



SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL
DIE SUID-AFRIKAANSE RAAD VIR TANDTEGNICI

ANNUAL REPORT

2017 | 2018



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LIST OF ABBREVIATIONS / ACRONYMS

ACT	Dental Technicians Act No. 19 of 1979
ARC	Audit and Risk Committee
CPD	Continuing Professional Development
ERMF	Enterprise Risk Management Framework
FY	Financial Year
NHI	National Health Insurance
NDoH	National Department of Health
NDP	National Development Plan
SLA	Service Level Agreement/s
SO	Strategic Objective
ToRs	Terms of Reference

PART A: GENERAL INFORMATION

1. GENERAL INFORMATION

REGISTERED NAME THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL

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ARCADIA

PRETORIA

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TOTIUSDAL

0134

BANKERS ABSA

POSTAL ADDRESS P.O. BOX 7263

PRETORIA

0001

BOARD/ COUNCIL SECRETARY None. Secretariat duties are performed by Administration

2. INTRODUCTION

ABOUT THIS REPORT

We are delighted to present our annual report for the year ended 28 February 2018 (FY 2018). The report essentially covers the key activities and the performance of the SA Dental Technicians Council (SADTC) for the period 1 March 2017 up to 28 February 2018.

This report features Council's strategies aimed at its continued relevance and effectiveness in executing its role, and in Council contributing towards inclusive growth of the profession, the transformation of the profession, and for creating sustainable value for its broad-based stakeholder community in the short, medium and long term.

The scope of this report covers both the financial and non-financial reporting performance information. It further embodies/ contains Council's future outlook, priorities and objectives for the short-term (2018/19), as aligned to the NDP well as sustainable development goals as envisaged by Vision 2030 in the NDP.

There is a conscious and deliberate intent on Council's part for its progression towards integrated thinking, and this is reflected in our performance indicators in respect both the financial and non-financial performance, targets, strategy and risks as embodied in its strategic and business plan.

TARGETED READERS

This report is targeted at Council's broad-based stakeholder community, which comprises both internal and external stakeholders as well as existing and potential/ future stakeholders.

STRATEGIC CONTEXT AND THRUST

With effect from September 2013, the Minister of Health, as empowered by the Dental Technicians Act no. 19 of 1979 ("the Act"), appointed a new Council for a period of five (5) years. As with any well-functioning Governing Board, the current Council has developed a strategic plan which, inter alia, is aimed at repositioning the SADTC to remain relevant, and to be aligned to Government priorities and programmes within the health sector, but to also be adequately responsive to the needs, challenges and opportunities faced by the Dental Technology profession.

REPORTING GUIDELINES

Although Council is not a creature of the PFMA (i.e. it is not a public entity as defined in the PFMA), every attempt has been made by Council to, as an entity reporting to the National Department of Health (NDoH), align itself with Government reporting guidelines. In addition, with the advent of King IV Code on Corporate Governance, its spirit and content has been infused into our reporting.

The financial reporting contained herein, has been prepared in accordance with the GRAP system of financial reporting.

ASSURANCE AND INDEPENDENT ASSESSMENT

This Council has adopted a combined assurance model so as to assure the different aspects of its operations. This model ensures that a coordinated (combined) approach is applied by Council in receiving assurance on whether key risks are being managed appropriately within Council. In this regard, Council has a mature and robust risk management strategy in place. These assurances are obtained from Council, its Committees, Council management/ Administration as well as external auditors.

Embedded in Council's combined assurance model, are institutional "lines of defence" in managing risk, and which ensure that a holistic approach to assessing the management of risk in Council, is adopted. These lines of defence are:

- Management: The Registrar is appointed to manage and own Council risks;
- External assurance providers, in the form external auditors who provide objective assurance management of key risks. They have given Council independent assistance in respect of the annual financial statements;
- Audit and Risk Committee, which is responsible for risk oversight; and
- Council as the ultimate custodian of risk management.

Conspicuous by its omission from the lines of defence alluded to above, is the internal audit function. There is no internal audit function within Council, on account of structural organisational limitations such as: Council's relatively small size, its limited budget and the fact that there is an external audit function already in place. Therefore, the Registrar, supported by the external auditors, play a pivotal role in assessing the effectiveness or otherwise of our system of internal controls.

We are pleased to announce that the SADTC has once obtained an unqualified audit opinion, and remains fully committed to, in future financial years, maintain its unqualified audit track record.

RESPONSIBILITY FOR THIS REPORT

As Council, we accept our full responsibility for ensuring the integrity of the 2017/18 annual report. We verily believe that this report addresses all matters that have or could have material effect on Council's ability to execute its statutory and other mandates, create value and therefore justify its continued relevance, and existence. We have, with the assistance and support of Council Committees and Management/Administration, collectively applied our minds in ensuring that this report is a fair representation of the affairs of this Council.

3. WHO WE ARE

Established in 1979, the South African Dental Technicians Council (SADTC) is a creature of statute, established in terms of section 2 of the Dental Technicians Act, No. 19 of 1979, as amended.

Council was established with the sole objective of regulating the Dental Technician and Technology profession by setting educational and professional standards as well as monitoring the professional conduct of the members of the Profession. As time evolved, the regulation was extended to also cover continuing professional education (CPD).

Council has over the years remained relevant in the execution of its duties, through regular reviews and updating of its regulatory instruments, including the recent review of the Act, as well as Regulations passed in terms of the Act.

3.1. LEGISLATIVE MANDATE

The objectives of the SADTC, as provided for in section 3 of the Act, are as follows:

- a. to assist in the promotion of dentistry in the Republic;
- b. to control all matters relating to the education and training of dental technicians or dental technologists and the exercising of the practices in the supplying, making, altering or repairing of artificial dentures or other dental appliances or any other work pertaining to such dentures or appliances;
- c. to promote liaison of the education and training and the manner of the exercise of the practices referred to in (b) above, both in the Republic and elsewhere, and to promote the standards of such education and training and the manner of the exercise of such practices in the Republic;
- d. to promote good relations between dentists, clinical dental technologists, dental technicians and dental technologists and other supplementary dental health services personnel;
- e. to advise the Minister on any matter falling within the scope of the Act; and
- f. to communicate to the Minister information on matters of public importance acquired by the Council in the course of the performance of its functions under this Act.

3.2. CONSTITUTIONAL MANDATE

Section 22 of the South African Constitution Act No. 108 of 1996("the Constitution") states that every citizen has the right to choose their occupation, trade or profession freely. It states further that any occupation, trade or profession may be regulated. Therefore Council, although established prior to the coming into effect of the Constitution, exists to, in line with the country's constitutional imperative, regulate the dental technician and technology profession, and therefore aligned to this Constitutional injunction.

Section 27 of the Constitution further states that everyone has the right to have access to, inter alia, healthcare services. Access to services provided by the natural and juristic persons that practice in terms of the Dental Technicians Act of 1979, undertake what the Constitution of the country refers to as healthcare services.

Section 27 of the Constitution further states that the State must develop legislation and other measures to achieve progressive realisation of the rights stated in that section (i.e. section 27), which includes the right of access to healthcare. The Act duly forms part of the country's constitutional and legislative framework, and seeks to ensure access to healthcare service which, in the case of the SADTC, is dental technology services.

3.3. POLICY MANDATE

The Act legislatively enjoins the National Department of Health (NDoH) to exercise oversight role over Council. In this regard, the NDoH does play that role over Council, and Council must, and does, execute its legislative/statutory mandate in a manner that is aligned and consistent with national policy, priority areas in the Government's Programme of Action, the strategic goals of the National Department of Health, and Vision 2030 as enunciated by the National Development Plan (the NDP).

Below is a high-level précis of the relationship arrangement between Council and the NDoH:



3.4. VISION

To be a leading, world-class, just and dynamic regulatory body for the Dental Technology Profession and for all South Africans

3.5. MISSION

Providing effective and efficient guidance and monitoring of the Profession in a transparent manner.

3.6. VALUES

- **Professionalism** – we undertake to always execute our mandate in a professional manner;
- **Accountability** – we take accountability in all decisions that we make in the interests of the organisation and the profession;
- **Honesty** – we undertake to remain honest in all decisions and activities that we perform;
- **Transparency** – openness will always be at the centre of every activity and decision that we make;
- **Ethics** – ethics will always guide our way of doing our business.

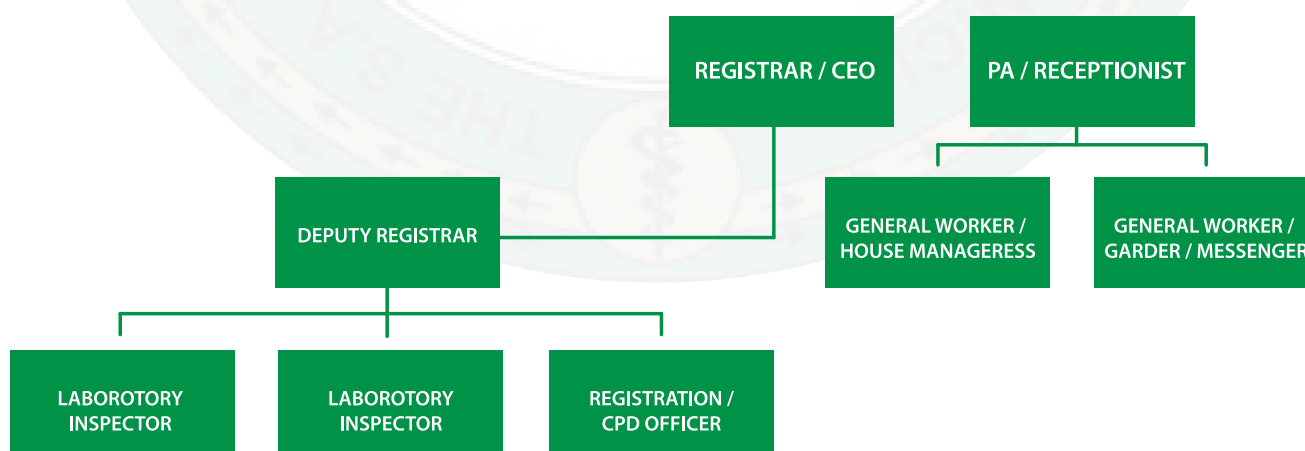


3.7. COUNCIL LEADERSHIP

Name	Designation in terms of Council's Structure	Date appointed	Date Resigned
COUNCIL			
Mrs C Mokgatlhe-Makwakwa	President – Community representative	01/09/2013	N/A
Mr LA Steyn	Dental Technician attached to a training institution	01/09/2013	29/08/2017
Dr N Baloyi	Dentist nominated by other Dentists	01/09/2013	N/A
Ms B Rammila	Dental Technicians nominated by other Technicians	01/09/2013	05/05/2017
Mr P Briscoe	Lab Contractor nominated by other Lab Contractors	01/09/2013	20/06/2017
Adv. O Josie	Legal Representative	18/03/2017	11/09/2017
Mrs F Vally	Community Representative	18/03/2017	N/A
Mr I Noorshib	Lab Contractor nominated by other Lab Contractors	28/07/2017	N/A
Mr G Gunnell	Dental Technicians nominated by other Technicians	28/07/2017	N/A
Prof. CP Owen	Dentist attached to a training institute	14/12/2017	N/A
Adv. T Lupuwana	Legal Advisor- Community representative	14/12/2017	N/A
Dr M Mcuba	Director – Oral Health	14/12/2017	N/A
Dr A Vahed	Dental Technician attached to a training institution	14/12/2017	N/A
MANAGEMENT			
Mrs. PT Nkuna	Registrar		N/A
VACANT	Deputy Registrar		N/A

3.8. ORGANISATIONAL STRUCTURE

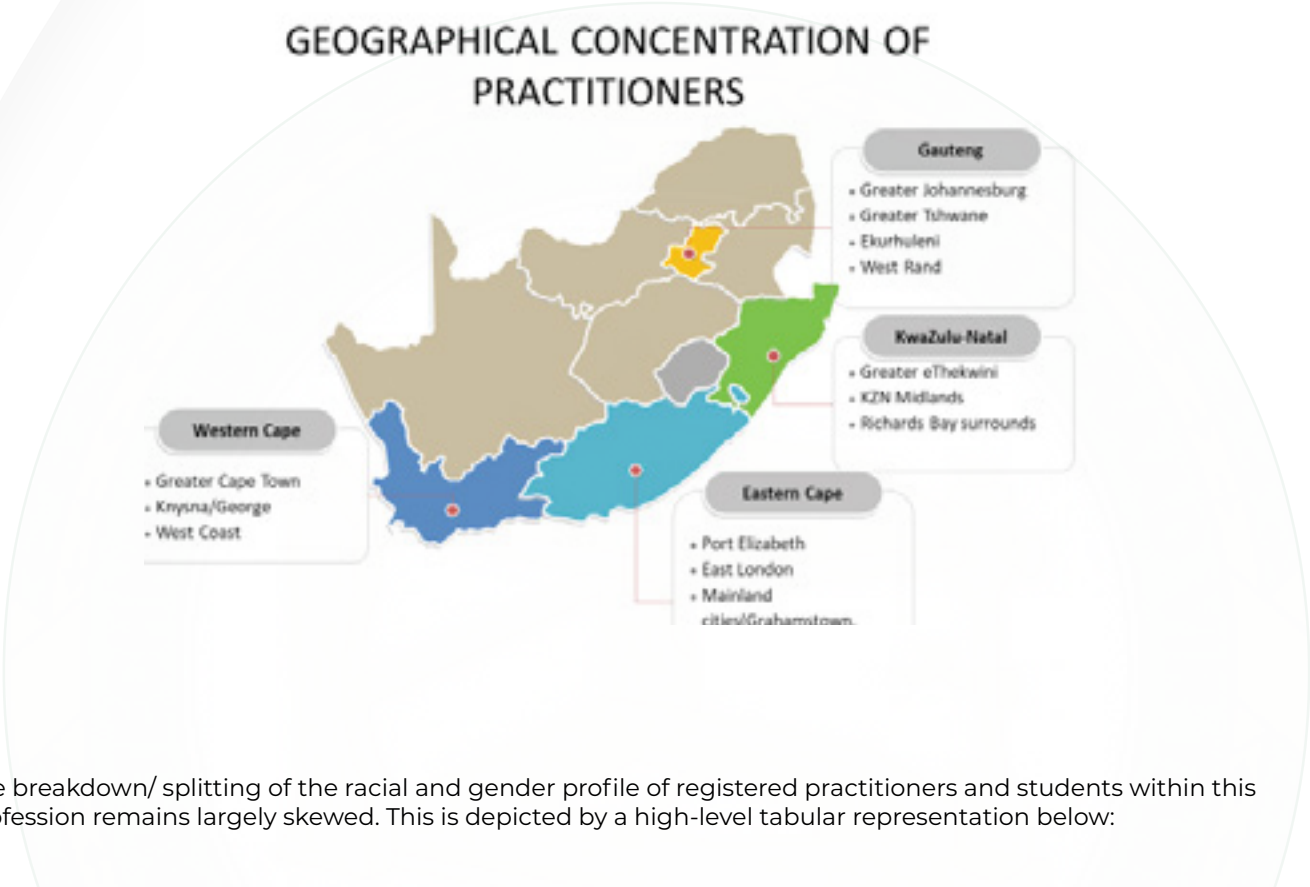
Below is the structure that supports the SADTC's strategy.



3.9. SADTC OPERATIONS

SADTC’s operations are by law restricted to the borders of the Republic of South Africa. In this regard, Dental Technology practitioners that practice in the Republic have to be registered with Council. Those that opt to emigrate or practice outside the Republic no longer fall under the jurisdiction of Council.

Members of the profession that practice within the country, are concentrated in urban areas, and less in rural areas. Of the total number of..... Dental technology practitioners registered with Council,% is concentrated in urban areas, whilst% is located in rural areas. This is depicted below:



The breakdown/ splitting of the racial and gender profile of registered practitioners and students within this Profession remains largely skewed. This is depicted by a high-level tabular representation below:

	2017/18	2016/17	Race	Gender	Geographical Location
Dental Technicians	1040	1121	Black: 126 Coloured: 79 Indian: 83 White: 747 Other: 5	Female: 256 Male: 784	Eastern Cape: 41 Free State: 34 Gauteng: 476 Kwa-Zulu Natal: 152 Limpopo: 22 Mpumalanga: 33 North West: 31 Northern Cape: 10 Western Cape: 238 Overseas: 3

	2017/18	2016/17	Race	Gender	Geographical Location
Dental Technologists	The data on the Register does not categorise the technicians as technologists/technicians/mechanicians				
Lab Owners (Dental Technicians / Technologists)	622	660	Black: 16 Coloured: 23 Indian: 47 White: 532 Other: 4	Female: 51 Male: 571	Eastern Cape: 26 Free State: 20 Gauteng: 269 Kwa-Zulu Natal: 84 Limpopo: 19 Mpumalanga: 20 North West: 20 Northern Cape: 5 Western Cape: 159
Lab Owners (Dentists)	51	51	Black: 2 Coloured: 2 Indian: 17 White: 30 Other: 0	Female: 9 Male: 42	Eastern Cape: 7 Free State: 2 Gauteng: 18 Kwa-Zulu Natal: 5 Limpopo: 0 Mpumalanga: 2 North West: 6 Northern Cape: 1 Western Cape: 10
Dental Traders	9	9	Black: 0 Coloured: 0 Indian: 1 White: 8 Other: 0	Female: 3 Male: 6	Eastern Cape: 0 Free State: 0 Gauteng: 5 Kwa-Zulu Natal: 1 Limpopo: 0 Mpumalanga: 0 North West: 0 Northern Cape: 0 Western Cape: 3
University Lecturers	15	14	Black: 5 Coloured: 5 Indian: 0 White: 4 Other: 0	Female: 6 Male: 8	DUT: 4 TUT: 4 CPUT: 6
CPD Providers	24	24			
Graduates (Technicians and Technologists)	91	93	Black: 41 Coloured: 7 Indian: 5 White: 37 Other: 1	Female: 44 Male: 47	CPUT: 20 DUT: 29 TUT: 42
Erasures (all categories of Registered Persons)	2	86	Black: 0 Coloured: 0 Indian: 0 White: 2 Other: 0	Male: 1 Female: 1	Eastern Cape: 0 Free State: 0 Gauteng: 0 Kwa-Zulu Natal: 0 Limpopo: 0 Mpumalanga: 0 North West: 2 Northern Cape: 0 Western Cape: 0

	2017/18	2016/17	Race	Gender	Geographical Location
Erasures (all categories of Registered Entities)	5	35	Black: 0 Coloured: 0 Indian: 0 White: 5 Other: 0	Male: 5 Female: 0	Eastern Cape: 0 Free State: 1 Gauteng: 3 Kwa-Zulu Natal: 0 Limpopo: 0 Mpumalanga: 0 North West: 0 Northern Cape: 0 Western Cape: 1
Restorations (all categories of Registered Persons)	4	10	Black: 2 Coloured: 0 Indian: 0 White: 2 Other: 0	Male: 3 Female: 1	Eastern Cape: 0 Free State: 1 Gauteng: 3 Kwa-Zulu Natal: 0 Limpopo: 0 Mpumalanga: 0 North West: 0 Northern Cape: 0 Western Cape: 0
Restorations (all categories of Registered Entities)	0	0			

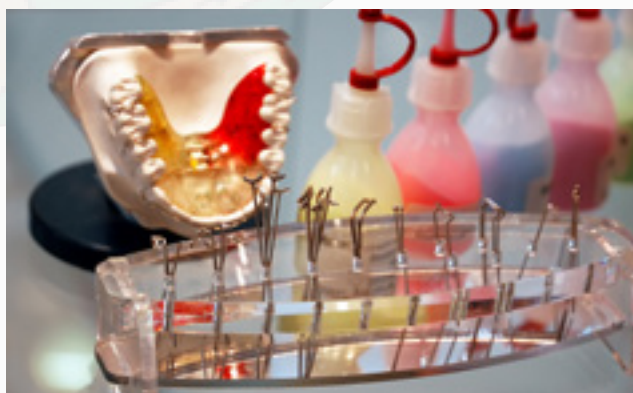
From the tabular depiction above, a few observations are worth taking note of:

- The pace of transformation within the Dental technology profession is a cause for grave concern. Blacks, especially Africans, and women remain markedly under-represented in all categories of this profession.
- There is a clear disconnect between student graduate numbers and the graduate numbers that enter and stay in the profession. A number of factors are likely to be the responsible, namely:
 - » There are possibly barriers to entry into the profession (post-graduation). This includes the opening and running own laboratories by graduates.
 - » The profession loses graduates to other professions or industries which are more receptive or lucrative.
 - » Entry by graduates and emerging practitioners into the profession may also be constrained by stiff competition, dominance and protectionist practices by established practitioners. The concentration of Dental Technician and Technologists in urban areas further compounds the situation.

Although it is not Council's mandate to regulate entry into profession, transformational issues and competition, the statistics above remains a key area of concern for Council. Capacity building is key to the sustainability of this profession.

This state of affairs can, unless managed urgently, be detrimental to the profession in the long run. Therefore, a sober, careful monitoring of these statistics is necessary, lest the profession gets confronted with a problem of ageing practitioners without a concomitant supply and replenishment by younger ones. This will ultimately adversely erode capacity within the profession and will lead to its ultimate demise.

Council will continue to engage its broad-based stakeholder community including, but not limited to: the professionals themselves, the NDoH, the recognized voluntary association for the profession, Institutions of Higher Learning as well as employers of Dental Technicians and Technologists, on these statistics depicted above, and explore ways and means of addressing same.



4. THE PRESIDENT'S STATEMENT

AN UNCERTAIN ENVIRONMENT



This report is being compiled during a period in our country that is beset by the economy that could best be described as volatile, with overall negative economic growth, especially for the last two quarters of the year 2017. This therefore has triggered a negative economic outlook for the financial year 2018/19.

As may have been observed through media and other widely-circulated recent reports, this negative economic outlook, has been echoed by global rating agencies, with the resultant downgrading of the country's sovereign credit rating to sub-investment grading levels. The contraction of the economy, a volatile exchange rate and low commodity prices have been the result.

SA Dental Technologist and Technicians, Dental Laboratory Owners, Dental Traders and Dental Technology students operate in these harsh economic conditions, and therefore adversely affected. Taking students as a case in point: until the recent Government policy decision to provide free tertiary education, students (including those studying Dental Technology), especially from disadvantaged backgrounds, had to either be funded through student loans (if they qualified), and had to endure harsh socio-economic conditions in universities. Post-graduation, and with the grim economic realities articulated above, the ability by Dental Laboratory Owners to employ graduates, or for graduates to set up their own Dental laboratories, becomes extremely difficult.

All these complications ultimately reverberate within. Ultimately the Council, which relies solely for its operations on the registration fees from the registered members of the profession, is adversely affected as well as the registered persons and entities (laboratories and traders) cannot afford to pay their Council fees. This situation is likely to deteriorate. It therefore became inevitable that Council due to these factors, delivered financial results with a deficit.

Within this constrained economic environment, it also became extremely difficult for this Council to maintain its resilience and financial sustainability, and thus enable it to fully execute its legislative and other mandates. During the financial year under review, Council had to assess its strategy so as to duly respond to critical matters that are material to its functions. In this regard, and within the limited budgetary constraints, Council prioritised the following key matters:

- Strict adherence to corporate governance;
- Maintain Council operations;
- Completion of the all-important review of the Dental Technicians Act No. 19 of 1979; and
- Financial sustainability.

On a positive note, Government's policy announcement to provide free tertiary education is welcomed by Council. This development in effect means more students will enrol to pursue studies in Dental Technology, and thus ensure that a steady supply of students into the profession is increased going forward. In this regard, it is the duty of Council and the profession to robustly and aggressively promote this profession in schools and communities, so that Dental Technology becomes a career of choice for students in this country.

Council will continue to engage its broad-based stakeholder community, notably: Government and the profession, on these matters.

DEVELOPMENT AND TRANSFORMATION

Council has noted with concern that there is retarded progress in the overall transformational outlook and trajectory by the profession overall. The exposition on key statistics herein (above) on trends within the profession point to a slow and concerning pace of transformation within the profession. Council can no longer be silent on this important national issue. Going forward therefore, it is Council's intent to, in an inclusive and participatory spirit, pursue and address these developmental and transformational concerns alluded to herein. In this regard, Council's developmental and transformational strategy during the FY 2018/19 is likely to be underpinned by, inter alia, the following principles:

- Deliberate and open dialogue on transformation, developmental (capacity building) concerns affecting the profession; and
- Lowering or elimination of barriers to entry into the profession (from student enrolment up to post-graduation levels).

HUMAN CAPITAL

Skilled, dedicated and committed employees are at the heart of the execution of Council's mandate. Council has, during the period under review, been supported by a capable team led by an experienced and competent Registrar, without whose support the work of Council would have been daunting. Whilst there are a few vacancies for critical positions, Administration has managed to effectively support Council work/ mandate. Council's robust performance review/ management system continues to work well, and the staff is highly-motivated, with less labour relations incidents recorded during the year under review.

CORPORATE GOVERNANCE

Integral to the operations and functioning of Council, is our uncompromising adherence to the principles of good corporate governance. This is despite the high turnover within Council's Governing structures. We have, and shall consistently provide all our stakeholders, including the NDoH, with full assurance regarding Council's culture of good governance, risk management and compliance.

Council remains committed to responsible leadership, building and maintaining a solid culture of ethics and probity. Through Council's Audit and Risk Committee (ARC), Council ensures that it is fully-compliant with all the laws, Regulations, policies and directives. It is through such a culture that Council's broad-based stakeholder community shall continue to have full confidence in Council's standing, integrity, and bona fides.

With the advent of King IV in 2017, Council is intent on taking its cue therefrom, and possibly all its systems and operations to ensure full alignment with the principles enunciated in King IV.

COUNCIL MATTERS

Two Council members namely Ms. B. Rammila and Mr. Patrick Briscoe, have resigned during the financial year under review. We wish them well in their future endeavours. The NDoH has moved swiftly to appoint new Council members with effect from 28 July 2017, namely Mr. I Noorshib and Mr. Gunnel. We welcome the new members to the SADTC family.

ACKNOWLEDGEMENT AND APRECIATION

The 5-year term of this Council comes to an end on the 31st of August 2018. Let me therefore take this opportunity to express my heartfelt appreciation to the Council members for entrusting me with the responsibility of leading this Council, and the support they gave me.

In addition, I would like to, on behalf of the outgoing Council, express gratitude for the excellent support we received from the National Department of Health, the Registrar and her capable staff and from Council's broad-based stakeholder community.

I wish the incoming Council, which is to commence its work later during the year 2018 after our departure, all the best in leading this dynamic institution, with all its challenges and opportunities in an evolving and dynamic environment.



Mrs. C. Makwakwa
President (SADTC)
On behalf of Council

5. REGISTRAR'S OVERVIEW



It is a pleasure and honour to present a high-level overview of Council's performance and state of affairs for the financial year ended 28 February 2018.

FINANCIAL PERFORMANCE

During the 2017/18 FY Council received the revenue of R....., which showed an increase/decline in revenue compared to the previous financial year. Due to the prevailing economic conditions in the country, as well as increased financial demands on Council in executing its mandate, Council experienced a deficit for the second financial year in a row. Whilst Council continued to operate on a going concern basis, the financial situation was such that the going concern status of Council was put under threat. In addition, the current funding model of Council, as well as the projected income streams for the financial year 2018/19, point to the inadequacy of the funds required to execute

Council's mandate. This will require careful monitoring and thus obviate Council recording yet another deficit during the upcoming financial year 2018/19.

It becomes imperative for Council to, with the support of the National Department of Health (NDoH), develop a practical, realistic financial sustainability plan if this Council is to continue operating as a going concern during the 2018/19 financial year and beyond. That plan would outline short, medium to long-term projections by Council that will ensure its sustainability going forward.

Whilst the contents and detail of the strategy are still to be worked out by Council in its strategy review sessions, possible interventions could include:

- Review of subscription fees;
- The possible introduction of the long-overdue university accreditation fee model, which will be in line with what other professional statutory councils do;
- The possible introduction of Council's CPD course content validation by Council at a fee (which will also be in line with what other professional statutory councils do);
- The possible reconfiguration of Council and Committees, including the frequency of meetings and the use of less costly meeting processes (without violating the Act and its Regulations);
- Reduction of service provider expenditure;
- Intensify the sourcing of donations and grants, including from the National Department of Health; etc.

The above-stated possible remedial measures are not exhaustive. Council will in its wisdom apply its mind and concretise the financial sustainability strategy. There is no doubt that the successful implementation of all these initiatives through financial sustainability strategy, and possibly additional ones, will, with the support of the NDoH, certainly go a long way in reversing Council's current unfavourable financial outlook.

AUDIT

I am happy to report that Council once again received an unqualified audit for the financial year under review. This achievement was recorded despite Council's current funding model (in terms of which all the revenue is derived from subscriptions from registered people, some of whom default in payments). This funding model, objectively and factually-viewed, is therefore a constraint and not an enabler to Council's optimal performance. This issue as well requires careful attention during the 2018/19 FY.

REGISTRATIONS

The SADTC exists primarily to register Dental Technicians, Dental Technologists, Dental laboratory Owners as well as Dental Traders. The Registration mandate and function is a multi-faceted one, and complex, with its key features being the following:

- Manual vs. Online Registrations: As the statistics will reveal, Council has, and continues to successfully execute this key mandate. Comparative desktop benchmark and research by my office does reveal that most of the other professional statutory councils have and continue to evolve from manual forms of registration to the more secure, sophisticated, efficient and reliable forms of registering the different categories of registration on digital, online and interactive platforms.

On account of Council's constraints (linked to its current funding model of sole reliance on registration fees), Council remains rooted on manual forms of registration. This, in terms of the SWOT and PESTEL analyses conducted by the Office of the Registrar, is a threat to Council's continued relevance, and a weakness that undermines Council's relentless pursuit for excellence in providing a service to registered persons in its register.

Technological relevance and advancement is at the core of the effectiveness of any well-run institution. An integrated online registration system that becomes a platform for all Council's administrative and statutory functions, including registrations, CPD, professional conduct records (if any), university programme accreditation data, etc. is highly-desirable and long-overdue in the SADTC. Such a system will markedly improve the integrity of Council's registration and data, its efficiencies and effectiveness. Accordingly, this is a matter that Council will continue to pay attention to, and possibly develop cogent strategies to review and improve: resources-permitting.

- De-registrations/ Erasures: This function is also an extension of Council's registration mandate. Inspections (and to a limited extent whistle-blowing and/ tip-offs) remain Council's key means of detection of non-compliant and/ or illegal practitioners, Dental Laboratories, Dental Traders or CPD providers. Erasure simply means deregistering a non-compliant registered person after due process has been followed by Council. The number erasures are linked to the extent, scope and intensity of inspections undertaken. Phrased differently, the lesser the inspections conducted, then the lesser the number of non-compliant or illegal practices that will be detected by the Inspectorate.

On account of vacancies in the Inspectorate as well as budgetary constraints to undertake inspections at a higher intensity and geographical reach, a lesser number of erasures is recorded for the financial year under

review. These erasures do adversely impact registration numbers and, relatedly, lost revenue. They further undermine Council's strategic intent of growing and maintaining registration numbers.

- Partnership with law enforcement agencies in combating illegal operations/ non-compliant practitioners: The Act criminalises illegal practitioners. This means that once these are detected, criminal charges have to be pressed by Council against those found to be on the wrong side of the law. This, regrettably, remains a sore point in Council's execution of the registration mandate as less prosecutions and convictions are being recorded.

What compounds this challenge that, law enforcement agencies tend not to prioritise offences related to non-compliant practitioners. Our comparative benchmark and liaison with other statutory professional councils, including those outside the health sector, does point to this challenge not being peculiar to the SADTC.

Therefore, a coordinated strategy to highlight the importance of the law enforcement in combating illegal operations across this profession and other professions, is necessary going forward.

- Growth and retention of registrations: One of the key strategic thrusts of this Council is not only to grow the number of registered professionals and entities (e.g. laboratories), but to also retain registration numbers on the Council register. Factors already alluded hereinabove, such as the negative economic outlook, budgetary constraints, illegal operations and erasures arising from inspectorate work, non-prioritisation of offences related to the practicing of the profession, etc. all militate against Council's strategic intent to grow and maintain the growth in registrations.

Council however remains thankful and appreciative to registered persons and entities that, despite all these challenges alluded herein, continue to support Council by remaining compliant through renewal of registrations.

Council has a duty to, going forward, devise and develop strategies aimed at creating value for/ incentivising registered persons so as to make it worthwhile for them to remain registered. In this regard the new financial year will possibly see the development by Council of such strategies. These include, but are not limited to, the following:

- » Putting measures in place to robustly "protect the turf" of registered persons and entities. Council should not only adopt a zero-tolerance stance towards unscrupulous competitors and practitioners, but should take steps at combatting such practices and thus act in the interests of compliant practitioners;
- » Exploring possible incentives and benefits in the market for registered persons, e.g. retail discounts, leisure-related benefits, etc.;
- » Regular, timeous and informative newsletters;
- » Randomly profiling compliant practitioners and their laboratories/ businesses on Council's website/ newsletter;
- » Regular consultation with registered persons and other role-players that contribute towards the functioning of Council;
- » Introduction of Council awards for best-performing, most compliant laboratories, CPD-compliant persons, etc.

Incentive strategies will go a long way in encouraging registered persons to remain registered with Council, and in having confidence and faith in Council. Importantly, those that are outside Council's regulatory remit will be encouraged to operate within that regulatory remit by voluntarily registering with Council, seeing that there is value in being registered.

- **Public Awareness and Protection of the Public:** At the core of professional regulation across the different professions (even outside the health sector), is the fundamental notion of public interest and specifically: the protection of the public. Every statutory professional council has a legislative injunction and duty to partner with the profession in embarking on strategies and measures that will not only promote the profession, but educate the public about the profession, its strategic importance, and how to distinguish between bona fide practitioners and traders/ laboratories, and mala fide ones.

Registration certification prominently displayed at all registered laboratories and dental trading entities, regular roadshows, partnership with the media (electronic and print) in exposing illegal operations, are but just some of the initiatives that Council could look into in creating public awareness around the profession.

- **Comparative Benchmarking:** Research, comparative benchmarking and liaison with other statutory councils (including those outside the health sector), is a constant “to-do” item in the Office of the Registrar’s in-tray. The research and benchmark are mainly on a desktop basis due to Council’s budgetary constraints. The importance and value of this initiative needs no over-emphasis. Benchmarking exposes Council to how other statutory Councils execute their mandate, and thus equips Council to, on an informed basis, compare and align with the best-run professional councils in the country.

I am happy to report that Council has, through its solid stakeholder relations efforts, managed to successfully solicit and obtain once-off funding (grant) from an international donor in order for it to further its research and benchmarking work abroad. In this regard, an international trip is being arranged to take place during the 2018/19 financial year.

The sole objective of the trip will be to learn, compare and analyse the trends and the strides made in Dental Technology globally, but also how other Regulators and the Profession deal with challenges akin to those faced by Council and the profession in South Africa. Whilst Council is yet to decide on the best mix of delegation to, within the limitations of the grant, dispatch on this international trip, it is expected that Council will ensure that it chooses delegates carefully and, through those delegates, get the maximum value on key issues such as Council Administration, and practice-related issues. To an extent possible, Council should ensure that there is representation of both the Council and the profession. Again, this could just be the opportunity for Council to incentivise committed and compliant registered practitioners by accommodating them, and thus demonstrate the value and incentive of being compliant. Lessons to be drawn from this initiative will no doubt go a long way in shifting the Council and the profession for the better.

- **Stakeholder relations:** Council has continued to maintain sound relations with its basket of stakeholders, including the registered persons and entities; Government (NDoH); other statutory Councils (e.g. the HPCSA); its recognised voluntary association (DENTASA); the law enforcement agencies as well as the media.

Council social media platform has triggered a lot of interest amongst its stakeholders and is being highly-utilised and interactive.

- **Transformation:** A snap SWOT and PESTEL analyses undertaken by my office, as well as the statistics already presented herein, has pointed to the slow pace of transformation within this profession as a potential threat to the sustainability and preservation of this profession, and the significant gains and strides it has made over the years. The statistics on the entry by the previously-marginalised and disenfranchised citizens of the country paint a grim picture.

Therefore, a collective, well-coordinated effort by Council and all its stakeholders is necessary to ensure a marked shift in these statistics going forward.

THE NATIONAL HEALTH INSURANCE (NHI)

The NHI subject matter transcends and impacts each and every facet of the health sector, including Dental Technology. The recent release by the NDoH of the NHI White Paper and its implementation implications, is a matter of keen interest to the SADTC.

As already highlighted herein: the gloom economic outlook alluded to in this report is taking its toll not only on the practitioners falling under the remit of this Council, but also amongst the ordinary South Africans who cannot access quality medical care due to costs associated therewith (e.g. medical aid). The current status quo regarding limited or non-existent accessibility to affordable services offered by Dental Technologists and Technologists to ordinary South Africans, is a real problem affecting millions of people, especially those from the previously disadvantaged background. The primary and overriding objective of the mooted National Health Insurance (NHI) is Government’s response (through the NDoH) at addressing the issue of affordability and accessibility of health care to all South Africans, irrespective of class, creed, colour, gender, or race.

It is therefore trite that, even on the Dental Technology sphere, a need for a health care plan that will provide accessible, affordable services for all, and reduce health care costs, needs no over-emphasis. The proposed NHI becomes key. An increasingly-ageing population require an efficient and more feasible prosthetic service, without compromising on standards. Those in search of equitable, basic, health services will do well to consider the introduction of measures that will ease access to Dental Technology services in this country and thus meet the needs of the edentulous population in this country: South Africa.

As repeatedly raised with the NDoH, the removal of barriers to access to health care, especially Dental Technology services, remains a problem as the laws of the country require Dentists to act as “intermediaries” between Dental Technology patients and qualified Clinical Dental Technologists (Denturists), when costs could have been halved by eliminating the Dentist as a middleman. Council has previously formally pronounced itself on this vexing issue, and still stands by its position. This and other barriers require urgent attention going forward and may best be addressed by reviewing the current problem statement regarding the Dental Technology profession in its current form. Key NHI policy interventions needs to be cognizant of this concern and should possibly include cogent reforms of the Dentist and Dental Technology profession in so far as the continued layered access to dental services by ordinary people, which could reduce costs, and thus lessen the burden on the NHI in future.

EMPLOYEES

At the core of the operations of this Council, is its employees, without whom Council will not be able to operate, let alone execute its legislative mandate. Employees of Council are Council's key asset. They are the “window” to the outside world. They are, for all intents and purposes, the point of contact for Council's broad-based stakeholder base.

I am therefore happy to report that Council's employees have continued to be a dependable resource to Council through which its strategies, mandate and operations were carried out/ implemented during the financial year under review.

Demographics of the employees of Council remain largely balanced. In filling the few vacancies, Council will be mindful of this important consideration, within the context of employment equity targets within Council.

FUTURE OUTLOOK

The exposition contained in this report clearly points to challenging times ahead for this Council. Some of these relate to the economic conditions in the country, whilst some relate to factors that impact the profession directly, with the most notable being a need to reposition the profession and, by extension, also reposition the Council. A coordinated and collective effort by all the stakeholders, characterised by cooperation and consensus, will go a long way in ensuring the successful handling of these issues, and gaining traction going forward.

A shared vision is therefore key to steering Council through the rough seas it will be navigating through in the new financial year and beyond. Such efforts will ensure sustainability of Council, and the elimination of threats to the survival, and the overall success of the Dental Technology profession.

Acknowledgements and Appreciation

The success of this Council is a product of collective effort from Council and its Committees, Administration as well as all the stakeholders of Council. I wish to acknowledge their contribution: big and small and thank all of them.

I also wish to specifically personally thank the current Council for supporting and guiding me and providing decisive leadership, especially during trying, challenging times over its five-year tenure since 2013.

As Council enters its last few months prior to the expiry of its term later in 2018, I wish those members whose term is expiring, every success in their future endeavours. We look forward to welcoming the new Council, and together we will work towards the achievement of sustainable strategies for the profession.

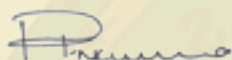


Ms. PT Nkuna
Registrar (SADTC)

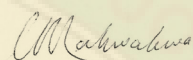
6. STATEMENT OF RESPONSIBILITY FOR PERFORMANCE INFORMATION AND CONFIRMATION OF ACCURACY FOR THE ANNUAL REPORT

To the best of our knowledge and belief, we hereby wish to confirm the following:

- All the information and amounts disclosed in the annual report are consistent with the annual financial statements audited by our External Auditors: Sneider and Associates;
- The external Auditors are engaged to express an independent opinion on the annual financial statements;
- The accounting authority(Council) is responsible for the preparation of the annual financial statements and for the judgements made in this information;
- The annual financial statements have been prepared in accordance with the SA standards of Generally Accepted Recognised Accounting Practice(GRAP) applicable to a statutory council;
- The accounting authority(Council) is ultimately responsible for establishing and implementing a system of internal controls which is designed to provide reasonable assurance as to the integrity and reliability of performance information, human resources information and the annual financial statements;
- The annual report is complete, accurate and free from any omission;
- The annual report has been prepared in accordance with best practice guidelines on the annual report; and
- In our opinion as Registrar and President, this annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the entity for the financial year ended 28 February 2018.



Name: **Ms. PT Nkuna**
Council Registrar



Name: **Mrs. C. Makwakwa**
Council President

7. Overview of Performance Information

7.1 Situational analysis:

PESTEL Analysis: As clearly-articulated in SADTC's strategic and business plan, the SADTC is part of the broader South African community and is therefore impacted by the developments in the country. It therefore needs to be cognizant of, and responsive to, the changing political, legislative, social, economic and market conditions which may impact on its future strategies and vision, its risk profile (and relatedly: its risk management framework) as well as its ability or constraint in executing its mandate.

The global environmental factors highlighted in Council's strategic and business plan as pertinent to the oral health industry and that of the dental technicians and technologists, remain relevant to this day:

- An increasing burden of oral and dental diseases in the country;
- The role of the private sector in the future growth sector for dental technicians in South Africa;
- Shrinkage of dental technicians as alternative professions are more lucrative;
- Unregistered/illegal dental technician operators, including the trading in, and the possession of un-mounted artificial teeth which negatively impacts on the image and standards of the profession as well as public interest and protection;
- Outdated founding legislation that is unresponsive to the current industry challenges and opportunities;
- The unsustainability of SADTC's technical and administrative capacity and capability;
- Limited Financial Resources and/ budgetary constraints/ funding model that is misaligned to Council mandate and duties; and
- Governance limitations due to the high turnover within Council's Governance structures.

Service Delivery Impact:

Objectively-assessed, a PESTEL analysis articulated above, points to a direct impact of the environment that Council operates in, on service delivery. Underlying the existence of, and the continued relevance of the SADTC or any professional statutory council, is its service delivery thrust. The absence of clear, demonstrable service delivery gains negates the very essence and existence of a professional statutory council in the South African context.

This service thrust is primarily rendered by Council to its registered persons and entities (through regulation); the National Department of Health (through performance reporting and accountability); Institutions of Higher Learning (through regulation and partnerships), Council's recognised voluntary association (through regulation, consultation, partnerships, and information-sharing) and the public (through awareness and protection of their interests).

Therefore, Council's strategic planning, goals and objectives are, for all intents and purposes, primarily geared towards an overarching service delivery thrust and imperative. Whilst most targets in Council's strategy were achieved, there are some that were not achieved, as Council was basically on a survival mode, and focused on maintaining its going concern profile. Those constraints notwithstanding, Council managed to make great strides at successfully reviewing and completing its founding legislation amendments.

Service delivery targets will continue to be embedded in Council's strategic outlook going forward.

Organisational Environment:

Our objective appraisal and assessment of the business of Council for the financial year under review, points to some structural problems within Council that requires future remodelling. The remodelling would result in the alignment of Council resources and its strategy going forward. This will further result in costs containment gains, and heightened efficiencies and output within Council. Council is to, in the 2018/19 FY, possibly look into the following remodelling decision points:

● **Staff configurations:**

it may become necessary for Council to, in view of the relatively small size of this Council and there being no short to medium term plans to enlarge staff in view of the challenges already articulated herein, possibly convert and downgrade the position of Deputy Registrar to that of an Inspector and thus increase Council capacity to conduct as many inspections as possible going forward. Currently the organisational structure reflects two Inspector positions, one of which is filled, and one is currently vacant. Three Inspectors will then report directly to the

Registrar.

This proposed configuration could go a long way in easing Inspectorate pressures and limitations and increasing their geographical scope and reach significantly going into the new financial year. This in the long run will translate into the increase in compliant (registered) practitioners and entities once the Inspectorate becomes visible and effective. This will have a positive effect on Council revenue.

- **Council and Committee configurations:** A considerable percentage of Council expenditure goes towards Council members (meeting fees and related costs such as travel and accommodation). Although most of the Council Committees are required by law, practicalities and budgetary constraints currently being experienced by Council call for a possible review and possible configuration of Council's Committee structures in the interim. Some of the possible configurations that Council may consider are as follows:

- o As far as is practicable, holding of Council and Committee meetings via teleconference facilities;
- o Reduction of Council meetings;
- o Reduction of Committee meetings;
- o Synchronisation of Committee membership and meeting dates so that the same people use the meeting date to hold meetings of Committees that they are members of;
- o Merger/ amalgamation of some of the Committees (e.g. Legal and Disciplinary Committee, Education and CPD Committee, Tariff and Service Conditions Committee, etc.).

The above-stated possible/ proposed organisational remodelling measures can only serve Council's best interests in the short-to medium term, and ease pressure on the Council financial resources. These could be reviewed at the end of the 2018/19 financial year, as the conditions within Council and externally (economy) may have improved by then.

7.2. KEY POLICY AND LEGISLATIVE CHANGES

Policy Changes: Council Regulations and Policies are currently predicated on the Dental Technicians Act in its current form. In anticipation by Council of the ushering in of the revised Act by the NDoH, the new FY will be used to review all Council policies and Regulations and align them with the envisaged changes to arise from the new Act.

Legislative Changes: Council has resolved to anchor the SADTC repositioning on an intensive, comprehensive, inclusive and participatory legislative review process. That entailed a complete overhaul of the Act, to culminate in the ushering in of a new Act, which is to serve as the basis for the re-positioned and reorganized SADTC that will best serve the interests of the profession. This process has been completed, and the Bill is with the NDoH.

7.3. COUNCIL'S STRATEGIC GOALS, OBJECTIVES AND PRIORITIES

SADTC's performance is predicated on three strategic goals and concomitant strategic objectives alongside each goal. They are as follows:

- A. Professional Pillar: Regulation of the Profession;
- B. Public Pillar: Protection of the Public; and
- C. Organisational Pillar: Building a sustainable Organisation.

The five (5) strategic priorities for the SADTC for the 2017/18 financial are recorded in Council's the strategic and business plan as follows:

- A. The Review of the Act;
- B. Inspections;
- C. Registration;
- D. Effective disciplinary system; and
- E. Improved communication with all stakeholders.

A comprehensive breakdown of Council's strategy is contained in a Council-approved strategic and business plan. Below is a high-level exposition of the linkage between SADTC's strategic goals and its strategic objectives:



STRATEGIC GOALS&OBJECTIVES

GOAL ONE PROFESSIONAL PILLAR

PURPOSE STATEMENT

The SADTC enjoy
the benefit of
world class
registration and
education.

OVER- ACHIEVING STRATEGIC OBJECTIVE

Regulation of the
profession.

GOAL TWO PUBLIC PILLAR

PURPOSE STATEMENT

Public awareness
of the profession
and its standards
and regulation to
ensure the
implementation of
those standards in
the public interest.

OVER- ACHIEVING STRATEGIC OBJECTIVE

Protection of the
public.

GOAL THREE ORGANISATIONAL PILLAR

PURPOSE STATEMENT

A sustainable,
transformed and
coherent
organisation that is
capable of
delivering the
impact desired by
it's stakeholders
and society.

OVER- ACHIEVING STRATEGIC OBJECTIVE

Building a
sustainable
organisation.

7.4. PERFORMANCE INFORMATION BY PROGRAMME

7.4.1 REGISTRATION (SO 1): THE REGISTRATION MANDATE IS HIGHLIGHTED IN COUNCIL'S STRATEGIC PLAN AS A PRIORITY AREA FOR THE FINANCIAL YEAR 2017/18.

SADTC's registration mandate is derived from the Dental Technicians Act, which clearly stipulates the following:

Registration of Dental Technicians and Dental Technologists (section 18(1)): "Any person who intends to be registered as a dental technician or a dental technologist in terms of this Act shall apply to the Council in writing and shall submit the qualification which, in his or her submission, entitles him or her to registration, together with such proof of his or her identity and of the authenticity and validity of the qualification submitted, as may be required by the Council.

(2) If the Council is satisfied that the qualification and the other documents submitted in support of the application comply with the requirements of this Act, it shall, upon payment of the prescribed fee, cause the necessary entry to be made in the register and the Registrar shall thereupon issue a registration certificate authorising the applicant, subject to the provisions of this Act or any other law, to practise the profession of dental technician or dental technologist, as the case may be".

Keeping of Registers (Section 20 (1)) "The Council shall keep separate registers in respect of dental technicians, dental technologists, student dental technicians and student dental technologists, and shall enter in the appropriate register the prescribed particulars of every person whose application is granted under section 18 or 19".

Below is key statistical data in respect of the above narrative:

CAPE PENINSULA UNIVERSITY OF TECHNOLOGY								
	Qualification	African	Coloured	Indian	White	Other	Total	Grand Total
MALE	Foundation	4 - 10	1 - 1	0 - 0	0 - 0	0 - 0	5 - 11	23 - 18
FEMALE		12 - 9	1 - 3	0 - 0	0 - 0	0 - 0	15 - 13	
MALE	National Dip	3 - 6	5 - 3	1 - 1	0 - 1	0 - 0	9 - 11	28 - 27
FEMALE		11 - 12	10 - 7	0 - 0	0 - 3	0 - 0	21 - 22	
MALE	BTech	0 - 2	1 - 4	0 - 1	3 - 3	0 - 0	4 - 10	15 - 8
FEMALE		1 - 2	1 - 4	0 - 1	2 - 1	0 - 1	4 - 8	
MALE	MTech	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 1
FEMALE		0 - 0	0 - 1	0 - 0	0 - 0	0 - 0	0 - 01	
Grand Total								56 - 75

DURBAN UNIVERSITY OF TECHNOLOGY								
	Qualification	African	Coloured	Indian	White	Other	Total	Grand Total
MALE	Foundation	25 - 18	0 - 0	2 - 1	0 - 1	0 - 0	27 - 20	77 - 47
FEMALE		16 - 20	1 - 1	4 - 3	0 - 0	0 - 0	21 - 24	
MALE	National Dip	6 - 13	0 - 0	1 - 2	0 - 0	0 - 0	7 - 15	26 - 19
FEMALE		8 - 15	0 - 0	4 - 4	3 - 0	0 - 0	12 - 19	
MALE	BTech	5 - 3	0 - 0	1 - 1	0 - 0	0 - 0	6 - 4	10 - 10
FEMALE		4 - 2	0 - 0	1 - 0	0 - 0	0 - 0	5 - 0	
MALE	MTech	2 - 2	0 - 0	2 - 0	0 - 0	0 - 0	4 - 2	9 - 2
FEMALE		4 - 0	0 - 0	1 - 0	0 - 0	0 - 0	5 - 0	
Grand Total								86 - 88

TSHWANE UNIVERSITY OF TECHNOLOGY								
	Qualification	African	Coloured	Indian	White	Other	Total	Grand Total
MALE	Foundation	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0
FEMALE		0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	
MALE	National Dip	4 - 7	0 - 0	1 - 3	3 - 2	0 - 0	8 - 12	26 - 27
FEMALE		14 - 14	0 - 0	1 - 0	3 - 1	0 - 0	18 - 15	
MALE	BTech	2 - 3	0 - 0	0 - 0	11 - 11	0 - 0	13 - 14	20 - 23
FEMALE		3 - 5	0 - 0	0 - 0	4 - 4	0 - 0	7 - 9	
MALE	MTech	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0	0 - 0
FEMALE		17 - 19	0 - 0	1 - 0	7 - 5	0 - 0	25 - 24	
Grand Total								46 - 50

REGISTRATION OF DENTAL TECHNICIANS/DENTAL TECHNOLOGISTS

Dental Technicians / Dental Technologists					
Total Registered		New Registrations		Deregistered	
2017	2018	2017	2018	2017	2018
1121	1040	36	7	86	2

REGISTRATION OF DENTAL LABORATORIES

Laboratories					
Total Registered		New Registrations		Deregistered	
2017	2018	2017	2018	2017	2018
641	605	24	2	35	5

REGISTRATION OF DENTAL LABORATORIES OWNED BY DENTISTS

	2017	2018
Total Registered	5	0

REGISTRATION OF DENTAL TRADERS

	2017	2018
Total Registered	1	0

CATEGORY	NUMBER OF REGISTERED PERSONS	
	2016 / 2017	2017 / 2018
Dental Contractors/Lab Owners	622	660
Dental Technicians	484	439
Dental Traders	9	9
CPD Providers	24	24

REGISTRATION OF DENTAL LABORATORY ASSISTANTS

Whilst this category of registration is provided for in section 28 of the Act, no register was established at the end of the reporting period. The regulations are still the legal services at the department of health.

Registration of Informally Trained Persons as Dental Technician Assistants

No register is in place yet. The process of setting up a register is underway; the Council has started the process of re-developing the regulations.

The non-existence of registers in respect of the above-stated two categories means that Council has not fully executed its registration mandate, as enjoined by the Act, and as committed in the strategic and business plan. This omission requires urgent attention going forward. This includes the development of Regulations embodying clear standards to be applied/ relied upon by Council as a basis of determining the registrability or otherwise of these categories. Once the registers are in place, such would pave way for the much-needed revenue streams for Council.

7.4.2 EDUCATION AND TRAINING (SO 1):

Comparative research and benchmark with other statutory councils does show that, unlike in the SADTC, a more direct and activist university programme accreditation is in place, as opposed to an arm's length one. In addition, Universities usually pay costs associated with Councils executing their accreditation function. Council derives no such income currently.

A need has therefore arisen for Council to, in line with research and benchmark outcomes referred to herein, revise its approach to university programme accreditation, and possibly revise the Council Regulations in this regard. Key lessons are also going to be drawn arising from the impending international benchmarking visit in the 2018/19 FY on effective methods of undertaking University Programme accreditations.

7.4.3 LEGISLATIVE REVIEW (SO 1):

This was one of the key strategic priorities for Council during the year under review. Considerable Council resources were diverted towards completing this all-important assignment. It has since been successfully completed and the Draft Bill has been submitted to the NDoH for further processing.

7.4.4 CONTINUING PROFESSIONAL EDUCATION (SO2):

Council's Continuing Professional Development (CPD) mandate is derived from Regulation No. R353 issued by the Minister of Health on 12 May 2014.

The philosophy behind CPD is linked to public interest. A professional who does not continuously develop their professional knowledge in a structured manner that is monitored and measured by Council, is deemed to be threat to public safety. In the SADTC there are high levels of CPD non-compliance with little or no consequences.

The CPD Rules in statutory councils are intended to regulate and enforce compliance by registered persons with CPD.

There are currently a number of challenges being experienced by Council in respect of the regulation of CPD. Council's CPD function is therefore currently ineffective. Research and comparative benchmarking shows that some of these challenges are not unique/ peculiar to Council, but also affect other professional statutory councils too. Research further reveals that there are statutory councils with more robust, and stricter CPD Rules from which this Council could derive lessons as a basis of reviewing its own CPD Regulations henceforth.

Some of the key CPD-related challenges faced by Council are as follows:

- The degree of CPD non-compliance by registered persons is staggeringly-high. This points to the non-effectiveness of Council's CPD Regulations. Measures contained in the Regulations to be applied in the event of non-compliance are couched in very lenient terms, hence the high rate of non-compliance.
- Non-compliance with CPD means that the public is exposed to practitioners whose knowledge and skill is not refreshed/ updated through Council-validated CPD interventions. This undermines the cardinal principle of public interest for which Council exists to safeguard.
- Unless Council adopts a stricter approach to CPD non-compliance, those registered practitioners that are committed to CPD would begin to get discouraged, and see no value in remaining CPD-compliant, as those that are already non-compliant do so with impunity with no action by Council.
- Council's CPD Regulations, when compared to other CPD Regulations of other statutory councils, are ambiguous, and therefore require a review and tightening.

- Council currently has little or no control in CPD course and activity content, quality, accessibility and costs. CPD validation, even in other statutory professional councils, is a function of council, and also a potent revenue source as CPD validation is done at a fee to Councils as custodians of the CPD function. In this regard Council needs to take its rightful place in either validating CPD programmes offered by CPD providers, or delegate same to Dentasa, at a fee. This is in line with best practice as observed in other statutory councils.

The registration of any CPD provider has to be preceded by a rigorous and thorough CPD course or activity content validation, and thus ensure that CPD courses and activity are accessible, provided by qualified people, the cost is not excessive, etc.

The totality of all the above-stated observations therefore calls for an urgent review of Council's CPD regime and regulation during the FY 2018/19.

7.4.5 INSPECTIONS (SO 2):

This function is amongst the five (5) priorities identified by Council for the 2017/18 financial year. It is linked to strategic objective 2, namely: the protection of the public.

The inspectorate mandate is also a legislative injunction. The purpose of conducting inspections is to ensure that all dental laboratories comply with the Regulations as set out in the Dental Technicians Act 19 of 1979, per the provisions of Government Notice R. 308 of 26 February 1982.

Council's key instrument through which it protects the unsuspecting public against illegal and non-compliant operators, is the Inspectorate. A functional, capacitated and effective Inspectorate could go a long way in strengthening Council's hand against illegal and non-compliant operators. Regrettably, the converse is also true: the weaker/ ineffective the Inspectorate, then the less effective and less successful Council will be in combating illegal and non-compliant operators. Furthermore, the standing, trust and confidence by Council's stakeholders on Council's effectiveness and relevance is directly linked to its effectiveness or otherwise in its combating of illegal and non-compliant operators.

As part of Council's strategy at intensifying the rate at which it carries out inspections and thus eliminate non-compliance and illegal activities, both Inspector positions were filled. Unfortunately, one of the Inspectors has resigned during the financial year under review. The backlog in inspections therefore still remain.

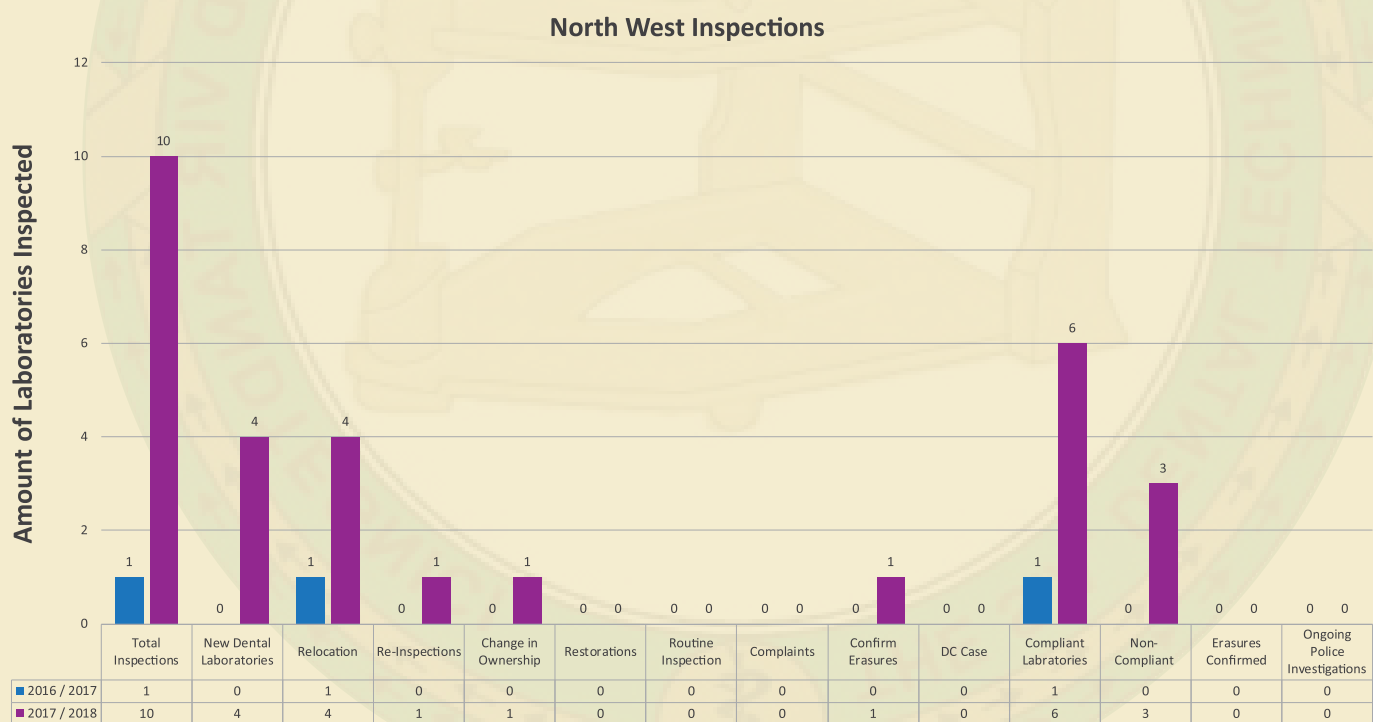
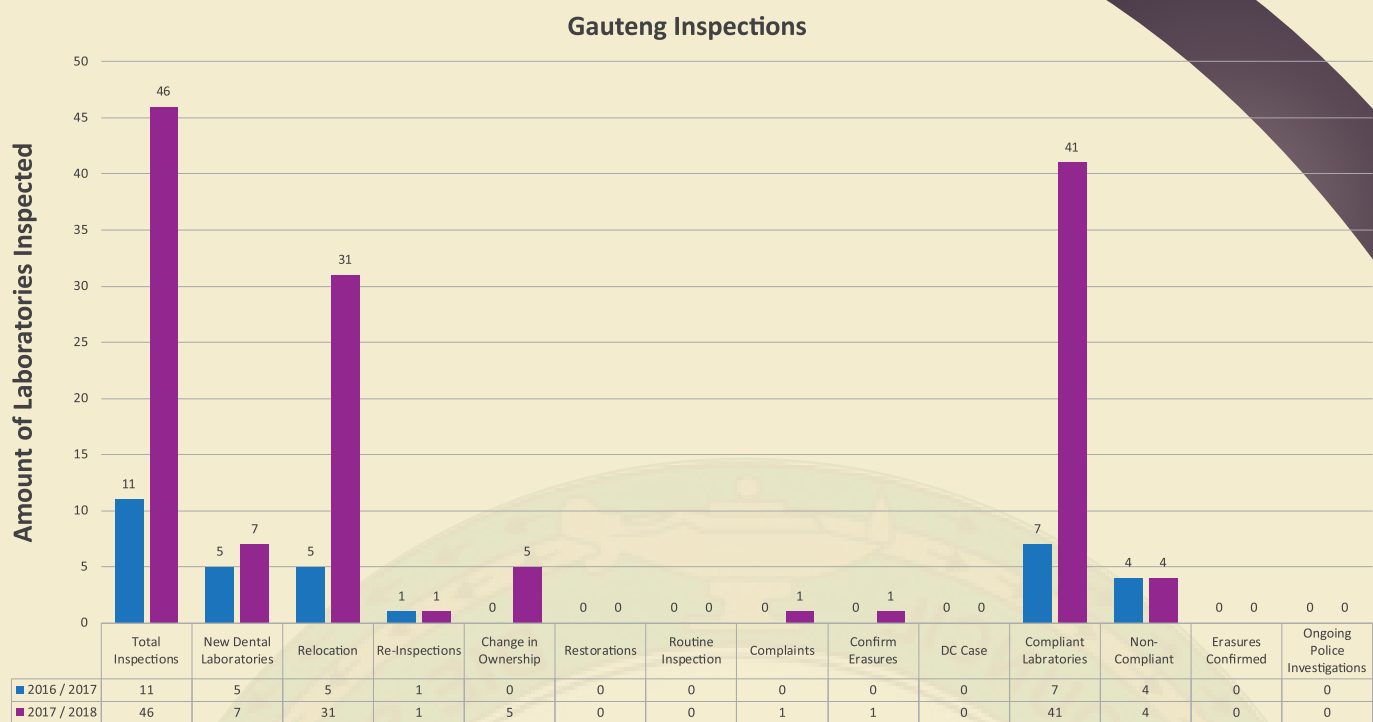
Council reported during the previous financial year that it will look into possibly identifying retired practitioners that could assist with inspections on a part-time basis and thus clear the backlog. That has not been implemented on account of Council resignations, and the absence of a quorate Council to approve such measures.

Accordingly, overall Council has not registered significant progress in its execution of this legislative function. Barring persisting budgetary constraints, there is an urgent need to fill the current Inspector vacancy, and possibly convert the Deputy Registrar position into that of an Inspector to beef up capacity within the Inspectorate, thus increasing the number of Inspectors to three (3). Coupled with this possible intervention, the mooted appointment of part-time retired Inspectors, will also receive attention. This matter will therefore still remain a strategic priority in the new financial year.

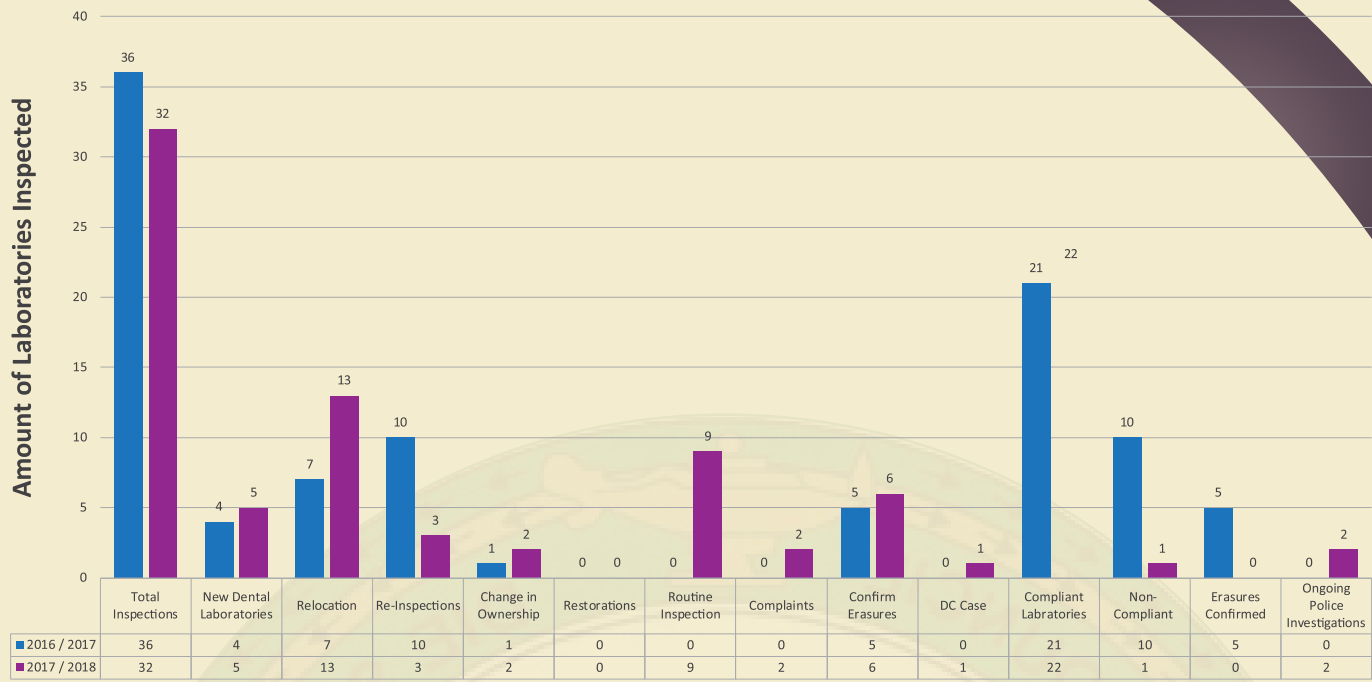
Below is key statistical data in respect of the above narrative:

Summary of inspections conducted per province

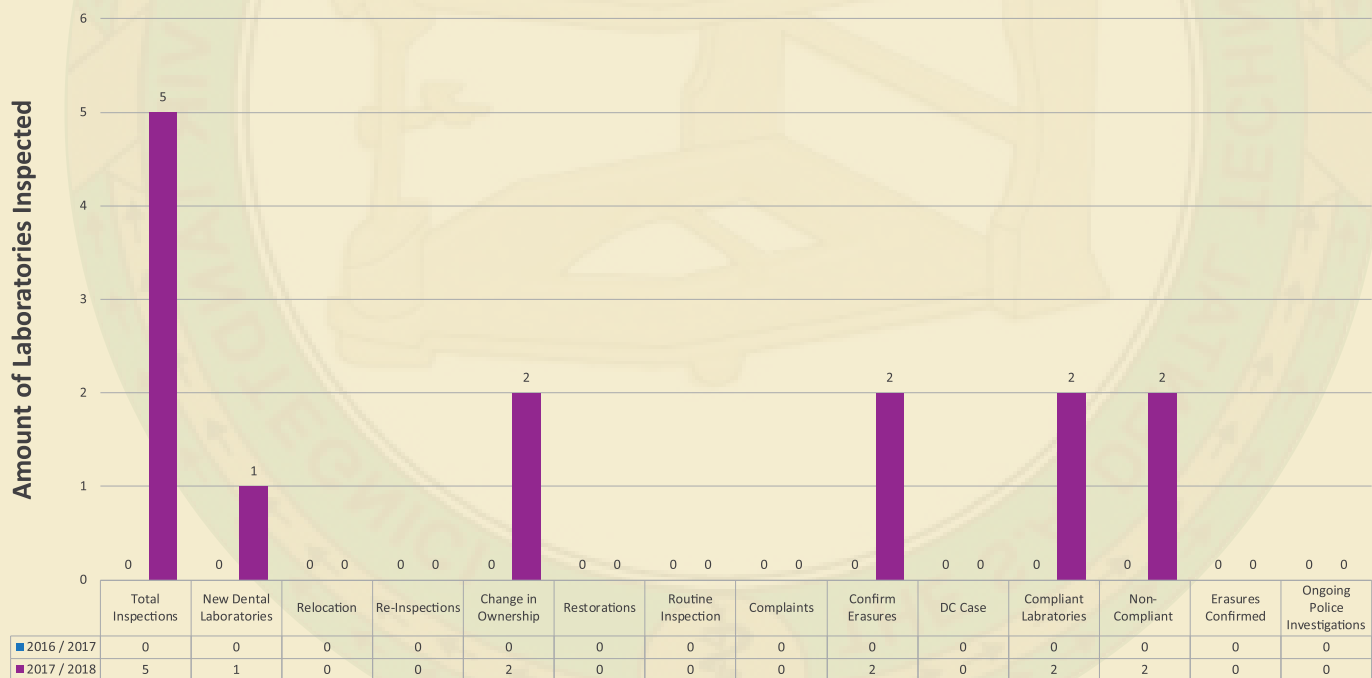
	2017 / 2018	2016 / 2017
Gauteng Province	46	11
North West Province	10	1
Western Cape Province	32	36
Free State Province	5	0
Limpopo Province	8	12
KwaZulu-Natal Province	21	22
Eastern Cape Province	8	7
Mpumalanga Province	6	1
	142	90

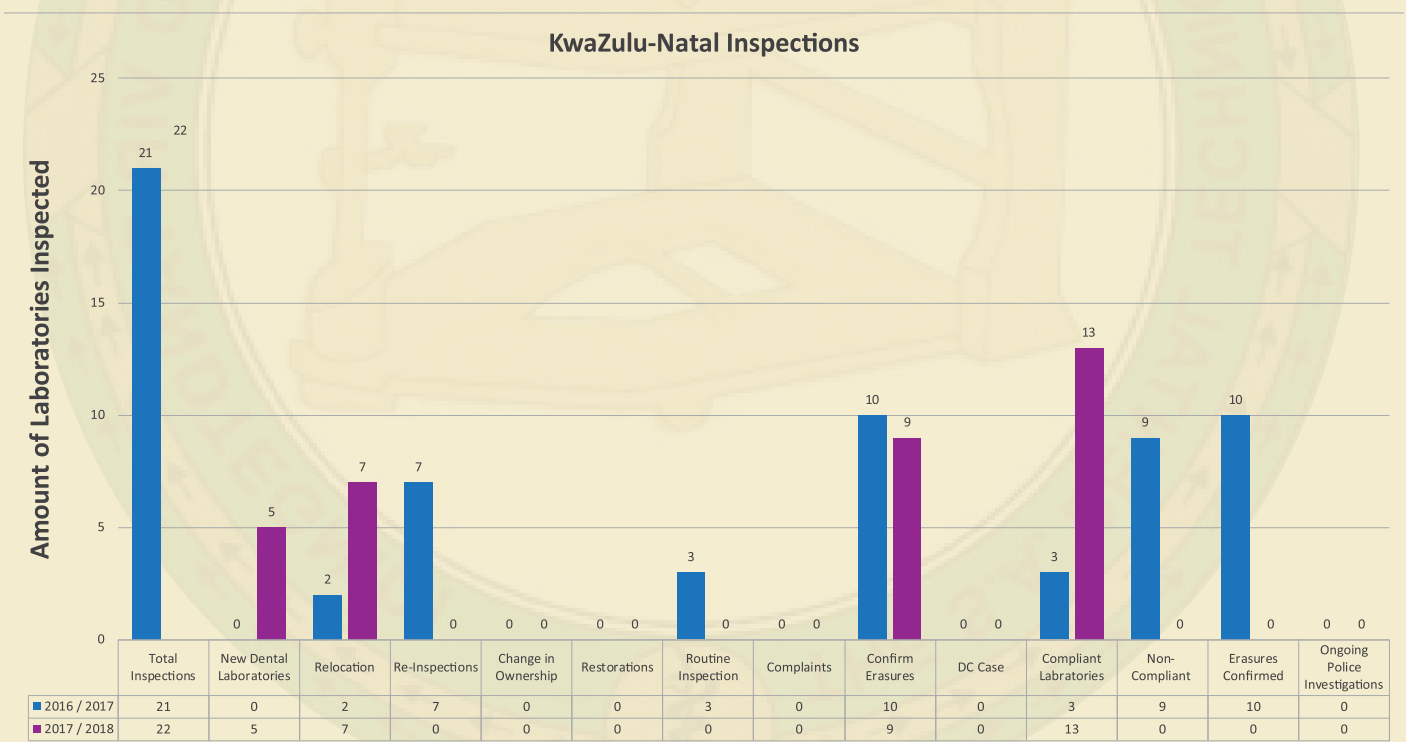
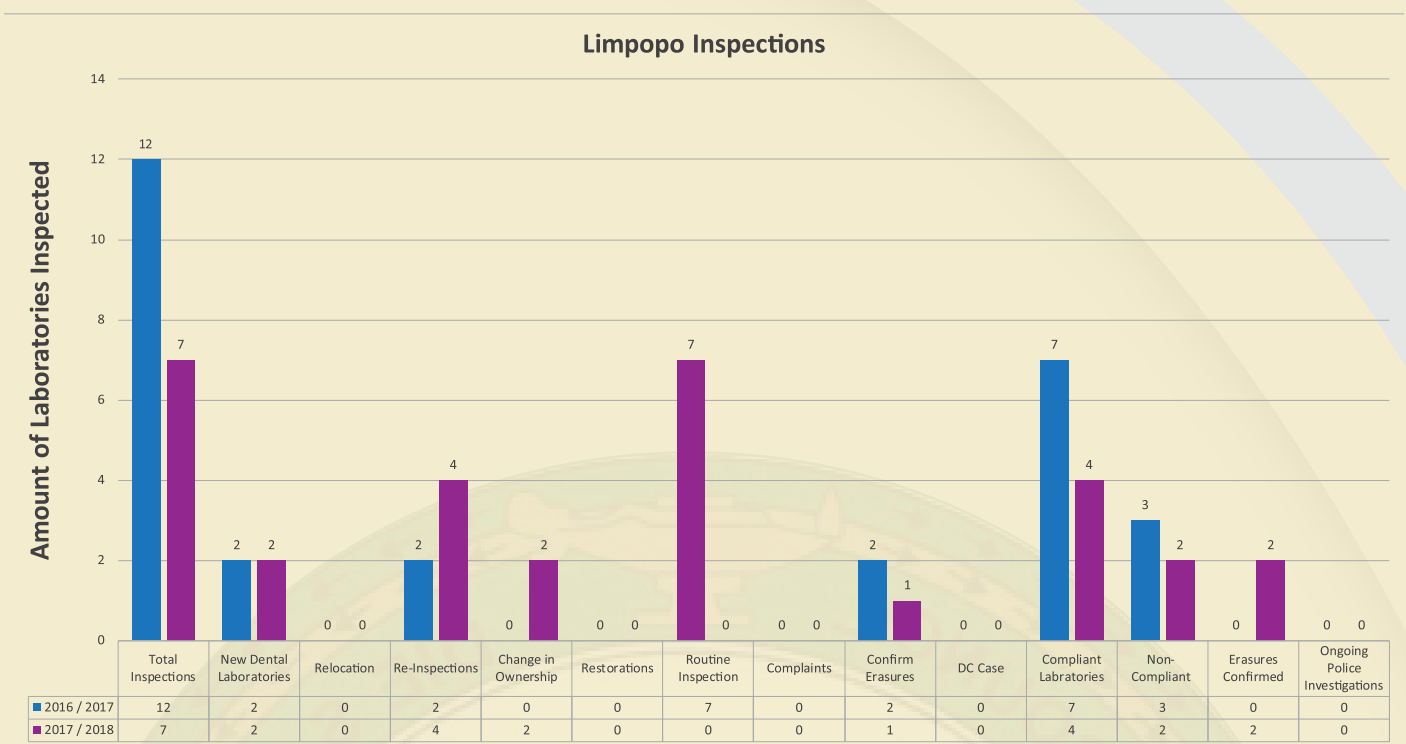


Western Cape Inspections



Free State Inspections

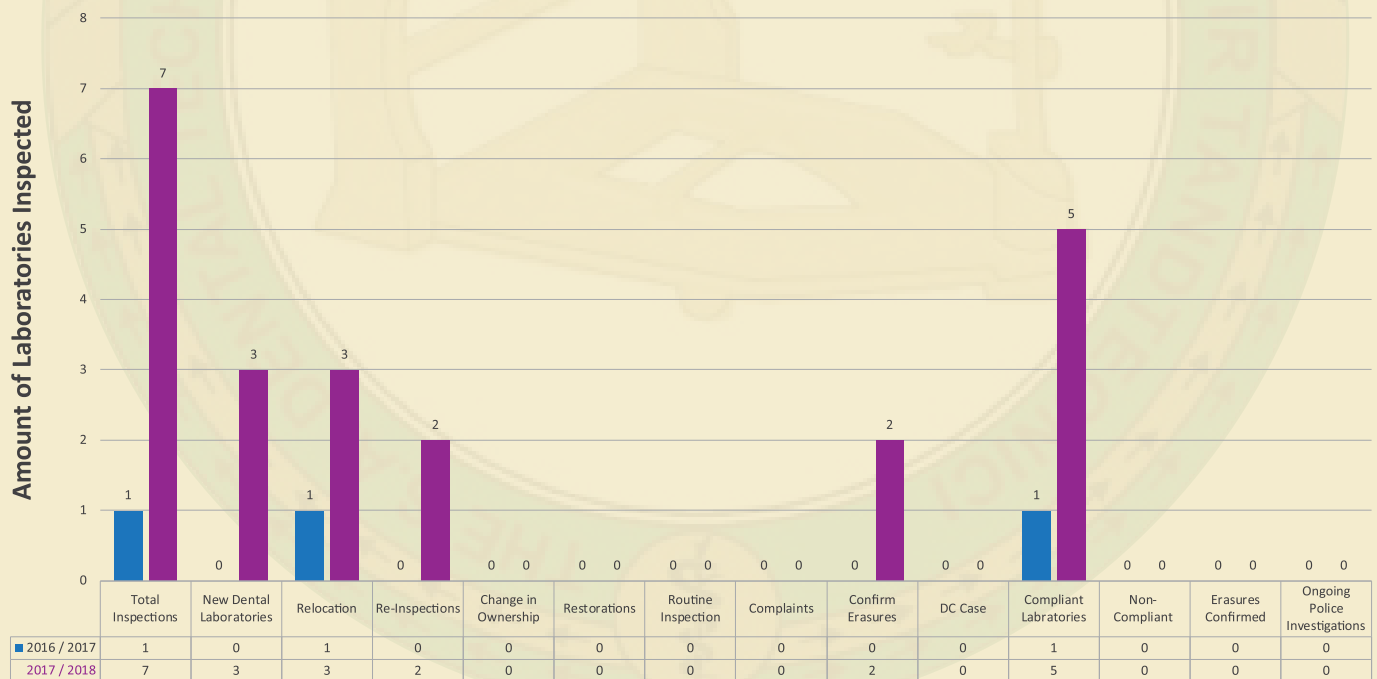


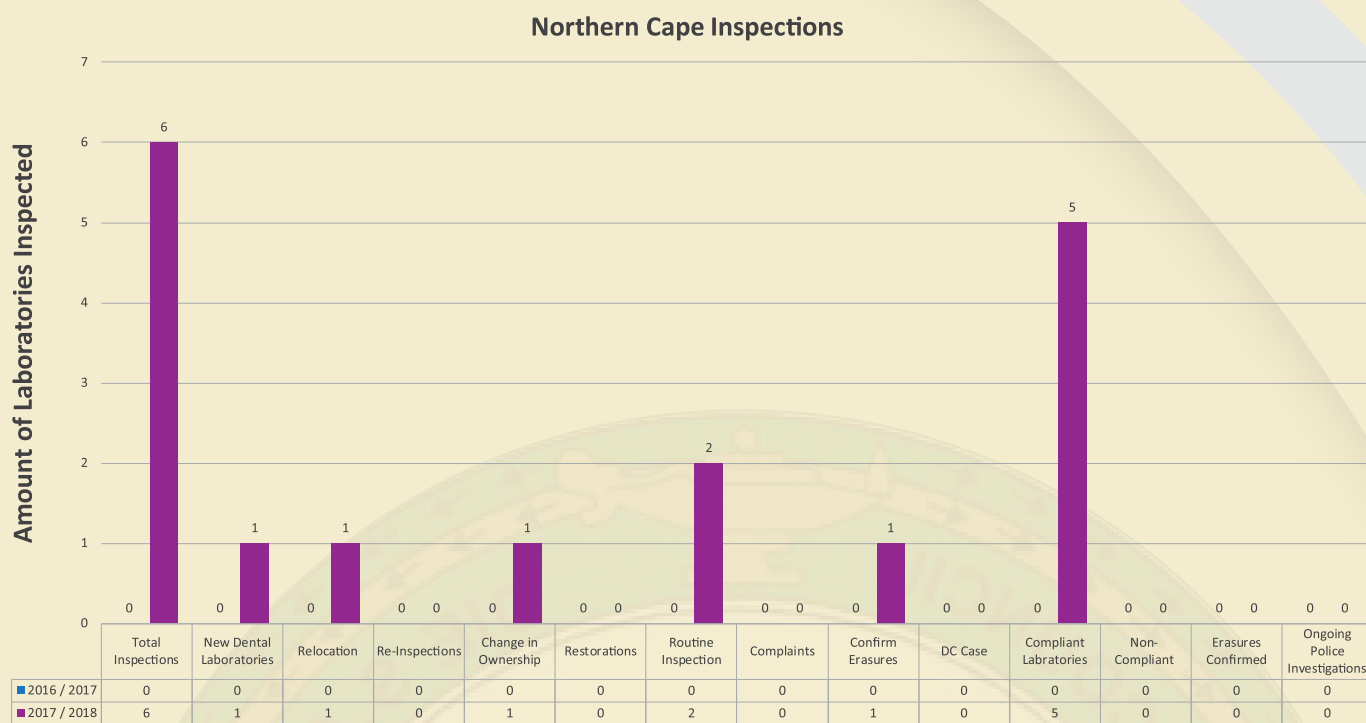


Eastern Cape Inspections



Mpumalanga Inspections





7.4.6 STAKEHOLDER RELATIONS (SO1, SO2, SO3):

Throughout the term of the current Council, an inclusive and participatory approach to carrying out Council work and mandate was adopted. At the centre of Council's functioning, is its relationship with its stakeholders. Council continues to budget considerable amount of financial resources and time to stakeholder engagement, liaison and consultation.

The financial year under review was characterised by the continuation of Council's stakeholder engagement drive, as evidenced by the legislative review roadshows, regular publication of newsletters, regular updating of its website, and including Dentasa within its Committees structures.

There is considerable room for the enhancement of Council's stakeholder strategy going forward. This will receive attention during the 2018/19 financial year, including soliciting inputs and suggestion from the stakeholders in this regard.

PART C: GOVERNANCE



8. CORPORATE GOVERNANCE REPORT

8.1. OVERVIEW

The South African Dental Technicians Council is a creature of statute, established in terms of section 2 of the Dental Technicians Act No. 19 of 1979. The Hon. Minister of Health appoints Council, which may consist of up to eleven (11) members, who exercise oversight over the SADTC. The term of Council is five (5) years, and the term of the incumbent Council expires at the end of September 2018.

Council, in the execution of its mandate, is ably assisted by Committees, most of which are legislatively-prescribed.

In line with the Act, governance best practice, and as enjoined by King IV: fairness and transparency. In the context of the SADTC, it entails:

- All members of Council are non-executive and independent;
- Council strictly plays an active oversight role as well as giving strategic direction to Council. In this regard, there a clear delineation/ divide between Council's oversight role, and Administration's operational and implementation role;
- Council operates in line with the dictates/ provisions of the Dental Technicians Act, and its Committees operate in line with the dictates of the Act plus the respective Committee Charters/ ToRs. Council is yet to develop a Charter. It is a matter that Council will look into in the 2018/19 financial year;
- There is a fair balance and diversity within Council and its Committees in terms of skills set, gender, demographics and geographic spread.

8.2. MEETING PROCEDURES

Council meets once every quarter. The frequency of Committee meetings varies from the type of committee and the business they transact.

8.3. CONSTITUTION AND COMPOSITION OF THE COUNCIL

Section 5 (1) of the Act prescribes the Constitution of the Council. The Act provides that the Council shall consist of the following members:

- a. Director of Oral Health of the Department of Health
- b. Five persons appointed by the Minister of whom:-
 - one shall be a dentist attached to a university having a dental faculty;
 - one shall be a dental technician/technologist attached to an institution at which dental technicians technologists are educated and trained; and
 - three shall be members of the public who shall be appointed after calling through the media for nominations by the public, of whom at least one shall be appointed on account of his or her knowledge of the law.
- c. Two dental technician contractors nominated and elected by dental technician contractors in the prescribed manner;
- d. Two dental technicians/technologists who practice the profession of dental technician/technologist as employees and who are nominated and elected in the prescribed manner by dental technicians/ technologists; and
- e. One dentist nominated and elected by dentists

Council Members

Name	Designation in terms of Council's Structure	No. of Meetings attended during 2017/2018 FY
Mrs C.Mokgatlhe-Makwakwa	President – Community representative	3
Mr LA Steyn	Dental Technician attached to a training institution	3
Dr N Baloyi	Dentist nominated by other Dentists	3
Ms B Rammila	Dental Technicians nominated by other Technicians	0
Mr P Briscoe	Lab Contractor nominated by other Lab Contractors	2
Adv. O Josie	Legal Representative	2
Mrs F Vally	Community Representative	3
Mr I Noorshib	Lab Contractor nominated by other Lab Contractors	1
Mr G Gunnell	Dental Technicians nominated by other Technicians	1
Prof. CP Owen	Dentist attached to a training institute	1
Adv. T Lupuwana	Legal Advisor- Community representative	1
Dr M Mcuba	Director – Oral Health	1
Dr A Vahed	Dental Technician attached to a training institution	1

As at 28/02/2018 Council had two vacancies. Due to the term of Council expiring on the 31st of August 2018. Council resolved not conduct elections.

8.4. COUNCIL COMMITTEES

With a view of effectively carrying out its functions as prescribed by the Dental Technicians Act of 1979, Council has various Committees in place, as prescribed by the Act:

- Executive Committee (EXCO) - as prescribed and mandated in the Act;
- Education Committee - as prescribed and mandated in the Act;
- Disciplinary committee - as prescribed and mandated in the Act;
- Audit and Risk Committee (ARC) - as prescribed and mandated by King IV;
- Continuous Professional Development (CPD) – as prescribed by the regulations; and
- Service Conditions Committee- as prescribed and mandated in the Act.

CURRENT COUNCIL COMMITTEES

Committee	No. of meetings held	No. of members	Name of members
Executive Committee	1	5	Mrs Catherine Mokgatlhe-Makwakwa
Audit & Risk Committee	3	3	Mr. N Goosen Dr NA Baloyi
Education Committee	2	6	Mr L Steyn Mr K Padayachee Mr A Boshoff Mr A Latiefa Mr G Somers Dr N Baloyi
Continuous Professional Development	2	4	Mr L Steyn Mr E Gebhardt
Service Conditions Committee	0	3	Mrs C Mokgatlhe-Makwakwa
Disciplinary Committee	0	0	

8.5. REMUNERATION OF COUNCIL MEMBERS AND OTHER COMMITTEE MEMBERS

Name	Remuneration	Other allowance	Total
Mrs C Mokgatle-Makwakwa	54,000.00	1,500.00	55,500.00
Mr LA Steyn	27,800.00	25,816.54	53,616.54
Dr N Baloyi	12,300.00	123.00	12,423.00
Ms B Rammila	0.00	0.00	0.00
Mr P Briscoe	2,400.00	24.00	2,424.00
Adv. O Josie	17,800.00	638.80	18,438.80
Mrs F Vally	6,000.00	2,187.33	8,187.33
Mr I Noorshib	1,200.00	12.00	1,212.00
Mr G Gunnell	1,200.00	3,441.00	4,641.00
Prof. CP Owen	0.00	0.00	0.00
Adv. T Lupuwana	5,900.00	59.00	5,959.00
Dr M Mcuba	0.00	0.00	0.00
Dr A Vahed	1,200.00	301.00	1,501.00
Name	Remuneration	Other allowance	Total
Mr N Goosen	17,700.00	1,402.60	19,102.60
Mr G Somers (Edco Inspector)	0.00	0.00	0.00
Ms K Padayachee	0.00	0.00	0.00
Mr A Latief	0.00	0.00	0.00
Mr A Boshoff	0.00	0.00	0.00
Mr EV Gebhardt	4,800.00	707.20	5,507.20
Mrs Y Ngombane	1,200.00	1,164.50	2,364.50
Mr DW van Eyk	2,400.00	2,302.60	4,702.60
Mr A Grabowski	9,600.00	544.00	10,144.00
Mr LG Maguga	1,200.00	219.36	1,419.36
Mr T Gumbi	0.00	0.00	0.00
Mrs A De la Crouse	2,400.00	674.00	3,074.00
TOTAL	169,100.00	41,116.93	210,216.93

8.6. INTERNAL CONTROL

The Office of the Registrar is tasked with the responsibility for a system of internal control, and to ensure the efficient management of Council resources.

8.7. FINANCIAL MANAGEMENT

Council Management implements and maintains a system of internal control that ensures the attainment of principal control objectives such as:

- Effectiveness and efficiency of operations;
- Reliability of financial and management reports;
- Compliance with applicable laws, Regulations and policies; and
- Adequacy of procedures to safeguard Council assets.

Financial management continues to improve within the SADTC. This is evidenced by our receipt of unqualified audit reports from Council's external Auditors.

8.8. INTERNAL AUDIT

There is no internal audit function within the SADTC.

8.9. RISK MANAGEMENT

There exists within Council a risk management framework, which is in line with best practices and aimed at achieving risk maturity. Risk management is embedded in the strategy and operations of the SADTC.

Ultimately, Council is responsible for risk management within the SADTC, supported by the ARC and Management.

8.10. HEALTH, SAFETY AND ENVIRONMENTAL ISSUES

Council complies with health and safety matters and municipal by-laws. Reasonable precautions are taken to ensure a safe working environment. Employees are constantly informed about health and safety issues and measures at the workplace.

There is compliance with the Council Occupational Health and Safety Act of 1995 and other relevant legislation. Members of the profession are requested to provide a municipal permission letter when they apply for laboratory registrations.

8.11. COUNCIL CODE OF CONDUCT

All members of Council signed the code of conduct at the beginning of their term, and the document is reviewed annually.

8.12. FRAUD AND CORRUPTION

Although Council is yet to develop and adopt a fraud and corruption strategy, the current mechanisms of reporting fraud and corruption are through affidavits submitted to Council, as well as by telephone calls to Council.

Council is committed to protecting its funds and other assets, and in this regard, has adopted a zero-tolerance stance to fraudulent activities. Council has also established a solid relationship with law enforcement agencies in the Republic, to whom fraudulent activities are reported once detected. Resources permitting, Council plans to open a secure fraud hotline in future.

8.13. MANAGING CONFLICT OF INTEREST

Councillors and staff are expected to sign the declarations of interest at the beginning of the year and at every meeting attended.

8.14. SOCIAL RESPONSIBILITY

There are currently no socio-economic or outreach projects in the SADTC.

8.15. REPORT OF THE AUDIT AND RISK COMMITTEE(ARC)

The ARC is pleased to present its report to Council for the financial year ended 28 February 2018.

The ARC reports that it has adopted formal terms of reference as its ARC Charter, has regulated its affairs in compliance with Charter, and has discharged all its responsibilities contained therein, except where changes in accounting policies and practices have not been reviewed.

AUDIT AND COMMITTEE RESPONSIBILITY

The ARC consists of one external member and two Council members. The ARC Chairperson is an external member. The ARC assesses SADTC's risks, with reference to the council's available resources, expertise, experience of financial management. The ARC has a policy that outlines its terms of reference.

The role of the ARC is to assist Council to ensure that:

- The SADTC has implemented an effective policy and plan for Risk Management that will enhance the SADTC's ability to achieve its strategic objectives;
- The disclosure regarding risk is comprehensive, timely, and relevant;
- Review the annual financial statements, summarised integrated information, any other intended release of price-sensitive information and prospectuses.
- Comment on the annual financial statements, the accounting practices and the effectiveness of the internal financial controls;
- Review the disclosure of sustainability issues in the integrated report to ensure that it is reliable and does not conflict with the financial information;
- Recommend to Council the engagement of an external assurance provider on material sustainability issues;
- Recommend the integrated report for approval by Council;
- Consider the frequency for issuing interim results;
- Consider whether the external auditor should perform assurance procedures on the interim results;
- Review the content of the summarised information for whether it provides a balanced view; and
- Engage the external auditors to provide assurance on the summarized financial information.

The ARC has satisfied itself that its objectivity and independence remain intact, and the continued relevance of the internal audit charter on which it operates.

EXTERNAL AUDIT PLAN

The ARC has reviewed the external audit plan as presented by the external auditors. That plan is in line with best practice and audit standards and takes into account the Council's risk register for the financial year under review. The Committee believes that the plan and the audit fee presented was sufficient and reasonable for the completion of the SADTC annual audit.

The ARC notes that Council's external auditors have been in Council's service for a period of more than three years. A need has therefore arisen for Council to review the extension or otherwise of the services of the external auditors, mindful of preserving the integrity of its assurance regime, and the continued independence of the external auditors.

The ARC has reviewed the annual financial statements and the annual report for the financial year ended 28 Feb 2017, and is satisfied that, in all material respects, those reports comply with GRAP, and therefore fairly present the financial position and performance of the SADTC. The Committee reviewed and discussed the annual financial statements and annual report with management.

Accordingly, the Audit and Risk Committee hereby recommends the financial statements and performance report for the year ended 28 Feb 2017, to Council for approval.



Mr. N. Goosen
Chairperson of ARC on
Behalf of the ARC
SADTC

PART D: HUMAN CAPITAL MANAGEMENT



9. OVERVIEW: HUMAN CAPITAL MANAGEMENT

9.1. LEARNERSHIP PROGRAMME

On account of Council's relatively small size and budgetary constraints, it has, and continues to be unable to participate in a key Government initiative aimed at social upliftment by the employment of young, previously-disadvantaged graduates, especially those from Dental Technology, as interns. There is therefore no internship programme within the SADTC.

This is an aspirational objective of the SADTC going forward, the implementation of which will hinge on future prospects of growth of Council.

9.2. CURRENT COUNCIL HUMAN CAPITAL PROFILE

The table below depicts Council's human capital statistics during the FY under review:

Positions	Salary Band	Appointments	Date of Resignation	Expiry	Race	Gender
Registrar/CEO	Senior Management	November 2014	N/A	November 2019	Black	Female
Deputy Registrar	Senior Management	June 2011	N/A	October 2018	Black	Male
Laboratory Inspector	Professionally qualified	January 2017	September 2017	Permanent	White	Female
Laboratory Inspector	Professionally qualified	January 2017	N/A	Permanent	White	Male
Administrator	Professionally qualified	January 2015	N/A	Permanent	White	Female
Receptionist & PA	Semi-skilled	August 2016	N/A	28/02/2019	White	Female
House Manageress	Unskilled	October 1997	N/A	Permanent	Black	Female
Messenger & Gardener	Unskilled	January 2005	December 2018	Permanent	Black	Male

9.3. STAFF TURNOVER PROFILE

Reason	Number
Death	0
Resignation	2
Dismissal	0
Retirement	0
Ill health	0
Expiry of contract	0

9.4. LABOUR RELATIONS: MISCONDUCT AND DISCIPLINARY ACTION

Nature of Disciplinary Action	Number
Verbal Warning	0
Written Warning	1
Final Written Warning	0
Dismissal	0
Dispute Resolution	1
Expiry of contract	0

9.5. PERFORMANCE BONUSES PAID TO EXECUTIVE MANAGEMENT

Positions	Salary Band	Amount
Registrar/CEO	Senior Management	R 43,504.47

Employee development is an invaluable mechanism to increase the skills profile of Council staff, and to also to improve staff performance. An amount of R 95,000.00 was allocated towards development and training in the approved annual budget for the financial year under review.

No training and development took place during the reporting period.

PART E: FINANCIAL INFORMATION

10. COUNCIL'S REPORT

10.1. GOING CONCERN

Your attention is drawn to the fact that as at 28 February 2018, the Council had:

- an accumulated a surplus of R 1 586 976 (2017: R1 831 921) following a loss of R 256 248 for the year under review (2017: R 1 013 319); and the total assets exceeded its liabilities by R 3 998 203 (2017: R 4 242 968).
- These financial statements have been prepared on the basis of accounting policies applicable to a going concern for the next twelve months.
- This basis presumes that sufficient funds will be available to finance future Council operations and furthermore that there will be no material changes that may adversely impact the council during the next twelve months that will prevent or limit the realization of assets and the settlement of liabilities, contingent obligations as well as commitments will occur in the ordinary course of Council's business.

10.2. SUBSEQUENT EVENTS

Council is not aware of any matter or circumstances arising post the end of the financial year 2017/18 that could have a material effect on the financial statements.

