The last two months has seen frantic activity at Head Office with National Council meeting and my visits to some Branches where I had an incredible opportunity of meeting and addressing members at Branch level. I have started dealing with most issues that have been raised at these meetings.

The debate around the National Health Insurance (NHI) has been in the spotlight with unions condemning recent overtures made by the National Department of Health about consideration of a multi-payer system. This follows hot on the heels with the Director-General Ms Precious Matsoso meeting with leaders of the medical industry, to solicit them as part of the NHI process instead of the single fund (NHI Fund).

The Department of Health appears to have done a U-turn on its plan to scrap Medical Aid Schemes, saying they should instead work with the State when it rolls out National Health Insurance. This is in stark contrast to the White Paper on NHI that provided a hard line view that they should provide complementary cover only and would not be permitted to provide cover for conditions covered under the NHI. It would appear that the DG is requesting schemes to investigate NHI options cover in their plans. Until a proper funding model is released by Government, where the role of Medical Schemes will be clarified, we will not know. Government has also not given any indication on when it will finalise the NHI funding model.

In the meeting, the DG of Health made different suggestions on how the Government may have to work with the private sector, such as subsidising medical aid options for people who could not afford them. Finer details of a partnership, however, were not discussed.

The month of April 2017 also saw the Professional Board for Dental Therapy and Oral Hygiene issue amendments to the regulations, providing now for registration of currently unregistered and unqualified dental assistants within six months of 7 April 2017 and prescribing that they should write the Board examinations within two years from date of registration. A detailed SADA communique was sent to members with application forms, study preparation guide and links to past examination papers. Members will be reminded every month for the next six months, to ensure advantage is taken of this period. Members are urged and requested to use this opportunity to have their dental assistants registered.

The demarcation regulations came into force on 1 April 2017; this is intended to clearly define the business of a Medical Scheme versus that of Health Insurance. The regulations are seen by many as a preparation for the full introduction of NHI. Many insurance products such as limited gap cover and hospital plans were intended to allow poorer people access to healthcare after the introduction of the Medical Schemes Act, 1998.

The demarcation regulations are an interference in mutually agreed private contracts between freely consenting adults and insurers to minimise the risks of huge medical bills when catastrophe strikes. We have already decreasing dental benefits from most plans offered by Medical Schemes which choose to pay for basic dentistry and limited specialised procedures. The distinction between the two is primarily based on funding and not on any clinical rationale.

The SA Dental Technicians Council also introduced the new Dental Technology Professions Bill which overhauls the entire Dental Technicians Act and introduces enabling provisions for the introduction of denturists. It will severely limit the rights of dentists to choose technicians, to determine the use of technology to manufacture artificial prostheses, and will limit the business models available to the dental profession. It also seeks to limit the right of dental traders to trade freely by requiring their registration and will limit import and export of artificial teeth, prostheses etc. The Bill also gives the technicians the right to claim from patients and Medical Schemes without the dentist being clinically satisfied with the prostheses. We are not entirely certain whether there are enough edentulous patients to make denturism sustainable in the longer term or whether it will indeed assist the poorest as is being advocated.