

**ANNUAL GENERAL MEETING OF THE SOCIETY OF
NEUROSURGEONS OF SOUTH AFRICA HELD ON
28TH JULY 2016 AT THE CENTURY CITY CONFERENCE
CENTRE, CAPE TOWN.**

The President, Dr. Jacques du Plessis opened the meeting.

Members present.

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| Jaques du Plessis | President |
| Sameer Nadvi | Past President |
| Allan Taylor | Incoming President |
| Patrick Lekgwara | Treasurer |
| Ian Vlok | Membership Secretary |
| John Ouma | Secretary |
| Yusuf Osman | |
| Rasik Gopal | |
| Graham Fieggen | |
| Maurizio Zorio | |
| David Roytowski | |
| Sean Tromp | |
| Zaheer Bhoola | |
| Anthony Thomas | |
| Anthony Figaji | |
| Enrico Branca | |
| Johan Viljoen | |
| Mike du Trevou | |
| Norman Fisher-Jeffes | |
| Gian Marus | |
| Johan Wasserman | |
| Charl Blignaut | |
| Edward Gurnell | |
| Jacobus M. Steyn | |
| Erastus Kiratu | |
| Lwazi Mkhize | |
| Thapelo Mpotoane | |
| Rohen Harrichandparsad | |
| G.P. Greef | |
| H.B. Hartzenberg | |
| Phila Martins Mpanza | |
| Adrian Kelly | |
| Samesh Lachman | |
| Jason Coventry | |

G.J. du Preez
Neermala Dasi
S.T. Govender
A. Makanjee
D.G. Welsh
L.C. Padayachy
M.N. Mnguni
P. Maharaj
D.C. Phillips
N. Deveduthras
S. Dookie
Crispin Thompson
A. Kelly
Mike Ford
Petrus Stone
Ouluseun Labeodan
Graeme Fuller
In attendance:
Casper Venter (Healthman)
Peet Kotze (Healthman)

Apologies received

Dr. D. de Klerk
Dr. A. Van Graan

Proxies

No proxies were received.

1.0 MINUTES OF THE PREVIOUS MEETING.

1.1 The President reminded members that the minutes had been distributed earlier by e-mail as well as uploaded onto the secure members part of our website.

1.2 After being proposed and seconded the minutes were accepted as a true reflection of the proceedings of the last AGM

2.0 MATTERS ARISING

2.1 Coding for intra cranial procedures

Prof Taylor Informed members that SAMA has accepted the CPT codes for intracranial procedures hence the 2016 code book will look different. However, this has not yet been accepted by medical aids. Heathman is

arranging meetings with the various medical aids to discuss this and take the matter further.

He cautioned that we would need to go through this process carefully. Discovery medical aid has done most of the work with us on this matter. If we switch to CPT some codes will fall away such as BMI code 0018, codes 0019, 5770 etc as they are included in the CPT codes.

Prof Taylor explained further that in practice, codes and fees for some common procedures would go up, while others will go down. He explained the concept behind the RVU (Rand value units) and CPT systems, noting that we can only hope to get so much change in these systems at any given time.

He added that one advantage of the CPT codes would be that there would now be codes for procedures previously not catered for.

Only cranial codes are affected; spine codes are mainly in the realm of orthopaedics hence the orthopaedic society will need to be the driver in this regard

Dr. du Plessis remarked that we are likely to be worse off if spine codes go CPT. He stated that cranial work is not well paid at present and we need to improve things. CPT coding will be the first step, then RVU reforms.

Members debated the matter and asked for more time to consider the issue.

Prof Taylor undertook to upload the material onto the members' site on our webpage. He stated that in around 6 months time a decision on the matter would need to be forthcoming.

Members will also be encouraged to give their views on RVU's on the website.

3.0 PRESIDENTS' REPORT

Dr. Jaques du Plessis thanked members for the support shown to him during his term in office

He lauded the fact that membership numbers had increased and we had held 2 successful congresses during this term.

He remarked that we are also in a financially stable situation.

He thanked Prof Taylor for the coding work noting that it was a complex matter.

The President noted that the website is up and running, and there is a secure members-only section to which the Code of Ethics, Constitution and AGM minutes had been uploaded, adding that the incoming President Prof Taylor has undertaken to make some additions to the website. These will include guidelines relating to common conditions and situations that will be uploaded for member's scrutiny and benefit.

He congratulated Prof Fieggen and Dr. du Trevou on the success of the current congress, saying it is the best ever in our history, and will strengthen us as well as our links with other African and US neurosurgeons and organizations.

He congratulated Prof Taylor on assuming the presidency of the society and looked forward to working with him

He thanked Dr. Sameer Nadvi for the past 6 years of hard work on the SNSA executive, which now come to an end.

4.0 SECRETARIES' REPORT

Dr. John Ouma thanked members of the executive and members at large for reviewing the minutes of the various meetings and so helping to create accurate records of our deliberations.

He reported that he had kept abreast of developments in sister societies in the US, UK and Turkey with regard to matters affecting their members. He noted that we were fortunate so far not to be seized with some of the contentious issues at play in these organizations such as Registrar working hours, neurosurgeons casualty cover responsibilities and the like, while saying that litigation and malpractice insurance issues seem to have global resonance

5.0 TREASURERS' REPORT.

Prof Patrick Lekgwara read the financial report (find attached) into the minutes.

He reported that the audit for the current year is completed, however we need to go back some 8 years to bring the books fully up to date. This exercise is ongoing

He also informed members that the last congress realized a profit of R 450,000 that will be deposited into our account momentarily. The delay in forwarding the funds to us by the Professional congress organizer

concerned was due to non- performance by 2 key sponsors, over regulatory issues.

6.0 MEMBERSHIP SECRETARIES' REPORT

Prof Vlok informed the house that the membership numbers had increased from 94 in 2014, 123 in 2015 to 143 in 2016. He remarked that the registrar numbers remained steady at between 30-40 members, and the growth was due to new members joining as well as registrars once they qualified. Given that there are 160 odd neurosurgeons registered with the HPCSA, we are well on our way to having all individuals joining the SNSA.

7.0 SNSA CONGRESS 2017 AND WFNS 2017

Prof Graham Fieggen addressed these matters. With regards to our 2017 SNSA congress, the plan is to have a joint meeting with the neurosurgical section of the Neurological Society of India (NSI). Their President and Secretary are attending this meeting as invited guests and discussions will be held with them about the arrangements for next year.

Regarding the WFNS 2017 meeting, he observed that this was slated to take place in Istanbul in Turkey. There is increasing uncertainty about whether this will happen given the current situation there. Should a decision be made not to hold it there we can consider bidding for it. This decision is expected to be made on the sidelines of the EANS meeting in Athens during the first week of September.

He informed members that this current meeting has 545 total registered participants with 345 being neurosurgeons.

8.0 MEDICO-LEGAL ISSUES

Dr Gian Marus reported that SNSA has held three discussions with MPS (Medical protection society) over the past year. They are aware of our concerns especially the issues around our subscription fees. They inform us that the increase in our subscription fees is based on the increase in the rand value of claims against us. Last year, the claims against us increased by 17%, and our subscriptions by 16%.

In the future, they plan to move away from the cross subsidy model within the insured group as currently practiced to a model based on individual subscriptions derived from one's unique risk profile. This is called the fusion system and is due to be rolled out initially in the UK this year. It was due to start in South Africa next year but this seems unlikely.

He also reported that the MPS had a misconception that the majority of spine surgery in the country is done by orthopaedic surgeons. This is because a number of neurosurgeons who do only spinal work had chosen the corresponding tariff segment when registering with MPS. The MPS is now cleaning up its register with regards to this matter, but this will not be prejudicial to members so registered.

Regarding limited private practice the earning threshold has been moved to R500, 000 p.a. above which one would have to pay full subscription rates.

He cautioned that if an individual on the LPP tariff got sued, MPS will assess his or her income and if this exceeded the R 500k threshold, the claim will not be defended by MPS.

Prof Taylor remarked that MPS expects that if you earn R500k, you should be eligible for R530k in insurance.

Dr. Marus stated that we as SNSA need to identify high risk areas in our practice

We need data on claims to help us draw guidelines that can help members stay out of trouble

International literature suggests that decision making and indications for surgery, as well as surgical techniques and performance far outweigh other factors such as informed consent, etc as points of contention in claims.

We need data from MPS to unearth what is driving claims against us; unfortunately they profess not to have the capacity to mine this data; Dr. Marus gave Dr. Graeme Howarth of MPS software to assist them produce this material, and a response is awaited.

Dr. Marus also informed members that as AON have stopped taking new neurosurgeons, MPS is the sole organization able to provide cover to new individuals.

Only 50 neurosurgeons are with MPS. As it is unlikely that AON has a

significant number of neurosurgeons on its books, the suspicion is that there are colleagues out there practicing without any cover.

9.0 ELECTION OF OFFICE BEARERS.

President Jaques du Plessis informed members that the two-year term of the current executive had come to an end.

Therefore, he called for nominations for members to fill the positions, noting that all the incumbents were available for re-election, save the positions of incoming and past Presidents.

The Treasurers position was contested between Prof Lekgwara and Dr. Roytovsky

Prof Lekgwara won through election by secret ballot.

Prof Fiegggen was nominated and elected unopposed as incoming President.

Prof Vlok and Dr. Ouma were nominated and re-elected to their positions as membership secretary and secretary respectively.

10.0 GENERAL MATTERS

10.1 Registrar Workshop

Dr. Sameer Nadvi presented this matter. He reported that Codman has set aside funding for our annual registrar workshop. We had a successful one in Durban this year with excellent speakers.

The 2017 Registrars workshop will be hosted by Prof Ian Vlok in Stellenbosch He has just concluded a successful boot camp and is well poised to host the workshop in Jan-Feb 2017.

The 2018 workshop is due to be held in Pretoria

The previous one held in Pretoria was hosted by Sefako Makgatho University/Medunsa hence the 2018 one will be by University of Pretoria/Steve Biko academic hospital-SBAH. Prof. Mokgogong will be asked to confirm this arrangement

10.2 Healthman

Mr. Casper Venter informed the house that our membership numbers had steadily increased from 97 in 2014, 123 in 2015, and 135 at the beginning of 2016 and is currently sitting at 143 at the moment. 88 members are

fully paid up, 35 are free (registrars) and 12 are one year or more in arrears with their payments.
Healthman is currently invoicing the defaulters and non-responders' will be removed from the system.

The fees are R371 pm (R4452.00 p.a.) for private practice and R100 pm (R1200.00 p.a.) for limited private/state practice.
Registrars and overseas members do not pay a fee.

Distribution of the monthly fees received is as follows;
R100 each to SNSA and SAPPF, and R171 to Healthman (which is the least of any group under the Healthman umbrella).
SAPPF is a worthy recipient of our funds as it is the main driver of legal and other action on our behalf and in our interests, for both private and public sector neurosurgeons.

10.3 National health insurance

Mr. Venter informed members that many issues regarding NHI are still outstanding.

The idea of having a single purchaser for medical services would have the effect of creating a bureaucracy 12 times the size of Discovery health in 12 years. Given the government's track record in running parastatals including poor governance and non-payment for services, this is likely to be a chaotic situation.

The first phase of the NHI project was due to run from 2012 – 2017. Much hasn't happened that was supposed to have done.
The office of health standards compliance has declared that 65% of public health facilities have failed the benchmark tests for NHI.
A number of hospitals have been moved to the central hospital designation under the national government; however, this requires a constitutional amendment to be legally sound, which amendment hasn't happened yet either.
The NHI fund has yet to be created.

The authorities are still considering NHI submissions, however it is concerning that while some good submissions were made, none of these seem to have been considered when drawing up the NHI white paper.

He stated that the SAPPF is not against government efforts to avail quality healthcare to the broader population, but sadly, there has been

little feedback from government when legitimate issues have been raised about the plan.

10.4 Competition Commissioner (CC) and Health care Inquiry

These processes have been ongoing for the past two years.

A report is awaited from the CC officially by 15th December this year, however this is unlikely to happen soon.

The lines of inquiry have been into the running of hospital groups, the generation of tariffs and the question of whether specialist services are too expensive.

Once these reports are out it is likely that an authority will be recommended to deal with practice costs and profits, price regulation and determination, as well as factors driving up costs.

We should look at this positively provided they follow the rules and sound principles in effecting this.

Healthman has requested for further information on this process and this is awaited.

10.5 PMB Regulation 8 challenge

Genesis medical aid had asked for regulation 8 to be set-aside on the basis that it was irregular and unconstitutional.

This was opposed by the council for medical schemes (CMS), SAPPF and Section 27. Genesis lost the case and are due to repay the legal fees of the opposing parties.

11.0 There being no other business, the meeting was adjourned *sine die*.