

Membership application South Africa

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Please complete all editable sections of this form electronically and return by email to the address above

Alternatively please print out and complete using BLACK INK and BLOCK CAPITALS and return by post to:
South African Dental Association, Private Bag 1, Houghton 2041, South Africa

Section A – Membership start date and personal details

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application unless you specify a later start date in the box to the right: (DD/MM/YYYY)

Title		Country of practice	
First name		Country of permanent residence	
Middle name		Address for correspondence	
Surname			
Maiden/previous name (if any)			
Date of birth (DD/MM/YYYY)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Postcode (zip or postal area)	
Nationality		Email address	
Any specialist registration		Daytime telephone	
Specialty (if any)		Evening telephone	
Specialty registration date		Mobile number	
Which hospital do you work in (if applicable)		Fax number	
Degrees and diplomas		Registration number (or other registration authority in Southern Africa) – your application may be delayed if this is not provided	
Dental school and country			
Month and year of graduation			

IMPORTANT – Please read the following

1. Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to seek advice or assistance from MPS.
2. When completing the previous history section on pages 2 and 3 you must account for any gaps in your indemnity or insurance history during the last 10 years and also any break in clinical practice during the previous 2 years.
3. If you have had professional indemnity or insurance (other than from MPS) for any practice outside your stated country of practice you must obtain your case history to submit with this application.
4. If you have had previous indemnity or insurance we may approach your previous indemnity provider or ask you to obtain a copy of your claims history.
5. We will not assist with any matter arising from an incident pre-dating your MPS membership.
6. If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure "run-off" cover for any future claim which may arise from an incident pre-dating your dental membership of MPS.

Please note that signing the declaration on page 6 indicates acceptance of the following requirements:

Members must keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address, private practice income and scope of practice could result in the withdrawal of the benefits of membership and/or the termination of your membership. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

Section B – Previous history (Please read the important information below)

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS. If necessary please continue your answers on the enclosed pages. Please note that failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

1. Have you had any professional indemnity/insurance before? Yes (please go to Q2) No (please go to Q3)

2. Please give the name of all other organisations and the dates during the last 10 years which you were a member or policyholder. If you were previously a member of MPS, please give your membership number and your full name at the time (if it has changed).

Organisation	From (DD/MM/YYYY)	To (DD/MM/YYYY)	MPS number	Full name	Other membership or policy number

3. Have you at any stage practiced without professional indemnity during the last 10 years (ie please exclude any period(s) protected by state, employer, insurer or MDO indemnity)? (If in doubt please indicate YES.) If you answer YES please confirm the dates and reasons.

Yes No

4. Have there been any breaks in your clinical practice of more than 6 months in the last 2 years? (If in doubt please indicate YES.) If you answer YES please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken.

Yes No

5. Have you ever previously been refused professional indemnity/insurance including a decline to renew or had it withdrawn/voided? (If in doubt please indicate YES.) If you answer YES please provide a summary in your own words providing dates and reasons, including copies of any correspondence.

Yes No

6. Have you had any non-standard terms or conditions including a non-standard subscription or premium imposed on your professional indemnity/insurance? If you answer YES please provide date and full details. (If necessary please continue on a separate sheet).

Yes No

7. In the last 10 years, have you had any complaint(s) arising out of your professional practice which has not been resolved at a local level (ie within your own practice)? If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

8. In the last 10 years have you been involved in any claim(s) for compensation or damages arising out of your professional practice regardless of the outcome? If you answer YES please provide full details of the complaint(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the incident. (If necessary please continue on a separate sheet).

Yes No

9. Are you aware of any incident(s) that might become a claim? If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes No

10. Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/withdrawn/made conditional by a health care provider? If you answer YES please provide full details of the incident(s). The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the current status of the incident(s). (If necessary please continue on a separate sheet).

Yes No

11. Have you ever been subject to any referral, complaint, inquiry, investigation or hearing by any regulatory, licensing or registration body? If you answer YES please provide full details. The details must include: date of incident, factual summary of the event, the extent of your involvement, country where the case was lodged, name of indemnifier and the final outcome of the case. (If necessary please continue on a separate sheet).

Yes No

12. Have you been cautioned by the police or convicted of any criminal offence? (You do not need to include spent/expired convictions, or minor road traffic offences that did NOT involve alcohol or drugs) If you answer YES please provide full details. The details must include: date of incident, full details of the offence, the final outcome or current position and was this reported to the regulatory body. (If necessary please continue on a separate sheet).

Yes No

13. Are there any other issues of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.) If you answer YES please provide all relevant information below. (If necessary please continue on a separate sheet).

Yes No

If you have answered YES to any of the above questions please provide details as requested. Use the enclosed pages if needed and include additional pages if required. Failure to disclose full and accurate details about your previous history may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

Section C – Practice details

If you are registered to practise in any other Country please state which:

Will all your professional practice be carried out in the Country in which you are applying for membership?

Yes No If No, please provide Country and full details (if necessary please continue on a separate sheet).

Will you be involved in treating or providing advice to patients outside of the Country in which you are applying for membership? (eg telemedicine)

Yes No If Yes, please provide Country and full details (if necessary please continue on a separate sheet).

In which sector do you work? Private ONLY State/Public ONLY Private and State/Public

How many hours per week on average do you work in PRIVATE practice?

Up to 11 hours More than 11, up to 22 hours More than 22, up to 33 hours More than 33 hours N/A

IMPORTANT – Please see end of application form for MPS subscription categories and indicate the grade code most appropriate for your practice: (eg D2)

If you are unsure of the membership category applicable to you, please provide a summary of the work you carry out (ie a detailed scope of practice).

Additional space for answers

Please clearly indicate the question number that you are providing details for below.

IMPORTANT – Your Personal Information and Data

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership ("Special Category Data"). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (eg from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website dentalprotection.org/privacy

When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).

I consent

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

IMPORTANT – Please read, sign and add the current date below

By signing and returning this form, you agree and confirm that:

- i. You wish to apply for membership of MPS subject to the Memorandum and Articles of Association.
- ii. You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.
- iii. You understand that membership is not conferred automatically and is subject to approval by MPS.
- iv. You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.
- v. You will inform us if your personal circumstances or scope of practice change.
- vi. We may seek information from other professional defence organisations, insurance companies, employers, and/or other third parties in respect of membership and that they may release to us such information.
- vii. For the purposes of the South African law and The Protection of Personal Information Act (4 of 2013), we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website dentalprotection.org/privacy

Date

Please note this must be the current date

Tick here if you are submitting additional sheets or correspondence.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. To opt-in to receive such information, either via post or email, please tick here.

You can contact us to update your marketing preferences.

Please tell us why you have chosen MPS – Your comments are important to us, please tick below

1. Personal recommendation

2. Competitive subscription rates

3. MPS membership co-ordinator, please provide their initials:

4. Group arrangement

5. Dissatisfaction with previous organisation

6. Other (please provide details)



Dental Protection – South Africa

South African Dental Association
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dentalprotection.org

dplmembership@sada.co.za

Dental Protection's membership subscription rates are set to reflect the demands and needs of both dentists working in Southern Africa and those who, whilst resident and working in Southern Africa, would like to work abroad. Dental Protection provides professional protection for dentists on a discretionary basis in accordance with the Memorandum and Articles of Association of the Medical Protection Society (MPS).

We continue to see a significant proportion of the higher value claims reported to Dental Protection involving implant treatment, endodontics, and dento-alveolar surgery. We can also report that the costs of managing these claims continue to rise.

Please select the appropriate membership category for the procedures you carry out from the tables below. Please ensure you are on the correct grade for the amount of hours you work per a week.

Grades covering clinical dental practice include routine dental procedures. If you carry out any of the procedures requiring additional cover you should select a grade of membership that covers your full scope of practice.

PROCEDURES REQUIRING ADDITIONAL COVER: If your clinical practice includes any of the following procedures then you should select a grade from the list that includes cover for these procedures.

MAXILLOFACIAL PROCEDURES – Extra oral procedures to the face, head and neck, excluding any non-surgical cosmetic procedures beyond the oral and peri-oral area;

- Excision of maxilla;
- Hemi-maxillectomy;
- Osteotomies;
- Prosthetic replacement of temporo-mandibular joints including arthroplasty;
- Block dissection of lymph nodes in management of metastatic disease;
- Surgical treatment of thyroid and parathyroid glands;
- Surgery involving the orbital complex;
- Rhinoplasty (other than immediate trauma after care);
- Facial cosmetic surgery including face lifts, dermabrasion, otoplasty, blepharoplasty and liposuction.

NOTE

1. Sinus lifts (irrespective of the technique used) and/or bone harvesting from anywhere other than mandible or maxilla are classified as maxillofacial procedures (refer to definitions).
2. 'Maxillofacial procedures' grades include protection for claims arising from adverse incidents occurring during any of the specified procedures.

SPECIFIED PROCEDURES:

- Placing of implants in the mandible or maxilla. Includes the use of bone grafts but excludes sinus lifts or bone augmentation which involves the floor of the sinus, or extra oral bone harvesting;
- Constructing and fitting any kind of implant-supported restoration(s);
- Dento-alveolar surgical procedures, where these procedures occupy more than 50% of the total clinical hours worked.

NOTE

1. If you fit any restorations to an implant, whether you have placed that implant yourself or not, your grade will need to include specified procedures. Procedures involving sinus lifts or bone augmentation which involves the floor of the sinus, or extra-oral bone harvesting, are all regarded as maxillofacial procedures and your membership grade should include maxillofacial procedures.

NON-SURGICAL COSMETIC AND ADJUNCTIVE PROCEDURES (INCLUDES THE USE OF BOTOX AND DERMAL FILLERS)

Current HPCSA Scope Of The Profession Regulations restrict the provision of these procedures to the oral and peri-oral area. Protection therefore applies in accordance with these Regulations and the following restrictions

- Techniques used only after appropriate training has been undertaken (with certificates to be produced if requested);
- Techniques are carried out for less than 10 hours of clinical activity per week;
- Techniques provided by a clinician who has been qualified for more than 3 years.

These techniques are relatively expensive and are used in elective procedures. The patients who request such treatment tend to be a self-selecting group with high and sometimes unrealistic aesthetic expectations. Any one of these factors alone would give these techniques an above-average potential for litigation. Taken together they represent a considerable potential risk. The PSF grade covers all South African based treatments carried out for Cosmetic and Adjunctive but would not extend to formal arrangements to treat patients overseas.

NB intra-oral cosmetic procedures eg tooth whitening, direct and indirect bonding, crowns, bridges and veneers are included in the grades covering routine dental procedures.

ARRANGEMENTS TO TREAT OVERSEAS/NON-RESIDENTS – Means either specifically advertising dental services to overseas patients (ie promoting 'dental tourism') or entering into an arrangement with others to solicit patients who do not normally live in Southern Africa but who are visiting Southern Africa for the purpose (but not necessarily the sole purpose) of seeking dental treatment. For the avoidance of doubt, 'arrangements to treat overseas/non-residents' do not include emergency dental treatment provided to overseas/non-residents, or treatment of a foreign national where no arrangement has been entered into to solicit foreign national patients, or treatment of Southern African residents whilst home from overseas, even if resident overseas.

Relevant definitions

SOUTHERN AFRICA – Means jurisdictions where SADA acts as the membership hub for Dental Protection in Southern Africa including South Africa and Namibia.

CLINICAL ACTIVITY – Means the practice of dentistry involving any contact with or treatment of patients (including consultations, advice, treatment planning, consent, record keeping etc).

DENTO-ALVEOLAR PROCEDURES/SURGERY:

Means surgery to intra-oral tissues, teeth and tooth carrying bones, ie mandible and maxilla only. Protection for these procedures is provided in all clinical grades unless these procedures occupy more than 50% of the total clinical hours worked.

- Exodontia including wisdom teeth removal;
- Apicectomies;
- Management of intra oral soft tissue lesions including biopsy;
- Dental cyst removal;
- Minor pre-prosthetic surgery.

Please ensure that you refer to the preceding relevant definitions when selecting a grade of membership. To qualify for a SADA member grade of Dental Protection in 2021 you must have been a fully paid SADA member in 2020.

SADA MEMBERS – STATE EMPLOYEE*	Specified procedures	Maxillo-facial procedures	Cosmetic and adjunctive procedures	Limited private clinical practice	Non-resident treatment	GRADE
Community service year Excluding specified, maxillofacial and cosmetic and adjunctive procedures and any private clinical work.	X	X	X	X	X	YDA
Full-time state employee undertaking clinical practice Excluding specified, maxillofacial and cosmetic and adjunctive procedures and any private clinical work.	X	X	X	X	X	YDB
Full-time state employee undertaking clinical practice Including specified and maxillofacial, but excluding cosmetic and adjunctive procedures and any private clinical work.	✓	✓	X	X	X	YDC
Full-time state employee with limited private clinical practice Maximum 300 hours/year private clinical practice excluding specified, maxillofacial and cosmetic and adjunctive procedures.	X	X	X	✓ Max 300 hours a year	X	YDD
Full-time state employee with limited private clinical practice Maximum 300 hours/year private clinical practice including specified, maxillofacial and cosmetic and adjunctive procedures.	✓	✓	✓	✓ Max 300 hours a year	X	YDE
Full-time state employee with no clinical practice	X	X	X	X	X	YDN

*** PLEASE NOTE:**

Dental members of MPS should be aware that membership does not include protection for claims arising from dental care provided within the public sector (as this is provided by the State). Public sector full and part-time practitioners may request assistance from Dental Protection with complaints to the HPCSA, inquest proceedings, professional & ethical assistance. Public sector dentists who have a part-time private practice can request assistance with any claims arising from the private work only, provided they are in the correct category of membership.

SADA MEMBERS – PRIVATE DENTAL PRACTITIONER	Specified procedures	Maxillo-facial procedures	Cosmetic and adjunctive procedures	Non-resident treatment	More than 33 hours per week	>22 up to 33 hours per week	>11 up to 22 hours per week	Up to 11 hours per week
					GRADE	GRADE	GRADE	GRADE
Private Practitioner year 2 second year after graduation	X	X	X	X	YD2	TD2	YH2	QD2
Private Practitioner full rate Excluding specified maxillofacial, cosmetic and adjunctive procedures.	X	X	X	X	YD3	TD3	YH3	QD3
Private Practitioner full rate Including specified and cosmetic and adjunctive but excluding maxillofacial procedures.	✓	X	✓	X	PSF	4SF	HSH	PSQ
Private Practitioner full rate Including specified and maxillofacial procedures.	✓	✓	X	X	YD4	TD4	YH4	YDQ
Private Practitioner full rate Including specified, maxillofacial, cosmetic and adjunctive procedures.	✓	✓	✓	X	DPF	4PF	DPH	DPQ

Private Practitioner full rate Including specified but excluding maxillofacial and cosmetic and adjunctive procedures, also including the provision of care to International patients (non-residents) travelling to South Africa for this care under arrangements to treat overseas/ non-residents – maximum indemnity R1,000,000.	✓	✗	✗	✓	D50	D5T	D5H	D5Q
Private Practitioner full rate Including specified, maxillofacial, cosmetic and adjunctive procedures. Also including the provision of care to International patients (non-residents) travelling to South Africa for this care under arrangements to treat overseas/non-residents, maximum indemnity R1,000,000.	✓	✓	✓	✓	O50	O5T	O5H	O5Q

	Specified procedures	Maxillo-facial procedures	Cosmetic and adjunctive procedures	Limited private clinical practice	Non-resident treatment	GRADE
Private Practitioner part-time rate With a maximum 300 practice hours/year excluding specified, maxillofacial and cosmetic and adjunctive procedures.	✗	✗	✗	✓ Max 300 hours a year	✗	YD7
Private Practitioner part-time rate With a maximum 300 practice hours/year including specified but excluding maxillofacial and cosmetic and adjunctive procedures.	✓	✗	✗	✓ Max 300 hours a year	✗	PSP
Private Practitioner part-time rate Including specified and maxillofacial but excluding cosmetic and adjunctive procedures and limited to a maximum of 300 practice hours/year.	✓	✓	✗	✓ Max 300 hours a year	✗	YD5

NON-SADA MEMBERS	Specified procedures	Maxillo-facial procedures	Cosmetic and adjunctive procedures	Non-resident treatment	More than 33 hours per week GRADE	>22 up to 33 hours per week GRADE	>11 up to 22 hours per week GRADE	Up to 11 hours per week GRADE
Dental Practitioner Including specified, cosmetic and adjunctive but excluding maxillofacial procedures.	✓	✗	✓	✗	D3	D3T	H3	DQ3
Maxillofacial Surgeon Including specified and maxillofacial, but excluding cosmetic and adjunctive procedures.	✓	✓	✗	✗	DOM	DOT	HOM	DOQ
Dental Practitioner Excluding specified maxillofacial, cosmetic and adjunctive procedures and treatment of non-residents under arrangements to treat overseas/ non-residents.	✗	✗	✗	✗	DDP	DDT	DDH	DDQ
Maxillofacial Surgeon Including specified, maxillofacial and cosmetic and adjunctive procedures but excluding treatment of non-residents under arrangements to treat overseas/non-residents.	✓	✓	✓	✗	DM6	DMT	DMH	DMQ

ANCILLARIES – EXCLUDING TREATMENTS UNDER ARRANGEMENTS TO TREAT OVERSEAS/NON-RESIDENTS	Specified procedures	Maxillo-facial procedures	Cosmetic and adjunctive procedures	Non-resident treatment	GRADE
Dental Therapist	✗	✗	✗	✗	YDT
Dental Hygienist - independent practice*	✗	✗	✗	✗	YDS
Dental Hygienist - without independent practice*	✗	✗	✗	✗	XDS

*Independent practice means practising independently and autonomously in private practice where the oral hygienist works as an independent health care practitioner within the scope of the profession of oral hygiene. Oral hygienists in this membership grade must be registered to work in independent practice.



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

Dental Protection – South Africa

A scheme of co-operation between Dental Protection and SADA South African Dental Association

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