Committee

President:
John Egan
Vice President:
Stephen Delprado
Secretary / Editor:
Mary Webber
Ph (H): 02-6361-2018
Ph (W): 02-6360-5227
Ph (M): 015-906-105
email: marygt@ozemail.com.au
Treasurer:
Michael King
Public Officer:
Jenny Virgona
Education Officer:
Peter Love
Industrial Officer:
Rami Mezrami
Media & Publicity Officer:
Kien Coaxuan
National Coordinator:
Warwick Barnes
Council Members:
Michael Boyd
Seeta Durvasula
Jenny Machado
Webmaster:
Peter Tait
email: pstait@gis.net.au
http://www.gis.net.au/CMOA

All Correspondence to:
PO Box 4
Glenfield NSW 2167

President's Address: *Continued From Page 1.*

Another problem with the legislation? What about another quick fix? The Federal Govt. is currently talking about and acting (ie spending money) on a program - The Clinical Assistant Program (CAP) - to "look after" and "train" these doctors. Those of us who work in rural or remote locations know already how stretched the educational infrastructure is for Interns, RMOs and Medical Students and there appear to be similar problems in the larger city hospitals. There is no way that this group will be any more than glorified (and probably underpaid) service providers in areas of need.

At face value this could be a real problem for CMOs as the law of supply and demand would suggest that the more people there are, the greater the likelihood of erosion of conditions hard-won over the past ten years. This affects our recently graduating doctors and it affects us. Not all the proposed changes are bad, however the attempted exclusion of CMOs from dialogue in matters that impact strongly on their practice suggests an agenda that will not be to our liking. The advantage to the CMOA (and therefore CMOs) is that this group of doctors are already politically aware and politically active and they would be an asset to our association. I feel that we must strongly encourage any doctors or medical students who may be affected by this legislation or who are sympathetic to our aims to join the CMOA. We in turn must become more active in explaining our role and insisting on our rights in carrying our this role.

On to the barricades!! Get other CMOs to join our organization, give full support to the Doctors in Training in their fight against this legislation, be proud to be a CMO!

John Egan

Election 1998

One of the most fundamental aspects of an AGM is to elect the officers for the next year. Since there were no advance nominations, nominations were called from the members present at the meeting. All nominees were elected unanimously.

From last year's officers and committee: Dr Martin Werry, Dr Murray Barrell, Dr Chris Wake, and Dr Shaun Stevens did not stand again for re-election. The CMOA thanks all out-going officers for their effort and enthusiasm during the last year.

So the line up for 98 reads:

Core Committee
President: **John Egan**
Proposed: Mary G.T. Webber
Seconded: Michael Boyd
Vice President: **Steve Delprado**
Proposed: Rami Mezrami
Seconded: Michael Boyd
Secretary: Mary G.T. Webber
Proposed: John Egan
Seconded: Kien Caoxuan
Treasurer: Michael King
Proposed Mary G.T. Webber
Seconded: Kien Caouxuan
Public Officer: Jenny Virgona
Proposed John Egan
Seconded: Michael Boyd

Office Bearers
Editor: Mary G.T.Webber
Proposed: John Egan
Seconded: Kien Caouxuan
Education Officer: Peter Love
Proposed: Steve Delprado
Seconded: John Egan
Industrial Officer: Rami Mezrami
Proposed: Steve Delprado
Seconded: Kien Caoxuan
Media Officer: Kien Caouxuan
Proposed: Mary G.T. Webber
Seconded: John Egan
National Co-ordinator: Warwick Barnes
Proposed: Mary G.T. Webber
Seconded John Egan

Ordinary Officers
Michael Boyd
Seeta Durvasula
Jenny Machado

Special Contributor
Web-Site Co-Ordinator: The website was established and maintained by Peter Tait, who is looking increasingly harrassed by the pressures of Real Life. Other arrangements may have to be made for the future.

Editorial

What can I say? 1997. It's been real. I think. The last year has gone by in a blur. Changed jobs, changed departments, changed cities, changed hobbies (now I sleep for a hobby). Changed everything but my E-Mail address and haven't had time to check my in-box in months. Well - at the inaugural meeting I told them not to elect a secretary who didn't write letters, but did they listen to me? Anyway, one thing is for certain—it's been a pleasure getting to know the guys and also in finding out that there's a community of CMOs out there, doing their stuff, quietly getting on with their lives. Hopefully we can continue our two-fold efforts (educational and industrial) to bring us all together and find our common voice.

To this end, the one thing that has become glaringly apparent is that we have to lift our game. This organisation has been grown from scratch, by people subject to other pressing and competing priorites. We need to create an orderly and professional infrastructure to support the organisation while we get on with those things that only we can do—making the contacts, writing the letters, going to the meetings. As secretary, although I have set up a database, I find that with the best will in the world, I do not have the time to run it. Setting up a first year of memberships and then keeping track of them through subsequent years is simply not a task that I'm adapted to or have time for. Indeed, I have yet to find the spare time to chase or write the copy, edit it, do the photocopying, the folding and stapling, not to mention the sticking down one hell of a lot of envelopes—I don't find the time so much as I steal it from some other task. So it was with great joy that I welcomed JohnEgan's suggestion that from now on we all submit to one mailing database and one membership tracking person. We're inventing this stuff as we go along, and that was a particularly fine invention from my point of view.

I heartily welcome the skills of Karyn Bradford, our erstwhile DTP person at ***Flying Colours Printing***, a woman who used to bring aircraft safely home for a living, and I believe that our professionalism will be greatly enhanced as she brings this mailing list safely to the shores of order and organisation.

We have made gains, but the real task is still ahead of us. Another year will hopefully see us fully and firmly established and starting to make ourselves ***listened to***, as opposed to simply being ***heard***.

Glad you're along for the ride. If I've dropped your name somewhere between our four databases, please accept my apologies, but write to Karyn and let *her* know. I've got other things to do, like finding some time for my new hobby.

Mary G T

<u>Important:</u> New Address For All CMOA Correspondence:

CMOA ADMINISTRATION
PO BOX 4 GLENFIELD NSW 2167

bradford@ozemail.com.au

Dear Members

I will be getting the database up to date as soon as possible, so if you happen to be reading this, but have not been getting any mail from the Association, please write and let me know. ***Please do not phone me*** for membership enquiries, mail or email only, (I escaped from Air Traffic Control so that I could attempt to get a life.) Most of you should have your receipts by now, the remainder will be posted soon, as will membership cards for 1998. I look forward to getting the CMOA house in order, and helping the members of the Committee to run things a bit more smoothly.

Karyn Bradford

Inaugural AGM Report

Saturday February 28th 1998 Novotel, Brighton-Le-Sands Sydney

It was with considerable trepidation that the secretary loaded her car —with two computers just in case (and sure enough, one played up) and headed three hours east to the seaside. Was everything organised? Would the speakers show up? Would anyone come? What was for lunch?

Well, lots of people came and only one of the speakers canceled at the last moment — Peter Brennan, wouldn't you just know it. David Malin made an absolutely riveting non-medical guest speaker, and Choong-Siew Yong formerly of the PSA and now of the Doctors-in Training Group and Peter Sommerville of ASMOF turned up on next to no notice and contributed greatly to a spirited day of discussion and fellowship. In fact we had a ball, and thank you, lunch was excellent.

The details of the business end of things are covered elsewhere in this ***Bulletin*** —the results of elections, and the reports from the committee and so on. Here I'd like to cover briefly some of the material that came up from the speakers.

Choong-Siew Yong pointed out that the Doctors-in-Training group of the AMA was seeking always to be more relevant to the group it serves (interns, residents and registrars, both GP and specialist.) The DIT also represents the interests of non-specialist hospital doctors and medical students. "It has been a challenge to bring the concerns and opinions of the AMA members represented by this section to the attention of the profession." He reviewed the progress of the RMO dispute to date, reminded us that the first captives are approaching the end of their second years and pointed out that we still don't know how many captives there are going to be, only that time is running out for them and for us. The legislation is due for a review June 1, 2000, but will continue to exist in some form.

Eventually one can anticipate forced salaried positions in general practice and increasing pressure on hospital places, this is already starting to happen. The CAP apparently offers a service-related back door into GP training if you are prepared to "go bush" and assuming that you already meet the RACGPs entry requirements, but only just missed out on a place.

Looking to the other horizon, the PSA and now the DIT is searching for the elusive "meaningful ongoing training and certification options for all" solution — C.V. recognized, work-place accredited, and portable between jobs.

Peter Sommerville spoke briefly about the Illawarra MMOs—Multi-skilled Medical Officers (another group we need to have contact with) who have, with the support of the AMA, worked out an award structure that is skills-based and sounds great, but is yet to be tested in the current budgetary climate in this state. It will be interesting to see how the Dept of Health responds to this group.

Professor Shayne Carney of Newcastle University also spoke briefly about that institution's interest in hosting a Post-Graduate Masters Programme in Clinical Medicine. Secondary to changes in the University's administration, the project has been on hold, but Prof. Carney has great hopes that it will be re-activated this coming year, and was anxious to tell us that the time is right for us to be extremely politically active and push our way through the coming difficulties, on the grounds that no-one was lining up to give us anything and we would have to shape these new options for ourselves.

But the star of the show was undoubtedly Brooke Murphy, educational consultant with the University of Sydney, who came to tell us about a programme that already exists, that is already accepted as the sole certification of CME by a major Australian Medical College and which may suit the far-flung and diverse nature of CMO practice down to the very ground. (In fact - this was wow-goddamned-exciting stuff .)

The Continuing Professional Development Programme of the Royal College of Pathologists of Australasia, henceforth CPDP, is both a paper-based and an electronically-based method of tracking and certifying the everyday efforts of medical practition-

By Mary G T Webber

Reluctant Secretary

ers to remain abreast of their professional fields. It evolved in recognition of the short-comings of existing systems in truly educating the recipients of CME points and throws the responsibility for both conducting and evaluating the individuals continuing education back onto the individual.

The theory of this is based upon the work of one Donald A. Schon and published as **The Reflective Practitioner : How Professionals Think in Action** (available from Amazon.com of course, for $US 22 and reviewed in our next ***Bulletin***, I hope.) The essence goes something like this. There is a need for life-long learning to combat the effects of "the slippery slope of declining clinical competence."

Life long learning implies "systematically learning from experience." The fundamental unit of education is the Learning Topic and the theory runs thus: something surprises you in your everyday practice—you have now identified your own 'Learning Topic', which is something that you personally need to learn more about. The next step is to reflect on this topic, develop a plan of attack, then experiment or seek information, and finally incorporate the new information you have gained into your practice so that now you are in a state of "knowing in action". Sounds not too unlike real life, huh? This is what many of us would do anyway, but the problem has always been getting this private learning recognised.

So here is the really interesting part. You write what you have done in your paper or electronic journal, and submit that record to the College. This journal will also include research that you may do in the ordinary course of your job, such as for developing teaching programs etc. The College publish it to their web-page, which has a search function, and also give you back information & analysis telling you how you're doing in comparison to how everyone else is doing. The web page brings what is interesting and relevant before your colleagues and gives you the option of making E-Mail contact with other people working on similar topics, so that you are able to benefit from what someone else may have already done, share information, or work together on a project.

The process implies that continuing competence results from continuing, informed change to performed practice. It assumes that motivation is intrinsic rather than imposed, that learning strategies are available, and that some central appraisal mechanism exists to feed back to the participant and the professional community. The object is quality rather than quantity.

Such a programme, an accepted approach to adult learning in a growing number of occupations outside medicine, is designed to arise from the circumstances of everyday practice, thus it fits in with the contingencies of the individuals personal and professional life at the same time as it meets professional requirements for certification by a central body. It is descriptive rather than proscriptive, it responds to the professionals particular learning needs, and it assumes that continuing education is the individual's responsibility.

Sounds like us.

Anyway, there was very considerable excitement amongst the folks present at this point and the CMOA made an instant and group decision to investigate the matter further —like, immediately. Stay tuned for further bulletins on this topic and bear in mind that we are thinking of a one-day seminar in September to formulate a plan for continuing education, and that this will probably be the hot topic on the agenda.

Anyway, I also burbled on for a bit about Error in Medicine, this will be presented in a future Bulletin article, then we all staggered off to digest all that information and the remains of lunch, which were both extensive.

Weary but satisfied, I packed up the computers and the car and started thinking about the next crisis on the calendar. If the day only contained more hours ....

Changes in Medical Defence

Warwick Barnes

The last 12 months have seen some big changes to at least one defence organisation, and some fierce competition and mud slinging between the established organisations and the newer entries into this field.

I have been a member of the British based MDU since graduation 13 years ago. Touch wood— I have never required their services. When my policy came up for renewal last September, they advised me that their new policy required me to be a member both at the time an incident occurred, as well as at the time that the claim was made. This is very different to the traditional system whereby you were covered against future claims by being a member at the time the incident occurred, even if you were no longer a member when the claim was made. The only exceptions to this new policy are if you have been a member for 15 years, or if you paid an exit premium to cover against future claims.

As I had been a member for 13 years, and would be entitled to not have to pay an exit premium in just 2 years time, this change did not seem to be a great problem for me and I renewed my membership. However, since then the rules have changed again. A new version of this policy was released which specifically excludes hospital indemnified policy holders from this 15 year loyalty extended cover. These policy holders are no longer considered to be "full paying members", and you do not start to accumulate your years of loyalty until you increase your cover to a higher level of private cover.

Whilst it is true that if you have only ever had hospital indemnified cover they will waive the exit premium, many CMO's may have at one time had higher cover for private work. In my own case, I took out higher cover for the first time just last year to cover some private hospital work, and I now find myself facing an exit premium of up to 3 times my annual membership fee, should I decide to quit the MDU at any time in the next 14 1/2 years. Not a great reward for the last 13 years of loyalty. Members should also be aware that whilst it is "not anticipated" that the exit premium will exceed 3 time your annual membership fee, there is no guarantee that this will not change in the future.

In effect the MDU is locking you in for at least 15 years of private work, after years in the hospital system for which you are given no loyalty credit. This may enable them to increase their annual fees, as the cost of changing to a cheaper defence organisation is prohibitive due to the exit premium.

For those of you in the MDU it may already be too late to change without incurring a significant exit fee. For those who are still hospital indemnified only, you need to think carefully as to which organisation you will choose if you increase your cover to include private work. And for those of you who are in a different defence organisation, keep reading the fine print on your policies as the MDU are predicting that all the other defence organisations will be changing to this system in the future.

ASMOF Industrial Update

Salary Increases

By now CMOs should have received a 2% salary increase effective from 1 January 1998. A further 5% increase will be paid from 1 July 1998 with a final 5% increase paid from 1 January 1999. Each of the 5% increases include a 2% productivity adjustment which is subject to agreed productivity measures. If you experience any difficulty receiving your salary increases, do not hesitate to contact the ASMOF office on: **(02) 9212 6900**

PSA and HREA Demarcation

ASMOF and the Public Service Association (PSA) currently have joint coverage of Career Medical Officers in New South Wales. Essentially, this means that CMOs be represented industrially by either of the two organisations. In recent months, however, PSA and the Health and Research Employees' Association (HREA) have initiated proceedings in the Industrial Relations Commission to transfer coverage of CMOs, among others, from PSA to

Outgoing Education Officers Report

Steve Delprado

Identified Problems for CMOs —a personal viewpoint after a year of information gathering.

1. Career Structure

There isn't one, so what do we do about it?

2. Education Processes

What should they be and how do we get them recognised by the profession, the Dept of Health, the HIC, and the hospitals? What study leave entitlements should exist for CMOs in relevant courses that do not necessarily lead directly to a higher degree, but which have direct impact upon their delivery of clinical care?

3. Private Hospital Billing

And other discrepancies applying to equal work situations where CMOs are not awarded equal pay or equal rights of access to Medicare rebates on behalf of their employing bodies.

4. Interchanging with General practice

or combining CMO and General Practice work —still pending. Is there a legitimate case for each of our own fields to receive a VR-type recognition re billing structures and professional recognition based upon actual commitment to ongoing education and extended experience in that field?

We have to talk more about these tangled issues in the future —in fact these are some of the core issues for the group as a whole—achieving and maintaining a recognisable standard that receives appropriate remuneration while maintaining our independence. It's been fun.....sometimes.

Incoming Education Officer's Report

Peter Love

Since becoming Education Officer for the CMOA I have pursued the obvious issue of accredited Continuing Medical Education for CMOs. All other matters, such as Postgraduate Courses, I have put on the back burner until we have suceeded in this area.

At our first conference we heard from Mr Brooke Murphy, about the Continuing Professional Development Programme (CPDP) of the Australasian College of Pathologists. This program was seen as the ideal tool for our needs and after approaching the College in writing we have approval in principal from the CPDP Subcommittee of the RACPA (subject to the College Educational Committee's final endorsement) for the CMOA to assess, and if it is found acceptable, modify the program to suit our needs.

The ability to show that we are committed to the CME of our members is a quantum leap forward in being seen as an independent body, and will no doubt help our cause in fighting for appropriate recognition and representation on the MRTP committee. Once our CME programme is up and running I will endeavor to look at those other areas that can be sourced for education, such as Postgraduate masters etc. Exciting times ahead for the CMOA!

NEWSFLASH
from John Egan

I have met with Louise Garland, Administrator CPDP the Royal College of Pathologists.

They seem very happy with us coming on board. If this is going to get the green light it should be ready by August.

ASMOF Industrial Update Continued

HREA. This transfer does not affect ASMOF's joint coverage of CMOs. It does, however, provide a significant opportunity for CMOs to reflect on the quality and relevance of their workplace representation.

HREA is a generalist organisation of health industry employees. It represents hospital cleaners, orderlies, porters and some small professional groups such as hospital pharmacists, among others. In contrast, ASMOF is a specialised organisation of employee medical professionals. ASMOF is run by salaried medical professionals for salaried medical professionals. ASMOF has had considerable success in award negotiations on the basis of this specialised experience and the fraternity of its members. ASMOF also offers assistance to individual members in such areas as salary negotiations and workplace dispute resolution and plays an important social role, advocating the provision and development of quality health services.

A Career in the Universe...

A Cosmic Reflection by Kien Caoxuan

After lunch, an enourmous gastronomical lunch, we headed back to the auditorium. I was one of the sinners who returned late and therefore missed the introduction to David Malin's astronomy slide show. The room was dark as I wandered in, the only light source was the projector. Colourful pictures were clicking away on the screen and a chubby guy with a beard was on full speed explaining what's-what and where's-where, well, out there. The collectively overfed audience (it was a huge smorgasboard lunch) was sitting there stunned, totally absorbed by those fanastic colour images of the Universe.

The chubby guy with the beard was - no, not Michael Boyd- but David Malin. Here's a man with an obvious love and devotion for astronomy and the photography of the Universe. In his younger years he must have been one of those nerdoid dudes with the fancy telescopes whose knowledge of things far-away now makes the rest of us feel small and inadequate. The show was an hour long but seemed shorter thanks to David's passion for the subject and his fluidity of delivery. He must be pretty deeply in love with what he's doing—the enthusiasm was almost palpable.

At the end of the show, as usual, a few amateur questions were thrown in from the attentive audience. David patiently answered them all—I was impressed, so impressed I bought his book.

Now, the slide show was supposedly a non-medical, on-the-side thing to divert us from the serious issues related to the CMOA, and hopefully keep us awake after lunch. It supposedly had nothing directly to do with the CMOA. Nothing? You gotta be kidding. Even with a serum alchohol level approaching .05, I could still see that it had everything to do with the CMOA! ... now read on, and speculate....

David Malin works sitting in a cold chair, in a cold dome, looking into dark spaces searching for something, looking for answers. Some of us work in the Emergency Department at night (or in Orange) and it's always cold there. Cold chairs, cold desks, cold beds...

And because of the way we run around and around seeing patients, the square departments often seem .... round, not unlike the dome that David works in. We often and also look deep into the dark empty spaces searching for something (a fishbone in the throat, those dammed vocal cords in the larynx, the odd polyp in a well-prepped rectum). And yes, don't we often look up to the night sky at three in the morning and look for the answer to the Big Question—"Why me?"

More similarites. Just look at the Universe. That's us! We CMO's work in so many different fields in medicine—Emergency, Hospital, Community, Public and Private and Police. We are so diverse we might as well call ourselves ...Universal doctors (no, none of us work in Hollywood - I hear you say... yet.) Yes, we CMOs are doctors working in every area of need, plugging the holes in the health care system. We keep an inherently incomprehensible and apparently unworkable system going, running smoothly. The only problem is that we—the stars in the health care Universe, often move around too much, having little time to get together. We need to get together more often—to join forces to defend ourselves from our enemies—yep, you guessed it—The Black Holes!

Black Holes are bad, *very* bad. David Malin did not go deep enough or far enough to tell us how bad they are. These terrible things are, to my limited astronomical knowledge, formed by forever condensing toxic gases and waste products! As a black hole keeps on condensing, not only does it become heavier and darker, it gets more toxic. And it sucks! It sucks all peacefully passing foreign bodies into it. It could not care less whether the forgein bodies are bad or good, it just keeps right on sucking. ... Does this remind me of a boss somewhere who employs ... *(The rest of this deeply recognisable image has been removed in the interests of keeping the Bulletin in production. Something about the libel laws. Ed.)*
..... What a black hole!

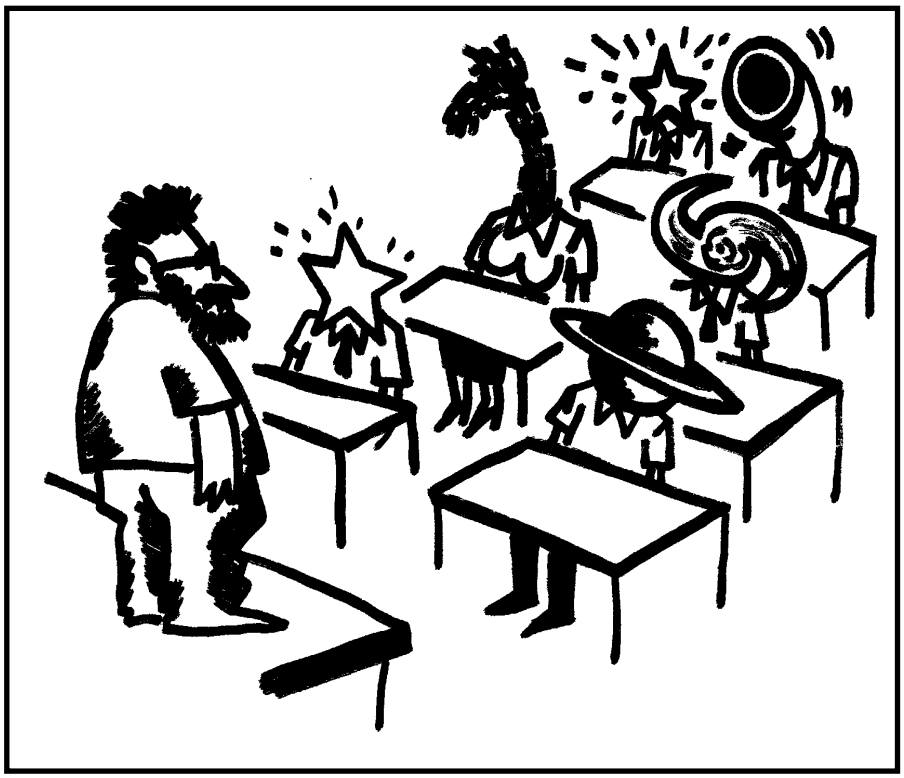
I was suprised that no-one in the audience asked David Malin about the ...White Holes. After all, the CMOA can be likened

to these fanastic celestial bodies out there in the Universe. In total contrast to Black Holes, white holes are constantly expanding, acculmulating the good stuff. A white hole would keep on expanding, gathering support form all other decent bodies in the Universe. One day, our white hole would be big enough and strong enough to clash fair and square with those horrible evil Black Holes. Clash of the holes!

I mentioned we, the Stars, are moving and changing in different ways in the Universe. I think it's important htat we continue to do just that—keeping in touch with each other and helping to make our association stronger. The need for some kind of flexibility in career and life-style is the reason we work as CMOs. I remember many years ago an orthopaedic registrar told me, his intern at the time, "In a changing environment, one must constantly change to remain constant." Luckily he didn't call me "grasshopper" or anything like that. (That guy was smart. He dropped out of the training rat race and is now, as far as I know, selling herbal remedies to upper class menopaual women on the North Shore.) To keep our heads above the murky waters of the current health care politics, we must be constanlty changing, moving forwards. The provision for independent choice in further education and self-determination in training are therefore crucial to our existence. We have to prove to the Big God of the Universe (who is unfortunately fast becoming a Black Hole himself) that we are faster, more efficient, more accessible, up-to-date with knowledge and skills and cheaper to employ than our rivals in the market of medicos.

The depressed amoung us may lament that it's too late, the Big Black Hole of conformity is fast approaching to engulf everything and there is no way out for us. I refuse to think that way. (I saw Independence Day twice.) We can do it! I refuse to give up the fight and I have to admit that selling herbs in Vaucluse does not attract me one bit!

So get your helmets on. Put up the radiation flare shields and clear the neutron blasters for firing. Check your ingitions and blast off! May the force be with us.



"Apart from the Star-head, and the Black Hole in the back there, the rest of you have been a great audience ..."

David Malin: Internet Site

David Malin's home page, where his staggering lecture schedule lists us, the CMOA, for Feb 28 1998 - pretty cool, huh. The site also features a cool variety of photos and an impressive array of contributions to publications and the life of academe generally. You can also get information about the book he brought to the AGM to show those of us eager to see more of his work. As a consumer myself , I can recommend it, not only for the stunning photgraphs, but for the extraordinary lucidity of the text. Check your bookshop for "***A View of the Universe***". (Cambridge University Press. ISBN 0-521-44477-2)

http://www.aao.gov.au/local/www/dfm/malin.html

Minutes: 6th Meeting of the CMOA

Ryde Hospital Tues May 26th 1998

The meeting was well attended, with interstate representation from new members, Joe Ogg and Kate Tree representing an interested group of ten, (count 'em ten), CMOs from Tweed Heads, and speakers Peter Sommerville from ASMOF and Buddhi Lokuge from the RMOs. Linda Bates, educator from the FMP programme contacted John and asked to speak to us, so it would appear that word is getting out about our existence. Thanks are due to Jenny Machado, CMO Director of Ryde's ED for organising the room and the coffee and cookies.

Having said general hellos and introduced ourselves, it was straight down to business. Jenny Machado pointed out a situation that is developing wherein temporary resident doctors (TRDs) have been displacing CMOs as the employment choice for some suburban hospitals - eg. MDH and Manly. This situation reinforces our awareness of the vulnerability of the CMO who opts for the remuneration of the casual employee, and also reminds us that any job can be made untenable. We also need to be acutely aware of the implications of the provider number legislation for the future. Peter Sommerville, who is the Executive Officer of both the NSW and Federal organisations of ASMOF, representing 4,500 salaried practitioners across the country, pointed out that all employment is more safely underpinned by an award by whatever name. He also pointed out that the award is a floor rather than a ceiling . The issues of industrial and PMC cover etc do not cover TRDs or AMCs, who are as disenfranchised as the rest of us, and are rather cheaper to employ. As a group we will investigate where the budgetary and legal land lies.

Peter also discussed his continuing investigation of issues of career structures for CMOs, for example and including extending the grades to include CMO IV, but this has not been a rewarding endeavour so far. According to a Dept of Health circular from 1989 the CMO IIIs are at least 7 years post-graduate and have a higher degree. However this has tended to be a workplace issue and unequally applied.

What has emerged is the need for a full day seminar to examine the fundamental issues—the tying in of the skills with the award, rather than simply time-serving or market forces. Saturday 19th September is proposed but may be altered depending on everyone's availability. Much preliminary work needs to be done so that some coherent options will be canvassed and a strategy agreed upon at that time regarding the twin issues of educational strategy and skills-based remuneration.

John tells us that the HMO working group is only just starting to consider the training requirements of Post graduate Year (PGY) III and beyond. This is on everyone's mind. (Like a lump of lead—sullen and indigestible It would appear that there will be an excess of persons not covered by training programmes. (What a shocking surprise!) Meanwhile the Commonwealth is saying that there is no problem.

Another topic for discussion this year is our relationship with ASMOF. Whither goest we?

Steven Delprado again raised issues from his discussion at the AGM, leading to the proposal of the following key issue —That we make it clear to all relevant parties, including the Federal Government/State Govt/ MTRP/PSA/ASMOF that the CMOA must be involved in all discussions relevant to CMO education, career structure or industrial awards.

Proposed —Steve
Seconded — Ramy
Passed — Unaminous

Business Arising

1) CPDP - We note that 50% of pathologists are now doing this as CME. Web-based submissions are accepted as the electronic log book of CME. This includes time spent on teaching. The CPDP also feeds back to the College about what the participants think is important. Peter Love is the incoming education officer and his report appears in this publication.

2) Office Manager - Housekeeping duties to be taken over by Karyn Bradford, of Flying Colours Printing.

Proposed Steven Delprado
Seconded — John Egan
Passed — Unanimous

3) Guest speakers Martin Foster and Bhuddi Lockuge—RMO rep and editor of "NSW Doctor"—about the upcoming RMO action against the provider number legislation, and a summary of the last few months. There have been two major meetings of delegates and students recently where reps voted to start a new campaign, and a working party was formed to disseminate information and to seek new avenues of protest and political action in the upcoming election year. The RMOs will be going to the AMA national conference (Choong is going to the Doctors in Training group) to get support for a campaign from the other states. If there is support at the national conference, delegates will be pressing for a national day of action - leaflets to every patient, mass dissemination of information,T-Shirts, badges etc. They will be concentrating on political rather than industrial action aiming for a mid-term review of the legislation. The legislation contains some good stuff as well as the bad. It is important to focus on what needs changing, without wiping out those aspects, such as gathering coherent data on the workforce, that could conceivably benefit the incoming generation of doctors, and indeed the rest of us.

Motion: That the CMOA gives strong support to the RMOs continuing efforts to oppose the provider number restrictions.
Propsed: John Egan
Seconded: Steve Delprado
Passed: Unanimous

Note: speaking of the MTRP, John Egan, sole CMO rep to the MRTP was pretty upset about being excluded from the PGY III and beyond working party. After some serious standing up for the rest of us, he has managed to be have now been included for "matters of content". Knowing the sheer tenacity of El presidente we do not expect it to stay at that level indefinitely.

4) Speaker; Lynda Bates. Half-time medical educator with FMP and rep to their Information liason committee. Here to talk about disinformation and the RACGP Training program information. Linda was keen to assure us that selection into the program is close to international best practice, with all due care taken to disperse bias. As transparent as possible—two independent assessors—trialled through to overall national selection process and based on ranking and location of application. Competition is through written application and a "vision statement" and interview of up to 45 mins. Looks at areas such as motivation and attitude. There exists an option called RPL —recognition of prior learning, allowing you to prove that you have recognisable experience. Thus your years in the ED can be accredited for one year towards the RACGP programme. The CAP allows you acccess to the programme after you complete four years CAP in a rural setting, provided that you meet the entry requirments to the programme.

The meeting closed with some very clued-in questions and answers from the guys from Tweed Heads, which will be presented in a subsequent Bulletin as a Q&A column.

Next Meeting Friday 27th August, before the EMST conference, and in Tweed Heads.

Submitting Items For CMOA Bulletin

This is your journal. You are welcome to submit letters, articles, papers, photos, cartoons, quotable quotes, in fact just about anything that its legal to print. ***CMOA Bulletin*** will only be as good as your contributions make it, so get to your word processor.

All items submitted should be either sent on disc, or e-mail to the Editor, whose mail and e-mail addresses are on page 2. Just about any PC or Mac Word Processing format is OK. When submitting items on disc, please label your disc, and provide a printed copy if possible. Please contact the Editor if you wish to submit material generated in other types of software applications. Illustrations should be in black ink, on plain white paper with nothing on the back. Photographs can be either black & white or colour. Typed copy is acceptable if you have no other means available, and we can't seriously expect our publisher to read doctors' handwriting - so don't even think about it.

Next regular issue: