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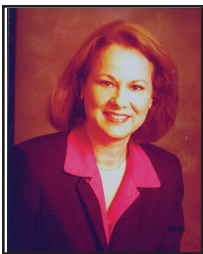
December 2010

Newsletter of the Southern California Psychiatric Society

President's Column

COI: Leading the Pack

Kathleen Moreno, M.D.



Psychiatry as a specialty is leading other specialties in following guidelines and being more aware of conflicts of interests (COI). SCPS in particular developed our own COI policy which was a two-year work in progress and passed last session. The COI Work Group worked very hard on coming up with a policy that was realistic and doable. The Work Group included Drs. Erick Cheung, who spear-headed the work group as an MIT, Ian Cook, Robert Burchuk and Robert Martin. The COI document can be viewed at http://www.socalpsych.org/SCPS_COI_POLICY_FINAL_2010-accepted.pdf In addition there is a very timely article published on December 6, 2010 describing an on-going national review that Senator Charles Grassley (R-Iowa) is conducting on the prescribing rates of psychiatric and pain medication. <http://californiawatch.org/dailyreport/top-antipsychotic-prescribers-also-drug-promoters-7141>

According to a November 13, 2010 article in the Los Angeles Times based on a report of a survey that was published in the Archives of Internal Medicine, fewer doctors reported accepting drug samples, gifts, meals and all-expenses paid trips from pharmaceutical companies (aka pharma). The 2009 survey was completed by just under 2000 physicians in the specialties of family medicine, internal medicine, pediatrics, cardiology, surgery, psychiatry and anesthesiology. The previous survey was done in 2004.

Overall, arrangements between physicians and pharma continue to be common with 84% of the physicians reporting that they had some type of tie with pharma in 2009 compared with 94% in 2004. There was a large decrease in the number of physicians who reported being paid by pharma for continuing medical education or attending meetings in expensive or exotic locations: 18% of doctors reported receiving those reimbursements in 2009 vs. 35% in 2004. Among the other areas that physicians have decreased their involvement and potential COI include speaking on behalf of pharma decreased from 16% to 8.6%; consulting for pharma from 18% to 6.7% and participating on pharma advisory boards 9% to 4.6%. The article goes on to mention that cardiologists were most likely to have some kind of relationship with pharma at 92.8% and psychiatrists the least likely at 79.8%.

Last year, the industry group Pharmaceutical Research and Manufacturers of America adopted the voluntary guidelines which call on companies to stop giving physicians free pens and mugs, and emphasized following the restrictions on giving tickets to entertainment events. We are particularly aware of these types of pharma relationships when it comes to our own scientific meetings.

We are really looking forward to our annual SCPS Psychopharmacology meeting which will be held on Saturday, January 29th, so mark your calendar. Dr. Michael Gales, the Program Committee Chair and the

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committee has planned a stellar event. Please see the advertisement in this newsletter for the details, including the very interesting topics and well-known speakers. Please look for the 2010-2011 nominating slate and statements from our members who will be running in the upcoming elections which will be published in our newsletter next month.

At the state level, CPA will be having their triannual meeting in March in Sacramento. At the national level, the Assembly met November 19th-21st. The APA Assembly Report can be viewed starting on page 8. The APA will be having an Advocacy Day in April in Washington DC. It will be a day of visiting our representatives there. APA has endorsed a new malpractice insurance company so please check with www.psych.org if you are shopping for new malpractice insurance.

It is hard to believe that 2010 is just about over and 2011 is just around the corner. Wishing to all of our SCPS Members a warm, healthy and happy holiday season!

Psychopharmacology Update 22

Saturday, January 29, 2011

Please click this link for full meeting and registration information:

<http://www.socalpsych.org/events.html>

Hard copy brochures will be mailed soon.

Identifying and Managing Recurrent Mood Disorders

Frederick Goodwin, M.D.

Genetics in Psychiatry: What, Why and How?

Sheldon Preskorn, M.D.

Update on the Psychopharmacologic Treatment of Schizophrenia

Stephen Marder, M.D.

The Use of Psilocybin in Psychiatry: An Experimental Model in Advanced-Stage Cancer Patients with Anxiety

Charles Grob, M.D.

Advances in the Treatment of Childhood and Adolescents with Bipolar Disorder

Kiki Chang, M.D.

Continuing Education

The Southern California Psychiatric Society is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The Southern California Psychiatric Society takes responsibility for the content, quality and scientific integrity of this CME activity.

The Southern California Psychiatric Society designates this educational activity for a maximum of 5 *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.



Letter from the Editor

Two Doctors in the House Colleen Copelan, M.D.



Well not the House, the Assembly, actually. And I mean the California Assembly, not the APA Assembly—which is chock full of doctors.

Richard Pan, MD, is one of them. Richard is a pediatrician and Democrat now representing District 5 in the Sacramento area. Prior to his election, he served as Chair of the California Medical Association's Council and Legislation, and most recently, as member of the CMA Board of Trustees. He is the im-

mediate past director the UC Davis Pediatric Residency Program, where he developed a national award-winning program to promote healthy lifestyles by partnering with community groups.

Linda Halderman, MD is another. She is a surgeon and Republican now serving the 29th District in the Fresno area. Her bad experience with declining and disappearing funds for uninsured and underinsured women with breast cancer led her to take a role as Senior Policy Advisor to former state Senator Aanestad, and eventually, run—and win—election to the state Assembly. Linda continues to practice

as a General and Trauma Surgeon in underserved rural areas.

It's good to have a pediatrician and a surgeon, a Democrat and a Republican, in the Assembly. Legislators look to their own for counsel on matters of expertise. For the next two years, at least, we'll have an expert on both sides of the aisle. cocopelan@aol.com

Information about Drs Pan and Halderman--and your representatives--can be found at leginfo.ca.gov.

SCPS Website
www.socalpsych.org

Let us know what you find useful
on our website.

On October 23rd, 2010, SCPS' newly reinstated Women's Committee held their first Educational High Tea for female psychiatrists at the lovely home of Jacquelyn Green, M.D.. The speakers included: Yara Salman, M.D., Chair of the Committee, Mary Ann Schepper, M.D., SCPS' President-elect and Training Director at Loma Linda, Ijeoma Ijeaku, M.D., Loma Linda resident and Angela Cheung, M.D., an SCPS ECP and new mother in San Gabriel Valley.

Here are some photos from the event. More teas are being planned. Please watch for the next invitation.



Female psychiatry residents at the Tea.



Jacquelyn Green, M.D. with Tea attendees



Kathleen Moreno, M.D. with Tea attendees



Drs. Salman, Cheung and Schaepper.



Dr Ijeaku presents to the attendees.

Each year the SCPS President reaches out to SCPS' dues-exempt members for a voluntary contribution. SCPS would like to sincerely thank the following Life Members, Life Fellows, and Distinguished Life Fellows for their non-obligatory dues contribution to the Society.

George Bajor, M.D.
David Bender, M.D.
Irving Berkovitz, M.D.
Seymour Bird, M.D.
Stanley Block, M.D.
Daniel Borenstein, M.D.
Vernon Bugh, M.D.
Robert Caraway, M.D.
Walter Chameides, M.D.
Harold Delchamps, M.D.
Bernice Elkin, M.D.
Lorna Forbes, M.D.
Elizabeth Galton, M.D.
Arnold Gilberg, M.D.
Marcia Goin, M.D.
Roderic Gorney, M.D.
Richard Greenberg, M.D.
Howard Hansen, M.D.
Hiawatha Harris, M.D.
Quinton James, M.D.
Martha Kirkpatrick, M.D.
Maimon Leavitt, M.D.
King Mendelsohn, M.D.
Robert Moebius, M.D.
Jay Mortimer, M.D.
Arthur Orieff, M.D.
Robert Pasnau, M.D.
Theodore Polos, M.D.
William Rickles, M.D.
Rita Rogers, M.D.
Robert Rubin, M.D.
Albert Schrut, M.D.
Herman Schornstein, M.D.
Ernest Schreiber, M.D.
Irwin Schultz, M.D.
Howard Shapiro, M.D.
Jerald Simon, M.D.
Kenneth Silvers, M.D.
Marianne Soor-Melka, M.D.
Bernard Sosner, M.D.
Albert Thomas, M.D.
Howard Wallach, M.D.
Lawrence Warick, M.D.
Sherwyn Woods, M.D.

SCPS would like to welcome the following new members who have joined, transferred-in, or reinstated their membership:

Britany Alexander, M.D.
Alka Aneja, M.D.
Armen Arevian, M.D.
Paul Balson, M.D.
Michael Bolton, M.D.
Talin Dadoyan, M.D.
Jeremy DeFranco, M.D.
Gregory Doane, M.D.
Warden Emory, M.D.
Iljie Fitzgerald, M.D.
Jantje Groot, M.D.
Marc Heiser, M.D.
Cory Jaques, M.D.
Jennifer Kawase, M.D.
Maria Kellner, M.D.
Lynne Love, M.D.
Alexandra Macy, M.D.
Alisa Sabshin, M.D.
Samuel Smith, M.D.
Erica Valdez, M.D.
Dahlia Woods, M.D.

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*may vary by state

APA Assembly Report: A brief summary written by Peter Forster, MD

With help from many other members, but especially Barton Blinder, MD, and Adam Nelson, MD

APA Medical Director's Report

Jay Scully gave a very rapid review of a number of changes and issues facing the APA.

Customer/Member Service Survey

Evidence suggests that staff are now being more helpful. Still need to improve knowledge base of staff and reduce multiple phone call transfers.

Website Redesign

There is a major redesign taking place over the next year. Jay said go to Psych.org to fill out the survey. Good luck finding it. If you search using the words "Web Survey" you won't find it. It isn't visible on the front page. If, in desperation you decide to send an email to the APA asking for its location you will find, fortuitously, that the "Contact" page has a link at the bottom to the survey. Here it is - <http://www.psych.org/Feedback/>. And since you have gotten this far reading this I would like to put in a plug for requesting that the site store a "cookie" on your computer in order to avoid the tedious process of signing in repeatedly.

APA2 - Professional Liability Insurance

A new carrier was selected because PRMS said it would provide malpractice to all psychiatrists and the APA wanted to have an insurance program for its members only, not because the new organization has the same initials as the APA.

Reorganization of APA

APA now owns APPI and the DSM-IV and all future DSM's. This is important because DSM is currently the major source of non-dues income for the organization.

Membership

There was a membership loss last year for the first time and this appears to have continued. This loss was across all categories, but affected full dues paying members less than other groups. About 1000 members did not renew their membership. The APA is going to do a survey with outside help of those folks who dropped.

Maintenance of Certification and Licensure

The Federation of State Medical Boards (FSMB) has been talking about changing the system of how people keep their license. They have a set of principles that are reasonably physician friendly (for more information go to <http://www.fsmb.org/mol.html>). Jay Scully met last week with the chair of the FSMB and he said that very likely they will require patient input for Maintenance of Licensure (MoL). There are a couple of states which are eager to get started changing MoL requirements: Texas and Colorado.

American Board of Medical Specialties has an initiative aimed at ensuring that physician specialties offer quality patient care through a process of ongoing self-improvement.

Advocacy

Scully announced that the Senate worked out a one month extension to the Medicare cuts. The APA and other medical societies have requested a 13 month fix.

The Scientific Management Review Board of the National Institutes of Health has suggested integrating NIDA, NIAAA, and some other components of NIH into one institute.

Carol Bernstein – APA President

Carol updated us on the strategic planning process that is taking the results of the recent Membership Survey regarding priorities and working on implementing them. DSM-V – APA has established a scientific review workgroup to look at the science that is the basis for DSM-V and will report to the board. Key issue that has emerged with MIT's and ECP's is mentoring. She highlighted the key role of DB's in establishing processes for mentoring. The DB's do have a harder time engaging the ECP's. They aren't as much into socializing, they want products and information that they can use to enhance their professional lives. One idea that Carol suggested is that APA leadership at a local level might try to do grand rounds at local training programs that can update the academic audience with full range of activities and services at APA. Carol updated the membership about her personal experiences that led to the decision to invite Archbishop Desmond Tutu to the Annual Meeting and the signing of a contract for him to deliver the Convocation presentation. Carol acknowledged concerns about his stance on issues related to Israel and the Palestinians. [See the section on this topic later in the summary].

Dinesh Bhugra - President of the Royal College of Psychiatrists

Dinesh talked about how the College promotes professionalism and its goals for the future. The College was established in 1971. They are celebrating their 40th anniversary in Brighton England next year. The main purpose is publicizing standards and doing joint research projects with other organizations. Have over 100 modules on Continuing Professional Development that are available on the web. There is a focus on working with other organizations around the world in terms of developing standards and implementing best practices.

David Fassler and the APA Budget

David presented an update on the budget. Due to a series of one time savings above and beyond what were projected for this past fiscal year, the APA ended up with about a four million dollar surplus. It is not expected that these savings will recur in the next fiscal year.

Compared to the prior year, July 2010 unrestricted expenses were lower by approximately \$6.6M. This is a reflection of the significant reductions taken in the 2010 budget cycle, including the reduction in force.

Compared to the prior year, July 2010 unrestricted revenue was lower by \$4M. The difference is comprised chiefly of:

- Annual Meeting revenue \$4M less than last year
- Federal awards are approximately \$400K less than last year

Membership dues revenue did not go down this year, although there was a loss of members, because full cost members decreased less than other members and because of small increase in member dues.

Annual meeting revenue is down and is projected to remain down due to loss of pharmacy revenues.

Action Papers

The Assembly voted in favor of action papers that called for –

- Encouraging the Drug Enforcement Administration to designate compounds containing synthetic cannabinoids as Schedule 1 controlled substances.
- No cost nicotine replacement in VA Hospitals.
- Reinstatement of the Committee on Intellectual Disabilities.
- Developing malpractice coverage for physicians employed by hospitals that would provide coverage if the hospital closes or fails exposing physicians to potential personal liability.
- Creating an APA Task Force to examine the reimbursement for cognitive specialties (such as psychiatry) which is less favorable than reimbursement for procedural specialties (like surgery).
- Developing information and other resources for members about electronic medical records systems and how to select them.
- Creating a joint APA/ABPN task force to look at how the Maintenance of Certification (MoC) requirements can be implemented in different modes of practice and to address concerns about the ethics of psychiatrists soliciting patient feedback as part of MoC.
- Providing additional support to local DB efforts to prevent changes in state licensing laws that would erode the quality of psychiatric medical care (for instance, through provisions that would allow psychologists to practice medicine).
- Renewed efforts to communicate with members the work of the Assembly (for example distributing a ver-

sion of this summary).

- Addressed concerns about ethics and potential conflicts of interest.

A group of members of the Assembly Executive Committee (with contributions from MIT and ECP members) , chaired by Eliot Sorel, worked to come up with a statement on avoiding potential conflicts of interest that would be a useful declaration of principles for psychiatrists. The following text [with special thanks to Bart Blinder and Emily Stein] on conflict of interest was approved almost unanimously by the Assembly –

The following situations, contexts, and associations have been noted to be of special concern, both by accumulated evidence and heightened public focus. Accordingly, members should exercise vigilance, caution, and strive for the prevention of conflict whenever possible.

A. Gifts and meals often accompanied by product endorsement and promotional literature may influence physicians' decisions about prescriptions, laboratory tests, or procedures.

B. Contact with pharmaceutical representatives represents marketing and should be distinguished from balanced education and critical scientific information as a basis for prescribing. Samples and starter packets may influence decisions to prescribe products that have equivalent and less costly alternatives.

C. Conflict of interest ethical principles and ongoing studies should be integrated parts of continuing medical education, including distinguishing marketing and promotion from balanced, scientific clinical evidence.

D. Consulting arrangements with industry should be based on a substantive contribution and commensurate compensation.

E. Constructive collaboration with industry for research of new products and public education for the benefit of the community should not be discouraged. However, funding should be commensurate to the research and reflect active participation and documented remuneration. The role of the member in a scientific publication or sponsored information document should be specifically and accurately acknowledged.

F. Physicians have a continuing responsibility to review the scientific and clinical evidence base on newly developed treatment options and incorporate new options for the patient populations they treat.

- Called for conservative use of dimensions and specifier coding requirements in DSM-5

Ron Burd & the Committee on RBRVS, Codes and Reimbursements

Ron, who is a past Speaker of the Assembly and the current chair of the Reimbursement and Coding Committee of the APA, spoke about efforts on the part of the APA to revise codes in order to address the inadequate reimbursement for many psychiatric CPT Codes. Ron was very interested in getting feedback, he said current thinking was to have medication management services be coded as E&M codes (eg, 90862 etcetera) and to leave the psychotherapy codes as is – because there was some reason to fear that efforts to change the psychotherapy code valuations might backfire (resulting in reduced rather than increased reimbursement).

Carol A. Bernstein and Bruce Hershfield

There was a vigorous discussion about challenges facing the District Branches. What can the APA do to help DB's that are in trouble? How can we identify them and reach out to them. There was also a discussion about how to do more to develop leadership, especially among Members in Training and Early Career Psychiatrists. This was seen as one challenge that was particularly important for the organization to address.

Council on Healthcare Systems and Financing

The Council is focusing on a few priority areas -

Development of approaches to integrating primary and mental health care for all, including the SMI population, through the Council's Work Group on Medical Home and Integrated Care. The Council will prioritize its work plan and make recommendations as to priorities for the APA. In order to better understand member needs and concerns, the Office of Healthcare Systems and Financing (OHSF) is developing a list-serve for APA members to be used as a forum to discuss pertinent issues. Members interested in being included should contact OHSF via hshf@psych.org.

Ensuring that all pertinent issues concerning the parity act and its implementation are addressed aggressively. Special focus has been on planning strategy to capitalize on the opportunities presented by the parity regulations

for psychiatric practice and payment through the council's Work Group on Payment Policy. The Council will be developing educational webinars for members on parity issues and health plan compliance.

Committee of AAOL's

The committee has been encouraged by the efforts by the Assembly to ask members of the AAOL to participate in positions of leadership and responsibility within the Assembly. Also, the Committee will be presenting a Component workshop on bullying at the upcoming APA. There are 14,000 psychiatrists who are members of allied organizations.

Candidates

For President-Elect of the APA

Dilip Jeste

Dr. Jeste is from San Diego. He was born in a village in India and became the first member of his family to be a physician. He is a Distinguished Professor of Psychiatry and Neurosciences at the University of California, San Diego. Dr. Jeste's primary areas of research are psychosis and its treatment in late life. He is currently a Trustee at Large of the Board.

Jeffrey Geller

Jeff Geller is from Massachusetts. He is Professor of Psychiatry, at the University of Massachusetts Medical School. He has been very active in a number of advocacy efforts on behalf of psychiatry and its patients. He is currently Vice President of the APA and was formerly an Area 1 Trustee. He said that he would focus on doing work that addresses problems facing psychiatrists in private and public practice.

For Secretary of the APA

Roger Peele

Dr. Peele is a former Speaker of the Assembly, and longtime member of the Assembly. He is from Montgomery County, Maryland and is Clinical Professor in the Department of Psychiatry of George Washington University. He has authored more than a hundred action papers. He spoke about the importance of the development of guidelines for psychiatry.

Sidney Weissman

Dr. Weissman is from Chicago. He is a Professor of Clinical Psychiatry at Northwestern University. He focused on the need for the APA to be a more vigorous advocate on behalf of the practice of psychiatry and the work of psychiatrists. He cited the effort to address Maintenance of Certification concerns at this session as an example of the type of approach that he supports.

For Speaker-Elect of the Assembly

R. Scott Benson

Scott is currently Recorder of the Assembly. He has been a practicing child and adolescent psychiatry in Pensacola for more than 30 years. He was chair of the communications committee and is responsible for getting me to write these updates.

John Gaston

John is a long time member of the Assembly who was perhaps most famously chosen to chair the committee tasked with considering conflict of interest action papers last year. He is on the faculty of Morehouse School of Medicine in Atlanta.

For Recorder of the Assembly

Melinda Young

Mindy is on the faculty at the University of California, San Francisco. She has been active in the Assembly and

in the California Psychiatric Association, where she chairs the Government Affairs Committee and fights to preserve standards of care in psychiatry.

Stephen McLeod-Bryant

Stephen is on the faculty of the Medical University of South Carolina. He's clinical director of the Medical University of South Carolina's Department of Psychiatry and Behavioral Services--which involves supervising 45 health care professionals. He also serves as special assistant to the director of the South Carolina Department of Mental Health. And he's medical director of Charleston Memorial Hospital.

Profile of Courage Award to Jean Tropnas

The January 12, 2010 earthquake in Haiti left thousands sick and handicapped. Dr. Jean Tropnas traveled to Haiti several times to respond to the medical and mental health needs of his community. He was nominated for the APA Assembly's Profiles in Courage Award by the Area 2 Council from New York State, where he currently lives and practices, for his tireless and courageous efforts in support of the relief efforts in which he personally took part in Haiti. This is from the nomination letter written by Vis --the Rep from Brooklyn -

Jean's sister died tragically in the earthquake of January 12, 2010. In spite of this terrible personal loss, Jean reached out to help the sizeable Haitian community near our medical center in Brooklyn who were grieving the loss of close family members and friends, and he also repeatedly went to Haiti to organize relief efforts there. In fact at this moment when I am writing this letter, Jean is in Haiti spending a week with Partners in Health, Dr. Paul Farmer's group from Harvard, helping them in their implementation of a plan to build a mental health infrastructure in that poor and devastated country. This is his third trip to Haiti since the 1/12/10 earthquake. During those visits, he has been running supportive group sessions for a medical clinic staff as well as an elementary school faculty, the people who continue the hard work of treating patients and teaching young children, respectively, in the worst post-earthquake environment, while they too have suffered unimaginable heart-breaking losses.

He accepted the award on behalf of the People of Haiti. Present when he was given his award at the Assembly were his wife and family.

Update from the AMA

AMA House of Delegates met on November 6-9, 2010. Michael Maves, MD, MBA will be stepping down as AMA's Executive Vice President. The US Senate voted to postpone the Medicare reimbursement cuts to physicians for one month. The House of Representatives will vote after the Thanksgiving recess. Efforts are still being taken to support legislation to allow Medicare beneficiaries to contract with any physician of their choice under the AMA's "Medicare Patient Empowerment Act". Resolution 209 was approved to support ending exclusion of same-sex couples from civil marriage in order to reduce health care disparities, modeled after the existing APA policy. Resolution 218 was approved to support legislation for continued coverage for military children up to age 26. Resolution 212 was approved to urge reinstatement of payment for consultation CPT codes. Resolution 603 was adopted to establish a Center for Recovery Audit Contractor Assistance by the AMA to assist physicians in contending with RAC audits. Resolution 819 was approved describing Accountable Care Organizations (ACO's) Principles, along with Resolution 830, supporting antitrust relief for physician-led ACO's.

Here is a brief news piece about ACO's from the Wall Street Journal -

"In Arizona, Tucson Medical Center is forming a company that the hospital will own jointly with local physicians' practices. The joint venture will aim to sign contracts with insurers and Medicare to earn financial rewards if it saves health-care dollars.

The venture is an effort to create a new entity called an "accountable care organization." ACOs are health-care providers or groups of providers that are supposed to coordinate and improve the care of an assigned set of patients.

The law says that if the ACO reduces costs for its Medicare patients by a certain percentage below a benchmark, the providers can receive extra payments drawn from the savings.

The main goal is to help rein in the growth of spending for Medicare, which is widely seen as unsustainable.

Medicare cost about \$509 billion in 2009, up nearly 9% from the year before. It covered the health care of around 46 million seniors and people with disabilities.”

Desmond Tutu at the Annual Meeting

The Assembly deliberated on a paper proposing that Dr. Bernstein revoke her invitation to Reverend Desmond Tutu to speak at the APA's Annual Meeting in 2011. This was based in large part on speeches made by Reverend Tutu in the past that were considered defamatory, anti-Semitic, and inaccurate by some members. The paper was defeated.

Minority and Underrepresented Psychiatrists

- 3 symposia scheduled at APA annual meeting for women
- 5 new deputy representatives could not attend this assembly
- NIMH-no longer funding minority research fellowship
- Minority Fellowship for MIT funded by Pharma, but may be discontinued
- Non-Voting MUR seat on BOT has been discontinued
- New BOT representation/Chair of MUR committee has been delayed
- APA-35% women, 22% IMG, 5% Hispanic, 14% Asian, 3.6% Afro-American
- -Currently, 50% of all psychiatric residents are women
- MUR needs continued Assembly support

Future Meetings: May Assembly

May 13-15, 2011
Hilton Hawaiian Village
Honolulu, Hawaii

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Roderick Shaner, M.D.
Medical Director

*SCPS Officers and Councillors,
Newsletter Editors, and staff
wish you and yours a happy, healthy
holiday season and a wonderful 2011.*

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..... Eric Levander, M.D. (2011)
..... Samuel Miles, M.D. (2011)
..... Heather Silverman, M.D. (2012)
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