



CMO Bulletin

Newsletter of the Career Medical Officers Association Inc

May 2000

www.cmoa.ican.net.au

Vol 4: Number 1

Looking Forward

James Cook, Christopher Columbus, Ferdinand Magellan, Douglas Mawson, Ernest Shackleton, Matthew Flinders and Trim the cat—famous explorers boldly poking around the more obscure corners of the globe in centuries past, challenging the prevailing paradigm. How is it that in these degenerate latter days no-one is prepared to prove what all of us know to be true: there is a hole in the bottom of the world where the time runs out...

Time is an illusion, and lunchtime doubly so. May 2000—how did that happen?

The year past has offered us some opportunities, it is up to us to make more and new opportunities for the years ahead. The prospects are not too bad. The AGM went off very well, and special thanks are due to those who came from far away and those who fitted it in with difficulty between the throes of their normal lives demands.

Special thanks are also due to the guest speakers: Jennifer Harlen (UQ), Gail McInerney (ASEM), Alan Thomas (AMA), Nick Barrett (AMA DIT), Peter Sommerville (ASMOF), Dick Heller (University of Newcastle), who gave up their time and brought their enthusiasm with them. We definitely look forward to the chance to work with them in the future to increase opportunities for CMOs and to complete the projects we have currently in hand.

Of course opportunity is what we're all about. We've heard grapevine feedback over the year that some CMOs are concerned that we're angling towards making ourselves into another learned college with another set of hoops for the jumping through for our members to join the chosen few, and, in fact, generally aligning ourselves with the establishment. As the recently re-elected president I am here to

assure all and sundry that this is not the case. The CMOA regards itself as an inclusive organisation of disparate elements, where diversity in all its various combinations will be respected, and in fact encouraged. A glance at the database alone tells us that this needs to be true. The medical workforce fills an astonishing variety of necessary niches and choices and roles. It seems to us that the CMOs/MMOs/SHOs around the country are not actually in need of another learned college, but that an organisation that brings them into contact with each other and seeks new opportunities that are relevant to the lives and careers they choose, might actually be useful. And anyway, the concept of a college for CMOs beggars the imagination. How on earth would you organise or administer such a beast? How would you define yourself? No, we shall continue to stagger gently down the road we're on, into the murky distance, simply doing the best we can, and speaking up for ourselves as the chance is given.

Speaking of which, the chance was given recently through the MJA to speak up on behalf of the CMOs working in hospital medicine, a deeply neglected bunch, and we were able to secure publication of our opinion in the MJA. We are not permitted to reprint here but hard copy reprints are available from John Egan, if you're interested. Or the Web address for the MJA article is http://www.mja.com.au/public/issues/172_07_030400/egan/egan.html — needless to say it has caused some degree of um, interest.

So, to our aspirations for the year ahead. Last year we focussed on improving our internal communications between committee members, improving our response times and looking always for new members.

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President's Address

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Reviewing our progress at the AGM, despite the difficulties with how the award changes went, we did okay, probably better than we thought we had. This year we hope to continue to work on the award, wearing down the opposition, so to speak, mustering patience and determination and increasing our visible and audible profile with the organisations that represent us. We also hope to reach out more to the smaller groups within the CMOA, and to work

against the impression that the interests of ED CMOs are the major agenda. Special interest groups within the organisation may loom as one option. We may also bite the bullet and form a special interest group within the AMA. And we will have to review our structure and function and figure out who gets to sort out how the wretched wretched GST/ABN affects us.

Sigh.... I guess that would be me...

Committee

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Education Officer's Report

John Egan

The current areas of interest for the CMOA are the following:

1. CME - CPDP
2. Postgraduate education

CPDP

As most of you would now know, the Continuing Professional Development Programme (CPDP) is an electronic continuing medical education program in a simple to use log-book style. For those of you who are enrolled in the program - approximately 25 - the main message is to use it on a regular basis! This is your proof of CME and will build up into a concrete record of your self-education. We will shortly be surveying all those who have the program and providing certification of their records for the past six-month period. Don't be worried if up to now you haven't done much (or any!), this first certification will be a learning experience for us all and the main object is to get feedback from all participants. A list of those who are currently enrolled is printed here—if we have left you out, contact me immediately.

For those of you who don't have the program, I urge you to join now to have the benefit of validated CME. Some people don't have access to computers or would prefer to use a different form of CME. For these CMOs—please contact me and we will provide a logbook format of the CPDP.

Postgraduate Education

This topic has been explored over the past several years by the University of Newcastle, the Qld Medical Education Council and the CMOA (among others). Should there be a post-graduate program suitable for CMOs? If so, what form(s) should it take? Who should run it? etc.

Gabrielle du Preez Wilkinson has done a wonderful job of outlining the broad framework such post-graduate education should take, in consultation with QMEC and University of Newcastle, and hopefully these efforts will shortly bear fruit.

CMOs should access the education page of the CMOA website to learn more details and also to provide comment (all of us in

the committee hate working in a vacuum and would love your opinions and ideas at any time please!).

Postgraduate Conference

A new initiative from the NSW Dept of Health was foreshadowed by the Vocational Medical Education and Training Workshop held at the Millennium Hotel, Sydney 19th May—to which the CMOA were invited as a direct consequence of our MJA article on the hospitalist debate.

Basically, NSW Health is considering the formation of an overarching body (similar in many ways to the Postgraduate Medical Council—PMC) with responsibility to oversee Postgraduate Medical Education and Training in NSW. In summary, the reasons this bold step is being considered are that the present system is fragmented and uncoordinated, there is little accountability in the system and there is no clear link between training posts, service needs and workforce planning. People should note that this initiative includes all specialty trainees and thus has a very much wider and more complicated agenda than the current PMC who have responsibility only for post-graduate year one and two.

No prizes for guessing who kept on insisting—like a cracked record—that CMOs not be left out of the loop in any new moves in coordinating postgraduate education in NSW.

I was sceptical before the meeting—an all day and fairly intensive affair—that it would have little practical relevance. However I was quite impressed with the boldness of the concept and with the desire from NSW Health, and from most of the delegates to have a go at getting some concrete proposals established. The large group of delegates came from the colleges, university medical departments, resident groups and the medical industrial bodies, and the final outcome was consensus to work out the idea in greater detail, disseminate to interested parties and reconvene in 3 - 6 months. Still early days but an idea worth pursuing and one that CMOs should be involved with from the start.

CMOs enrolled in CPDP

Susan NEWTON
 Danny BRIGGS
 Marc DROULERS
 Peter LOCKE
 Bronwyn ROBINSON
 David BROCK
 Kristen TURNER
 Brian LUCAS
 Kenneth WILSON
 Raouf ABDALLA
 Gary FISHER
 Andrew NA
 Graham CHAPMAN
 Stephen DELPRADO
 Barbara SOMI
 Michael BOYD
 Sarita SACHDEV
 Jennifer MACHADO
 Rakesh SACHDEV
 Russell ADAMS
 Gabrielle du PREEZ
 WILKINSON
 David ENGEL
 Colin ALLAN
 Rodney LAMBERT
 John EGAN

If you have enrolled in the programme but are not listed here, please contact me immediately:

John EGAN
PO Box 131
Goulburn NSW 2580
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fax 02 4829 8207
email: eganj@interact.net.au

Potential Masters of Clinical Medicine

Gabrielle du Preez-Wilkinson

During the last few months, we have continued discussion amongst ourselves, and with representatives of the University of Queensland and Newcastle University, looking at educational opportunities for potential and current CMO's. The plan has been to develop an opportunity for a career pathway that is available for CME for current CMO's, as well as beginning the education for CMO's- in - training (now this is a new concept!!). At this stage, the proposal has been sent to the Universities for them to work on, and consider funding opportunities, including from the Federal Government. We are awaiting the outcome of the deliberations, and may be able to get an update at the July meeting.

Throughout, we as the Career Medical Officers Association of Australia have offered support to this proposal, as have many other organisations representing CMO's, providing that the program was optional and driven by the profession (with university endorsement).

So, this is the current draft of the proposal:

Proposal

There is a perceived need for broadly based, flexible, modular educational program covering areas useful to CMO's. The proposal is for the development of a Masters of Clinical Medicine, accessible to medical graduates. It is perceived that this course may be of interest to potential CMO's and current CMO's, including those considering specialty training. The Masters Clinical Medicine could be general and include both hospital and community based subject areas, or be specialised to Masters Clinical Medicine (Hospital) or Masters Clinical Medicine (Community), depending on the electives chosen.

It is essential that the Masters course is an option for CME and career development, not viewed as compulsory by employers or Health Departments or Medical Boards. Recognition of prior learning and a clinical focus are seen as critical components of this Masters program. In fact, a proportion of the Masters must be completed in clinical settings, and all units must have

relevance to the clinical arena. A modular format with access to distance education approaches is the most viable. A minimum of two thirds of the course must be directly clinically relevant for completion of the Masters. All clinical components should have some acute management incorporated.

The Masters would require 8 - 12 (depending on credit point weighting) modules to be completed. It is anticipated this would usually occur over a three year period. Three (3) modules would be considered essential for completion of the course, and the other modules would be purely elective. All the essential and elective modules would be chosen by the candidate from a pool of accredited and recognised modules. (The essential pool comprising eight (8) and the elective pool likely to be of a reasonable size to reflect the diversity of CMO's.) The potential exists for 2 - 4 modules to provide a Certificate in Clinical Medicine, and 4- 8 modules to provide a Diploma of Clinical Medicine. Essential subjects options could include Evidence Based Medicine and Benchmarking, Public Health, Epidemiology, Statistics for CMOs, Research Techniques, Human Management, Management of the Challenging Patient, Health Policy, Health Law, and perhaps Health Finance.

Queensland Medical Education Institute (and similar bodies in other states) has developed broadly based educational programs for PGY1 and PGY2 —trial completion in July 2000. This programme pattern flexibility may be a useful model.

These qualifications will be developed in such a manner, as to be of benefit to the recipient, both for employment purposes and future career aspirations, including transfer to a specific clinical discipline via a learned medical College. The flexibility will exist for this education programme to be useful to medical practitioners in a wide variety of clinical fields, depending on the electives chosen.

There are positives and negatives to all aspects of life: here is a summary:

Potential Masters of Clinical Medicine continued.

CHALLENGES

Recognition of Prior Learning and Accreditation of clinical experience
Negotiation with ACRRM for training and recognition—especially in rural areas

Get Medical Administration on line as well

Setting up of Mentoring system—especially in provincial hospitals

Payment rates for training positions for CMO's

Difficult part is to link to provider numbers and financial remuneration

Linking with Royal Colleges for partial recognition of qualification, if specialty route chosen later

Pay by unit Masters program with scholarship back up—dication as part of system

Expense is an issue

OPPORTUNITIES

Workforce Planning Opportunity, especially for leave at end of year - need to look at places over break at end of year to train (fill gaps) and do rural locums when people are most flexible and needy (with family commitments)—potential for clinical training placements for CMO's and hospitals.

Potential Career Pathway proposed unique, as optional and university backed qualification.

CMOA actively inclusive - incompatible with forming a College, but potential to provide information to potentially interested medical graduates.

Website to link to UQ and Newcastle Uni - distance education more real

QMEC background - MEO to help clinical teachers - coal face education with hands on experience in Newcastle

Peter Love surveying National Emergency Departments to find the people working in Emergency.

Commonwealth will be approached to fund first cohort through and set up program - initial need for Project Officer to expand proposal and collect relevant data.

Creating vocational registration in similar streams in hospitals, and community health, as develop courses and criteria.

Certifiable education.

Opportunity to trial modular education on relatively small select group - before offering to the wider medical community.

We are still open to feedback and constructive comment and criticism, so just let me know and I will feedback the information to the Universities. Watch this space for the next exciting installment of "A Road for CMO's of The Future"

Gabrielle duPreez-Wilkinson
(07) 3350 8169 (work)



Industrial Officer's Report

David Brock

1. Review of NSW CMO Award.

Despite repeatedly discussing & presenting the CMOA's suggested improvements to the NSW CMO Award with our representative unions (ASMOF and HREA) and the NSW Dept of Health, I have to report that very little progress has occurred.

The NSW CMO Award and several others "expired" on 31st Dec 1999. They remain in place, but are now available for re-negotiation between the various parties to this award. The CMOA does not have the resources to be a party to these negotiations. The industrial commission restricts this to our dual industrial representatives, namely Health and Research Employees Association of NSW (HREA, NSW) and the Australian Salaried Medical Officers Federation (ASMOF, NSW) who share the right to negotiate with NSW Department of Health (DOH) on our behalf.

Because the Award appears to be a copy of a junior doctors award, largely catering to junior doctor needs and aspirations, we have been waiting for this opportunity to update and improve our conditions. To this end, we provided both HREA and ASMOF with our suggested improvements back in April 1999, and remain alarmed that neither union has presented these for discussion and negotiation with the Department of Health. The CMOA specifically requests that any discussions should properly consider:

The removal of prejudicial elements in our Award, such as the 'Penalty, Holiday Payment and Overtime barrier' which is unique to the NSW CMO Award.

Improved CMO access to appropriate Training, Education and Conference Leave.

A navigable career structure that allows promotion to senior gradings.

The review of all allowance rates and indexing them to pay increases. (For example, VMO's on-call allowance is 18 times higher than CMO's).

Securing access to salary packaging currently available to staff specialists and others in NSW.

(For further details see CMO Bulletin Feb'99, or CMOA Website)

In an effort to facilitate these discussions, I have also personally presented and discussed the CMOA's suggested improvements to the NSW CMO Award, to Department of Health representatives, who have politely received our documentation, but have failed to make any further acknowledgement or response to the CMOA.

Recent discussions between the NSW government and several unions, including ASMOF & HREA, have led to the proposed delivery of incremental payraises amounting to 16% or more over the next 4 years, subject to a "no extra claims clause", designed to curtail further employee initiated demands during the term of these agreements. ASMOF has expressed the opinion that the wording in this "no extra claims clause" appears limited, and shouldn't prevent applications for subsequent improvements to the CMO Award. They believe that the optimal course for their members is to refrain from pushing individual concerns about these Awards until pay negotiations have been finalised.

Recognising that previous salary increases subject to "no extra claims" clauses have successfully held back development of the NSW CMO Award for over a decade, the CMOA has registered its considerable concern with ASMOF's and HREA's current approach to negotiations. We believe that accepting payraises without revisiting our conditions will just lock the NSW CMO Award away for another 4 years of industrial neglect.

If we end up with this situation, then we will have an Award in NSW that provides minimal conditions, trivial allowances and base hourly rates that will be at best \$42 per hour for most CMOs with a maximum of \$50 per hour for the highest graded CMO. The CMOA would then be urging all CMOs to consider applying for staff specialist salaries, or above award payments on a contractual basis. In fact, this practice is prevalent in quite a few regional hospital Emergency Departments, as the NSW CMO Award has dismally failed to retain and recruit CMOs to staff their departments for up to a decade.

Industrial Officer's Report: continued

2. HREA's Proposed PUBLIC HEALTH INDUSTRY (STATE) AWARD

In December 1999, HREA prepared and circulated Draft copies of a proposed "PUBLIC HEALTH INDUSTRY (STATE) AWARD" throughout NSW. Over 200 pages long, HREA is attempting to provide its health industry wide membership with a single document for wages and conditions of employment. This would mean an amalgamation of more than 26 Awards, including the NSW CMO Award. It has been circulated to all HREA sub-branches in NSW Public Hospitals for comment and further development. Your local HREA representative should have a copy for you to view and/or copy.

We need as many CMOs as possible to read and respond to this document. For example, do you want to have your working conditions absorbed into a Hospital Industry wide document? Do you feel that CMOs have special needs and require an independent document? Once again, most of the CMOA's suggested improvements to the CMO Award appear to have been overlooked (eg. the "penalty, public holiday and overtime barrier" unique to CMO's has NOT been removed). So if you are interested in improving the CMO Award, now is the time to read this proposed document and send your comments to HREA, ASMOF, and the CMOA, directly or via your local representatives.

Even if you work privately as a CMO or for non-award conditions, it may be important for you to have a look at this document, as Awards tend to provide a "floor" rather than a "ceiling" to working conditions, for all concerned.

I understand that ASMOF has only recently been provided with a copy of HREA's proposed amalgamated "Public Health Industry (State) Award", and has already signalled that ASMOF wants the NSW CMO Award retained as a separate document.

3. Formation of a CMO "Craft" group within the AMA.

We have continued to have useful contacts with senior industrial officers in the AMA.

There have been repeated offers of assistance towards the formation of a "CMO craft group". These groups have been precursors to some of the specialist colleges, and would allow us to access some of the considerable resources available through the AMA. We need several CMOs (I believe at least 8) to join the AMA and become founding "fathers/mothers" in order to form this group.

Stop Press

Recently (May 2000) the State Secretary of ASMOF has written to the State Secretary of HREA to suggest that both organisations work together to improve the NSW CMO Award. ASMOF recognises the input from the CMOA and is planning to address our concerns in detail. However, HREA appears reluctant to respond to anything other than requests from within their membership. HREA feels it has no need to respond to the CMOA.

At the moment, politically speaking, we need members within HREA to pressure HREA to work with ASMOF and listen to the CMOA now. So if you wish to improve conditions for CMOs, then you can assist the CMOA, by joining HREA (or ASMOF) as soon as possible, and if you're already a member, tell HREA that you want HREA to assist CMOs, by working with ASMOF and the CMOA's suggested alterations to the NSW CMO Award, to develop a reasonable log of claims for negotiation with the Department of Health.

Bear in mind that the CMOA's suggested alterations to the NSW CMO Award were presented to the highest levels of both industrial representative organisations in April 1999, and have still failed to receive any formal acknowledgment or response.

A copy of these suggestions and communications by the CMOA to HREA & ASMOF is available from the CMOA Website www.cmoa.ican.net.au

To join HREA: contact your nearest public hospital HREA representatives and get forms from them, or ring their freecall number: 1800 631 505, or download an application from from their website website at www.hrea.asn.au

To pressure HREA to do something, after you have joined, you need to ask to speak to Michael Williamson the State Secretary or anybody else able to accept a call on his behalf on their freecall number: 1800 631 505

If you are a member of ASMOF, you may also contact them directly and ask to speak to Sim Mead, and tell him that you want him to work for CMOs by working with the CMOA.

3rd Annual General Meeting

4th March 2000, Novotel Brighton Le Sands.

Part One: The Business End

Attendance : John Egan, Mark Davie, Steve Delprado, Jenny Clark, Mary Weber, Michael King, Michael Boyd, Gabrielle dPW, Julian Egan, Kien C., Ron Strauss, Cathy Hull, Mary Nagel, Malcolm Osborne

Guests : Jennifer Harlen (UQ), Gail McInerney (ASEM), Alan Thomas (AMA), Nick Barrett (AMA DIT), Peter Sommerville (ASMOF), Dick Heller (University of Newcastle)

Apologies : Jenny Machado, Peter Locke, Harmon Lightfoot, Sunny Misir, Gavan Schneider, Feroz Vellani, Seeta Durvasula

AGENDA :

Minutes from last AGM - Accepted

Reports:

Outgoing President - Mary G.T.Webber

A year of gains and stallings. Most significantly and after much labour there was no substantial modification of the CMO Award—we still push for a thorough review and attempt to influence the outcome, but this will require great patience and persistence.

A year to improve our communication - the Bulletin continued er, almost quarterly various crises permitting. A trial of setting up CMOA Talk (Internet group discussion) has been successful and this year we will extend that to the general membership. We set up regular teleconferences for committee, and arranged phone conferences at committee meetings, when the wretched digital phone systems allowed. Project for next year—improve that facility. We rang around and found some contact to be had with other CMOs—notably an unsuspected presence of Palliative Care CMO's. Project for 2000—outreach.

We continued representation on HMO Working Group of MRTP (prior to their abandonment/ lull) - the information that the group needs about what is happening on the floor will now be sought in a phone

survey in the new year, CMO Representation was sought for the NH&MRC Evidence Based Medicine workshop.

The CDPD is up and running and continuing in leaps and bounds as we get up off our butts and get our collective butts registered. Project 2000—set up certification for members to submit to their employers or insurers.

The CMO Database continues to collect - we can access information off database in deidentified manner and the numbers with profile information are slowly increasing. Whispers of external interest continue to flicker past. About 70% work at least partly in Emergency. Note 116 further or subsequent qualifications in 125 people who have given us detailed information.

Other major areas - general practice, prison health, forensic, palliative care, paediatrics, travel medicine, psychiatry.

Outgoing VicePresident - Michael Boyd

Facilitating communication and decentralisation, improved and defined ourselves as CMOA better, the next step would be to continue this process of consolidation.

Treasurer's Report - Michael King

We are solvent, healthy balance about \$7000 - still some bills pending. Problems to be sorted - GST subscription implications for CMOA - as non profit and less than \$50, 000, not due for most tax, but unsure of other implications - especially with earning potential of website. Need more members

We have offered some sponsorship to a meeting, (the UNSW MedSoc for Med Camp (with literature)).

Secretary's Report - Gabrielle du Preez-Wilkinson

"I take the minutes."

Website Manager's Report - Dave Brock

See elsewhere in The Bulletin.

Industrial Report - Dave Brock

See elsewhere in The Bulletin

3rd Annual General Meeting continued

Education Officer's Report - John Egan

See elsewhere in The Bulletin.

Election of Office Bearers -

Office Bearers all re-elected.

Working positions - remain in the same hands.

Public Officer: vacant.

Three ordinary members for committee - Jenny Clark, Steve Delprado, Ron Strauss

Guest Speakers

I. ASEM Interaction with CMOA

Gail McInerney

ASEM is a national body with state organisations, working to assist with Emergency medicine practitioners plus trainees of college. ASEM started in 1980, followed in 1983 by the formation of ACEM, one organisation growing out of the other and the overlap continues. Newsletter evolved into the Emergency Medicine journal, which is still the province of the Society.

The ELS—a short course in acute Emergency medicine is also run through ASEM. Also we participate in a National Conference with College—this year in Canberra in November. Also supporting International conferences from time to time in Australia. The Winter Symposium—coming soon, July 2000 in Christchurch..

Within the college ASEM maintains representation on the Private practice sub committee and the Trainee sub committee. NSW ASEM branch meeting with college and nurses' association and ambulance to develop links—seeking to increase pull and exposure in other areas.

ASEM offers representation on a number of state health committees and a profile in decision making. As part of an inclusive approach ASEM is offering free membership to CMOs.

2. AMA DIT from NSW

Nick Barrett

The RMO opinion and outlook: The

changes from provider number stuff - (Mid term review by Ron Phillips) - the climate of fear in the junior doctors and medical students is considered a good outcome by the government. There is anecdotal evidence of approximately 10% of one cohort leaving the Australian health system either overseas or into other non medical employment over three years (especially those who have missed GP program and did physician exams). However it falls out there is a group of unknowns out there at present - a survey of RMO's at Royal North Shore of what is happening suggested that about 150 doctors per year in Australia missing out on training of which many in are in NSW. We note a drive to what amounts to rural conscription and that the vulnerable group of young doctors are being accepted and exposed to after hours locum services and the clinical assistantship program (no volunteers). There are many stories of discontent and problems especially with RACGP.

On the positive it is accepted that working for general experience is a good thing and except for college of surgeons, the colleges will not recruit until third year.

The AMWAC figures showed a deficit between trainees and graduates but the figures are being statistically reworked. The debate with Dept of Health about oversupply remains insignificant.

Progress on the provider number legislation. The sunset clause is looking to be removed - there is no problem according to government - labour and democrats are happy to keep sunset clause. Media coverage of the issues has been positive but the likelihood for industrial action is severely limited.

3. Educational Opportunities for CMO's

Gabrielle moderating

Ongoing contact with UQ and Uni Newcastle leads to today's guests : Jennifer Harlen - Queensland Medical Education Centre - senior education officer. Allan Hewson - Assistent Dean CME - Uni of Newcastle.

3rd Annual General Meeting continued

(Background in College of O&G compulsory CME program) Dick Heller - Uni of Newcastle.

Allan Hewson - The Overview:

CMO covers two major groups

1. The Fixed Group - have chosen a CMO career.
2. The Fluid Group - between careers and/or assessing career options- some in non-recognised registrar training positions.

Fields of Activity - Emergency Departments, Mental Health, Community Health Services, In hospital Clinical Departments, PLUS many others.

The Educational and Career Problem:

1. Vocational training can be difficult (family, gender issues).
2. Established college training programmes are specialty oriented and narrow.
3. Training and career progress can be intermittent even fragmented in varying institutions or sites over years.
4. CME system currently based on RACP system (flexible, optional, "self" regulated).

Propositions - there is a need for broadly based flexible modular educational program covering areas useful to CMO's. Queensland Medical Education Institute (and similar bodies in other states) has developed and is trialling a broadly based educational programs for PGY1 and PGY2 - completion in July 2000. This programme pattern flexibility may be useful model.

Note: The University of Newcastle Medical School already has some postgraduate programs proving useful to General postgraduates :

- Clinical Epidemiology
- Critical Reasoning
- Best Prescribing Practice
- Clinical Toxicology

The Hunter postgraduate Medical Institute currently provides extensive programmes with documented certification in:

- Paediatrics
- Obstetrics

QMEC :

- Infectious Disease management
- PGY 1 and PGY 2 Programs
- MCQ Bridging Courses
- HIV/ AIDS Courses

Hunter Institute of mental Health Workshops for 2000:

- Counselling the Bereaved
- Gestalt Therapy
- And many others

See also article on Proposed Master of Clinical Medicine Program.

4. ASMOF - Peter Sommerville

We mounted an attempt to find CMO'S since there is no accurate handle available at present. There is a 16% pay rise on offer - not currently accepted and in place. There are various dodgy things happening in processing this and the first offer of 2% will be backpaid to January 1st, 2000.

There is a General Conditions award from HREA in proposal - the issues and differences in the CMO award are maintained but HREA want it to appear that they have vanished - to bury the CMO award in the larger joint award.

Discussions have led to wanting CMO's award kept separate. Not sure how this will work out. There will be a Commission appearance to sort out the amalgamated award.

No extra claims clause is implicit in the 16% offer, but this is not yet sorted out. CMO concerns about this are noted - but need to talk to HREA and need to talk with AMA about this.

The GST impact for unions is also to be sorted out - and 16% may yet be modified.

Variety of strategies in the next year. Support for ASMOF - participate and Council Meeting attendance . Need to file for CMO Award negotiations - Meetings with relevant parties, letters, (Need formal letter to ASMOF to recognise attendance at Council Meeting)

3rd Annual General Meeting continued

5. Industrial Free For All

Dave Brock and Alan Thomas

The AMA representation of MMO in Illawarra - history given.

System for RACGP ongoing education points system.

Failure of profession to manage peer review—need to take charge of issues or accept government to take over.

AMA Special Interest groups - can form if ten members of AMA, and can form a Section if more members (unsure quantum).

Joint membership with HREA - for junior doctors.

Multiplicity of interests within HREA.

NSW CMO Award

Expired 31 Dec 1999.... Sigh. Currently available for review.

Yes, the negotiations once again focussed on pay rises and yes, the issue of conditions was once more overlooked. We also note that the "No extra Claims" clause could lock away for another 4 years of neglect!

We continue to push for :

Removal "O/T Barrier" to CMO's

Access to Training, Education, Conference Leave.

Navigable career structure

Increased Allowances

Index Allowance to Salary Increase

Salary Packaging

16% Deal

"Memorandum of Understanding. A "4 and 1/2 year deal:

2% Jan 1, 2000

2% Jan 1, 2001

3% Jan 1, 2002

4% Jan 1, 2003

5% July 1, 2003

(expires July 2004)

Consider above award conditions, Contracts of \$70 -90 / hour Plus \$5 / hour for shifts Plus \$10 / hour for weekend.

Amalgamated Awards - Craig Lipman or Craig Thomson represent HREA - combine 28 awards - capacity for administra-

tive convenience for HREA - need to read and think about and protest - BUT structure of amalgamated award is such that likely to get severely modified. Some minor benefits, eg if < 8 hours between shifts - OT until 8 hours break. Some ridiculous clauses eg 3/5 round the world airfares and hotels etcetera for all workers attending conferences - likely to be rejected for all. Primarily created for HREA convenience

Consequences of being absorbed into large group of non- professionals. CMOA says "NO THANKYOU"

Motion to reject amalgamated award - moved by John Egan, seconded Mary, unanimously accepted - NEED LETTER SOON TO HREA ON THIS TOPIC.

Dave's CMO - SURVEY

Survey conducted amongst 36 VMOs at Tweed Heads concerning attitudes to CMO's, and CMO's cost effectiveness, quality of care, standard of care, effect on Morbidity and Mortality.

Note from Alan Thomas - Save money for VMO's as decrease payment if CMO's present.

17 (47%) responded - 189 medical years service to hospital = average 11 years.

Almost unanimous agreement that EMO's (5+ years postgrad experience) led to:

Decreased overall morbidity and mortality.

Decrease length of hospital stay.

Decrease need for VMO attendance.

Decrease need for theatre time.

Therefore decrease overall costs to the hospital.

Therefore ? Worthy of investing in CMO's.

Then we went to the bar.... Next year.

Website Coordinator's Report

David Brock

cmoa. ican. net. au continues to attract lots of visitors. Our main page had an average of 3 hits per day during 1999. Since December we have averaged over 5 hits per day. We are receiving visits from around the globe and our guestbook has recorded entries from CMOs working in far off outposts of Australian medicine, such as the Cocos islands.

Our most popular pages continue to be:

- CMOA Home page
- CMOA Medical Links Page
- What's New
- Industrial Page
- CMOA Salary Schedule page
- The President's page
- The NSW CMO Award

Copies of the NSW Staff Specialist Award the Qld Senior Medical Officers' and Resident Medical Officers' Award have also been frequently visited. Our copy of the NSW Nurses Award is also popular.

We continue to provide past copies of our CMO Bulletins and provide a free listing of CMO positions, and are subsidising our costs by placing banner advertisements on selected pages.

The website has attracted varied input from visitors, such as providing contact details for the 'Accident and Medical Practitioners Association of NZ'. Another visitor informed us of the existence of Auckland University's Diploma of Emergency Medicine. Medical students from UNSW have successfully approached us for sponsorship and CMO information for their annual "Medcamp" via our website.

Nonetheless, I feel the CMOA website remains under-utilised by our members. It should be a broad resource for all of us. If you have any internet links or information relevant to CMOs please email me at davbrock@ozemail.com.au or forward it onto David Brock c/- Tweed Hospital. Tweed Heads, NSW 2485.

