabeth, East London and Cape Town.
 - (d) Where organized services are not yet in operation private practitioners treat Coloured, Asiatic and Bantu school-going children, on behalf of the State.
- (3) All the above-mentioned organized school dental services are free. Indigent Coloured, Asiatic and Bantu school children referred to private practitioners are treated at State expense.

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Dentists want a fair bite

Science Editor

There are "teething" problems in the dental industry and dentists say they are suffering most.

The problem is this:

In 1968, when the Medical Schemes Act came into force, medical aid patients were charged about R63 for a set of false teeth. Of this only R15 (or 24 percent) went to the dental mechanic who made the dentures.

Today the dentist may charge R80, but the dental mechanic gets R45 — a clear 56 percent.

Whereas the dentist got R48 nine years ago for the trouble of taking a cast and fitting dentures, his share today is only R35.

TRANSACTION

The dentist may even lose out on denture repairs. For example, a repair may cost R3, but the dentist may charge only R2.75.

"I have no quarrel with the dental mechanics," a dentist said yesterday. "Their costs have gone up too and they are entitled to a fair income."

"But they are not controlled by the Medical Schemes Act as we are. So it would be useless for us to ask a remuneration commission to revise our tariff for dentures. If this is done, the mechanics will raise their prices the next day."

The dentist said an amendment to the Act which would solve the problem had been suggested, but there was little hope of it going before Parliament this year.

"But we know the Minister of Health, Dr van der Merwe, is sympathetic and hope he will do something to improve the situation."

The dentist who conquers fear

There is a dentist in Johannesburg who uses hypnotherapy to eliminate fear in his patients.

ment such as a plate with spikes on it, but the hypnotherapist uses his own persuasive technique.

Trained in London, he says the practice of hypnosis in dentistry in the UK and the United States is very popular.

"A great many people have preconceived ideas and satanic connotations when it comes to hypnosis," he said. "But, in fact, there is in South Africa a division of the British Medical and Dental Hypnosis Society."

"It is useful for extractions, gum surgery, and also to correct bad oral habits in both children and adults, he said.

"The local body gives courses in all provinces," he said.

For example, children who grind their teeth, thumb sucking, and nail biting — these cause dental disturbance. Hypnosis can cure a patient of these mannerisms.

Hypnotherapy is particularly valuable in dental surgery, when the patient is a bad general anaesthetic risk.

Adults who have difficulty in wearing dentures are often guilty of a "gag reflex" which is unattractive.

For example diabetics, those with respiratory diseases, or for heart cases.

"Tongue thrusters" put out their tongue first before swallowing. Orthodontists offer corrective treat-

Hypnotherapy in dental cases reduces bleeding and excessive salivation. Children are good candidates for hypnotherapy in dentistry.

—Muffy Tupbeville

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H.A. Disease - Dentists

Dentists get new fees schedule

Science Reporter

A new schedule of fees for dentists who have contracted out of the Medical Schemes Act, which applies to the whole country, has been drawn up by the South African Dental Association.

The president of the association, Dr Haumann van Rensburg, says it is "not an attempt to put up our tariffs. Previously our branches could each determine its own scale applicable to its region. The Medical and Dental Council found this confusing when dealing with complaints of overcharging and asked us to draw

up a national tariff."

The result was that charges for certain procedures would be slightly higher in some areas, but lower in others. For example, X-rays would cost less in the Free State where he practises.

"So what you will lose on the swings you will probably gain on the roundabouts," Dr van Rensburg said.

The new schedule also incorporated various new procedures which had not been listed before.

Increased charges by dental technicians would in future have to be borne by the patients, Dr van Rensburg said.

Dental clinics

35. Mr. L. F. WOOD asked the Minister of Health:

- (1) (a) How many dental clinics were established by his Department in co-operation with provincial administrations and local authorities in each province during 1976, (b) for which race groups were they established, (c) where are they situated and (d) what was the State's annual contribution to dental services for each province during 1976;
- (2) how many persons were treated at such clinics in each province during the year ended 31 December 1976.

The MINISTER OF HEALTH:

- (1) (a) Cape 8
 Natal 1
 Orange
 Free
 State 1
- (b) Cape Coloured and Bantu
 Natal Indian
 Orange
 Free
 State Coloured

- (c) Kimberley.
 Upington.
 Uitenhage.
 Worcester.
 Oudtshoorn.
 George.
 Knysna.
 Green Bushes (Port Elizabeth District).
 Tongaat.
 Bloemfontein.

(d) (i) Joint services:

Cape	R173 000
Transvaal	80 000
Natal	18 000
O.F.S.	15 000

(ii) Services by Department of Health:

(a) * Head Office:	
Administration	136 680
Educational Services	27 000
Supplementary Services	5 400
Part time Dentists	75 670
Private Practitioners	332 218
(b) Regional Offices:	
Transvaal	38 764
Cape (Western)	408 762
Cape (Eastern)	56 915
Natal	174 576
O.F.S.	53 525
Total	1 595 510

* Unfortunately it is not possible to give a break-up figure on a provincial basis.

The expenditure by the provinces in respect of school dental services and in respect of indigents who were treated in general hospitals, is not known.

Cape	193 781
Transvaal	76 418
Natal	14 215
O.F.S.	17 409

Natal Mercury 12/2/77

Dentists aim to bridge gap

Mercury Reporter

DENTISTS want medical aid tariffs adjusted to cover the fees 80 percent of them are already charging.

A spokesman for the Dental Association said in Durban yesterday that 900 dentists, or about 80

percent of all those practising, had opted out of the medical aid schemes.

Their charges were higher than those laid down by the medical aid tariffs and the application made yesterday was to bring the two charges into line.

Actual fees would probably not rise.

The association pointed

out that the medical aid tariff had been fixed two-and-a-half years ago.

The application had been made "with deep consciousness of the economic hardship experienced by members of medical aid schemes" who had to find the difference between their medical aid refunds and the dentist's charges.

He said that dentists, by opting out of medical aid tariff agreements, had shown they were not able to work within those tariffs.

The association's request will have to be considered by the Minister of Health before he decides to appoint a commission to examine the dental tariffs.

GREEN, P.

GRINDLEY,

4 The Natal Mercury, Wednesday, July 13, 1977.

HALLETT, R. History
Study of the criminal records of Cape Town in order:

1. To trace development of changing patterns in Cape Town.
2. To use individual cases to throw light on Cape Town's social history.

HAMPTON, S. SRC Office
Study group on Black South African literature, talks, poetry readings and a publication. Also involve

HARENAPE, G. English

1. Anthology of South African English poetry (ed. by Dr. U. Barnett).
2. Critical interest in recent trends in English poetry and prose (post 1945); particularly relation of Black and White in English literary texts.

HARRIES, P. History
Labour migration in pre-colonial period from South Africa. Includes aspects of underdevelopment.

HENDRIE, D. Saldru
Working on a labour handbook, 1970-76 for next year. Also involved in work on South African statistical inadequacies, and on the financing of government expenditure.

HODGSON, J. Religious Studies

1. Theological study of the prophet Ntsi.
2. Study of Zonnebloem College, Cape Town: a study of Church, Education and Society 1858-1970.

The Mercury
**Call for
probe ⁽⁹⁴⁾
into
dentists'
profits**

Mercury Reporter
DENTISTS' profits and costs must be thoroughly investigated if the Minister of Health approved a commission to review dental medical aid tariffs.

This was suggested when Consumer Council director Mr. Johann Verheem yesterday welcomed the Dental Association of South Africa's call that the higher fees charged by most dentists and the medical aid tariffs be brought into line.

Mr. Verheem said in Pretoria that "it is incredible that tariffs of members of the dental profession, which is a closed business, can vary by as much as 300 per cent.

"And yet the Medical Aid Schemes' tariffs can still provide those members who have not contracted out with a viable income."

Mr. Verheem said that it was also necessary to determine whether medical schemes should contribute to dentists who have contracted out.

Sun.
Trib.
17/7/77
(94)

LOSING OUT ON THE TOOTH TARIFF

Tribune Reporter

DENTISTS' costs are sometimes higher than the fees they are allowed to charge under medical aid tariffs, according to Dental Association spokesmen.

The association wants the tariffs increased to bring them more into line with the fees charged by about 80 percent of dentists who have pulled out of medical aid schemes.

Dr. André Dreyer, vice-president of the association, said yesterday that if the tariffs were not raised it was likely that more dentists would opt out.

"The medical aid tariffs were fixed two-and-a-half years ago and are now totally unrealistic," he said. "Most dentists find it impossible to work at these rates."

Earnings

The Human Sciences Research Council in Pretoria had released figures for 1975 showing that the average dentist earned R15 750 a year "and this is pretty low among the professions."

Another spokesman for the Dental Association said that dentists' overheads — rents, cost of equipment, dental mechanic fees and staff salaries — had soared since then but the medical aid tariffs had stayed the same.

Members of medical aid societies had to pay the difference between medical aid tariffs and the dentists' fees — so an increase in tariffs would directly benefit patients.

The medical aid tariffs allow R3,25 for a straightforward extraction while the recommended fee for dentists who have opted out is R6. Other examples are: an ordinary filling, R3,60 compared with R7; a full set of dentures, R82,90 compared with about R150.

Argus 6/12/77

Awards for black dental therapists

The Argus Correspondent

PRETORIA. — South Africa's first black dental therapists were presented with their certificates in Pretoria at the weekend.

The 12 therapists — 10 men and two women — received their wards from the President of the Dental Association of South Africa, Dr J H J van Rensburg, at a ceremony at the Civitas building.

All the graduates passed their three year course taken at the Ga-Rankuwa Hospital in the first class. Five got distinctions in several fields of their study. One of them, Mr

Mothusi Andrew Badunkane of Mafeking was awarded a medal for being the 'best student' during the course.

The Secretary for Health, Dr J de Beer said the work to be done by the dental therapists should not be seen as being in competition with but as being supplementary to that of the dentist.

It is estimated that dental therapists will be able to handle more than 80 percent of the work which is normally done by the dentists in public dental services, Dr de Beer said.

He said all the therapists had already been appointed and posted to BophuthaTswana, Lebowa,

Ciskei, KwaZulu and Gazankulu.

Dr de Beer said the therapists were pioneers and as such their progress in the homelands would be carefully followed by his department.

The therapists could perform the following functions — dental examination of patients,

sealing and polishing of teeth, repairing damaged teeth with direct plastic fillings, extractions, emergency treatment of certain serious oral diseases and fractures of the facial bones, primary preventive feasures, dental health education and organised school dental services.

First black SA woman dentist

Star 12/12/77

94

A black woman will qualify in dentistry among the 312 students to receive degrees and diplomas from the University of the Witwatersrand tomorrow night.

About 300 degrees and 12 post-graduate diplomas in the Faculties of Science, Medicine, Dentistry, Engineering and Architecture and two honorary doctorates will be awarded at the graduation ceremony.

Among the dental graduates is Miss Theresa Norma Nxumalo, who is thought to be the first black woman to qualify in dentistry in South Africa.

Kurt Maske, the son of Professor S Maske, Professor of Geology at Wits, will graduate with a BSc Engineering in metallurgy.

Twenty of the Bachelor of Engineering degrees will be conferred with distinction and Mr Eugene Smit will be awarded six of the prizes in civil engineering.

Professor Clive Rosendorff, head of the Department of Physiology, will receive the degree of Doctor of Medicine.

An honorary degree of Doctor of Science in quantity surveying will be awarded to Professor T H Louw, one of the pioneers of quantity surveying in South Africa.

Mr M L Bryer, a leading South African architect, will be awarded an honorary Doctor of Architecture degree. The main address will be delivered by Dr E P Drummond, director of the Steel and Engineering Industries Federation of SA.

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10/2/78

TOESPRAAK DEUR SY EDELE DR. SCHALK VAN DER MERWE
MINISTER VAN GESONDHEID, BY GELEENTHEID VAN DIE
AMPTELIKE INGEBRUIKNEMING VAN DIE TANDHEELKUNDE
KLINIEK IN BISHOP LAVISLAAN, BISHOP LAVIS, OP
10 FEBRUARIE 1978 OM 20h00.

EMBARGO: 21h00 OP VRYDAG 10 FEBRUARIE 1978

MNR. DIE SEREMONIEMEESTER, VERNAME GASTE, DAMES EN
HERE, DIT IS VIR MY 'N VOORREG OM DIE AMPTELIKE
OPENING VAN HIERDIE TANDHEELKUNDE KLINIEK WAAR TE
NEEM.

ONS SIEN VANDAG HIER EEN VAN VELE POSITIEWE RESULTATE
OP DIE GEBIED VAN OPENBARE TANDHEELKUNDIGE GESONDHEIDS-
DIENSTE WAT KENMERKEND IS VAN DIE VORDERING WAT GEMAAK
IS OP DIÉ GEBIED IN SUID-AFRIKA OOR DIE AFGELOPE
PAAR JAAR. HIERDIE VORDERING KAN GROOTLIKS TOEGE-
SKRYF WORD AAN DIE AANVAARDING VAN DIE NASIONALE
TANDHEELKUNDIGE GESONDHEIDSBELEID DEUR DIE REGERING
IN 1975.

DIE PASIESE DOELSTELLINGS VAN HIERDIE BELEID, WAT
TANS DEUR MY DEPARTEMENT UITGEVOER WORD, BEHELS
DIE UITBOUING EN KOÖRDINASIE VAN TANDHEELKUNDIGE
GESONDHEIDSDIENSTE TOT VOORDEEL VAN DIE BEVOLKING
IN SY GEHEEL.

OM BINNE BEREIK TE KOM VAN DIE DOELSTELLINGS VAN
DIE BELEID, MOET MY DEPARTEMENT NOODWENDIG SWAAR
STEUN OP DIE SAMEWERKING VAN ANDER GESONDHEIDS-
OWERHEDE, PLAASLIKE BESTURE EN PRIVAAT TANDARTSE.
VERAL IN DIE HUIDIGE EKONOMIESE KLIMAAT WAARIN ONS
LEEF, IS DIT UITERS NOODSAAKLIK OM BESKIKBARE FONDSE
SÓ AAN TE WEND DAT DIE MAKSIMUM VOORDELE VIR DIE
GEMEENSKAP DAARUIT GEPUT KAN WORD.

DIE VOORBEREIDING EN BEPLANNING WAT AANLEIDING
GEGEE HET TOT DIE TOTSTANDKOMING VAN HIERDIE
KLINIEK IS 'N PRYSENSWAARDIGE VOORBEELD VAN 'N
GESAMENTLIKE POGING WAAR DRIE ONDERSKEIE LIGGAME
BETROKKE IS. DIT IS DAAROM VANDAG VIR MY AANGE-
NAAM OM MY OPREGTE DANK EN WAARDERING UIT TE
SPREEK TEENOOR DIE KAAPSE DEPARTEMENT VAN
HOSPITAALDIENSTE, DIE KLINIEKE ORGANISASIE VAN DIE
UNIVERSITEIT VAN STELLENBOSCH EN ALLE BETROKKE
AMPTENARE IN MY DEPARTEMENT WAT DAARMEE GEMOED
WAS. LAAT MY TOE OM SPESIALE ERKENNING TE GEE

AAN DIE KLINIEKE ORGANISASIE VAN DIE UNIVERSITEIT VAN STELLENBOSCH (USKOR) VIR DIE WAARDEVOLLE ALGEMENE GESONDHEIDSDIENSTE WAT VRYWILLIGLIK DEUR HUL GELEWER WORD. DIT WORD HOOG OP PRYS GESTEL.

MET DIE INSTELLING VAN DEPARTEMENTE VAN GEMEENSKAPSTANDHEELKUNDE BY DIE ONDERSKEIE FAKULTEITE VAN TANDHEELKUNDE IN DIE REPUBLIEK HET DIT NOODSAAKLIK GEWORD DAT FISIESE FASILITEITE OOK BUITEKANT FAKULTEITE GESKEP WORD VIR VOOR- EN NAGRAADSE OPLEIDING. DIE GELEENTHEID MOET VIR DIE STUDENT GESKEP WORD OM SY OF HAAR OPLEIDING SO TE ONTVANG DAT DIE PASIËNT GESIEN KAN WORD BINNE DIE KONTEKS VAN SY TOTALE OMGEWING EN NIE NET IN TERME VAN SY ONGESTELDHEID NIE. OM EGTER SULKE FASILITEITE TE SKEP BRING GROOT FINANSIËLE IMPLIKASIES MEE MAAR, WAAR GESAMENTLIKE POGINGS SOOS IN HIERDIE GEVAL AANGEWEND WORD, KAN FINANSIËLE LASTE AANSIENLIK VERLIG WORD MET DIESELFDE OF SELFS BETER VOORDELE VIR DIE GEMEENSKAP.

IT IS A KNOWN FACT THAT PUBLIC DENTAL SERVICES IN SOUTH AFRICA ARE NOT UP TO PRESENT DAY STANDARDS AND THAT MUCH LEEWAY HAS TO BE MADE. NEVERTHELESS, MY DEPARTMENT HAS MADE CONSIDERABLE PROGRESS IN A RELATIVELY SHORT PERIOD. FOR THE FIRST TIME THERE ARE POSITIVE DIRECTIVES AND CLEAR OBJECTIVES ACCORDING TO WHICH SYSTEMATIC, LONG-TERM PLANNING CAN BE CARRIED OUT.

MORE THAN FORTY FULL-TIME DENTISTS HAVE IN THE PAST TWO YEARS BEEN APPOINTED TO NEW SERVICES IN VARIOUS PARTS OF THE COUNTRY. A START WAS MADE LAST YEAR WITH THE APPOINTMENT OF PART TIME DENTISTS IN RURAL AREAS AND FIFTY-FOUR MAGISTERIAL DISTRICTS ARE ALREADY COVERED THROUGHOUT THE COUNTRY.

DIT IS PASLIK DAT EK VANDAG DIE GELEENTHEID HET OM DIE OPENING VAN 'N TANDHEELKUNDE KLINIEK WAAR TE NEEM IN DIÉ STREEK WAAR DIE NUWE ERA IN OPENBARE TANDHEELKUNDIGE GESONDHEIDSDIENSTE WERKLIK INGELYF IS, NAAMLIK DIE STREEK VAN WES-KAAPLAND.

DIE ONTWIKKELING VAN TANDHEELKUNDIGE DIENSTE IN DIE STREEK HET REEDS SO GEVORDER DAT DIT VANDAG IN BEHEER IS VAN 'N HOOFDANTARTS, 'N EERSTE TANDARTS (BLANK), 'N EERSTE TANDARTS (KLEURLING) EN TWAALF VOLTYDSE TANDARTSE. DAARBENEWENS IS DAAR OOK NEGE DEELTYDSE AANSTELLINGS IN PLATTELANDSE GEBIEDE.

VOLGENS DEPARTEMENTELE OPNAMES VIR DIE JAAR 1977, IS ONGEVEER 80 000 PASIËNTE DEUR VOLTYDSE TANDARTSE IN DIE WES-KAAP HANTEER. DIE GROOTSTE AANVRAAG WAS VIR NOODBEHANDELING. NA BERAMING SAL TUSSEN 45 EN 50 TANDARTSE VOLTYDSE BENODIG WORD OM IN DIE

BASIESE BEHOEFTE VAN DIE GEMEENSAP IN DIE STREEK
TE VOORSIEN.

EK IS EGTER OORTUIG DAARVAN DAT UIT 'N BEHANDELINGS,
VOORLIGTINGS EN VOORKOMENDE OOGPUNT, DIE TEKORT AAN
MANNEKRAAG DOELTREFFEND OPGELOS SAL KAN WORD DEUR
DIE OPLEIDING EN BENUTTING VAN AANVULLENDE BEROEPE
IN TANDHEELKUNDE. DIE ROL WAT MONDHIGIENISTE EN
TANDTERAPEUTE IN OPENBARE TANDHEELKUNDIGE GESONDHEIDS=
DIENSTE IN SUID-AFRIKA KAN SPEEL IS OP HIERDIE
STADIUM ONBEREKENBAAR. EK WIL EGTER SO VER GAAN DEUR
TE SÊ DAT 'N TANDHEELKUNDIGE GESONDHEIDSPAN BESTAANDE
UIT TANDARTSE, TANDTERAPEUTE, MONDHIGIENISTE TESAME
MET DIE HULPPERSONEEL DAARAAN VERBONDE IN DOEL=
TREFFENDHEID NIE OORTREF SAL KAN WORD NIE. VOORSIENING
VIR DIE BENUTTING VAN AANVULLENDE GESONDHEIDSBEROEPE
IN TANDHEELKUNDE WORD DEUR MY DEPARTEMENT IN
VOORUITSIG GESTEL EN DIT IS VIR MY AANGENAAM OM AAN
TE KONDIG DAT DIE EERSTE MONDHIGIENIS (KLEURLING)
REEDS AANGESTEL IS EN WEL OOK IN DIE STREEK
WES-KAAPLAND.

HIERDIE KLINIEK IS GELEË IN 'N WOONGEBIED MET 'N
TOTALE BEVOLKING VAN 166 000 KLEURLINGE. DAARBY
IS INGESLUIT 72 SKOLE MET 'N SKOLIERBEVOLKING VAN
55 177 LEERLINGE. 'N VOLTYDSE DIENS SAL DAAGLIKS
DEUR PERSONEEL VAN MY DEPARTEMENT HIER GELEWER WORD
WAT ALLE FASETTE VAN OPENBARE TANDHEELKUNDIGE
DIENSTE SAL INSLUIT, NAAMLIK BEHANDELING, VOORKOMING
EN OPVOEDING.

MY DEPARTEMENT SAL VERANTWOORDELIK WEES VIR DIE
AANKOOP EN INSTANDHOUDING VAN TANDHEELKUNDIGE
TOERUSTING EN SAL PERSONEEL EN VERBRUIKBARE
MATERIALE VOORSIEN. DIE LOKALE WORD GRATIS BESKIKBAAR
GESTEL DEUR DIE KAAPSE DEPARTEMENT VAN HOSPITAAL=
DIENSTE EN USKOR.

ALLE FOOIE WAT GEVORDER WORD SAL TOT DIE KREDIET VAN
USKOR WEES. GEORGANISEERDE SKOOLDIENSTE WORD AS 'N
HOË PRIORITEIT DEUR MY DEPARTEMENT BESKOU EN SAL
GRATIS GELEWER WORD.

EK WIL DAN OOK BY HIERDIE GELEENTHEID 'N BEROEP
OP DIE OUIERS EN ONDERWYSERS DOEN OM SOVER MOONTLIK
HUL AANMOEDIGING EN SAMEWERKING TE GEE IN HIERDIE
BELANGRIKE GESONDHEIDSDIENS.

MY HARTLIKE DANK EN WAARDERING AAN DOSENTE EN
STUDENTE VAN DIE FAKULTEITE VAN TANDHEELKUNDE VAN
DIE UNIVERSITEITE VAN STELLENBOSCH EN WES-KAAPLAND
WAT MET ENTOESIASME EN OPOFFERINGS NA-UURSE DIENSTE
BY DIE KLINIEK LEWER. DIT WORD BESKOU AS 'N
WAARDEVOLLE BYDRAE TOT DIE TANDHEELKUNDIGE DIENS=
LEWERING WAT TERSELFDETYD BEVORDERLIK IS VIR DIE

KLINIESE OPLEIDING VAN STUDENTE.

DIT IS DAN NOU VIR MY BAIE AANGENAAM OM HIERDIE
KLINIEK TE OPEN MET DIE BESTE WENSE VIR DIE TOEKOMS.
MAG DIE ARBEID WAT HIER INGESIT WORD TOT GROOT
VOORDEEL VAN DIE GEMEENSKAP STREK.

UITGEREIK DEUR DIE DEPARTEMENT
VAN INLIGTING OP VERSOEK VAN
SY EDELE DR. SCHALK VAN DER MERWE,
MINISTER VAN GEWONDHEID.

KAAPSTAD

10.02.1978

ISSUED BY THE DEPARTMENT
OF INFORMATION AT THE REQUEST
OF DR THE HONOURABLE SCHALK
VAN DER MERWE, MINISTER OF
HEALTH.

CAPE TOWN

10.02.1978

Schalk

9/24

94

2. Have you
If yes,

refused?

takes his

medicine

over

SUN TINES
12/2/78

3. What pr

ur work?

Medaid Bill

4. What do

By FLEUR DE VILLIERS

blems?

Do you
othe:
Have
chan:

THE Government has backed away from its controversial proposal to prevent doctors and dentists from contracting out of medical aid schemes, National Party sources revealed in Cape Town this week.

h workers on this or on

The proposal, in the draft Medical Schemes Amendment Bill published late last year, led to an immediate clash between the Government and the Medical Association of South Africa, which recommended that its members contract out in protest against the clause.

g together to get something

Many doctors followed the association's advice, and this year the number of medical practitioners who declared that they were no longer bound by the medical schemes tariff was reported to have reached 3 000.

To occa:

Bitter

only

Will you

Why/Why

Bitter exchanges between the association and the Minister of Health, Dr Schalk van der Merwe, were followed by intense lobbying.

farm?

Before last year's election many doctors are understood to have threatened to vote for the Progressive Federal Party if the Government did not change its stance.

This is believed to have led to heavy caucus pressure on Dr Van der Merwe to scrap the controversial clause.

Now sources say the Minister has yielded and the clause will go.

As in the past, doctors who regard the medical schemes tariff laid down by the Medical Remuneration Commission as too low will be allowed to contract out — and charge medical schemes patients as private patients.

'Hysterical'

National Party sources said that the reaction of the doctors to the draft Bill — which was published merely to elicit comment — had been "excessive and hysterical". The Medical Association, they said, had behaved "like a trade union".

Asked to comment, Dr Van der Merwe said he had met representatives of the medical schemes, the Medical Association and the Dental Association this week.

"Much progress was made and we came to an agreement," he said.

The Minister, who said the Bill in its final form could be tabled in two or three weeks, would not disclose whether he intended to drop the controversial clause.

He did, however, concede that "on some things we have had to think again and some slight changes will be made."

The draft Bill had simply been a working document designed to elicit comment, and the Government had received and considered comment from everywhere — not only from the three groups he met this week.

HANGAR NO 4 COL 193

193 194, 195

21/2/78

S k e o

FEBRUARY 1978

194

Vrælys

94

14. Waar slaap die span

15. Kry hulle enige ander werk? Indien wel

Wat is die waarde a

Dental clinics

29. Mr. N. B. WOOD asked the Minister of Health:

- (1) (a) How many dental clinics were established by his Department in co-operation with provincial administrations and local authorities in each province during 1977, (b) for which race groups were they established, (c) where are they situated and (d) what was the State's annual contribution to dental services for each province during 1977;
- (2) how many persons were treated at such clinics in each province during the year ended 31 December 1977.

The MINISTER OF HEALTH:

(1) (a)	Cape	4
	Natal	1
	Orange Free State	2
	Transvaal	6

(b) Cape: Whites, Blacks and Coloureds

Hoe gaan u hierom

Natal: Indian, Blacks and Coloureds.
Orange Free State: Whites, Blacks and Coloureds.
Transvaal: Blacks.

- (c) Bishop Lavis.
Paarl.
Mossel Bay.
Grahamstown.
Pinetown.
Bloemfontein.
Welkom.
Soweto (School services only where 6 clinics have been established).

(d) (i) Joint Services	
Cape	R180 000
Transvaal	R85 000
Natal	R12 000
Orange Free State	R16 000

(ii) Services by Department of Health.

(a) *Head Office:	
Administration	R73 000
Educative services	R11 000
Supplementary services	R6 000
Part-time dentists	R73 000
Private practitioners	R183 000

(b) Regional Offices:	
Transvaal	R93 000
Cape (Western)	R242 000
Cape (Eastern)	R104 000
Natal	R154 000
Orange Free State	R67 000
Total	R1 299 000

plaas

Waarom/Waarom

Indien

*Unfortunately it is not possible to give a break-up figure on a Provincial basis.

The expenditure by the provinces in respect of school dental services and in respect of indigents who were treated in general hospitals is not known.

(2) Cape	18 000
Transvaal	14 000
Natal	6 000
Orange Free State	8 000

Clinics in the Cape, Natal and Orange Free State only come into operation towards the end of the year. The above-mentioned figures are therefore only for a few months of service.

AM 7/3/78

Pull-out by dentists (94) reflects discontent says Prof

Science Correspondent

ABOUT two-thirds of 1 500 registered South African dentists had contracted out of existing medical aid schemes over the past five or six years, said Professor N. Clarence, principal of the University of Natal, yesterday.

"This can surely only mean wide-scale discontent on the part of dentists with the existing arrangements with medical aid schemes."

He was opening the annual meeting of the Dental Association of South Africa at a Durban beachfront hotel.

The suggestion that legislation should be introduced to prevent contracting out from medical aid schemes only strengthened the fears of many dentists that a socialised dental service was on its way, he said.

Expansion

Yet 85 percent of South Africans were dependent on some form of public dental care and there were sound reasons for the establishment and expansion of public dental services.

Overseas experience indicated that fully socialised medical and dental services could not only be extremely costly but could reduce efficiency because of dissatisfaction on the part of the practitioners.

Socialised services did, however, provide a vehicle through which all groups of a population could receive adequate dental care and that, of course, was admirable, he said.

He did not foresee a fully socialised service as the answer in South Africa but suggested a solution suiting all parties would have to be found and that the Dental Association would play a major role.

Medical schemes hit back at dental boss

94

STAR

9/3/28

Science Editor

Medical schemes have reacted sharply to a statement this week by the outgoing president of the Dental Association of South Africa, Dr Haumann van Rensburg, that "these societies had not lifted a finger to alleviate the hardship of their members."

Dr van Rensburg implied that this was the reason why the Dental Association, and not the medical schemes, had asked for a remuneration commission to fix a new medical-aid tariff.

Mr J D Ernstzen, chairman of the Representative Association of Medical Schemes (RAMS), said in Johannesburg yesterday that Dr van Rensburg's allegations did not agree with the facts.

PERSUADED

Out of concern for its members who were having to pay substantial sums above the benefits to which they were entitled in terms of the Medical Schemes Act, RAMS asked the Dental Association to request a remuneration commission to revise the tariff.

It did not do so itself so as to avoid embarrassing the Dental Association.

In fact, the association at one time would not agree to do this, but was eventually persuaded to call for a remuneration commission.

Mr Ernstzen said the schemes co-operated with the Dental Association in every possible way to arrive at a fair tariff.

They did not agree with the Dental Association that the new tariff, which gave the GP dentists an increase of about 23 percent on his gross income, was "ludicrous."

"We appeal to dentists not to use the public as ammunition in their private battles with the authorities."

(Dr van Rensburg alleged that the Dental Association had stepped in only when it became obvious that the medical aid movement was not going to take action in calling for a Commission.)

Massage exam to be set by council

Mercury Reporter

ABOUT 200 masseurs and masseuses who have registered with the South African Medical and Dental Council to sit the one-and-only entrance examination, will receive the syllabus for the exam next month.

Though the masseurs register closed on December 31 last year, a council spokesman said yesterday that the council could be approached in the future by anyone wishing to start a formal massage training school in South Africa.

The council would consider recognising the school.

If so the register of masseurs would be opened again.

Massage parlours have expressed uncertainty about the syllabus for the August examination which will decide finally whether they can continue to practise legally.

The spokesman said yesterday that the syllabus had not yet been fully formulated but the examination would be entirely practical.

It would not be up to the standard demanded of physiotherapists who have massage included in their training.

In drawing up the syllabus, the council would look to the syllabi of the German and Swedish state training schools which are the only qualifications now recognised in this country.

This did not necessarily mean that the local test would be of the same standard.

Masseurs have also expressed concern about whom the Medical Council would get to examine applicants, as they thought there were no legally practising masseurs in the country.

But the spokesman said there had been a register of masseurs for some time. Only those with qualifications from recognised

German and Swedish State institutions were entered on it.

One of these and a practising doctor would probably be the examiners, the spokesman said.

94

24/3/78 Natal Mercury

23/4/78

FRAUD CHARGE ⁹⁴ DENTIST CLEARED

Tribune Reporter

DR. M. DU P. van der Merwe, a dentist from Humansdorp who appeared in the regional magistrate's court on a charge of fraud, has been found not guilty and discharged by Mr P. J. Greeff.

The case arose from claims made by Dr van der Merwe to the State Health Department for dental work which he allegedly did not carry out. The State alleged he claimed payment for removing teeth which were not drawn or had been extracted long before the claim was made.

All the patients were at Joubertina.

Mr Greeff said that the state had failed to prove the intention to defraud. There may well have been neglect on the part of Dr van der Merwe with regard to the keeping of records, but the court was not asked to consider negligence.

The accused could not remember which teeth had been extracted.

Dentists unhappy with new medical aid rule

EAST LONDON — The new regulations under the Medical Schemes Act are causing problems between dentists, dental mechanics and medical aid schemes.

According to the new regulations, fees charged by dental mechanics must be shown on a dentist's account and a copy of the mechanic's actual account has to be attached.

The dentists are unhappy with this and they will only attach an account if the medical aid demands it. The reason is that the mechanics who do all the laboratory work on items such as dentures, have never dealt directly with patients.

If accounts are attached, then the patient can go straight to the mechanic instead of going through the dentist.

Another anomaly is that where dentists' fees are laid down by a remuneration commission, mechanics set their own fees and, in fact, can charge what they like.

The chairman of the local branch of the SA Dental Technicians Association, Mr G. Lupp-

now, said laboratories would issue two accounts to dentists and one would be attached to the patient's account so he could claim from his medical aid.

"Previously, dentists charged one lump sum and paid us directly. Now they will still pay us, but patients will be able to see exactly what part of their accounts come from the laboratories and what part are dentist's fees."

Mr Luppnow said the new regulations did not affect mechanics who charged the dentist for labour and materials on a national scale.

The chairman of the umbrella body for medical schemes, Rams, Mr J. Ernstzen, said it would not be correct for medical schemes to pay accounts without the mechanic's account attached.

"This is a problem we did not foresee and we are very sympathetic to it and we are dealing with the Dental Association on it," Mr Ernstzen said.

"The mechanic does not deal with the public, but if accounts are attached directly to the patient's

accounts, then the patient will start pestering the mechanic and this appears to be the problem."

Mr Ernstzen said medical aids were likely to pay the mechanic's fees and although he expected Rams would have to give guidance on the matter, it had not yet arisen.

A local dentist said East London mechanics had agreed on a discount of their fees and this would be passed on to the patient.

Although about 90 per cent of the dentists had contracted out of medical aids, local fees were still about 15 per cent lower than the national fees for private dentists and many of the fees were on a level with those accepted by medical aids.

The dentist said the mechanic's labour fees had risen from R14.55 in 1968 for a full denture to R19.20 in 1971 to R35 in 1975 to R42 this year.

He also said it was possible that a commission of inquiry would be held into mechanic's fees and they might have to fall under a remuneration commission. — DDR.

It's no longer hostile to bare your teeth

STAR 8/6/78

94

In Johannesburg dentists, as a part of dental health week, are gently exhorting their patients to care for their teeth. In New York "floss fanatics" are accusing their dentists of ruining their sex lives, reports GEORGIA DULLEA.

It's the ultimate in word-of-mouth advertising. Suddenly, perfectly nice middle-aged people are swapping dental care tips at social gatherings.

In the past, people over 40 rarely spoke of teeth in public, possibly because they did not always have too many teeth to speak of.

But dental science has changed all that. The old fill-and-pull school has long since given way to preventive dentistry, which holds that teeth should last a life-time provided their owners rid them of plaque every day. Plaque (or bacteria-laden film) causes not only tooth decay but also periodontal disease, which causes tooth loss.

Since nobody is keen to eat caviar with choppers, a number of fashionable (and exceedingly sensible) parties are going to the dentist for plaque control lessons.

Anyway, as a New York dentist pointed out, the message for many is, "If you've got 'em, floss 'em."

Other patients say the daily flossing and picking and cleaning has brought

structure to their lives. "Like jogging or anything else, it orders your life," said Steven Palley, a lawyer who estimates that he spends about 20 minutes a day on his teeth. "If I have food between my teeth now, I go crazy. I have to rush home and floss."

The Palley family is one that religiously flosses together, mother, father and two-year-old son. In other homes, however, dental floss in the medicine cabinet has not made for happy marriages. Although home dental care takes most people about 15 minutes, according to dentists, there are occasional floss "fanatics." These are the same people who sometimes accuse dentists of ruining their sex lives because their mates are invariably asleep by the time they finish flossing.

One New York dentist is not impressed. "Listen," he tells such patients, "it's a question of priorities. Which is more important: your marriage or your mouth?"

Privately, he added, "I've seen some of these marriages. They may be making a better investment in their mouths."

this book will be of special interest to anyone concerned with political, economic and cultural developments in African communities in the late 'sixties and early 'seventies. It is a most useful complement to the volumes edited by Karis and Carter, published by the Hoover Institution Press, entitled *From Protest to Challenge: A Documentary History of African Politics in South Africa 1882-1964*.

CONTENTS

The book contains a collection of recent speeches and articles by 38 authors and 50 documents on 28 contemporary topics. The material is

Black consciousness

— Black intellectuals assert their humanity and seek an antidote to the feelings engendered by petty apartheid and to dehumanisation inherent in the system.

— It is an affirmation of black unity which follows the refractory tribalism encouraged by the government.

— It is an attitude of mind which permeates all aspects of life.

— It is a voyage of discovery involving a re-evaluation of all things black.

Equality

— South Africa belongs to all its peoples — to black and white equally.

— There is genuine grievance about unfair distribution of wages, land, facilities, resources, trading rights, etc.

— There is a demand for government on the part of the Black community.

Kick in teeth for Black dental workers

By JEREMY GORDIN

SOME dental mechanics are grinding their teeth over a proposed amendment to the Dental Technicians Bill. They say the amendment could cost some Blacks their jobs and double the price of dentures.

Others in the business say the dissatisfied dental mechanics are simply trying to maintain and legalise a system of cheap — and illegal — labour.

The objection is against a section in the draft Bill dealing with "unregistered persons" who may be employed as dental laboratory assistants.

The assistants are invariably either Black or Asiatic and are banned from nearly all categories of skilled laboratory work.

Most of the dental mechanics interviewed agreed there would be retrenchments and higher prices. One thought the present price of dentures might double.

An "unskilled" Black mechanic, who didn't want to be named, said he had been



doing skilled work on bridges for eight years.

"I like the work, I can certainly earn a lot more at this than driving a scooter," he said.

"I've heard the only reason this section is going to be implemented is that places are needed for White boys who will be graduating from the new courses that have been started at colleges and universities."

A petition, signed by 14 mechanics and requesting that the section be changed to allow unskilled workers to work with bite blocks and special trays — as they have been doing in many laboratories — has been sent to the Department of Health.

But, according to the Registrar of the Mechanics Board, Mr A D van der Merwe: "The whole matter has been thrashed out and everyone had the opportunity to see and comment on the proposed Amendment. The whole Act is now in the hands of Parliament."

The owner of one of the largest laboratories in South Africa explained the situation.

"Since Act 30 of 1945 only registered people have been allowed to work as dental mechanics, but many laboratories employed Blacks to do much of the routine work and, because of the shortage of qualified mechanics, the authorities seemed to have overlooked this although it was illegal.

"Now the amendment is coming in and I think the authorities will clamp down on contraventions.

"Our prices will have to go up if we have to pay a qualified technician approximately R1 000 a month for the work a Black does for about R280 a month."

Transkei
Ciskei
KwaZulu
BophuthaTswana
Lebowa
Gazankulu
Qwaqwa
Venda
Swazi territory
Conclusion

THEMES

There are several dominant themes running through this collection:

Denunciation of petty apartheid

— Feelings of bitterness, resentment and helplessness are prevalent in almost all contributions.

THE FUTURE OF THE UNIVERSITY IN SOUTHERN AFRICA

Edited by Hendrik W. van der Merwe and David Welsh

Can or should a university remain 'neutral' on public issues? Do universities perpetuate social division, shore up the *status quo* in the society in which they exist? Should the prime task of a university be to meet the developmental needs of its society, and ensure the flow of trained professionals?

A unique conference of academics and administrators of universities

POSTS ALLOCATED AND FILLED - OCCUPATIONAL SAFETY SECTION (FACTORIES)
DEPARTMENT OF LABOUR

INSPECTORATE	POSTS ALLOCATED	POSTS FILLED	FACTORIES	EMPLOYEES
Johannesburg	14	4	5713	268299
Benoni	4	2	2058	132454
			1401	77823

*Doctors,
dentists
to decide
on fees*

PRETORIA - The South African Medical and Dental Council yesterday approved the formation of two tariff committees to draw up a new set of fees for doctors and dentists.

This is the first time fees will be determined by people appointed by the council. Previously, tariffs were set by a remuneration commission.

The two committees will consist of eight doctors and eight dentists.

The tariffs determined will be statutory and will apply to doctors and dentists contracted into medical aid schemes.

It is hoped the two committees will begin working within two months.

According to the registrar of the council, Mr. J. Barnard, the council might also approve the formation of a committee to set a guideline tariff for doctors who have contracted out of medical aid schemes. (Sapa)

It will be possible to show that high standards of industrial production are demanded and that the production process has demanded this and that the more technical engineering processes, where workers organisations have been strong enough to force a period of time. Where the production is highly dangerous and very clearly industrial or cost, and where workers are not strongly organised, industrial health hazards will be poor.

UJ/0, ladie XXI.

STATUTORY ENFORCEMENT OF WORKERS' RIGHTS TO PROTECTION FROM INDUSTRIAL DISEASE AND INDUSTRIAL ACCIDENTS.

Thus far I have outlined the rights (and the limitations on those rights) presently offered to workers under the Workman's Compensation Act and the Factories, Machinery and Building Works Act. The discussion has been limited to pointing out the problems that arise out of the establishment and administration of these two Acts.

However, I wish to argue that the dismal picture I painted in the introduction to this paper is a result, not of imperfect administration of the Acts, but of the principle underlying them.

The basic principle is that through the enforcement of legislation by statutory bodies, adequate protection can be established in the factories.

Through neutral state agencies a common standard of protection can be achieved and maintained. This standard will be acceptable to both workers and management.

The reason that the principle is wrong is because, like everything else in the factories, adequate protection is not an agreed constant standard plucked from the mutual desire of employers and workers to have good conditions. The status of industrial health in the factories is a result of a process wherein employers and workers have bargained over time. As

it will be possible to show that high standards of industrial production are demanded and that the production process has demanded this and that the more technical engineering processes, where workers organisations have been strong enough to force a period of time. Where the production is highly dangerous and very clearly industrial or cost, and where workers are not strongly organised, industrial health hazards will be poor.

adequate to leave the enforcement of industrial health standards, the workers, are excluded from the setting and maintenance of standards. It is wrong in practice because the statutory agencies are vastly understaffed and undertrained.

However, it would not be possible to remedy the problems simply by hiring more factory inspectors and training them better. It is clear that at this stage it is necessary for certain minimum standards to be laid down by law. The Factory Acts here and in other countries are a result of the struggles of workers for better working conditions and of the recognition of society that it cannot continue to bear the heavy financial and social cost of irresponsible management.

To really obtain good working conditions, they must be seen as one aspect of the collective bargaining process. Clearly, wages and healthy and safe working conditions (e.g. good protective clothing, safety guards on machines, safe but expensive processes) are a cost to management which tend to reduce profits. Both wages and working conditions can only be significantly improved by collective bargaining, not by reliance on the

HEALTH & DISEASE

- DENTISTS -

1994-1998

Internal stability police shedding 'tainted' image

JOHAN SCHRÖNER
Crime Reporter

THE police internal stability unit is shedding its "tainted" pre-election image and is focusing on crime prevention in the recent absence of riots.

Police spokesman Raymond Dowd said unit members were already wearing more "people-friendly" uniforms instead of camouflage bush dress.

Their name had been changed to internal stability department and their vehicles were to be resprayed.

During the first half of this year the unit was responsible for 1 900 arrests in the Cape Flats, including more than 100

people who were caught with illegal firearms and bullets.

Eleven suspects were arrested for the possession of homemade firearms. Ten people were taken into custody for murder, 42 for attempted murder and 46 for robbery.

Other arrests included almost 1 000 for drug related offences and 164 for vehicle theft.

Colonel Dowd said the unit was performing a valuable service to the community in the Cape Flats and added that the sooner the old "bad boys" image was forgotten the sooner the unit would have the respect and support it deserved.

Civic group's members end Belhar sit-in protest

Staff Reporter

BELHAR Civic Association members who occupied the Belhar management committee boardroom and the regional services council's Huguenot Square cash office have moved out.

Western Cape RSC chief housing administrator Norman Carpenter said the association opposed the management committee administering housing allocation and insisted the RSC take over.

"This was finally resolved between myself and the chairman of the management com-

mittee, Desmond Poole, and we have reported to the members that from now on the RSC will allocate housing."

Mr Carpenter said that in spite of the concession, civic association members continued their occupation of the cash office until last night. They demanded Mr Poole's resignation as well as control of the management committee offices for use by the community.

The association accused the management committee of irregularities in allocating houses.

Dental health on farms is 'appalling'

Study shows 17% are toothless

Staff Reporter

DENTAL health among Western Cape farm workers is appallingly bad, with a large number completely toothless, according to a major survey.

The study of rural oral health care, conducted by the Department of Community Dentistry at Stellenbosch University and the Medical Research Council's Institute for Biostatistics, found 17 percent of workers on 130 Western Cape farms had no teeth at all.

And 23 percent had 28 or more teeth missing.

The survey involved 10 920 people in an area that included Elgin, Stellenbosch, Noorder Paarl and Simon-dium.

The most shocking statistics came from Elgin, where the average number of teeth per person was 20.

Only three percent of all six-year-olds did not have tooth decay.

The survey found 87 percent of participants needed work

done on permanent teeth.

Possible reasons for the high degree of tooth loss included "tooth extraction for cultural reasons" and "a low value placed on retaining teeth."

Some of the workers could not afford proper dental care and "isolation, poverty and ignorance" led to farm workers not using existing services.

The average monthly income of families ranged between R177 and R286, excluding free housing and food and most workers depended on their employers for transport to and from the nearest town.

Apart from the contribution of the farmer, workers generally did not have medical aid.

The highest education levels ranged from Std 2 to 6.

The researchers concluded that dental decay among farm workers and their families was high compared to developed and developed countries elsewhere in the world.

The only way to contain the tooth decay in this sector would be a comprehensive dental hygiene programme.

Zuma wants dentists to do public service

(14) S/105/4/95
Health Minister Nkomo Zuma's advisory oral health care committee wants newly qualified dentists to perform two years of public service before being allowed to open private practice.

Committee chairman Hanif Moola said other suggestions were:

- Introducing fluoride into metropolitan water supplies.
- Provision of fluoride mouth-rinsing in rural areas which do not have water networks.
- Subsidising fluoride toothpaste for mothers and children, as part of the Government's primary health care plan.
- Centralised selection of candidates to be trained as dentists in an effort to achieve more equitable representation of regions, languages and gender. —

Reuter

Public service for dentists (94)

KATHRYN STRACHAN

NEW plans for dentistry, including recommendations that dental students serve up to two years of public service, were unveiled at a Johannesburg conference yesterday.

Chairman of the oral health care committee Prof Hanif Moola said a year, as part of the internship for all graduates, plus an additional year for those going into private practice had been recommended.

Fluoride had also been identified as vital, and other proposals were that fluoride be introduced in water services in metropolitan areas and that fluoride mouth rinse be made available in rural areas. BDS/4/95

In order to spread services, people in outlying areas had to be recruited as dental students. Universities and colleges would have to accept students on a more equitable basis.

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TOOTHY VIEW: Fluoride in water will help stop tooth decay, says Dr Gonda Perez. New government policy will make oral health accessible to all and may be implemented after the end of this year.

Fluoride may be cheaper for dental health — expert

Health Correspondent

IN spite of all the controversy, adjusting the natural fluoride content of domestic water may be the cheapest way of ensuring that a large number of people achieve the greatest protection against tooth decay, according to a specialist.

Tooth decay is still among the most common health problems in South Africa but it can be reduced by introducing more fluoride into water, says Gonda Perez, the recently-appointed chairwoman of the Water Fluoridation Committee, set up by Health Minister Nkosazana Zuma.

Dr Perez, who is also the registrar in the Department of Community Dentistry at Wits University, says she hopes the new fluoridation policy will be in place by the end of the year.

Where this is not possible, fluoride toothpaste will be made available to needy communities.

"We want to reduce the pain and suffering that people experience due to decay. We want to take preventative measures rather than have to deal with dental problems," says Dr Perez.

According to Dr Perez, adjusted levels of fluoride in water supplies have been proven, over several decades, to be effective against tooth decay in many parts of the world. It is estimated that over 700 million people worldwide benefit from fluoride. Water fluoridation is available to 210 million, fluoride toothpaste is used by 450 million, and 50 million people use fluoride salt.

Dr Perez says there is an uneven distribution of fluoride in South African water. In some ar-

reas, such as Northern Cape and the North-West province, there is too much fluoride and people suffer from discolouration or "brown spots" on their teeth. In urban areas, such as Gauteng, and coastal areas such as Durban and Western Cape, there is underfluoridation.

Dr Perez says no conclusive study has shown fluoridation to be a health risk.

She says that while some people have wrongly maligned fluoride as a cause of cancer, most studies have shown there is no difference in cancer levels in fluoridated or unfluoridated areas.

Dr Perez says the debate about whether children should take fluoride supplements has not been concluded.

Her personal feeling is that fluoride supplements should not normally be prescribed to children.

"You would look at the parents' dental status and the child's diet."

But she warns against giving children too many sweets and sweet drinks, especially just before they go to sleep. Their teeth should be wiped after they have a fruit juice to prevent decay.

Dr Perez also warns against the six-monthly check-up generally recommended by dentists. They are not necessary and it is "more about lining the dentists' pockets than anything else".

A once-a-year visit to the dentist is enough, she says. For healthy teeth and gums, teeth should be brushed twice a day.

By JUSTIN ARENSTEIN
and CAS ST LEGER

THE only government dentist appointed to serve more than 800 000 people in the impoverished former homeland of Kwandebele is being investigated for allegedly ignoring the 39 clinics and six health centres he is supposed to serve.

Instead, Dr Mathews Mogaladi of Kwamhlanga has been accused of running his three private practices during his official

Dentist probed for 'neglect'

ST 15/10/95

(94)

government working hours while still accepting between R84 000 and R103 000 a year from the government.

The Mpumalanga regional health director, Dr Keith Michael, said the inquiry was started after complaints from the public.

He also said other allegations from the public about a shortage of medi-

cines were being investigated.

"We have asked Dr Mogaladi to provide a weekly programme of clinic calls, and, although he agreed, we have not received anything yet," said Dr Michael.

Dr Mogaladi dismissed the charges against him as vindictive and said he visited clinics irregularly but blamed the government for this.

"I have not been able to

get to the clinics and health centres because I have not had state transport for 18 months," he said.

Initially he admitted to running only one dental practice, in Kwagatontein, during his spare time, after hours and on weekends.

However he has admitted to a further two private practices, at Siyabuswa and Ekangala.

All three of these areas have government clinics which are supposedly served by Dr Mogaladi.

"But I have permission from the former Kwandebele Public Service Commission to operate privately," he said.

"I am helping the people of Kwandebele by running practices here and not running off to work in the cities like everybody else.

When the government clinics run out of needles or anaesthetics, patients turn to my practices because I am only one of two private dentists working in the region."

Acknowledging there were transport problems, the Mpumalanga chief director for health, Dr Gulam Karim, said that when the allegations were first made three months ago, a meeting between Dr Moga-

ladi and his supervisor was arranged.

"Dr Mogaladi said that because of the bad road conditions he could not get to the government clinics without a state vehicle. We gave him one but he has apparently still not been reporting for duty," Dr Karim said.

"As a result we have asked for statistics and if anything proves irregular

we will take strong action."

Dr Michael said Dr Mogaladi had permission to operate a private practice, however he said that "when this starts interfering with his work, then it becomes unauthorised."

"It is the government that led me to this — the frustration of not being able to work is almost unbearable. Friends outside of government are working in big towns and getting somewhere while I am running around in dusty areas under severe conditions," said Dr Mogaladi.

Preventive dentistry is best cure

(94) *Southern* 25/7/96
Flouride in water would cut the cost of dental care for all South Africans

By Mokgadi Pela

PRESSURE IS MOUNTING on the authorities to add flouride to water as a means of reducing tooth decay in South Africa.

The committee on preventive dentistry of the Dental Association of South Africa adopted the theme Why wait ... Let's Fluoridate as a build-up to National Dental Health Week from August 12 to 16.

The committee has committed itself to lobby for approval of water flouridation during this parliamentary session.

In most parts of the country the level of flouride in the water is very low and can be increased to the optimum level. The recommended range for South Africa is 0,5 to 0,8 parts per million (ppm) and this may be varied according to local conditions.

"Water flouridation is the most

effective and inexpensive way to prevent tooth decay in the community irrespective of race, class, gender, age or education level," the Dental Association of South Africa said.

Adding flouride to water costs less than R1 a person a year. "The benefit of having flouridated water is that it is 18 times less expensive than toothpaste and 61 times less expensive than having a tooth filled."

Tooth decay

In a Human Sciences Research Council survey conducted in 1995 six out of 10 South Africans supported the addition of flouride to water if it could reduce tooth decay.

In 1969 a resolution of the World Health Organisation Assembly recommended that member states introduce community water flouridation as a proven public health measure.

An agreement on free trade signed

Sowetan 26/8/96 (94) (9777)

PRESIDENT Nelson Mandela and other Southern African Development Community leaders at the weekend signed a protocol that commits the region to establishing a European-style free-trade zone within eight years.

After signing the free-trade protocol, the 12 SADC heads of state elected President Mandela as the new chairman of the organisation, replacing President Quett Masire of Botswana. President Joachim Chissano was elected SADC vice-chairman.

The free trade protocol includes provisions to protect new industries while committing the region to the gradual removal of all trade barriers.

The protocol now must be followed by the creation of a detailed schedule for phasing out tariff and non-tariff trade barriers for various products.

Mr Alec Erwin, Minister of Trade

and Industry, said he expected the detailed schedule to be complete in six months after which a final treaty would be presented to SADC countries for final ratification.

Foreign investments

The protocol states that members shall adopt policies to promote cross-border investment but conspicuously does not deal with restrictions on foreign majority ownership of businesses or repatriation of profits from foreign investments.

Disputes arising from the protocol will be referred to panels of experts appointed by the SADC Council of Ministers.

Short-term tensions will persist because the trade protocol will not begin making major tariff reductions for several years. — *Independent Foreign Service.*

A year's vocational training in the pipeline for dentists

CT 20/5/97 (94)
ALL dentists will be required to do a year's vocational training after graduating from university, the Interim National Medical and Dental Council has decided.

January 1999 has been set as a tentative implementation date for the new scheme, which is similar to the vocational training to be introduced for doctors from the beginning of next year.

Professor Johan de Vries, chairman of the council's technical group for vocational training in dentistry, said this week that the aim of the extra year was to address shortcomings in skills development.

Presently, dentists spend 5½ years at university. The extra year would be a prerequisite for independent practice.

De Vries said there had already been

extensive consultation and a final proposal was awaiting comment. A task team from the council would visit all provinces in the next three weeks to discuss the scheme with interns, staff and students at various institutions.

While the process and date of implementation were still under discussion, vocational training "will happen at some time".

The scheme had been "fairly positively" accepted by most roleplayers.

Graduates would be placed at hospitals or clinics in the sphere of influence of academic institutions, and would not do community service.

About 250 dentists graduate in South Africa every year. — Sapa

Dental students upset by proposal for extra year

94
BY JANINE SIMON

Medical Correspondent

Star 20/5/97
Dental students are considering their options and may take action against the introduction of a year's pre-registration vocational training from 1999, says "WP" Pienaar, president of the South African Association of Dental Students (Saads).

Vocational training for dentists was part of recommendations that will see doctors doing two years' extra training from next year, the Interim Medical and Dental Council told a hearing of the parliamentary portfolio committee on health in Cape Town yesterday.

Dental students now in their fourth year of the five-and-a-half year degree at the country's five dental faculties will be the first to be affected.

Pienaar said students felt it should only have been introduced for new students.

Dentist's vocational training plan initiated

Kathryn Strachan

(94)
BD 21/5/97
THE Dental Association of SA said yesterday it had initiated the proposal for a year's pre-registration vocational training be introduced for doctors, announced earlier this week, but that the January 1999 implementation date set by the interim SA Medical and Dental Council was "impossible".

The recommendation of the council is that a year of vocational training should be introduced, and that the formal academic training should be reduced by six months, extending the existing training period from five-and-a-half years to six.

The recommendation was announced by the council at a hearing of the parliamentary health portfolio committee this week.

Dental Association director Dr JT Barnard said while the academic training of dental students was among the best in the world, the practical implementation of that knowledge needed to be upgraded.

Because of the vast disparity between SA's first- and third-world health scenarios, few students had had the opportunity to work in rural areas and to gain first-hand experience of primary oral care.

The Dental Association was concerned about the unrealistic 1999 implementation date, and had proposed that it be delayed for a year.

The most important task, however, was to revise the curriculum for clinical training, said Barnard, and it would be impossible at this late stage to change the curriculum of the fourth year students.

Province's mobile dental clinic to reach out to people

By **PRISCILLA SINGH**
Health Reporter

Gauteng's oral health programme has started the long journey of providing a comprehensive service to people living in every nook and cranny of the province.

The health department received its first mobile dental surgery at the weekend, and the surgery will start functioning next month.

Gauteng MEC for Health Amos Masondo was presented with the mobile clinic by the Colgate-Palmolive Foundation after it was approached by the province's Oral Health Services in 1995

to sponsor such a project.

In addition to this unit, the department has ordered another six custom-built mobile dental surgeries to be delivered for service from July onwards. They will be deployed in the five regions of Gauteng towards the end of the year.

The mobile clinic will be equipped to provide a comprehensive service, and its mobility will be a significant advantage in reaching any place in Gauteng.

Each unit will have its own electricity and water supply, and will come with modern dental equipment including x-ray machines

and sterilisation equipment.

Units will be airconditioned to ensure that a visit to the clinic is as comfortable as possible.

The system further opens the possibility of providing a one-stop comprehensive oral health service on site, whether it is a school, special institution or place of work.

Masondo said that in the past two years, Gauteng Oral Health Services had screened more than 400 000 schoolchildren between the ages of 5 and 12 to determine the needs for caries treatment, fissure sealants, oral-hygiene care and treat-

ment, and orthodontic treatment.

During this period they were able to determine that 30% of the children needed some form of caries treatment, and more than 10% needed fissure sealants, Masondo said.

"It was also observed that even older children, in alarmingly big numbers, needed oral hygiene care," he said.

Masondo also announced last week that with effect from May 1, 52 clinics around the province had been opened to provide dental services to the public during extended hours.

(94) Star 26/5/97

Zuma will add fluoride to water

Compulsory scheme meant to reduce tooth decay

JENNY WALL
HEALTH REPORTER

South Africans will soon be drinking water with added fluoride which, it is claimed, will reduce dental decay in children by up to 60%.

Health Minister Nkosazana Zuma announced that regulations would be published for comment soon and promulgated by the beginning of next year. South Africa will become the second country in the world to make fluoridation mandatory, although many large cities fluoridate water.

More than 300 million people worldwide drink fluoridated water.

But there is a strong anti-fluoride lobby in many parts of the world, with detractors saying fluoride is linked to nervous system damage, behaviour disruption, cancer and weakening of the immune system.

These claims had not been substantiated, said Pete Owen of the National Fluoridation Committee of South Africa.

Fluoridation had been found to be beneficial and safe by British and American courts, which had ruled that fluoridation did not impinge on fundamental rights nor constitute compulsory medication, he said.

Announcing the measure at the Sixth World Congress on Preventive

ARG 10/10/97

Dentistry in Cape Town, Dr Zuma said it had been a long struggle to convince the Government about fluoridation, but it now had the approval of the ministries of Water Affairs, Environmental Affairs and Agriculture. Putting fluoride into water will cost R1 a person a year.

"I think it is a great step forward," she said. The big metropolitan areas would be the first to have fluoridated water, at an estimated cost of R20-million a year.

Smaller providers of water would need to bring their plants up to capacity before fluoridation was possible.

Usuf Chikite, chairman of the scientific committee on preventive den-

istry, said providers would monitor water for safe levels of fluoride. Eighty percent of people in the Cape Town metropole had tooth decay and fluoridation could reduce this by between 55% and 60%, he said.

Fluoride levels in Cape Town are particularly low at about 0,02 parts per million. The recommended range is 0,5 to 0,8.

Ireland fluoridated its water in 1964 and within five years tooth decay in children was significantly reduced.

It had also resulted in people retaining their teeth as adults, said Dennis O'Mullane, a consultant to the Irish Public Health Department.

Fluoridation is only one of the

(94)

range of preventive measures to reduce tooth decay and children should still be taught oral health skills.

Too much fluoride can cause white patches and lines on teeth, and brittle bones.

Dr Zuma said it was not right to deny people the positive effects of fluoridated water and those who did not want to use it could drink bottled water.

She said although oral diseases were not life-threatening, their high prevalence, drain on economic resources and high costs in terms of pain and suffering made oral health care "worthy of attention".

Govt to use water to fight tooth decay

Josey Ballenger

30 15/6/98 (94)

FLUORIDATED water would render tooth decay more of a "thing of the past" — and save government millions, the health department said at the weekend.

Nine out of 10 people in SA experienced tooth decay by the time they reached adulthood, the department said, after last week's publication of draft regulations for the fluoridation of public water supplies.

Fluoridation was the "most efficient" way to prevent tooth decay, costing only about R1 per person annually, which was 18 times cheaper than toothpaste and 61 times cheaper than filling a tooth.

"Tooth decay is the most common disease known to humankind ... (yet it) is a preventable disease," said Johan Smit, the health department's director of oral health.

Fluoride increased the resistance of teeth's enamel to attack by acid formed by sugar in the diet and bacteria normally present in the mouth.

Smit said it had been scientifically proven that tooth decay could be reduced by up to 60% with fluoridated water. The "correct, safe" level of fluoride was one part per 1-million parts of water. In some areas of SA, there was less fluoride in water than the required amount because of "imbalances".

However, government's plan has not been free of controversy: The Pan Africanist Congress, for example, has criticised the African National Congress for not instead spending the money on campaigns to reduce the consumption of sweets by children and on making school meals healthier for their teeth.

Other detractors have cited studies showing fluoride posed a cancer risk, although several international medical bodies — including the World Health Organisation, Cancer Association of SA and SA Society of Medical Oncology — insist that it is safe at low levels.

The regulations are open to public comment for three months.

LUCRATIVE PACKAGES LURE LOCALS TO UK

Exodus leaves cavity in SA dentistry

ACCORDING to the South African Dental Association, about 2 000 of the 4 200 dentists registered here are also registered in the United Kingdom. **HENRIETTE GELDENHUIJS** reports.

THE exodus of local dentists to the United Kingdom is picking up pace, with hundreds of them accepting lucrative offers. Large corporate dental firms such as Dr James Hull and Associates, Whitecross Dental Care and Integrated Dental Holdings, are competing to employ South Africans.

This year 107 South African dentists joined Hull's company following a "massive" recruitment drive in all the major cities in South Africa, according to *The Probe*, an independent dental journal in Britain.

Seventeen dentists arrived in Britain in March, 60 arrived during the past two months and at least another 30 will pack their bags and join the firm later this year.

Hull, whose firm owns more than 50 practices in the UK, told *The Probe* that the response in Cape Town was so over-

whelming that he had held a second presentation in the city.

The British General Dental Council said more South Africans than any other nationality emigrated to Britain last year — 200. Denis Waters, a former dentist who recruits dentists on behalf of Locumlink, an agency that places dentists in national health system practices, said South African dentists working in the UK cleared an average of £4 000 (R40 000) a month. Whitecross Dental Care, which is currently recruiting dentists in Cape Town, offers dentists up to £4 200 a month, and associates £7 500.

On Friday night, Whitecross held a presentation at the luxurious The Bay hotel in Camps Bay. About 30 local dentists, men and women, attended. Most were between 25 and 50, but there were also quite a few grey-haired

dentists, possibly over 60.

Whitecross directors treated the dentists to snacks and drinks, showed them slides and a video and advised them on how to transfer assets and buy property in the UK.

One director, Paul Mendelsohn, told those who attended "You are well-respected, English people like you. You can afford to be choosy and should be".

Interviewed after the presentation, another Whitecross director, Steve Moulder, explained there was a shortage of dentists in the UK. Years ago several dental colleges which used to train between 100 and 200 dentists each year, had closed. Now there was a boom in dentistry, and not nearly enough dentists to meet the huge demand.

A survey conducted among 300 South African dentists working in the UK, published in the *South African Dental Journal*, found that crime and violence, followed by a lack of profitability for dentistry in South Africa were their main reasons for leaving.

Political uncertainty and poor and irregular payment by medical schemes were also high on the list.

They complained of being paid "pathetic" medical aid rates here — a third of what they felt they should earn — and of forking out so much more for imported dental equipment because of the rand's fall against the dollar and the pound.

They're also in a millennium rush to get to the UK because at the end of the year 2000, those outside the European Union will be forced to write costly entrance examinations before being allowed to work as dentists in the UK.

A Milnerton dentist who is leaving for the UK in six weeks' time, said: "Finding work there is as easy as making a decision."

A Bellville dentist, who is on his way to the UK, said established dentists, not just graduates, were leaving. "Previously they stayed for two years and came back. They're not coming back any more." He said he knew six other dentists in the northern suburbs who were

in the process of moving to the UK.

"Very few dentists here are not considering emigration. The country is losing out badly. It costs the taxpayer R200 000 to train a dentist," he said.

Gus Millner, head of Millner Dental Suppliers in Parow, said: "Unfortunately, we are losing quality people. The overall standard of dentistry is probably lower. The brain drain at the moment is bigger than in 1976, 1985 or 1993. But on the positive side, remaining dentists will have more work."

J T Barnard, executive director of the South African Dental Association, said 2 000 of the 4 200 dentists registered here were also registered in the UK and 700 to 800 were now working in there.

"We are losing a lot of good people. But on the other hand, it's a compliment for us. Our dentists are known worldwide for their excellent training."

One city dentist who is leaving for the UK next month said: "We've lost a large chunk of our workforce in a short time. Anywhere else in the world, it would have been considered a crisis."