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## **CELEBRATING THE APPOINTMENT OF PROF LONDI SHANGASE AS HPCSA VICE PRESIDENT**

The South African dental profession warmly congratulates Prof Sindisiwe Londiwe Shangase on her appointment as Vice President of the Health Professions Council of South Africa (HPCSA). Her election to this important leadership position marks a proud and significant moment for the profession and for the broader health community in South Africa.

The HPCSA recently announced its new leadership team, with Prof Wezile Chitha elected as President and Prof Shangase serving as Vice President for the 2025–2030 term. In welcoming the new leadership, the Council emphasised the importance of experienced and principled governance in strengthening the regulatory environment that protects the public and guides the health professions.

Prof Shangase brings extensive academic, clinical and leadership experience to this role. She is widely respected for her contributions to oral health sciences as an Associate Professor and Head of the School of Oral Health Sciences at the University of the Witwatersrand, where she has played a key role in teaching and mentoring both undergraduate and postgraduate students while continuing to provide specialist patient care.

Her career has also been closely associated with the University of Pretoria, where she served as Chair of the School of Dentistry and helped strengthen academic programmes, clinical training, and innovation in dental education. Through these roles, she has helped shape the next generation of oral health professionals and contributed meaningfully to advancing dental scholarship in South Africa.

Beyond academia, Prof Shangase has long been active within the professional community. She is a specialist in periodontics and oral medicine and an active member of the South African Society of Periodontology, Implantology and Oral Medicine, contributing to specialised practice, research and professional development. Notably, she also holds a

distinguished place in the history of the profession as the first Black African to qualify as a periodontist in South Africa. This achievement reflects both her personal excellence and her role in advancing transformation within the profession.

The South African Dental Association has had the privilege of working closely with Prof Shangase over many years through her academic leadership and her engagement with the profession. She has participated actively in SADA initiatives and professional congresses, including presenting at SADA conferences and contributing to important scholarly and professional discussions that advance oral healthcare in South Africa.

Her appointment to the leadership of the HPCSA comes at a time when thoughtful, ethical and experienced leadership is essential for the future of the health professions. Prof Shangase's deep understanding of both the academic environment and the regulatory landscape positions her uniquely to contribute to the Council's mandate of protecting the public and upholding professional standards.

For the dental profession, this is truly a momentous occasion. It is a source of pride to see one of our respected colleagues assume such a significant role within the national health regulatory framework.

On behalf of the profession, SADA extends its sincere congratulations to Prof Shangase and affirms its fullest support as she undertakes this important responsibility. We look forward to continued collaboration in strengthening the profession, advancing oral health, and supporting the healthcare system for the benefit of all South Africans.

### **THE GROWING CHALLENGE OF SHORTAGES OF TRAINED DENTAL ASSISTANTS ACROSS THE COUNTRY**

Many of you have raised the growing challenge of **shortages of trained dental assistants** across the country. This is an issue that affects daily practice operations and the quality and efficiency of care delivered in dental practices. I would like to take this opportunity to update you on the work that SADA has been doing behind the scenes to address this important matter.

As you may recall, SADA previously invested significant resources in **developing a dental assisting training programme** to help expand the pipeline of qualified dental assistants. In pursuing this objective, we entered into a joint initiative with the Foundation for Professional Development and worked closely with the Health Professions Council of South Africa, particularly the Professional Board for Dental Therapy and Oral Hygiene, which provided support and engagement around the development of the course.

Unfortunately, despite the effort and resources invested, the application for the programme was ultimately declined by the Council on Higher Education. While this outcome was disappointing, it did not deter us from continuing to pursue alternative solutions to the problem.

Following this setback, SADA began engaging directly with universities that already offer dental assisting qualifications. We approached institutions including the Cape Peninsula University of Technology, Central University of Technology, Tshwane University of Technology and Durban University of Technology. The discussions have focused on

exploring how their existing **Higher Certificate in Dental Assisting** programmes could potentially be re-envisioned or adapted, particularly by incorporating **online learning components**, while allowing dental practices across the country to play a role in fulfilling the practical training requirements.

We have received encouraging responses. The Tshwane University of Technology has indicated a willingness to consider this approach, and discussions remain ongoing. Even more promising has been the engagement with the Cape Peninsula University of Technology, where there has been a strong commitment to working with SADA to develop and implement a model that could significantly expand access to dental assisting training.

SADA will work closely with these institutions to advance these discussions and help facilitate the development of a workable programme. **At present, the collaboration with Cape Peninsula University of Technology is progressing well, and the intention is to work towards developing and implementing a revised programme that could commence in 2027.**

In parallel with these efforts, SADA has also been engaging the Health Professions Council of South Africa regarding two issues that many practitioners have raised. The first concerns the **shortage of qualified dental assistants**, and the second concerns the **variable quality of training emerging from some institutions**. These engagements are aimed at ensuring the profession has a pipeline of dental assistants who are both **sufficient in number and appropriately trained** to support modern dental practice.

While the challenge is significant, please be assured that SADA has been actively working on this issue for some time and continues to pursue sustainable, long-term solutions in partnership with key stakeholders.

We remain hopeful that the progress being made, particularly with the Cape Peninsula University of Technology, will enable us to implement a new, more accessible training pathway for dental assistants in the coming years. We will continue to keep members informed as these developments unfold.

## **THE RISE OF DSOs: CALIFORNIA'S STAND AGAINST CORPORATE INTERFERENCE IN DENTAL PRACTICE WITH RELEVANCE TO SOUTH AFRICA**

The rise of Dental Service Organisations (DSOs) in South Africa is fundamentally altering the landscape of oral healthcare delivery. What began as a trickle of corporate interest in private practices is growing into a significant wave, with DSOs now controlling an increasing share of the dental market. This transformation raises profound questions about professional autonomy, clinical decision-making, and the future of dentist-patient relationships in our country.

Against this backdrop, a recent legislative development in California deserves our close attention. Senate Bill 351, which took effect on January 1, 2026, represents one of the most comprehensive attempts by the American government to limit corporate interference in medical and dental practice. For South African dentists watching the steady consolidation of corporate dentistry, this law offers both a warning and a potential roadmap.

### **What California's SB 351 Actually Does**

The California law targets Hedge Fund and Private Equity Group (HFPEG) owners of dental practices with remarkable specificity. It prohibits these corporate entities from interfering with dentists' professional judgment when making healthcare decisions.

More concretely, it bars them from:

- Determining what diagnostic tests are appropriate for a particular condition
- Interfering with referrals or consultations with other practitioners
- Dictating treatment options available to patients
- Setting quotas for how many patients a dentist must see or how many hours they must work

The law also strips corporate owners of control over patient medical records, it prevents them from hiring or firing clinical staff based on competency, and removes their authority over coding, billing, and the selection of medical equipment and supplies.

Perhaps most significantly for employed dentists, SB 351 voids any contract clauses that would prevent a departing practitioner from competing with the practice or from speaking out about quality of care, ethical challenges, or revenue-increasing strategies employed by the corporate owner.

### **The South African Context: DSOs on the Rise**

The relevance of California's move to South African dentists lies in the parallel trajectory of our own dental market. DSOs are expanding rapidly across South Africa, acquiring established practices and employing growing numbers of recent graduates. The model is familiar: corporate entities handle administration, marketing, and supply chain management while dentists focus on clinical care—at least in theory.

In practice, some South African dentists employed by DSOs are reporting concerns remarkably similar to those that prompted California's legislation. Productivity pressures, restrictions on referral patterns, limitations on treatment options based on cost considerations, and corporate oversight of coding and billing decisions have become recurring themes in professional conversations.

The fundamental tension is structural. DSOs, by their nature, answer to investors seeking returns. Dentists, by training and ethical obligation, answer to patients seeking care. When these interests align, the model works beautifully. When they diverge, the dentist's professional judgment should prevail — but the corporate structure does not always make that outcome automatic.

### **Could South Africa Follow Suit on the Californian Example – A Pre-emptive Necessity**

The question for our profession is whether South Africa might someday adopt similar protective legislation. The answer depends on several factors.

First, there is the matter of existing law. South Africa's Health Professions Act of 1974 establishes the Health Professions Council of South Africa (HPCSA) and provides for the control of the training, registration, and practice of health practitioners. However, the Act predates the modern DSOs phenomenon and does not specifically address corporate

ownership structures or the division of authority between clinical and business decision-makers.

Second, there is the question of regulatory appetite. California's SB 351 emerged from years of growing concern about private equity influence in healthcare, culminating in bipartisan legislative action. South Africa has not yet reached that tipping point, but the continued expansion of DSOs suggests we may be moving in that direction.

Third, there is the matter of enforcement mechanisms. California's law empowers the Attorney General to seek injunctive relief and recover attorneys' fees for violations. Any South African equivalent would require clear enforcement pathways and meaningful penalties to be effective.

### **What South African Dentists Should Watch For**

For SADA members, several developments bear watching:

**Contract provisions:** The specific clauses that SB 351 targets—non-compete agreements, non-disparagement clauses, and provisions that cede clinical authority to corporate entities—are already present in many South African DSOs employment contracts, in one form or the other. Members should review their own agreements with these concerns in mind.

**Regulatory signals:** The HPCSA's stance on corporate practice of dentistry will be crucial. In recent years, some confusion arose within the healthcare sector regarding the Health Professions Council of South Africa's (HPCSA) position on corporate ownership of healthcare practices. This followed amendments to the Ethical Rules of Conduct published in 2023, which introduced broader provisions for collaboration and multidisciplinary practice models. These changes led some stakeholders to interpret that corporate entities might now be able to own or employ practitioners within healthcare practices.

The HPCSA subsequently clarified that this was **not the case**. Through its Business Practices Policy and related communications, the Council reaffirmed its long-standing position that **professional healthcare practices must be owned and controlled by registered practitioners**. Corporate entities may therefore **not directly or indirectly own a healthcare practice or share in professional fees or profits derived from patient care**.

What remains permissible is the provision of **non-clinical support services by corporate entities**, such as administration, billing, IT systems, financing, or premises rental. These arrangements must be conducted on an arm's-length basis and may not function as a mechanism for sharing in professional income.

In essence, the HPCSA has clarified that **while corporate service arrangements are allowed, corporate ownership or profit participation in professional healthcare practices remains prohibited**, and clinical control must remain with registered practitioners.

**International precedent:** California is unlikely to be the last jurisdiction to act. Other American states are watching SB 351 closely, and similar legislation may emerge elsewhere. These developments will provide both models and cautionary tales for any future South African efforts.

**Conclusion**

As Dr Laurance Jerrold observed in his commentary on SB 351, "This is the kind of legislation that our governing body will have to follow closely as it not only winds its way through the California courts, but also as other states adopt similar legislation."

For South African dentistry, the rise of DSOs presents both opportunities and challenges. Corporate investment can bring modern equipment, efficient systems, and expanded access to care. But it must not come at the cost of clinical autonomy or ethical practice. California's experiment in drawing clear lines around corporate authority deserves our attention—not because we should copy it blindly, but because it forces us to ask what lines we would draw in our own context.

The relationship between organised dentistry and corporate dentistry is complex and evolving. Watching how it unfolds elsewhere may help us shape a future that serves both our profession and our patients.

The SADA will continue to monitor developments in corporate dentistry regulation, both locally and internationally. Members with concerns about employment contracts or corporate practice structures are encouraged to contact SADA for guidance.

Yours in Oral Health

**KC Makhubele**

**SADA Chief Executive Officer**

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