



headline

SASOP

OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN SOCIETY OF PSYCHIATRISTS

SASOP ANTI-STIGMA INITIATIVE



Emotional Health
BE THE BEST
YOU CAN

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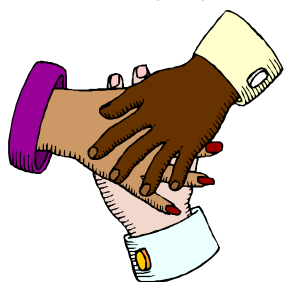
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Unity in SASOP



Working together in harmony

From the President's Desk



I would like to sincerely thank:

1. Firstly, thanks be to God, whose blessings continue to shower upon me everyday of my life. I believe I'm here to serve a purpose as required and inspired by Him.
2. To my wife Tsakani, who is in the audience tonight, I love you and I'm grateful you could make it to witness this day. I know I can rely on your support now and forever.
3. To my past president, Dr. Thabo Rangaka, I thank you for having shown me the value of being diplomatic, and the nobility of being patient when situations become very heated. You will be a hard act to follow.
4. To my colleagues in SASOP executive committee, whose support I will continue to rely on throughout and beyond my term of office as President of SASOP, I admire your dedication to this project that is SASOP.

My theme for the duration of my presidency will be **"Taking ownership of Psychiatry"**

1. As psychiatrists, we must take ownership of the medical specialty that we love and make a living out of. Somebody mentioned recently that we are a part of the big five medical specialties, and that we should not be apologetic among other specialists.
2. Our undergraduate training and internship allocation in the specialty is in danger of being taken over and regulated by other people. We need to do something about this urgently.
3. To survive as a specialty we need to accommodate to the ever changing social, political and economic climate.
4. The increased (forced/widespread) utilization of generic substitutions of medication is one such case in point. We have to adjust to the current situation or face extinction as a specialty. SASOP is currently looking at how best we can adjust ourselves to this development, without compromising the care of our patients.
5. We have to face and deal with all threats against our society and indeed against our profession. The threats in question come from various sources:
 - a) We are generally ignored by the HPCSA.
 - b) Psychiatry is being actively compromised in the Eastern Cape.
 - c) There is a very strong indication that psychiatry is being discriminated against by the Health Care Funding Industries (medical aid schemes). Some don't even believe for example, that depression exists
 - d) The threat to private health care by the Minister of Health.
 - e) Our colleagues in the Public Sector who work under very difficult circumstances, often with inadequate backup.
6. We must urgently deal with a far more **dangerous enemy to our cause: ourselves**. There is a lot of apathy among psychiatrists and registrars, as far as getting involved in SASOP is concerned. This starts from the subgroups right through to the executive. Please join your subgroup and **pay your dues**.

ACCEPTANCE SPEECH
SASOP PRESIDENT 2008-2010
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7. The presence of **incompatibilities among our members**, both within the executive and elsewhere does not bode well for the Society. It should be possible to disagree on issues but continue to work together for the greater good. Are we, as a society going to mirror the ruling political party in terms of split loyalties?

8. I am aware of the dissatisfaction from many quarters about the issue of **sponsorship to congresses**. This is a very difficult issue to resolve at the moment. Suggestions from members are most welcome as to how we can solve this chronic problem.

9. Our **relationship with the Pharmaceutical Industry** needs to be addressed urgently. We are like siblings who love to hate one another, but can't do without each other. We are currently trying to work on a collective approach to smooth relations and facilitate working together.

My commitment and declaration as the president of SASOP is:

1. I will, as President do my utmost to take the Society into our golden era of 2010, with more vigour than ever.
2. I will encourage members to attend more meetings and to get more involved in SASOP activities. Coupled with this, will be my attempt to evaluate the reasons for apathy.
3. I will not interfere with successes that have been achieved by SASOP, but will seek to amplify those.
4. I will look at the possibility of forming a new special interest group of **spirituality in psychiatry**, as desired by a sizeable number of members.
5. Strengthening international relations will also feature on my agenda.
6. To encourage good quality research by young black registrars and psychiatrists.
7. Finally, I would like to wish everyone involved in SASOP, the blessings from God and the wisdom of Solomon. The road ahead will be bumpy, but together we can win.

Dr Jan Chabalala: SASOP PRESIDENT



REPORT ON THE AGM 2008

During the recent SASOP Congress at Fancourt, an AGM was held on Wednesday 13th August 2008. This meeting was well attended and proved to be an opportunity for some lively debate. It was also the final meeting to be chaired by the outgoing President, Dr Thabo Rangaka, who then handed over the reigns to the incumbent President, Dr Jan Chabalala.

Election of new office bearers: the following members were elected to hold office for the next two years:

President-Elect: Dr Ian Westmore

Honorary Secretary: Dr Gerhard Grobler

Honorary Treasurer: Dr Willem van Rooy.

(Dr Thabo Rangaka will stay on in the portfolio of "Past President").

Changing the constitution

The current constitution needs to be changed to reflect SASOP's status as a section 21 company. This constitution will in future be called the "Memorandum of Association and Articles of Association of the South African Society of Psychiatrists". This was presented to the membership by Dr Eugene Allers. To meet the requirements of the current constitution, and following a move from the members, it was decided to adopt only those parts that were absolutely necessary at this point, whilst distributing the full document to members and making it available on the website for perusal and comment. The part that was adopted refers specifically to the committee which will now look as follows:

The Board of Directors: consisting of The President, Past President, President Elect (Vice President), Hon. Secretary, Hon. Treasurer, Conveners of P3 and SESIG, Conveners of Divisions (ex officio) and Conveners of Task Teams (ex officio) (ex officio members will not have voting rights)

The Executive Committee: consisting of The President, Past President, President Elect (Vice President), Hon. Secretary, Hon. Treasurer.

The National Council: consisting of The President, Past President, President Elect (Vice President), Hon. Secretary, Hon. Treasurer, conveners of all Special Interest Groups, conveners of all Divisions, conveners of all Task Teams, chairpersons of all subgroups.

The full document will be placed on the SASOP website.

Demarcation of subgroups along geographical lines: The President gave some background to the proposed changes i.e. that Mpumalanga, Northern Cape and North West Province can be included in SASOP – he suggested that where there are no subgroups they be included in existing subgroups. This was unanimously accepted. The idea is that existing subgroups adopt these new subgroups and support them until they can function independently.

President's forum: This has been established and the group has had two meetings. They will constitute a Special Interest Group (SIG) and Dr Rangaka is the convener; Prof Zabow is the treasurer. It was clarified that the group will *not* include the current President.

Spirituality and Psychiatry Special Interest Group: 35 members have requested the formation of a group. The incoming President, Dr Chabalala supported the move. No objection was raised. It was agreed that the group go ahead and constitute itself. Details will be made known in Headline as they become available.

Treasurer's report: the outgoing treasurer reported on the audited financial statements – indicating that SASOP was currently in a healthy financial position.

Report back on activities of the past year: SASOP President

- Dr Rangaka presented his report – which included the following:
- Regular meetings have been held by the executive committee.
- He thanked Dr Allers for his work on the articles of association.
- He referred to the goals and objectives of SASOP.
- He spoke to the “achievements” of the executive. He specifically alluded to the intended SASOP Generic Medicines Substitution Position Paper; the Young Psychiatrists SIG and SESIG; clinical trials and research in psychiatry; MHCA; advocacy groups; - he also urged members to use the website more vigorously; as well as referring to the guidelines and interaction with the pharmaceutical industry. He especially emphasized the PMG.
- It was clarified that the accounts from the 2007 congress are not yet completed and therefore not available yet.
- He emphasized the need to care for fellow psychiatrists and the role of the Past Presidents Forum in this regard.
- He expressed his concern for the lack of participation of black psychiatrists in SASOP, and encouraged black practitioners to become more involved. He thanked the membership for their support in his role as the first black president of SASOP and indicated that this showed that SASOP had already begun its process of transformation.
- He emphasized that psychiatrists need to take ownership of Psychiatry in SA.

Prof Nair thanked the President for the work he had done during his term of office.

A letter had been written, by Dr E Allers and co-signed by approximately 30 members to one of the president-elect candidates, Adj.Prof Moosa to clarify his position on homosexuality. This was in reaction to Prof Moosa's concerns related to SASOP'S position statement on homosexuality, and an email response of his mentioning possible research on gay marriages in response to Dr Dora Wynchanyk's press release sanctioning gay marriages in 2006. Many members would have received Prof Moosa's response as he sent it to all SASOP members. At the AGM, and prior to the election, Dr Allers offered a public apology especially relating to the timing of his letter, giving reasons for his questions, and stated that he was satisfied with the answers given by Prof Moosa., as Prof Moosa made it clear that he does not discriminate against gay patients or people. The matter had been debated extensively at the Extended Executive Committee Meeting on the preceding Sunday and the resulting resolution adopted by the committee was read at the AGM.

Dr Ian Westmore: [PAST HONORARY SECRETARY](#)

Constitutional Changes

The South African Society of Psychiatrists is now a fully fledged Section 21 Company.

At the Annual General Meeting of the Society on the 13th August 2008, at Fancourt, George, the members voted for a new Memorandum of Association and Articles of Association.

Some changes had to be made to the old SASOP Constitution to be in line with the “company's act”.

SASOP now has a Board of Directors with 23 positions, 7 elected voting directors including the President, the Past-President, the President-Elect, the Honorary Secretary, the Honorary Treasurer, the Convener of P3 and the Convener of SESIG, 16 ex-officio members without voting powers, 11 heads of divisions and 5 task team conveners. The day-to-day management will be done by 5 Executive Members, the President, the Past-President, the President-Elect, the Honorary Secretary and the Honorary Treasurer.

The National Extended Executive will now be called the National Council and the Executive, all the Special Interest Group Conveners, the heads of Divisions, the heads of Task Teams and the Chairpersons of all the Subgroups will be represented in the National Council. Only the Board of Directors has any executive powers and all matters discussed at Executive, Special Interest Group, Division or Task Team level for decisions needs to be referred to the BoD. Subgroups and other groups within SASOP have more autonomy due to the fact that they have budgets and bank accounts of their own. It must be noted that as before, all accounts under the auspices of SASOP to be audited and presented to the Honorary treasurer and the Board of Directors at least 3 months before year end on the 30 of June every year, thus 31 March of every year. A fully audited financial statement have to be presented to the Members at least 21 days before the AGM every year from any group with a bank account.

No amendments need to be made to any of the constitutions of the Subgroups or the Special Interest Groups as they will still be in line with the new SASOP Memorandum and Articles of Association.

Dr Eugene Allers: [SPECIAL ADVISOR AND PAST PRESIDENT](#)

A PRESIDENT'S VIEW OF THE SASOP CONGRESS 2008

The Conference Committee put together a fantastic exit Congress and AGM for Dr. Thabo Rangaka – I applaud them wholeheartedly!

As the preparations were being finalised for the Conference at the magnificent Fancourt Resort in George, certain issues were building up rather menacingly:



SASOP AND THE PHARMECEUTICAL INDUSTRY

For most of 2008, the matter regarding how Pharmaceutical industries could support medical specialists in the neurosciences without being perceived to corrupt their ethical *locus standi* was debated. A document was put together by a Task Team comprising of Dr. Thabo Rangaka, Dr Ian Westmore and Dr. Gerard Grobler. The document was required rather hastily because it was supposed to enable Pharmaceutical Neuroscience units and SASOP Subgroup Continuing Medical Education programs to be synchronised. As the document was being researched it became clear that neither SASOP nor the South African Medical Association (SAMA) have a Guiding Document on the ethics of CME and CPD activities of Pharmaceutical Industry and Medical Specialists – especially Psychiatrists. The Task Team then put out an interim, draft document and requested the Academic Development Committee headed by Professor Margaret Nair to research and collate a comprehensive document to be adopted by SASOP to guide the profession. This document is currently being redrafted and teleconferences have been held in order to allow committee to communicate effectively.

As things transpired, some SASOP members took umbrage at the first document, objecting that it sought to prescribe to them how they will run their CME and CPD activities, and how they will interact with Drug Companies. We as the Task Team apologise profusely to those who felt offended. We were delighted that Professor Nair delivered a comprehensive presentation at the Congress, but alas, she was given a graveyard session where it was impossible for her to complete the presentation, let alone field a discussion on the exciting material which was contained in the presentation. We hope that the document will be published in the SAJP for the membership to study and comment on it.

The fact that a crucial SASOP presentation, and also that the very important SASOP Treatment Guidelines workshop were allocated poor slots in a SASOP congress, makes me propose the following:

- That a full day be put aside for crucial SASOP activities – Tuesday for instance should see us discuss crucial documents which may need to be put to the AGM as motions. In the afternoon of the same day, the AGM must be held. In the evening the President's Dinner takes place for speakers and the SASOP Council members.
- The Wednesday could then become a major conference day – like the Monday. The Gala Dinner could be held Wednesday night where the outcome of the SASOP AGM would be announced, prizes given and the Conference Closed officially.
- Thursday could then be used creatively for other presentations with the people dispersing at Midday.

Structured this way, the Conference will benefit SASOP maximally, and reduce the danger of the AGM not getting appropriate attendance and time allocation, with the added fear that crucial matters will not be discussed and finalised.

SASOP AND THE GENERIC PHARMACEUTICAL INDUSTRY

Now this matter caused quite a stir. On 31st July, 2008, Mr Dinesh Bheema Director: Medical & New Business Development Sandoz SA (Pty) Ltd sent me an email in which he requested a discussion on the stand-point of SASOP regarding the use of Generic Medical Products. He had become aware of comments attributed to me in the "**Business Report Comment**" of 2008/07/29. Having responded to the enquiry, I realized that SASOP does not have a Position Statement on Generics Products and Generic Substitution! As a result, another task team is currently dealing with the matter. Dr Ian Westmore heads this team and they have already put out an interim position statement as the media requested it by 7th September 2008!

PROVINCIAL SASOP SUBGROUPS: The fact that SASOP is not represented in Mpumalanga, North West Province and Northern Cape, is cause for concern. The Public Health Services are organized along National, Provincial, Regional and District lines. For SASOP to make an impact on Public Health, Mental Health and Psychiatry, each Subgroup should find and work with the local Director of Mental Health and Substance Abuse. Those Provinces that do not have SASOP Psychiatrists working in them must be covered by the nearest SASOP Subgroup so that the work can be started. Provinces that have more than one Subgroup – such as the Southern Gauteng and the Northern – can arrange to have one of them provide the Provincial Representative to cooperate with the public health administrators and the NGO's in the province. SASOP Members working in North West Province and Northern Province should forward the names of their Interim SASOP Subgroup to the SASOP Secretariat.

SASOP PRESIDENTS FORUM

The SASOP Past Presidents have met again and voted Dr Thabo Rangaka as the chairperson of the SIG, with professor Tuviah Zabow as secretary. The issues to be attended include the collating of SASOP Memorabilia, reaching out to Ex-Presidents meaningfully and taking care of the IMPAIRED PHYSICIAN in SASOP and other organisations where necessary. We see this SIG of ex-presidents as important in the maintenance of the history, customs and long term vision of SASOP.

In signing off as President of SASOP 2006 to 2008, I am most grateful that the membership of SASOP elected me and then supported me very generously during my term of office! May I be so bold as to single out Margaret Nair and Eugene Allers as having been exceptional in this regard! I intend to support the Board of Directors of SASOP and to interact with the DoH, HPCSA and Political Organisations in the best way I can for the benefit of SASOP Specialists and members, and for the realisation of a Better Mental Health Care For All.

Dr Thabo Rangaka: IMMEDIATE PAST PRESIDENT

NEW PRESIDENT ELECT

Dr Ian Westmore's Manifesto



I completed my undergraduate (1990) and postgraduate (1996) training at the University of the Free State – during the latter period I became a SASOP member. After registering as a psychiatrist in 1997 I commenced private practice in Bloemfontein (interrupted only by two locum periods in Alberta, Canada). Since 2002 I have also been involved as a part time consultant at the Dept of Psychiatry at the University of the Free State. Over the past decade or so I have been involved in SASOP: first as secretary/treasurer of the Free State subgroup for two terms, then chairperson of the subgroup during which time I was also elected to be convener of the National Congress held in the Drakensberg in 2004. I have held the position of Honorary Secretary of SASOP for two terms (2004-2006;2006-2008). In my private capacity, I also serve on the advisory boards of several pharmaceutical companies.

In the last six years that I have served on the national executive, I have had the privilege of working with colleagues from all over South Africa, in both the public and private sector. During my term of office as secretary, particularly over the last two years, it has become apparent that the state sector requires much input from SASOP. During my term of office as secretary, it became apparent that the state sector requires much input from SASOP. If elected, I commit myself to working towards a more equitable balance between state and private sector. In particular I wish to address the needs of disadvantaged patients, the working conditions of psychiatrists, the exit of psychiatrists from the state sector, and the generally poor hospital facilities which exist at this time. I will need to pay particular attention to neglected or problematic areas eg the Eastern Cape, North West Province and the Northern Cape. Aside from working with the new SESIG representative, I propose to form a working group to address these pertinent issues. My proposal is that the working group should consist of a state psychiatrist from each of the affected areas. A proposal to be considered and to be liaised with P3 is to recruit private psychiatrists to assist with State hospital work even if only on a monthly basis (logistics could be worked out)). At the same time, we need to keep paying attention to the ongoing challenges faced by our significant private practice sector.

I have also become increasingly aware of the fact that, as the recent Healthman survey points out, psychiatrists are a scarce, overworked and aging resource in South Africa. It is therefore, in my view, imperative that SASOP takes up its place in looking after this resource, for the sake of the profession, as well as the patients and communities it serves. This it needs to do against the backdrop of a rapidly changing and increasingly uncertain economic, social and political climate.

To this end then, should I be elected President, I will endeavour to work towards establishing the following: **“Taking psychiatry to the people: Equity between state and private psychiatry”** – and would therefore propose that the focus be on:

COMMUNICATION with grass roots members, subgroups, national and international psychiatric organizations, **DEVELOPMENT** of psychiatrists is an investment that we need to continue to be involved in. (Whilst having waged a battle to ensure more exposure of interns to psychiatry, we desperately need to train, and maintain, more - particularly black psychiatrists).

TRANSFORMATION is essential to our survival as a society and a way of ensuring that it brings us in line with the community we serve. Efforts thus far have been amicable, but need to be developed further: I propose that we establish a mentorship program in liaison with registrars, and young psychiatrists.

Dr Ian Westmore: SASOP PRESIDENT ELECT



P3 together with the SPPC had a meeting with Medscheme, at the Intercontinental Hotel at OR Tambo Airport on Saturday, 16 August 2008.

The interaction was meaningful and we hope to form relationships with Medscheme to sort out the problems with psychiatric benefits in the near future. There seems to be a move from the Medical Schemes to increase negotiation with doctors.

We will also be involved in a health care summit organised with Discovery Health on the 7th and 8th September 2008 to negotiate issues between doctors and Discovery Health.

Medical Schemes are under threat to be nationalised or incorporated into one single medical scheme as the National Health Insurance Scheme of Government. This could of course explain the sudden interest medical schemes, administrators and managed health care companies are showing in doctors, as they want us as their allies in the survival game.

A National Health Insurance Scheme has been on the cards since the Polokwane ANC Conference, and it now seems as if Government has a new commitment to a national health system. Unfortunately, it does not seem as if all officials sing from the same hymn and there is confusion as to what the truth is. We are definitely in for changes!

The challenges of a single system in the South African context are scary especially if the track records of organisations like the Workman's Compensation and the Road Accident Fund are assessed, as they all managed by Government. In an environment with no competition, poor delivery is guaranteed.

We all have reservations about the efficiencies and cost of medical schemes and we also have our own unique battles that we fight every day, but compared to the WCA and the RAF, they dwindle into insignificance. If Government wants to provide everybody with the same level of care, with the current national and private health care budgets, we can only expect disaster for the private sector. Due to the public service's chronic underfunding, the heaviest burden will fall again on the private sector.

We need to debate and formulate a position on the NHL in order to steer the thinking towards our benefit as well.

The new P3 convener is Dr Franco Colin. Good luck !!

Dr Eugene Allers: PAST CONVENER, P3

- Editorial -

While I have been editor of Headline for the past two years I have been rather silent on publically expressing my own views on issues related to SASOP. Being editor of Headline can be a difficult job, as it consumes much of my time and I have to work to deadlines. I also have to wait for others to send me their articles, before I can do the editing. This is now my last term of office as editor of Headline. It is also probably

my last term of office on the SASOP executive, as the mentor wants her protégés, both young and old, to take over.

Mentorship is an important issue to me. Dr M. Talatala, convenor of “Young Psychiatrists” and I were supposed to launch the mentorship campaign at the 2008 SASOP conference at Fancourt. Due to some mix up we were not put onto the program. It is interesting to note that the new president elect, Dr Ian Westmore, has also mentioned mentorship as one of his future projects. Perhaps Dr Talatala and I will still manage to launch the mentorship program after all !

Colleagues have commented that I have adopted a low profile as I rarely attend CME meetings unless I’m coerced into a presentation. It is a choice that I have made. I prefer to be a “back bencher” or behind the scenes worker on the SASOP executive, rather than be in a frontline position. However I still agreed to do the controversial presentation “**The Ethical Relationship Between The Pharmaceutical Industry and Psychiatrists**”. I was prompted to do it after the controversial reaction to the first draft letter to the pharmaceutical industry by the liaison sub-committee of The Academic Development Committee (ADC). Although I was not involved in the writing of the letter I was confronted by a number of unhappy members! However I took responsibility as convenor of ADC and have now put myself on the liaison sub-committee of the ADC. I did write an article in the previous Headline that we should calm down as it is a work in progress. Two weeks after my difficult controversial presentation at the congress the **SASOP exec committee received the World Psychiatric Association draft position statement on “The Pharmaceutical Industry and the Psychiatric Profession”**, especially with regards to CME meetings! It has been sent out to all subgroup chairpersons, the industry and is on the SASOP website.

My personal philosophy is reflected by the three following quotations:

1. Do all things without any hope of praise. Yes it’s nice to be recognised, but if you are searching for popularity, you’re in for a fall. Let the scepticism of others rain down like arrows without any points. Those who know you will see your heart and soul because people are savvy and know if you truly love them. – *Sylvia Browne*
2. Try not to become a man of success but rather try to become a man of value. (*Albert Einstein*)
3. Do good and then walk away

Despite the work and the deadlines, it is a pleasure to be the editor of Headline (and assistant editor and editor in the past). Headline is only as good as the contributions that are received by conveners of the different divisions, task teams and special interest groups. **Dr Thabo Rangaka has been outstanding in his brilliant “From the President’s Desk” articles.** I have personally told him that I think he should write a Sunday newspaper column entitled “A Psycho-Political prospective”. **Dr Ian Westmore has been very efficient with his “SASOP Activities” summaries.** **Dr Eugene Allers has given us an extensive analysis of private practice** and its problems and possible solutions. He is in fact the head of private practices for all specialists at SAMA. I certainly don’t know when he finds the time to sleep. If members feel they are not getting sufficient information on a particular division / task team / special interest group, then they should approach the relevant conveners and ask for more information to be listed on Headline and on the web site. **It often saddens me to hear members, especially subgroup chairpersons, complain that they are ignorant of SASOP activities/matters when in fact we have Headline and the website.**

There are no ghost writers for Headline; all writers of articles are listed. My job is to edit and put together all articles with the help of my assistant, Winston Padayachee. **I don’t withhold controversial articles as I consider that inappropriate.** In particular, the president and president elect should feel free to express their opinions. I am sure that they will be happy to negotiate a discussion on their articles and therefore letters to the editor with regards to this are welcome. This is after all a democratic organisation.

My involvement in SASOP has been to serve the best interests of the patients and to uphold the ethical standing of our discipline. I do this proudly. **Even after I bow out of the SASOP executive in the near future, I will continue to serve these issues in a mentorship or individual capacity.**

It was a great pleasure to serve under the leadership of our sincere and diplomatic president, Dr Thabo Rangaka. I look forward to working with the incoming president, Dr Jan Chabalala

Let us all work together in unity for SASOP. Be the best you can!

———— **Margaret Nair: EDITOR AND PAST PRESIDENT** ————

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