www.sada.co.za / SADJ Vol. 80 No.5

How austerity measures are dismantling public oral health: sliding from crises to catastrophe

SADJ JUNE 2025, Vol. 80 No.5 P270-

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The Gauteng Department of Health (GDoH) unilaterally implemented austerity measures on 1st April 2025. This drastic fiscal measure by the GDoH, contravened the legally enforceable and mutually obligatory contract with dentists and specialists effective 1 April to 31 March 2026. The department hastily and abruptly suspended commuted overtime; enforced a moratorium on filling of posts; terminated sessional posts including the services of clinicians with scarce skills. By implication, the Gauteng Department of Health (GDoH) suspended certain specialist oral health services and in some cases, discontinued the provision of oral health care in the province and beyond. This regrettable and unjustifiable move by the GDoH has collapsed oral health services in the province and nationally. This crippling assault on the profession has pushed the national oral health service to the brink of collapse, and unable to regain its former glory. We can only wonder if time can restore what fate has torn? Or leave it lost, forgotten and forlorn.

Dentists and dental specialists play a crucial role in providing oral health services across the province and the country. These highly skilled professionals are dedicated to ensuring that quality oral healthcare always remains accessible to the population. However, only 3.6% of registered dental specialists (490) are employed full-time in the public sector, highlighting a serious shortage of expertise. [1-3] Similarly, just 13% of the country's dentists (6,800) serve over 85% of the population in the public healthcare system, reflecting a significant gap in resources. [1-3] This shortage is further exacerbated by the increasing number of private patients seeking care in public facilities due to high out-of-pocket costs and limited dental benefits from medical schemes. [4-5]

Consequently, the three academic hospitals (UP, Wits and SMU) act as the sole and exclusive providers of specialized oral health services in the province. Therefore, any drastic change in the staffing and resourcing of these institutions will have dire consequences for the delivery of these specialized services. The imposed austerity measures have but exacerbated the inability of the Gauteng Province to deliver on its policy mandate to progressively increase access and equity to oral health services. [6] This epitomized by inadequate training of fit for purpose graduates because of the shrinking budget allocations to Dental Schools. Similar financial constraints have thwarted efforts to improve the public oral services infrastructure.[4] The calamitous consequences of the above challenges include the following:

a. Extended waiting periods for minor oral health procedures, leading to a reliance on dental extractions.
b. Excessive delays and backlogs in accessing specialist oral health services.
c. Loss of experienced dentists and specialists due to departures from the academic and public sectors.
d. Declining graduate quality due to limitations in teaching and learning resources.
e. Insufficient research output to guide clinical practice and policy decisions.
f. Gradual deterioration in the overall quality of oral healthcare.

The evidence above points to the imminent collapse of the oral health service in Gauteng and nationally. The austerity measures currently in force have far-reaching negative repercussions on service rendering, teaching and learning and accreditation of dental schools.

1. Disruption of after-hours and Saturday clinics in the Public Oral Health Clinics (POHCs)

The termination of commuted overtime (COT) has resulted in the closure of weekday after-hours clinics and the total shutdown of Saturday clinics in POHCs. These services serve as a lifeline for patients who are unable to access dental care during standard working hours or during weekends. By discontinuing COT, the POHCs are compelled to unwillingly reintroduce and implement the scheduling and appointment system for all patients; set daily limits of patients that can be managed during the normal working hours and discontinue Saturday clinics. The immediate and unprecedented consequences of this new dispensation include:

Editorial note:
This article is been published under the "Commentary" heading of the South African Dental Journal. It represents the professional perspectives and insights of the contributing authors and does not necessarily reflect the official views of their affiliated institutions or of the South African Dental Journal.

This article was not subjected to formal peer review and is intended to contribute constructively to ongoing professional dialogue on the current challenges facing public oral health services and dental education in South Africa.

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a. Worsening oral health inequality, which disproportionately affects the vulnerable and low-income communities.
b. Declining focus on preventative and health promotive services, leading to a more reactive approach to care.
c. Continued increases in waiting times, patient backlogs, and delays in Public Oral Health Clinics.

Currently, more than 2700 patients in Gauteng have not received the necessary dental treatment in the POHCs since the implementation of the austerity measures.

2. Excessive upstream referrals and the congestion of tertiary dental hospitals

The termination of commuted overtime (COT) has severely disrupted patient management in dental schools, drastically reducing available clinical hours and limiting the number of patients seen daily. General dental practitioners (GDPs) in the POHCs have traditionally managed uncomplicated cases, ensuring efficient referrals to specialists only when necessary. This structured system improves the delivery of oral health services by preventing an overwhelming influx of patients into teaching institutions. However, the sustainability of this system hinges on a well-resourced public oral health service with adequate personnel and working hours. Without sufficient support, the referral framework collapses, worsening clinical outcomes rather than improving them. As GDPs are increasingly forced to send even simple cases to the next available centers, dental schools are now bearing an excessive burden. The spike in referrals has clogged the system, creating inefficiencies, longer waiting lists, and extensive backlogs for specialist care. If this trend continues unchecked, the strain on teaching institutions will become insurmountable, threatening the quality, accessibility, and long-term sustainability of public oral healthcare. Urgent intervention is needed to restore balance and prevent irreversible damage.

3. Impact of austerity measures on dental education

The joint appointments (dentists, registrars and specialists) constitute approximately 34% of the dental workforce and periodicals make up 18% of the labour responsible for teaching and learning, service rendering, service learning and research. Dental schools operate between 7 am and 6pm daily to meet the accreditation and training demands, while postgraduate programs continue during the weekends. The termination of COT for dentists and dental specialists, and non-renewal of the sessional appointments, implies a loss of at least 20% of curriculated time. It is impractical and unfeasible for dental schools to implement any dental program, having lost at least 20% of the training time and staff complement. The quality and scale of student clinical supervision (undergraduate and postgraduate) will be severely affected. First, the student supervisor ratio will increase substantially; second the duration of clinical exposure will be reduced significantly. This is tantamount to training a dentist for four years instead of five, and a dental specialist for significantly less time to acquire critical expert skills. The prodigious and undesired consequences of this decision by the GDoH are:

a. Imminent loss of accreditation for all dental programs by the Health Professions Council of South Africa (HPCSA).
b. Failure to produce competent graduates, dentists and dental specialists to meet national healthcare needs.
c. Limited access to affordable, high-quality specialist oral health services, affecting patient care.
d. Declining patient outcomes and diminished oral health-related quality of life across communities.

The austerity measures have far-reaching national consequences, as Gauteng province is responsible for graduating over 75% of the country's oral health workforce. The termination of commuted overtime and the discontinuation of sessional staff appointments reflect an impulsive, unexamined fiscal decision, that lacks consideration for both the immediate and long-term implications of oral health workforce planning.

4. Impact of austerity measures on labour relations and staff morale

The unilateral implementation of austerity measures by the GDoH represents a blatant violation of labour relations, further undermining worker's rights, disrupting workplace harmony, with potential to set a dangerous precedent for unfair employment practices. The morale of staff, emotional and psychological well-being and commitment are presently at all-time low. The removal of COT will inevitably push clinicians toward the private sector, worsening the already fragile manpower crisis in public healthcare and universities. Without a steady foundation of skilled and experienced professionals, both dental schools and essential services may find themselves struggling to comply and function.

CONCLUSION

We are witnessing the detrimental consequences of austerity measures on oral health, jeopardising patient care and the integrity of essential programs. To prevent further disruption, we urge immediate intervention to safeguard accreditation, retain experienced staff, and ensure the long-term sustainability of the oral health service. We therefore implore the GDoH to reverse the termination of COT for dentists and specialists without delay and initiate a collaborative dialogue with all stakeholders to address the underlying concerns.

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