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**ANNUAL GENERAL MEETING OF THE SOCIETY OF
NEUROSURGEONS OF SOUTH AFRICA, 7TH AUGUST 2015, PORT
ELIZABETH, THE BOARDWALK HOTEL**

ATTENDANCE:

DR JACQUES DU PLESSIS (PRESIDENT)

PROF ALLAN TAYLOR (PRESIDENT ELECT)

DR SAMEER NADVI (Outgoing President)

PROF PATRICK LEKGWARA (Financial Secretary)

DR IAN VLOK (Membership Secretary)

PROF GRAHAM FIEGGEN (WFNS Rep)

DR MIKE DU TREVOU (WFNS Rep)

DR JOHN OUMA (Secretary)

Membership at large (Appendix 1, Attendance)

The President opened the meeting.

He called for the adoption of the minutes of the previous meeting.

This was proposed and seconded and hence adopted.

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PRESIDENT'S REPORT TO THE ANNUAL GENERAL MEETING OF THE SOCIETY OF NEUROSURGEONS OF SOUTH AFRICA

In Memoriam:

The Society has lost two of its most eminent members over the past year.

Prof MJ van Rensburg, previous Head of the Department of Neurosurgery at the University of Pretoria, passed away after devoting most of his life to neurosurgery. He had been involved in registrar training up until approximately 3 months before he passed away at the age of 86 years. He was granted life membership of the Society in 2004.

Dr P Repko was one of the first neurosurgeons in the country. He had provided a neurosurgery and neurology service to the central part of the country since the early years of neurosurgery. He had remained active in neurosurgery and medico-legal reporting until a few weeks before he passed away.

Dr G Coetzee's untimely death has been a great shock for all of us. He has been an active member of the Neurosurgery Society and became president of the South African Spine Society in March 2015. His sense of humour and enthusiasm will be missed. Exco has proposed to name the prize for the best scientific paper presented by a registrar or junior consultant at our annual congress after him and this will be put to the vote.

HIGHLIGHTS:

Eleven new neurosurgeons have qualified over the past year. We welcome them in our midst and wish them all the best for the future.

A number of workshops and subspeciality congresses have been held over the past year. We thank the organisers, the academic departments and the trade for their contributions.

Prof Allan Taylor has put in a lot of effort to establish new tariff codes for intracranial surgery to bring it on par with the spinal surgery codes. Prof Taylor has presented new codes based on the CPT 4 coding system which cover most intracranial procedures and new technologies to a combined meeting of SAMA, SAPPF and BHF. Hopefully this will be implemented in 2016. The SNSA has put in a bid to host the International WFNS Congress in Cape Town in 2021. Prof Fieggen will provide more information.

Prof Fieggen has been elected president of the Continental Association of African Neurosurgeons (CAANS) which is a milestone as this is the first African Society of Neurosurgeons which represents all the countries in Africa where neurosurgery is practised. He was also instrumental in obtaining permission from the AANS to adopt their code of ethics for use by the SNSA. This has been posted on the SNSA website.

REASONS FOR CONCERN:

Medical Litigation:

Medical litigation has remained a reason for concern. One gets the impression that there has been a decline in the number of claims but unfortunately, a single claim with a large quantum has a significant effect on our subscriptions due to our small numbers. The Law Reform Commission is currently looking into the matter of medical malpractice claims in the country and there is a possibility that legislation could change in future, but unfortunately this will take time.

Private Healthcare Inquiry:

As you know, this could have a significant impact on private healthcare in the country in future. The SNSA is represented by the SAPPF (South African Private Practice Forum) who have submitted a comprehensive overview of the role that private healthcare plays in the country. The SNSA receives feedback from SAPPF on a regular basis with regard to the progress of the investigation. Our major concern is the possibility that the commission could reintroduce a reference price list which could fix our tariffs. This could force all neurosurgeons to charge the same rates. Fortunately, this is not expected to happen overnight.

Difficulties at academic training centres:

Some centres more than others, are burdened by a lack of funds and infrastructure and an overload of clinical work, especially trauma cases. Discussions between the heads of the department and the provincial stake holders have taken place.

HEALTHMAN:

Each member of SNSA pays a significant amount for membership. Members are encouraged to fully utilise their services, especially when there are problems with the funders.

EXCO ACTIVITIES:

Members of Exco represent SNSA at SAPPF and FOSAS (Federation of South African Surgical Specialities) meetings. Exco had a meeting with Dr J Tiernan of MPS in November 2014 with regard to the increase in our subscription fees. Unfortunately, there is not much that MPS can do

about it as we were informed that their actuaries calculate our subscriptions based on the claim history of the group.

The SNSA has again financially supported the WFNS Paediatric Neurosurgery course that was held this year in Cape Town.

Members of Exco are often requested to liaise with medical advisors of medical aids about billing for procedures and neurosurgeons' accounts are sometimes referred to Exco for comment. Members are requested to individualise each account. We should be able to motivate for every code that we use for reimbursement charged for Unbundling of codes, especially for spinal surgery is not recommended.

FINANCES:

The Society's finances are healthy at the moment, thanks to the great effort of the congress chairmen and Hendrika van der Merwe who have organised the last few congresses. The 2014 congress in Pretoria showed a profit of R570 000. It is important for the Society to hold significant financial reserves as we are uncertain whether the trade will still be allowed to sponsor future congresses, depending on the recommendations of the Healthcare Inquiry Commission.

MEMBERSHIP:

Our numbers have increased significantly. Approximately 110 neurosurgeons are members of the Society. Approximately 160 neurosurgeons are registered at the HPCSA, but not all of them are still practising actively and are still in the country. Membership provides more bargaining power and interaction between colleagues. Members are encouraged to take part in Society activities and become members of committees. Another benefit of membership is to receive **Surgical Neurology International** electronically every month. Those members who do not receive the journal should contact Dr I Vlok.

CAANS:

Prof G Fieggen and Dr M du Trevou represent our Society at CAANS.

WEBSITE:

Our website is slowly coming off the ground. Members should please check their contact details and inform Dr Vlok if any corrections need to be made. We are busy establishing a secure section and log-in details will be e-mailed to members. The secure section will deal with matters that are of importance to members only.

INDEMNITY INSURANCE:

At the meeting with MPS in November 2014 we gained the impression that MPS was of the opinion that South Africa is coming on par with other countries in the world, especially Ireland with regard to the increase in our indemnity insurance subscription rates. The worldwide norm of indemnity insurance is reportedly between 6-7% of a private neurosurgeon's annual turnover. This is yet another reason why NHRPL fees are unrealistic. Members in full time academic employment who perform RWOPS (Remunerative work outside the public sector) have been particularly hard hit with their premiums as they are expected to pay the same premiums as those in private practice if their annual income from RWOPS is more than R240 000. Prof Fieggen and Dr Thompson have corresponded with MPS a number of times but no positive feedback has been received to date.

RAF AMENDMENT BILL:

The SNSA supports the objections that have been lodged by the South African Orthopaedic Association against the proposed bill. The Society has also contributed financially to their effort. Should the amendment bill be approved by parliament, this could have a far reaching effect on accident victims, doctors and lawyers as road accident victims will be managed in the same manner as injury-on-duty patients. Victims would have to negotiate personally with the RAF to confer about settlement of their claims. This is an attempt by the RAF to reduce legal costs which amount to billions of Rands.

2016 CONGRESS:

This will take place in Cape Town in July and will be a combined meeting with CAANS and the CNS is planned.

BID FOR THE 2021 WFNS INTERNATIONAL CONGRESS:

The Society has put in a bid to host the 2021 WFNS International Congress in Cape Town. We are not optimistic that our bid will be successful but it should give us a better chance for a successful bid for 2025. Expenses to date have been minimal and I was reassured by Prof Fieggen that this does not carry a financial risk for the Society.

THE WAY FORWARD:

We will attempt to further increase our membership numbers, support subspeciality training and accreditation, maintain high ethical standards and cooperate with other societies. We will ensure that patient care remains the top priority of our Society.

DR. JACQUES DU PLESSIS
PRESIDENT

PRESIDENT ELECT'S REPORT

Prof Taylor discussed issues around coding of procedures.

He mentioned that there have been no changes to coding in the SAMA book for the past 30 years. As a result, individuals have been using codes that are inappropriate. Prof Taylor attended 2 coding meetings this year. He reported that the top 10 cranial procedures were revised to convert to CPT 4 system.

We were allowed to include all CPT 4 codes (cranial codes).

He explained that conversion to CPT4 codes works in our favor. The next SAMA edition will have all new codes.

However, funders may not necessarily pay, as they yet have to decide. All funders were not involved in the most recent meeting.

On table now is the SAACHI initiative; this will be reviewed every 5 years, to include the introduction of new technology.

The SAACHI initiative will review top 300 CPT4 codes. However, there are few Neurosurgical ones in them, especially cranial codes.

We need to show good will in both brain and spine codes in tandem with our orthopaedic colleagues.

SECRETARY'S REPORT

Dr. Ouma reminded the membership of the services offered by the website and informed them that the SNSA constitution as well as code of ethics would be uploaded for ease of reference.

TREASURERS REPORT

Prof Patrick Lekgwara

Report as attached.

MEMBERSHIP SECRETARY'S REPORT

Dr Vlok reported that there are 123 full members of the association. There are 56 Registrars who are members (the list includes supernumerary registrars and the figures from University of Pretoria are outstanding, so this can skew the sums). They comprise 46% of all Registrars in the country; hence there is room for improvement. He appealed to Registrars who complete their studies to update their status with Healthman.

FUTURE MEETINGS

Prof Graham Fieggen informed the AGM of the work of the congress scientific committee. He mentioned that it has a three-year mandate.

It has worked in conjunction with the Bloemfontein Local organizing committee (LOC) in this congress and had achieved an equitable mix of 1/3 international speakers, 1/3 national speakers and 1/3 Registrars.

He reported that the 2016 SNSA congress will be our 25th meeting. This will be a joint meeting between the Congress of Neurological Surgeons(CNS) of the USA, the Continental African Association of Neurological Surgeons (CAANS) and the SNSA. He reported that CNS approached us some years ago to have a joint congress.

This would involve an arrangement whereby their members would come and speak at our meeting and likewise we will send delegates and speak at their meeting in San Diego next year.

We are currently sorting out issues with the CNS into exactly how the arrangement will work.

Prof Fieggen informed the AGM that plans are underway to partner with the Neurological Society of India (NSI) for the 2017 meeting. This too would make speakers available which is a good idea as sponsorship from the trade towards this expense is diminishing.

Regarding the likelihood of us hosting a WFNS meeting, Prof Fieggen reminded the AGM that we lost a significant sum of money in a previous failed bid. We have to bid responsibly in the future.

We are unlikely to be successful with the 2021 bid as Colombia is a strong contender even though people are concerned about the state of affairs in that country. 2021 is a more realistic bid for us.

Dr Mike Du Trevou reported that in 2014 in Algiers, South Africa was asked to host the next CAANS meeting. He mentioned that each country in the Maghreb (N. Africa) - the area between Morocco and Egypt - has between 400 – 600 Neurosurgeons. These represent the majority of Neurosurgeons in Africa. It will be difficult to predict with certainty how many will attend the meeting.

Regarding the CNS meeting, Dr Du Trevou reported that he met the CNS officials in Boston and they were eager to come and present papers and hold workshops at our meeting, as well as to take up to 50 African Neurosurgeons to their meeting. Now, however they are a little more negative, asking us to pay their airfares.

We cannot do this as we have a duty to our CAANS colleagues rather than to the American delegates. Nevertheless, we have booked a venue, secured the dates and got a professional congress organizer for the meeting.

We will be seeing the CNS leadership in New Orleans in a few weeks time and seek further clarity on this matter, but we will definitely not be paying to have them come to attend our meeting.

Prof Fieggen suggested that the change in attitude by the new CNS leadership is not towards us *per se* but rather it has got to do with a desire to dominate world Neurosurgery through the WFNS (World Federation of Neurosurgical Societies).

GENERAL MATTERS

The President proposed that the best congress paper from a Registrar or Junior Consultant be named after the late Dr Gerrit Coetzee. There were no objections and this was adopted.

In response to an inquiry by Prof Hartzenberg, the President confirmed that this will be a society prize to the value of R30 000-00 which the winner can use to present the paper at international meeting. The funds would come from our own resources.

PRIVATE MEMBER'S MOTION TO THE AGM OF THE SNSA

Dr Edeling proposes that :-

In recognition of the serious malpractice litigation crisis in South Africa, and that no meaningful assistance in this regard has been forthcoming from any external agency, the SNSA resolves the following :-

The SNSA should elect a member to serve as "Medico-Legal Task Team Chair".

Together with the rest of the Exco, the Medico-Legal Task Team Chair should invite suitably knowledgeable individuals, from within and without the SNSA, to form an effective Medico-Legal Task Team.

The function of the Medico-Legal Task Team will be to advise the SNSA on short-term and long-term practical measures to reduce the intolerable damages that are associated with malpractice litigation.

Should the Task Team make short-term proposals to the Exco long before the next AGM of the SNSA, such proposals may be put to an online vote by members.

Dr Gian Marus is proposed for election to the "Medico-Legal Task Team Chair".

Judge Neels Claassen, who is Chairperson of the South African Medico Legal Society and a member of the Medico Legal Task Team of the Minister of Health, should be invited to serve on the Medico-Legal Task Team.

Dr Welsh asked whether the proposed committee would be incorporated into the constitution or be independent and merely report to EXCO.

Dr Edeling suggested that it could make recommendations to EXCO for implementation and that if a vote was required this could be brought to AGM.

Prof Taylor inquired as to what sort of measures it was envisaged that such a committee might be able to put forth. Dr Edeling replied that these measures could include, amongst others;

1. Proposing a system of mediation versus litigation when disputes arise. He mentioned that this would have the advantage of setting issues quickly without excessive outlay of time and money. The lawyers would lose out on earning potential and would not be supporting this.
2. Law reform. A requirement would be for litigants to undergo mediation before any approach to the courts. Rules of court divisions would need to be changed.
3. Capping of claim payouts. An approach to the Law commission would be required.
4. Measures to reduce the actual number of claims.

Prof Taylor mentioned that he would be happy for Dr Marus to put on paper suggested proposals and submit them.

NEUROSURGICAL REGISTRARS WORKSHOP

Dr Sameer Nadvi reminded the AGM that Codman sponsors the Neurosurgical registrars workshop on behalf of SNSA annually. Last year Dr Mike du Trevou and Baroque held one for the Intermediate examination Registrars.

Durban will go ahead and arrange the 2016 Registrars Workshop.

Prof Hartzberg raised the point that the Registrar Workshop used to be held every second year to alternate with the congress. Now that the congress is annual, he inquired as to how frequently the Registrar Workshop would take place in the future.

Dr Sameer Nadvi replied that no decision on this has been taken.

A discussion with Codman will need to be held prior to any changes.

Prof Fieggen suggested that in terms of time frames, Jan-Feb was suitable for the Registrar Workshop while July-Aug was suitable for the annual congress, all factors considered.

The President then adjourned the meeting.