



The official newsletter of the South African Society of Psychiatrists - SASOP

SASOP is an interest group in SAMA, and a member of WPA

GENERAL PRACTITIONERS CLAIMING FOR PSYCHOTHERAPY

We have recently received a number of investigations by Discovery where Drs other than Psychiatrists have been charging Psychotherapy codes. How do we deal with this? In what circumstances, as an example may a General Practitioner use these codes if at all? The DBM include these codes for Non-Psychiatry. Does a M Fam-Med. qualify for the accreditation?

GP's have a different scenario as they have a broad scope of practice, and would be able to perform psychotherapy but as it is not part of the undergraduate course, they would have to prove training as specified for psychologists and psychiatrists.

The rules are specified by the HPCSA and the Health Professions Act.

P3 RESPONSE

SASOP has agreed to assist medical schemes in accrediting doctors other than psy-

chiatrists who have qualifications in performing psychotherapy. Attached find the documentation required for the application to SASOP for such accreditation and the guidelines related to the application.

As psychotherapy is not part of undergraduate training, doctors must prove training in psychotherapy to be able to perform psychotherapy. Psychiatrists and Psychologists receive psychotherapy training as part of their post graduate training. To be able to perform psychotherapy you must be able, if you are not a registered psychiatrist or clinical or counseling psychologist, to prove post graduate training in psychotherapy.

The fee for medical doctors other than psychiatrists is just slightly lower than what psychologists can charge and therefore, we feel that the training to be able to do psychotherapy should be virtually the same as for psychologists. Training would also

have to include training in psychopathology, to be able to do the appropriate psychotherapy for specific conditions. We also require training in most of the evidenced based psychotherapies and not only in one or two psychotherapies as a broad base is needed before specialization.

The problem is that no doctor may be excluded from a particular code and that each submission of a code must be evaluated on a case-by-case basis. We can only supply guidelines.

THE EDITOR

Will colleagues please comment on this matter?

Newsletter Date

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Inside this issue:

GP Psychotherapy claims	1
Medical News	1
GENERICS and patient care	2
SASOP President' Word	3
Editorial slot	4
Anti-Psychiatry	4

DISCLAIMER: The ideas presented in the HEADLINE are not the official positions of SASOP but of the correspondent.

Check-out the Medical News regularly

SASOP Psychiatrists continue to improve the income of ALL Psychiatrists by participating in the Practice Cost Studies! Psychiatry is one of 11 Medical specialties that prepares and sends in Cost Studies to enable the DoH to uni-

laterally determine the annual increase of billing by doctors.

MANTO LEGACY

Breathe out now; Manto is out and so is the poison that she put in the SA Health Products Regula-

tory Authority Bill which replaces the Medicines Control Council.

The Minister of Health will not be able to continue political interference in the Pharmaceutical and Dispensing arena!

"SASOP is in the business of FIRST Supporting its MEMBERS and then enabling them to provide Excellent Psychiatric Service for ALL."

A case of “Bio-Equivalence” versus “Clinical equivalence”?

A member of SASOP has written to the President Elect, Dr Ian Westmore, and used one of the twelve official languages of South Africa. Check out what the member says!

Subject: Risperdal

Hallo Ian

Ek het gewonder of jy my dalk kan raad gee: ek het 'n pasient met Skisofrenie wat so twee weke gelede deur haar mediese fonds gedwing is om van Risperdal Quicklets 4mg per dag oor te gaan na Aspen-Risperidone 4mg per dag. Sy is 'n lid van Transmed. Sy het binne drie dae begin siek raak en 'n week later so paranoïed geword dat sy 'n ernstige selfmoordpoging aangewend het - sy was 'n paar dae in ICU en is nou in die psigiatriese hospitaal, heeltemal psigoties.

Is daar 'n meganisme waarop 'n mens hierdie generics kan rapporteer of ten minste ons kollegas daarvoor kan inlig?

Groete
SASOP LID

From the EdiTER

The essence of this letter is that the member is disgusted that a patient who was stable on Risperdal Quicklets 4mg was ? Coerced by her medical aid to change over to Aspen-Risperidone 4mg.

The consequences were disastrous; the patient landed in ICU and remains uncontrolled in a psychiatric hospital.

A case of “Bio-Equivalence” versus “Clinical equivalence”?

We invite comments from colleagues and indeed from readers in the Pharmaceutical Industry who have often stridently expressed opinions on the perceived view that SASOP Psychiatrists prefer Ethical Originator products over cheap generic products. Just eMail to Ran-gaka@iafrica.com

SICK ECONOMY PUTS PATIENTS' HEALTH IN DANGER

The Medical Chronicle of January 2009 comments on the changes going on as a result of the diminution of disposable income, unemployment and escalating costs for patients.

Patients are observed to avoid collecting their chronic medication as they have no money for co-payment. Some terminate their medical aid or down grade to lower cost and benefit options.

“Patients are putting ff going to the doctor until they are literally too sick to walk because they do not have the cash to pay for the services,” - said Dr Norman Mabasa.

The Generic Versus Ethical Psychoactive Medication debate continues!

We know that patients living with psychiatric illnesses are always much worse off than those with chronic medical illnesses. What are the solutions we as SASOP can put forward to reduce deterioration of Access for patients to Quality, Affordable Health Care?

Support for the National Health Insurance cannot be withheld as the need for the majority citizens must be covered by all the health care providers in South Africa. Specialists in the Neurosciences and SASOP must design and participate in solutions. If they do not, then the politicians will listen only to the Economists and Accountants who may only focus on saving money, and not also on promoting the quality of life of the people.

SASOP TO THE DEFENCE OF PSYCHIATRY?

The following advertisement was emailed to SASOP Exco. Please read it and advise the SASOP Secretary Dr G.Grobler or the editor on what your thoughts are.

COME AND LEARN THE TRUTH THAT PSYCHIATRY DOES NOT WANT YOU FINDING OUT, EVER!

Please make the time to come and visit the exhibit. There are various panels and TV screens with graphic visuals that expose the hidden crimes and gross Human Rights violations that Psychiatry has been guilty of since the early 1800's and you will be taken through its history through the last 200 years and what it has become today, 9 March 2009.

Regards Church of Scientology Activist

Your comments?

FROM THE SASOP PRESIDENT's desk

On the much deated invitation to the public to attend an Anti-Psychiatry Exhibition in Durban, the SASOP President says,

"I personally wonder of it is worthwhile making an effort to argue our case against those people. Anyway I believe most citizenry are aware that this is a narcissistic and misleading forum.

The general trend worldwide is to ignore them. They have been known to picket or exhibit outside psychiatry

conferences and meetings all over the world. This is why you have tight security at conferences like those of APA or the ECNP: so that they do not invade the meetings and spread their propaganda. We could issue a media release stating that we are not really concerned with the CCHR as they are an anti-psychiatry forum who base their arguments on emotion rather than scientific fact.. They do not deserve the dignity of our response at all. After all we are not guilty of any of the hogwash we are accused of.."

Jan Chabalala

President; SASOP



SASOP PRESIDENT DR JAN CHABALALA 2008 TO 2010

Just a Thot . . .

The right man is the one who seizes the moment. - Goethe

Food For Thought
Opportunities come to everyone, but only a few take them.

If we could only begin to realize that as easily as we can say "I CAN'T" so we can say "I CAN."

The reality is that our future is not dependent on our past, but rather on the very next decision that we are going to make.

The limits we face are rarely the limits without, but rather the limits within us; the ones that we

SASOP has a presence in all Nine Provinces of South Africa – why, there is a SASOP Member working somewhere, representing the good name of the organization!

place there. Glen McQuirk



Drugs - Ethical or Generic.
Much to say in this
HEADLINE!

Psyche Bytes

2010 RPL Meeting Feedback

SAMA attended a briefing session with the Department of Health (DoH) regarding submissions for items to be included in the 2010 RPL. The following matters were discussed:

The deadline for submission for items to be included in the 2010 RPL is at 15h00 on 17 April 2009 and not

3 April 2009 as published in the Government Gazette, No 31805, dated 22 January 2009.

Groups planning to replace their structures must take cognisance of the fact that no replacement structures will be accepted by the DoH. However, it is suggested that these groups arrange

meetings with the Department of Health to discuss their new structures for consideration whereby expansions of their current structure will be considered. SAMA Private Practice Unit will assist to set up the meetings with DoH where necessary, see contact details below.

The groups who have already

HEADLINE

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INTERNATIONAL SCENE

Mario Maj: WPA PRESIDENT 2008 TO 2011 Said,

“The image of psychiatry as a modern medical specialty, that deals with a vast range of mental disorders, some of which are very common in the general population, and that delivers a variety of therapeutic interventions, some of which are among the most effective that medicine has at its disposal, is currently unfamiliar to the general public in most countries of the world. On the contrary, the limitations of our diagnostic tools and our treatments often receive a great emphasis in the lay press, with messages which are frequently biased by ideological prejudice. The source of this biased information is sometimes represented by psychiatrists themselves. **Anti-psychiatry** within psychiatry is still a reality in several countries, and our profession is unique among medical specialties in its ability to generate auto-antibodies.”

Editorial Comments . . .

Well, the first edition of the HEADLINE was posted on the SASOP website and is there to be viewed! What I await are the comments of readers - the beauty of the web-based magazine is that it is alive - or at least meant to be. However, apathy has no cure. It just eats away at all possibilities and opportunities.

In this edition, look for information on the various SASOP Sub groups, interest groups and task teams. I

hope to rouse the correspondents to action.

The Presidency has been to visit the KZN Subgroup. Dr Jan Chabalala and the president elect Dr Ian Westmore will share their experiences with us.

The SASOP Treatment Guidelines are to be pursued and completed. We hope to get an update on them from Dr.Eugene Allers.

Another project that needs to be concluded has to do with the SASOP Position Paper

on Pharmaceutical Industry sponsoring of CME activities. Now that the Presidency has had conversations with various entities, the SASOP NEC is to sign off the Sponsorship Criteria as policy.

SAMA is on the road, clarifying progress with respect to the Occupation Specific Dispensation, OSD. SESIG is keen to see this issue explained to the membership, and realized as Rands and Cents in their pockets.

made presentations to the Department of Health on their new structures, do not have to make separate submissions for the changes requested to be made to the 2006 to 2008 Doctors' Billing Manual and which were not included in the RPL. However, these groups are requested to make presentations on their new structures at the SPPC meeting of 12 and 13 March 2009.

Groups who have submitted code changes which were already approved by the SPPC for inclusion in the 2006 to 2008 DBM must submit these requests to SAMA. These changes will be included in the SAMA submission to the DoH for consideration. However, these groups are encouraged to arrange meetings with the DoH to discuss increases to their fees, as only an inflation increase will be added to fees.

SAMA encourages all groups to engage with the DoH with regards to changes to be included in the 2010RPL.

Groups who want to engage with DoH can contact Nthabiseng Huma on 012 481 2048 or nthabisenh@samedical.org, to arrange for an appointment.