

The financial compensation of SA dentists just doesn't compare.

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As we begin the New Year of 2018, I am alert to one of the matters that have been raised by many dentists in my meetings across South Africa...the fact that dentists are expected to offer an increased quality of service ...but within the ambit of an ever reducing remuneration-for-service regime. Many believe that dentists in South Africa earn exorbitant amounts of money, more than most other medical doctors and specialists. However, while the public may perceive this to be the case - largely because the allocations to dentistry made by the medical aid schemes leave members having to pay towards their oral health care out of their own pockets - it couldn't be further from the truth.

The reality is that most dentists in South Africa, despite spending at least five years learning the basics of the discipline, earn less than other medical professionals and far less than their international counterparts.

According to the international online salary, benefits and compensation information company, Pay Scale, the average salary for a South African Dentist is R426,304 per year – about R35,500 per month. This is notably less than the average annual salaries of Orthopaedic Surgeons (R1,076,000), Radiologists (R589,581), General Surgeons (R550,000), Anaesthetists (R480,000), and General Practitioners (R474,574).

The Health Professions Council of South Africa (HPCSA) recognises 30 specialties and 18 subspecialties, in the health-care field. Within these specialties, it is only the dentists who are required to have all the latest, specialist equipment available at their individual practices, equipment which comes in at a massive cost. Within other medical fields comparable equipment needs are limited to the larger and more advanced facilities, usually hospitals. It is generally much more expensive to set up a private dental practice than for any other medical discipline.

While our dentistry professionals refuse to use inferior equipment, or to drop the standard of their services, the cost that goes into purchasing and maintaining this kind of technology is making it increasingly difficult for dental practices to make a reasonable profit. This is further compounded by the pressure put on the discipline by the lack of support from private medical aid companies in their annual allocations, and from the public sector in not investing adequately in educating the public on the high importance of oral healthcare in maintaining optimal overall health.

Career Junction's list of the top paying positions in South Africa in 2017 showed that the highest earning jobs in the country are, in fact, in the engineering sector. This is in stark contrast to the global top 10 highest-paying jobs which, according to [Investopedia](#), is dominated by healthcare occupations – including dentists (number five on the list). To the questionable imbalance of remuneration is added the realisation that certain sectors and professions within the national healthcare industry are being prioritised over others. How different are the priorities of our country to those of the rest of the world!

Should we not be placing more value on the health of our nation? More specifically, should we not be questioning why oral healthcare – a crucial element for our overall health – is being pushed to the bottom of the essential needs list?

This is compounded by the fact the provision of dental cover continues to be eroded despite increases in medical aid premiums well-above-inflation. Increases in these premiums were between 10% and 12% for 2017 - but, while premiums were increasing significantly, payments to dentists continued to decrease, reflecting the "low priority" medical aid funders allocate to dentistry. I noted at the SADA

Congress 2017 that the dental profession is severely under attack – one is expected to go through five years of dental school, set up a dental surgery with very onerous requirements, use expensive equipment and material, employ fully qualified (and registered) staff, offer quality treatment to patients and yet it is the third party funders who decide on the cost of such treatment, sometimes to the great disadvantage of the dental service provider and his/her patient.

This is despite the fact that oral health is essential to sound general health, and that dentists can often detect more serious health problems early. Many studies show an as-yet-unexplained association between gum disease and several serious health conditions, including diabetes and heart disease.

South African dentists received only 2.34% of the total funds paid out to health care providers in 2015. This was down from 2.42% in 2014. With the exception of dental procedures covered under Prescribed Minimum Benefit (PMB) limits, dentistry is considered low priority by funders. The average increases in dental tariffs year on year have been between 5% and 6%. From 2014 to 2015, the total funds paid out to dentists increased by 5.44%. This shows that there has been no growth in the benefit structures available for dentistry as this figure is very much aligned to the inflation rates. The dental professionals are under pressure to deliver high quality service in keeping with international standards whilst struggling to meet practice overhead expenses in the light of consistently declining medical aid benefits. This is an area on which the Association will be focussing in the next few years, with a view to correcting the disparities so that all stakeholders are not disadvantaged. The patients will remain our top priority.

