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SADA Professional Advisory Bulletin

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- Please participate in these Research Surveys

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Dear Members

CLINICAL

What does SADA do for you?
Why this matters to you

Every day, SADA members provide clinically necessary care and then run into scheme rules that were never tested against the evidence used to justify them. One of the clearest recent examples is GEMS' blanket refusal to reimburse restoration redos performed within three years (1,080 days) of the original placement – a rule GEMS described as "evidence-based" and "aligned with industry best practice." This bulletin sets out what SADA did on your behalf when that claim was tested, and why membership-funded advocacy of this kind matters.

The scenario

As of 1 July 2026, GEMS introduced a uniform three-year rule to restoration redos across its scheme, which would result in claims being declined for replacements performed before the 1,080-day mark regardless of the clinical circumstances that led to failure. When practitioners and members raised concerns, GEMS pointed to a body of published literature as the basis for the policy. Rather than accept that assertion at face value, SADA requested that GEMS supply the actual references relied upon, and then subjected each one to independent clinical scrutiny.

What SADA did

- Formally requested the underlying evidence base from GEMS before accepting the policy's clinical justification.
- Commissioned a reference-by-reference clinical review of all seven sources GEMS supplied, assessing population, methodology and actual findings against the specific claim being made.
- Identified that three sources reported restorations surviving well beyond three years – in two cases to 12 and 15–17 years – directly undermining the rule they were cited to support.
- Identified that two sources addressed entirely different clinical questions (post-root-canal coronal restoration; caries-removal technique in primary teeth) with no bearing on redo intervals.
- Identified that the only source with a genuine three-year endpoint was a manufacturer-funded trial of a single proprietary material, co-authored by the sponsor's own staff – not an independent validation of a redo-interval policy.
- Established that none of the seven references reflected a South African population, GEMS-comparable tariffs, or the real-world operating conditions that determine restoration longevity for GEMS members.
- Placed formal representations before GEMS setting out these incongruencies and requesting a coordinated response: production of directly relevant research, withdrawal of the "evidence-based" characterisation pending that research, and interim protection for practitioners performing clinically indicated early redos.

Why this is what SADA is for

Individual practitioners can rarely interrogate a scheme's clinical policy literature, request the underlying references, and hold a funder to account for how it characterises its own evidence base. That is precisely the work a member organisation is built to do: SADA absorbs the time, clinical expertise and negotiating weight required to test a scheme's justifications, so that a single practitioner does not have to fight that battle alone – and so that policy affecting an entire membership rests on evidence that will actually stand up to scrutiny.

This case is not an isolated one. It reflects a standing part of SADA's mandate: reviewing scheme rules that affect clinical decision-making and member reimbursement, testing the evidence schemes cite in support of those rules, and pursuing correction where the evidence does not hold up.

What you can do

- If you encounter a scheme rule you believe is not properly evidence-based, or that penalises clinically appropriate care, report it to SADA's clinical team.
- Keep records of declined claims linked to blanket rules of this kind – they strengthen the case SADA can bring on members' behalf.
- Watch for further updates on the GEMS matter as SADA continues to engage the scheme toward a resolution.

LEGAL

What SADA Did for You:
Proposed Fees for Dental X-ray Equipment
SADA makes a submission to SAHPRA on proposed regulations

SAHPRA has published proposed regulations regarding fees payable in terms of the Hazardous Substances Act, 1973, including fees relating to the regulation of radiation-emitting equipment such as dental X-ray equipment. The proposed fees cover regulatory matters such as new licences, licence renewals, amendments to licences, the movement or replacement of equipment, annual compliance submissions and inspections.

The proposed regulations are currently open for public comment.
SADA has reviewed the proposals from the perspective of dental practices and submitted detailed comments to SAHPRA.

Why did SADA get involved?
SADA recognises the importance of effective radiation regulation and patient safety. However, we are also mindful of the financial and administrative burden that additional regulatory requirements can place on dental practices, particularly smaller practices and sole practitioners.

The proposals could introduce costs relating to new licences, licence renewals, movement or replacement of equipment, licence amendments, annual compliance submissions and inspections, including associated travel costs.

SADA believes these costs should be reasonable, proportionate and linked to the actual regulatory work required.

What did SADA raise with SAHPRA?
SADA raised concerns about whether the proposed fees adequately take into account the type and complexity of dental X-ray equipment, the level of risk and the regulatory work actually required.

In particular, SADA questioned:

- Licence renewal fees, including the basis for requiring renewal of existing licences;
- Movement, replacement and disposal fees, where different circumstances may require different levels of regulatory intervention;
- Licence amendment fees, particularly where changes are purely administrative;
- Annual compliance fees, including what the submission entails and whether it applies to dental X-ray licences;
- Inspection costs, including hourly rates, travel costs and the need for greater transparency; and
- Testing and quality assurance requirements, where SADA has advocated for a more risk-based and evidence-based approach rather than a one-size-fits-all requirement.

SADA also requested clarity on the technical and scientific basis for the proposed testing intervals and consideration of relevant international approaches.

Why is SADA raising these concerns?
Dental practices already incur high costs to meet existing radiation safety, licensing, testing and quality-control requirements. SADA believes that additional regulatory costs should be justified, transparent and proportionate.

Our objective is to advocate for the financial burden on dental practices to be kept to a reasonable minimum, while maintaining appropriate standards of radiation safety and patient protection.

The proposed regulations remain part of the regulatory process.This is part of SADA's ongoing commitment to representing the interests of dental practitioners and ensuring that regulatory developments affecting the profession are fair, practical and proportionate.

PLEASE PARTICIPATE IN THESE IMPORTANT PROFESSIONAL SURVEYS

Knowledge, Attitudes and Practices of Radiation Safety by private practice dentists based in Johannesburg, South Africa

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Knowledge, attitudes and practices of South African oral health professionals towards the use of Silver Diamine Fluoride in caries management

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Yours in oral health
Dr Tinesha Parbhoo - Head Support Services
Mrs Carla Güldenpfennig - Legal & Corporate Governance Advisor



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