



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION



PRESS RELEASE

TITLE:

JOINT STATEMENT OF THE SOUTH AFRICAN DENTAL ASSOCIATION (SADA) AND THE SOUTH AFRICAN MEDICAL ASSOCIATION (SAMA), 3 DECEMBER, 2019.

STATEMENT:

SADA and SAMA members urged to attend the HPCSA meeting of the 7th December and advocate for the HPCSA's unbundling

GAUTENG – 3 December 2019

The South African Dental Association (SADA) and the South African Medical Association (SAMA) urgently call on their respective members to represent the associations at a stakeholder meeting called by the Health Professions Council of South Africa (HPCSA) on 7 December and advocate for the joint standpoint of SADA and SAMA that the HPCSA be unbundled into at least two entities as per the findings of the ministerial task team (MTT) in 2015.

Both SADA and SAMA support the findings of the MTT that the HPCSA is in a state of multi-system failure and deep systemic dysfunction, preventing it from carrying out its mandate as envisioned in the Health Professions Act of 1974 that was amended in 2007 to give rise to the HPCSA.

SADA and SAMA strongly agree and advocate for the unbundling of the HPCSA into at least two entities: the historic Medical and Dental Council and a Health and Rehabilitation Council for the rest of the professional membership of the HPCSA.

SADA and SAMA are aware of the HPCSA's current suggestion to merge the Dental Assisting, Dental Therapy and Oral Hygiene board with Medical, Dental and Medical Science board.

The two associations are vehemently opposed to the merger and are of the view that the suggestion is flawed and will not address the systemic issues that were raised in the MTT report. It is the considered view of both associations that a merger would further weaken the functioning of the HPCSA in delivering on its mandate and would not serve the public nor the professions.

Background to the MTT Report

The position of the two associations is rooted in the fifth recommendation of the report of the MTT, chaired by Professor Bongani M Mayosi, which investigated allegations of administrative irregularities, mismanagement and poor governance at the HPCSA. The report highlighted the failure and dysfunction of the body, which in turn has resulted in the organisation failing to deliver effectively and efficiently on its primary objectives and functions in terms of the Act.

The full report can be read on the SADA website. (<https://www.sada.co.za/press-releases/>)

Since 2015, the two associations have not seen any improvement in the overall functioning of the HPCSA. The HPCSA has also failed to engage with SADA and SAMA on key matters that affect their members. The HPCSA engaged the associations in late in 2019 after the two associations asked when it intends implementing the MTT's recommendations.

The HPCSA has seemed unwilling throughout to consider the implementation of the recommendations. SAMA and SADA have engaged the previous Minister of Health Dr Aaron Motsoaledi, wherein we presented

a document envisaging how the new entity would function. We have started discussions with the current Minister of Health, Dr Zweli Mkhize and await a joint meeting of both SAMA and SADA with him.

In light of all of this, both associations urge their members to attend the stakeholder meeting and advocate strongly for SADA and SAMA's position. It may be short notice, but both associations strongly hold the view that the interests of SADA, SAMA, their members and the public will be best served if the HPCSA is unbundled according to the MTT's recommendations.

The meeting will take place on 7 December 2019, at 09:30 to 15:00 at Lecture Hall 4-27, Faculty of Health Sciences/HWS, University of Pretoria, Bophelo, Road, Prinshof 349-Jr, Pretoria.

#Ends

Supporting Information

Reasons for the appointment of the Ministerial Task Team: *"There has been an increase in the number of complaints made by practitioners, professional associations and academic training institutions against the HPCSA. The complainants have accused the HPCSA of poor communication, prolonged delays in processing applications for registrations, unfair processes followed in carrying out professional conduct enquiries and failure of the HPCSA to provide guidance in resolving challenges affecting the health professions. The complaints against the HPCSA culminated in more than 30 anonymous letters of complaints (apparently by staff) to the office of President of the HPCSA in November 2014, which alleged maladministration, irregularities, mismanagement and poor governance at the HPCSA. The Minister of Health, acting in accordance with the provision of Section 6(g)(5) of the Health Professions Amendment Act, 29 of 2007, took a decision to appoint a Ministerial Task Team (MTT) on the 25th February 2015 to investigate allegations of administrative irregularities, mismanagement and poor governance at the HPCSA."*

Findings: The MTT found amongst others that the HPCSA is in a state of multi-system organisational dysfunction which is resulting in the failure of the organisation to deliver effectively and efficiently on its primary objectives and functions in terms of the Health Professions Act 56 of 1974.

Remedial action /Recommendation: The Ministerial Task Team recommended that the Minister of Health takes five major measures to address this serious deficit in the health system. Recommendation number 5 (7.5 of the report) reads: *"Institute a full organisational review and a proposal for a new governance and administrative structures for the future. The time has come to review the value of the HPCSA after 15 years of its establishment. This report reveals deep systemic dysfunction of the organisation which was extended from a single professional board (as the Medical and Dental Council for medical and dental practitioners) to a mega-organisation of 12 professional boards... (delete irrelevant information). There is a lack of coherence and cohesion in this large dysfunctional multi-professional organisation. It is the view of the MTT that the best interests of the health system are not served by the current structure and organisation of the HPCSA. The MTT proposes that consideration be given to the unbundling of the HPCSA into at least two entities: the historic Medical and Dental Council (which constitutes a third of the current membership of the HPCSA) and a Health and Rehabilitation Council (for the rest of the professional membership of the HPCSA). These new Councils would join the South African Pharmacy Council and the South African Nursing Council in the FSHPC. The redesign of the HPCSA requires the establishment of a new Task Team that will be provided with a mandate to examine international best practice, interviews with stakeholders, and provide actionable recommendations within a period of three years"*

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About SADA:

The leading professional industry membership body for dentistry in Southern Africa, the South African Dental Association (SADA) represents over 80% of registered dentists in the country's private and public sectors. Membership is open to industry professionals from dental students to retired dentists.

The Association is committed and engaged in processes relating to setting industry standards and formulating policies. Learn more about SADA at <https://www.sada.co.za>

About SAMA:

The South African Medical Association (SAMA) is a non-statutory, professional association for public and private sector medical practitioners. It functions as a non-profit company registered in terms of the Companies Act as well as a Public Sector registered in terms of the Labour Relations Act. SAMA is a voluntary membership association, existing to serve the best interests and needs of its members in any and all healthcare-related matters.

Learn more about SAMA at <https://www.samedical.org>

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