

February 2007



headline

SASOP

OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

SASOP NATIONAL EXECUTIVE COMMITTEE 2006 - 2008

(excludes extended executive committee portfolios)

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SASOP Anti-Stigma Initiative



Emotional Health

**BE THE BEST
YOU CAN**

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VIOLENT CRIME DENYING "A BETTER LIFE FOR ALL" IN SOUTH AFRICA

It is gross to hear a politician say that violent crime rates in South Africa are decreasing, when people are attacked brutally, and with impunity!

I have to tell you two stories, and then state that I prefer a South Africa that sets itself up as a police state in the defence of the gains of the revolution and democracy.

A law abiding couple were visiting a sick friend at Kalafong Hospital - a state hospital in Pretoria - when they were attacked by a knife wielding terrorist on the hospital grounds. He was admitted 26 July 2006 at the Life Eugene Marais hospital in Pretoria, with chest, abdomen and T5 spinal cord injuries which left him paraplegic. He was discharged in a wheel chair 22 September. There was no information about what Kalafong Hospital did to secure its grounds to prevent a repeat of such brutality.

Closer home to us psychiatrists, and more brutal, a colleague, Dr. Yao Dangwa, was arriving home in his car, his wife next to him and his two daughters on the back seat. It was around 7.30 pm when he stopped on his driveway to allow the electric gate to close when a terrorist stormed into the yard, and shot him in the right side of the neck at close range! Given that the ambulance took very long before attending to him, it is a miracle he reached the hospital alive. He is quadriplegic and receiving care in hospital. His practice at Legae Hospital is being run by locums. It is especially tragic that this happened to him as he arrived home from the SASOP Conference in Swaziland on 14 September 2006! The terrorist did nothing else; no car hijack and no armed robbery of the family. He is still at large - he has impunity!

You may wonder why I call the assailants terrorists! By definition, a terrorist is someone who fouls up the peace and tranquility of a community, and ensures that the residents live in fear and uncertainty. It is NOT a person who is opposed to the foreign policy of the United States of America! It is a bandit who makes South Africans fear for their lives and denies them the possibility to enjoy the benefits of a non-racial, non- sexist democracy. Terrorists traumatize the whole community and cause even doctors and therapists to have PTSD.

The comrades running the security forces in South Africa seem to be oblivious to the devastation caused by terrorism in South Africa. What we, the survivors need to do is to be vigilant and to support one another once such a calamity has befallen our colleagues. We also will be vocal in demanding that the president and leaders of South Africa defend voters from terrorism urgently and relentlessly.

Dr Thabo Rangaka
SASOP President

Book Club

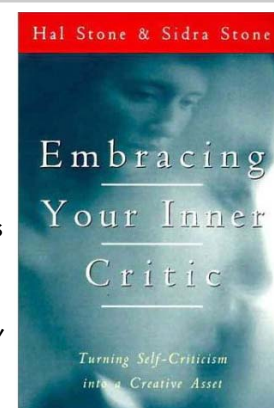
Embracing Your Inner Critic

by Hal & Sidra Stone

Publishers: HarperCollins

The inner critic. It whispers, whines, and needles us into place. It checks our thoughts, controls our behaviour, and inhibits action. It thinks it is protecting us from being disliked, hurt or abandoned. Instead, the critical inner voice causes shame, anxiety, depression, exhaustion, and low self-esteem. It acts as a powerful saboteur of our intimate relationships and is a major contributor to drug and alcohol abuse.

Through examples and exercises, the Stones show us how to recognize the critic, how to avoid or minimize "critic attacks", and, most important, how the inner critic can become an intelligent, perceptive, and supportive partner in life.



FROM THE SECRETARIAT



The SASOP Executive Committee has had two meetings since election in September 2006 at the Swaziland Congress. The first was in November 2006 and the most recent meeting was held on 22 January 2007 in Johannesburg. At the first meeting the various portfolios were discussed and are in the process of being finalized. Certain portfolios have been changed to address the needs of the society. For example, the "Education and Training" Division which was represented by the college of psychiatry president has been renamed "College of Psychiatry" representative and will be on the extended executive committee. The president of SASOP has developed a new portfolio which he has named, "Academic Development", and the person filling this position will be announced soon. Dr Rangake has also created a new portfolio, "Young Psychiatrists", and has appointed Dr Mvuyiso Talatala as the head.

At the recent meeting in January, the President, Dr Thabo Rangaka, presented a document based on his inaugural speech that reflects his vision for SASOP and the areas that he believes need to be focused on. One area that he highlighted was the establishment of a more permanent "SASOP headquarters" and office. The full document can be seen on the SASOP website. Dr Rangaka urged those who felt they could get involved in any areas mentioned to come forward.

The administrative secretary, Alta Valsamis has already sent out the membership fee bills in January. Members are requested to pay their fees by the end of March at the latest and the executive committee has requested all treasurers of subgroups to remind members to pay their fees as soon as possible, thereby assisting the office in obtaining the monies early, so that subgroups can obtain their portion in time.

The President has also initiated a "President's Forum" that will consist of all previous presidents of SASOP. At his instigation, the first meeting of this forum is planned to coincide with the August congress at Sun City. It is felt that SASOP can benefit greatly from the expertise and experience of these senior members of the society.

Several members of the executive, including Dr's Rangaka, Talatala, Moosa, and Allers will be attending the WPA Regional meeting in Nairobi at the end of March. It is felt that SASOP needs to maintain a high profile in the region and where possible assist other African countries in increasing their profile too.

Headline is to be "resurrected" and the publication will be available in electronic format and soon in hard copy when sponsorship has been arranged. The editorship has changed from Dr Eugene Allers to Prof Margaret Nair. The executive feels that the publication is vital in keeping members informed of the "going's on" of the society.

The *Anti-Stigma* task team, under the leadership of the new President, will again be at the forefront of SASOP activities. Dr Allers, who has taken over from Prof Nair as team leader, pointed out that the efforts in the past have been effective; there has been a 100% increase in admissions for psychiatry in private practice, showing that the awareness has led to better benefits and use of existing services in the private sector. Other members of the team include Prof Nair, Dr Rangake in his capacity as Public Relations Officer and Dr Talatala in his capacity as Transformation team leader.

The problem surrounding sponsorships to national congresses will receive special attention in this next term of office. The executive committee is aware of the growing dissatisfaction regarding the sponsorship of individuals to national congresses by pharmaceutical companies as it stands at present. It was however, decided that the current system would remain operational for the congress in August as it is already too late to implement a

new system, but that new guidelines will be in place as soon as the new task team has completed its work.

Dr Allers reported on the activities of P3 (Private Practice Psychiatrists). A further cost study is underway following the success of the previous one which resulted in a better fee structure for private psychiatrists. This will be to compile the NHRPL list for 2008.

DR IAN WESTMORE
Hon. Secretary



Mentorship

SASOP will be launching a "Have-a-mentor" campaign which will be co-ordinated and run by Margaret Nair, Thabo Rangake and Mvuyiso Talatala.

We suggest you read...

1. *Making the most of being Mentored: How to grow from a mentoring partnership* by Gordon F. Shea
2. *The Mentee's guide to Mentoring* by Norman H. Cohen

Remember: We all should be a Mentee no matter what positions we hold and no matter how old we are.

Watch this space!



TARIFFS 2007

SAMA Doctors' Billing Manual 2007 (DBM)

The DBM was published by SAMA towards the end of December 2006.

The DBM includes all rules, codes, descriptors and modifiers applicable to 2007. In the absence of an official NHRPL 2007, SAMA published the COID and HPCSA Ethical tariffs for 2006. SAMA is not allowed to publish a price as stated in the Competitions Act. The HPCSA has not allowed for an increase in ethical tariffs for 2007.

The published Discovery Health Rate and the NHRPL 2006 document of the CMS is not up to date and the rules and descriptors in these documents should not be used. Please refer to the SAMA DBM.

Relevant changes in the rules include that rule M now refers only to Surgical procedures. This means that when a consultation, first or follow up, is followed by psychotherapy, both the codes for consultations and psychotherapy can be used together, in and out of hospital. Also note that the times for psychotherapy are now a minimum of 10 minutes for code 2957, a minimum of 30 minutes for 2974 and a minimum

of 50 minutes for 2975. The codes refer to any psychotherapy carried out and not specifically to individual psychotherapy. As marital and family therapy are now included in this code, the codes for these procedures have been deleted.

Please note that the codes for a first and follow up consultation can be charged together with psychotherapy if indicated. Also note that codes 0161 to 0164 refer to a first and follow up consultation at the rooms and codes 0166 to 0169 refer to first and follow up consultations at the hospital. Psychiatrists have their own code for follow up visits in and out of hospital, and the code 0109 should preferably not be used, although the code is still valid. Item 0145 can also be added to the first and every subsequent follow up visit away from the rooms with codes 0161 to 0164 and in hospital with codes 0166 to 0169 and code 0109.

Due to the absence of regulations to the National Health Act to regulate the process of the determination and the publication of the NHRPL, the market was left without a National Health Reference Price List. This has many benefits for the market as this allows for the first time medical schemes to determine their benefits on what they can afford and the medical professional to charge fees according to the cost of the practice.

SASOP conducted cost studies as per circular 69 of 2006 of the CMS last year and the results are published on various website including www.medicalschemes.com and www.healthman.co.za. It is clear from these studies that psychiatrists are on average 36% under-remunerated and due to concerns regarding the financial survival of practices, we strongly advise psychiatrists to charge fees according to their costs/expenses. Please refer to the above websites as to how to determine your own costs.

Some medical schemes do allow balance billing and this list is available on the SAMA website. For those patients whose medical schemes do not allow for balance billing, we strongly recommend that the patient pays the full account at the time of service and thereafter make a claim from the medical scheme. This will ensure a sustainable and healthy private sector.

The Department of Health published draft regulations to the National Health Act regarding the process of determining a NHRPL. Comments should be submitted to the DOH on the 28th of February 2007. If you want to comment, please find the draft regulations on the SAMA website.

Since there has been many queries regarding the Discovery Health Premier Rate for specialists, please note the following: If you do not charge co-payments or other levies and you want Discovery to pay the account in full directly to your practice, the premier rate will apply and will be to your benefit. If you charge any co-payments or have a cash practice, this rate will not apply to your needs. Two options can be chosen and in general the option A (150% outpatient and 125% inpatient option) would be the most beneficial for psychiatrists.

SASOP P3 will soon communicate with you with regards to the results of the 2007 cost study. The deadline for submissions is the 31 March 2007. **We have 77 studies submitted so far and would need 130 studies to validate our data. As a matter of urgency, please submit your data if requested in order to guarantee an increase in the NHRPL for psychiatrists in 2008.**

Dr Eugene Allers

P3 Head

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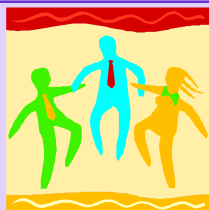
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Shrink Tank

The only kind of dignity which is genuine is that which is not diminished by the disrespect of others. You don't diminish the majesty of Niagara Falls by spitting in it

- Anthony de Mello

Be decisive even if it means you'll sometimes be wrong.

- H. Jackson Brown Jr.

Recognise the difference between having and living.

- Paul Wilson