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Dear SADA Members

1. Delayed Community Service to Independent Practitioner Registration?

In **January 2025**, we received several reports from members experiencing delays in converting their **Community Service registration** to **Independent Practitioner registration**, with no feedback from the HPCSA after the stated **10 business days turnaround time**. We escalated the issue to the **HPCSA**, who assured us they are expediting the process for those affected.

If you are still facing delays, please submit your details to Registrations Division Ms. Kgomotso Nkoane (HPCSA) kgomotsoM@hpcsa.co.za or write to legal@sada.co.za. Your feedback helps us advocate on your behalf.

2. Addressing the Critical Shortage of Registered Dental Assistants

SADA is acutely aware of the **inadequate supply of registered dental assistants** across various regions in the country, despite ongoing training provided by several institutions. We have been engaging with tertiary institutions and the **HPCSA** to address this pressing issue. The HPCSA has acknowledged our concerns and confirmed that they are engaging with institutions and stakeholders to find solutions.

In recent weeks, SADA has written to **DUT, TUT, CPUT, and CUT**, advocating for improvements in training and recruitment processes. We have successfully engaged with **TUT** and **CUT** and are hopeful that meaningful progress will be made soon to address this issue, which threatens to disrupt dental service provision to the most vulnerable patients. Our proposals to the institutions include:

- **Curriculum Modernisation:** Institutions must ensure their curricula are **up-to-date** and responsive to current needs and developments in the dental profession. Dentistry is a **dynamic profession**, and modern, relevant training is critical to delivering high-quality patient care.
- **Hands-On Training:** We have observed a **decline in the quality of both theoretical and practical training**. Most institutions currently allocate only **30 credits out of 120** for hands-on experience in their Higher Certificate programs. We propose increasing

practical training credits and have offered to partner with institutions to **place students in dental practices** for practical experience, provided roles and responsibilities are clearly defined.

- **Recruitment Process:** We are concerned that many students enter the dental assisting field not out of passion, but as a **fallback option** or the **quickest qualification available**. Institutions should **revise their recruitment strategies** to attract candidates with a genuine interest in the profession.
- **Online Course Implementation:** One of the most critical proposals is the introduction of **online dental assisting courses**. This would allow students to complete theoretical training remotely while gaining practical experience in their local communities. This model could significantly increase the number of qualified dental assistants in underserved areas.

In **2017-2019**, SADA invested significantly in trying to register an online course through the **CHE**, but the application was unfortunately declined. We are reluctant to reinvest without guarantees of success, but we urge institutions to explore this option as a **long-term solution**.

SADA remains committed to collaborating with institutions, the HPCSA, and other stakeholders to resolve this crisis and safeguard the future of the dental profession.

3. Mercury Management Regulations Withdrawal

SADA is committed to listening to the concerns of its members and actively fighting for their interests. In response to the recent developments regarding the mercury management regulations, SADA is taking a stand to seriously challenge the implementation of laws that appear to be inequitable. One must question the urgency behind bypassing due process in the rollout of this law.

On 24 February 2025, the Minister of Forestry, Fisheries, and the Environment issued a notice withdrawing the mercury management regulations until they have been tabled in Parliament. According to Section 47(2) of the 1998 National Environmental Management Act, the Minister must table regulations before both Houses of Parliament and/or relevant provincial legislatures within 30 days of their promulgation. While additional time is allowed if Parliament or provincial legislatures are not in session, there is no set deadline for them to consider or report on the withdrawn regulations, and no explanation has been given for why the regulations were withdrawn rather than temporarily suspended for further review. This has subsequently been resubmitted. SADA is busy looking at other suppliers of the amalgam separator and recycling services. If you know or can assist, please contact clinical@sada.co.za

4. Update from the Association: Meeting with the Council for Medical Schemes (CMS) – 15 November 2024

After failing to receive positive feedback on behalf of our members regarding Clawbacks by Medical Schemes and Circular 66 of 2021, SADA took proactive action and approached the Council for Medical Schemes (CMS) to raise these critical issues. We appreciate the doors that the CMS has opened and are hopeful for positive changes in the way medical schemes are treating our members. SADA will continue to advocate for our members and bring these matters to the CMS as necessary.

Specifically, we discussed two major concerns:

Clawbacks by Medical Schemes

- Medical schemes have the legal right to recover payments (clawbacks) if claims are deemed incorrect due to errors, fraud, or membership issues. However, SADA raised several key concerns:

Medical schemes often deduct amounts without prior notice.

- Clawbacks are offset against future payments for different patients, leading to administrative challenges.
- Deductions may occur months or even years after the original claim, placing undue financial strain on practices.
- The CMS acknowledged that schemes are legally allowed to conduct clawbacks but emphasized their duty to prevent fraudulent or incorrect payments. They highlighted ongoing efforts to develop an Industry Charter for Fraud, Waste, and Abuse (FWA) and introduced FWA Codes of Good Practice to clarify the rights and responsibilities of all parties. The CMS has committed to reviewing these concerns and providing feedback to SADA.

Circular 66: National Reference Price List (NHRPL) 2006

- The Association urged the CMS to urgently review Circular 66, which designates the 2006 NHRPL as the last legally recognized coding system in South Africa. Although the circular encourages medical schemes to recognize new and updated codes, many schemes continue to selectively accept or reject these codes, negatively affecting both patient benefits and provider reimbursements. The CMS acknowledged this issue and agreed to review the Circular, promising to report back on their findings.

SADA remains dedicated to fighting for the best interests of its members and will continue to work with the CMS to ensure that medical schemes treat our members fairly and equitably.

5. SADA Submission: Invitation for the public to comment on the Draft Interim Block Exemption for Tariffs determination in the Healthcare Sector, 2025

SADA continues to stand strong for its members by actively engaging with critical regulatory matters affecting the healthcare sector. Recently, we submitted detailed comments on the Draft Interim Block Exemption for Tariffs Determination in the Healthcare Sector, 2025, after circulating the draft to our members for feedback. Unfortunately, we only received two responses, despite urging members to share their views.

In our submission, we raised concerns about the collective determination of tariffs for both PMBs and non-PMBs, which could create imbalances between funders and healthcare providers. We emphasized that medical schemes, primarily functioning as insurance vehicles, should not have the authority to set tariffs for non-medical aid patients or dictate fees beyond their reimbursement obligations.

Additionally, SADA expressed dissatisfaction with the current coding system, which has not kept pace with evolving clinical practices in dentistry. We advocated for professional societies, such as SADA, to lead the development and maintenance of coding systems to ensure they align with best practices in the dental profession.

SADA also challenged the block exemption as premature, warning that it could undermine the sustainability of healthcare providers in the long term. We stressed the need for a tariff determination framework that ensures financial viability for providers while keeping healthcare affordable for patients. Furthermore, we called for an extension of the public consultation period to allow for meaningful input from professional bodies.

As always, SADA is listening to its members, fighting for fair regulations, and ensuring that their concerns are heard at the highest levels. We will continue to monitor developments and take proactive steps to protect our profession.

6. The NHI and continued SADA Efforts

We would like to inform our members that while the National Health Insurance (NHI) Bill has been signed into law, SADA firmly maintains that the Act, in its current form, remains unworkable and unacceptable to the profession. In response to this, SADA took a proactive stance last year by becoming a signatory to the Universal Healthcare Access Coalition (UHAC). Through this partnership, UHAC has made a formal submission to address the critical shortcomings of the NHI Bill and has put forward a practical, evidence-based framework for healthcare reform in South Africa.

UHAC's proposal advocates for a mixed funding model, incorporating both medical scheme contributions and general taxes, while aiming to enhance governance, regulation, and efficiency across both the public and private healthcare sectors. This approach offers a sustainable, step-by-step solution that is aligned with South Africa's fiscal realities.

SADA, in its role as a strong and active participant, continues to champion the interests of our members and the profession. For further details on the NHI and UHAC's proposed solutions, we invite you to visit our website to read the full statement and access the UHAC fact sheets.

Yours in Oral Health
KC Makhubele
Chief Executive Officer

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