

## **Radiological Society of South Africa**

### **MPS - CHANGES TO INDEMNITY INSURANCE FOR OBSTETRIC ULTRASOUND, RSSA POSITION STATEMENT AND ADVICE TO MEMBERS - JULY 2013**

MPS members will have received a letter from MPS, dated 6 June 2013, outlining changes in the indemnity insurance for obstetric ultrasound. We have had an extended correspondence with MPS, to both clarify the issue and to see if MPS is prepared in any way to modify its position. It is not. Exco has decided, with some reservations, to accept the position of MPS. This is to clarify some of the issues and make recommendations.

Firstly the issue is about risk and not competence. MPS has identified that clinical obstetrics is very high risk and obstetric ultrasound in the second and third trimesters of pregnancy, for any reason, is high risk. The major problem is non-diagnosis of foetal anomalies. The claims received are largely unpredictable, that is; there is usually not a pattern before a claim that would allow behavior modification. The claims are usually once-in-a-lifetime for a practitioner and settled at the tens of millions level due to the whole life support often required for a damaged baby. The risk of scanning is higher in the second and third trimesters and MPS is adamant that the risk is present even if the scan is done for a reason other than the assessment of foetal anomalies. The risk is equally shared by the 'holder of the probe' as well as the 'reporter of the study'. These changes apply to radiologists, sonographers, gynaecologists and GPs that specialise in foetal ultrasound.

If a radiologist employs a sonographer, the sonographer must have the relevant cover and for any examination when a sonographer and radiologist are involved, both must have appropriate cover.

A quick survey of the teaching departments has indicated that without a fellowship in ultrasound, radiologists are not trained to do foetal assessment. Those in private practice, with some exceptions due to practice profiles and historical expertise, do no routine fetal assessment but are occasionally asked to do a second or third trimester scan for other indications: APH, placental position, cord Doppler etc. These examinations are often 'emergencies' and after hours. Newly trained radiologists do not have the skills to do foetal assessment and those trained little opportunity to keep current.

The first trimester is defined as being up to the end of the 12 week, 13 weeks = second trimester.

When MPS premium renewal is due after October 2013 you will have two choices:

## A) RADIOLOGISTS

### INDEMNITY INCLUDING OBSTETRIC ULTRASOUND

You may elect, **without any further proof of competence**, to pay the '*enhanced subscription rate*' (with obstetric ultrasound), which is at 2013 rates, a total subscription of **R71070.00 p.a.** This allows you to do obstetric ultrasound in any trimester for any reason and report on everything including foetal assessment for anomalies.

### INDEMNITY EXCLUDING OBSTETRIC ULTRASOUND

You may choose to pay the normal existing premium of **R29 910.00 p.a.** (without obstetric ultrasound). This indemnifies you for the restricted first trimester scans (see 2 below). In this case, indemnity would not extend to claims arising from any other obstetric ultrasound examination in the second or third trimesters. If you chose this option the RSSA advises that from your renewal on or after 01 October 2013 that:

1. You do not do any obstetric ultrasound examination for patients with clinical dates greater than 13 weeks, **for any clinical indication.**
2. You may confirm the pregnancy, report on whether or not the pregnancy is intra- or extra-uterine, estimate the gestational age and comment on the pelvic organs.
3. You should make the patient aware before the examination that no attempt will be made to assess foetal anatomy or foetal abnormality. A comment to this effect should be put in the report. Recommended text: *'First trimester scan, restricted to pregnancy confirmation, location and estimation of gestational age, patient advised that she should be referred for foetal assessment at the appropriate time.'*
4. A disclaimer that you will not be liable for undetected foetal abnormalities will not absolve you from liability and is not recommended.
5. You should not do nuchal thickness measurements or analysis.

6. If the ultrasound dates are a few days over the thirteen week limit, report as above but make it clear that the exam was done either because the dates were unknown or because the clinical dates were expected to be less than 13 weeks.
7. If there is a mismatch between the clinical dates and ultrasound dates and the ultrasound dates are well over 13 weeks abandon the scan, inform the patient and refer her back to her doctor or someone with appropriate indemnity.

## **AMNIOCENTESIS OR FOETAL INTERVENTION**

The radiologist should hold indemnity cover for the trimester in which amniocentesis or other intervention is performed.

## **B) SONOGRAPHERS**

The following applies to employed or self-employed sonographers on renewal from 01 October 2013:

1. Existing premium of R2270.00 does not cover any obstetric scanning.
2. Enhanced premium of **R13500.00** required to indemnify first trimester scans.
3. Additionally enhanced premium of **R71070.00** required to do second and third trimester scans.

When scans are done by sonographers and reported by radiologists the applicable annual premiums are:

### **First Trimester:**

Radiologist: R29910.00

Sonographer: R13500.00

### **Second and Third Trimester**

Radiologist: R71070.00

Radiographer: R71070.00

MPS has advised that if a second or third trimester scan is done for a 'life or death' emergency and a claim is received, MPS has the discretionary power to provide cover. It is unlikely that you will get into that situation with correct notification of your position to casualty etc.

It is envisaged that these premium increases will effectively take foetal assessment and second and third trimester scans out of the scope of practice of most radiologist in private practice. Members who elect to take the second option (without obstetric ultrasound) should inform their supporting doctors, casualty departments and if necessary landlords that these services will no longer be available from 01 October. (Cover will only change on the renewal date, which could extend up to September 2014 but it is likely that most practices will chose October 2013 as the change over date.) The RSSA will support any member doing this. Attached is a '*to whom it may concern letter*', on RSSA letterhead, which may assist you with this notification and could be attached to any notification from your practice or department.

Members are of course free to take alternative insurance from registered short-term insurers. Members are however advised to examine the terms and conditions and be aware that most short-term insurers require you to be paying premiums at the time of a claim. A claim may be lodged several years after an incident. To ensure cover this may require continuing paying premiums should you switch from one short term insurer to another or require you to pay premiums for several years after retirement. MPS will indemnify you if you hold cover at the time of the incident.

If you have any further questions please do not hesitate to contact us.

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