Dear colleagues

The harsh winter nights are over and I’m sure everyone is looking forward to the warm South African weather. The SASOG council has been quite busy in keeping with its mandate.

It’s important to appreciate that the SASOG councilors’ provide their time, energy, expertise and dedication to achieve the mission and vision of SASOG.

**GYNAECOLOGICAL MANAGEMENT GROUP**

Gynaecological management group is the private practice arm of SASOG. Your contact person for any private practice issues is Mrs Joey Hanekom – 011 340 9023 (JHB) and Mr Ernst Ackermann in Cape Town – 021 864 2542.

**SOUTH AFRICAN PRIVATE PRACTITIONERS FORUM (SAPPF)**

This is an organization of fifteen specialties that addresses private practice issues with Board of Health Funders (BHF), Council for Medical Aids (CMA) and all the medical aids.

**SOUTH AFRICAN MEDICAL ASSOCIATION (SAMA)**

Dr Malikah Van Der Schyff will be the SASOG representative at the SAMA National Council.

The Council would like to thank Prof Ed Coetzee for his loyal representation of our society at SAMA National Council over many years.

**AFOG and FIGO.**

The first inaugural meeting to formally launch the Africa office of FIGO took place in Brazzaville in March 2013. It was FIGO’s vision to have a formal body representing the African continent in a cohesive manner so that FIGO could execute its duties for woman’s health via the AFOG.

The first meeting took place in Brazzaville at the WHO regional offices in March 2013
SASOG was requested to host a treasury in South Africa in view of the state of the art banking infrastructure.

The first FIGO AFOG conference will be held in October 2013 in Addis Ababa, Ethiopia on 5,6,7 October 2013. This is the first sponsored FIGO meeting in Africa. Professor Z V.d Spuy and Dr Peter De Jongh have been invited as faculty.

The AFOG board requested SASOG to send a speaker to share “The South African experience in Maternal Mortality”. Professor Jack Moodley chairman of the Confidential Enquiries in Maternal Mortality was requested to give this lecture in Addis. In view of his ill health, he has requested Professor Sue Fawcus to give this lecture.

South Africa is one of the only countries in the continent to have such an ongoing report on maternal mortality which helps to shape the health services for mother and child.

Co option
The council members were of the opinion that the council should try and achieve its membership to be representative of the demographics of South Africa. Each region was requested to forward suitable names who had the passion to serve on the SASOG council. SASOG would like to welcome Professor Titus from the University of Kwazulu Natal, Dr O. Matlhaga from South Gauteng and Dr Priya Soma-Pillay from North Gauteng, Dr.Thabo Matsaseng, Stellenbosch.

Roche sponsorship
SASOG would like to formally acknowledge the Roche pharmaceutical sponsorship for Continuing Medical Education program, which are hosted annually in all the geographical areas of South Africa.

FIGO.
FIGO has acknowledged that one of the most memorable FIGO conferences was the one hosted in Cape Town. SASOG is privileged to sit on the executive committee of FIGO. This was due to the hard work put in by Professor G. Lindeque Chairman of the Cape Town FIGO conference committee and his ongoing liaison with FIGO. Our secretary Dr Haynes Van Der Merwe attended the regional meeting in Beijing.
I attended the FIGO board meeting during the Rome FIGO conference and subsequently I attended the regional board meeting at the FIGO headquarters in London.

COLLEGE OF MEDICINE
The SASOG council congratulated Prof G. Lindeque being elected the President of the College of Medicine. Prof F. Guidozi has now been elected the President of the College of Obstetrics and Gynaecology. He was formally welcomed on the council as the College of Medicine representative.

The next SASOG conference will be held in CAPE TOWN from the 18 – 21 May 2014 at the international conference centre.
**MEDICO-LEGAL ISSUES**

One of the burning problems in the practices of obstetrics and gynaecology for the membership of SASOG is the medico legal issues related to private practice. A subscription of R25 000 per month is a daily discussion point in the corridors of all private hospitals.

I have been aggressively trying to address this issue, to how best to tackle this high MPS subscription.

Prof Koller initiated the discussion with the Minister of Health by forwarding a letter to him of the concerns of medico legal issues and litigation as well as the high subscription rate for the indemnity insurance.

I personally had two meetings with the Deputy Director of health in Pretoria to raise our concerns of this high indemnity insurance.

A letter was forwarded to the Minister of Health highlighting the implications of the high MPS subscription on the following:

a. Doctors may have a second thought in wanting to specialize in Obstetrics and Gynaecology.
b. This will have direct impact on the Minister’s effort to decrease the maternal mortality and morbidity, specifically in the district and rural hospitals of South Africa.
c. If South Africa does not address the shortage of gynaecologists, this will directly impact on maternal and child health under NHI.

**MEDICAL PROTECTION SOCIETY (MPS) – LONDON**

I had a three-hour meeting with Dr Stephanie Bowen, the Director of Policy and Communications at the MPS Head Office in London and discussed how best to tackle this highly litigious environment in which we are working. I have also requested that a Road show be arranged throughout South Africa to communicate the MPS stance and the medico legal issues related to Obstetrics and Gynaecology in South Africa.

I have been reliably informed that the Minister of Health is well aware of the aggressive marketing strategy of the legal profession and the taking on of the cases on a “contingency basis”. Of note, the Minister and the department of health are being sued for millions of Rands on medico legal issues in the public sector.

Finally the minister is planning to address this high cost of litigation in the private and public sector is calling up a summit to address these issues in the near future.

Input has been received that the payout on litigation cases should be “capped” similar to that of the Road accident fund.

Since taking office as president, this has been my focus to address the medico legal issues in private practice and how best to minimize the impact in our daily working lives.


**SASOG – Confidential Survey**

Many thanks to all the SASOG members who participated and gave their input on the confidential survey conducted on issues pertaining to medical legal problems in their private practice. This information will be shared with the Minister of Health during the “Medico-Legal Summit”.

We received 250 responses out of 630 members.

**HOW TO MINIMIZE LITIGATION**

(a) All private labour wards work on set guidelines and protocols set out by various Universities in South Africa and Royal College of Gynaecologists. These guidelines must be communicated to the labour ward staff and various obstetrical problems to be managed in a standard format. Research has shown that litigation significantly decreases if such protocols are followed in the labour ward.

(b) The best way to practice obstetrics is to create a group practice with an obstetrician on the floor of the labour ward.

**MEDICAL PROTECTION SOCIETY (MPS) – PROF GRAHAM HOWARTH**  
(SAMJ August 2013, Vol. 103, No.8)

Obstetric risk avoidance: Who, if anyone, will be offering obstetrics by the end of the decade? “Who, if anyone, will be performing deliveries in private practice by the end of the decade”?

**SASOG MEMBERSHIP**

Many of our colleagues are not members of SASOG and I would like to urge them to join the society. The membership forms are available on the SASOG website.

With my best wishes.

Bhaskar Goolab

PROF B.D GOOLAB  
PRESIDENT  
SASOG

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**Executive Committee**: Prof Bash Goolab (President), Dr B Pheiffer (Treasurer), Dr H van der Merwe (Secretary)