CMOA

CMO Bulletin

Newsletter of the Career Medical Officers Association Inc

September 1999 Vol 3 Number 2

From Rome to Roma

CMOs Out and About *Mary G T Webber*

Well, it's been a busy few months out there in Real Life, a time to remember that "no-one on their death bed has ever wished they'd spent more time at the office." While the wheels of the industrial process were grinding small, ASMOF was issuing their CMO award survey and the MTRP was deciding to meet again at their usual lightning short notice, CMOs were out and about, getting on with their lives and the opportunities in front of them.

Gabrielle DuPreez-Wilkinson grabbed the kids and slung them in the car and headed west (in a cloud of dust?) to Roma to the Rural Doctors Association of QLD conference. Her report is elsewhere in this issue. 'Onya Gabrielle—out there making contacts and flying the flag for CMOs.

Speaking of flying the flag, when it came to the Eighth Meeting of the MTRP, held in Sydney on18th June, well, we didn't. Specifically, I didn't. Mea culpa. True to form the notification arrived at the last minute, and I was just off the plane from Rome and unable to swing someone to either cover my shift or go in my place. To judge from the minutes I was eventually faxed, a fascinating time was had by all deciding to maintain a watching brief on this and that as situations and demand change and agreeing that the perception of non-accredited positions is of concern to doctors in training. It is worthwhile to note though, that the Sunset Clause for Legislation is approaching and that the Minister is required to table a report on the operation of the Provider Number Legislation to Parliament by 31 December 1999. Given their acknowledged difficulties in finding out what is actually happening out there in the workforce, what can they possibly say?

On the whole I think I had a better offer going at the time. Through blind luck, persistence and the right experience I scored a gig as medical escort to 400 odd Kosovar refugees entering Australia under the UN Safe Haven Project, and that was an example of real applied politics - which someone once defined as rendering politically desirable the ethically correct decision. The will to help out, the politics to fund some bloody big aircraft.

It was a sharp learning experience on a lot of levels. It began when our group, which was scheduled to go up to the camps to do an exchange, got stranded in Rome for several days. That was where I found out that organisations er, change their minds according to the availability of transport, and that one part of a complex operation (us) might have no clue about what another part of the organisation (them) was up to. Lesson two: relax and go with the flow. There will be a plane load of refugees going to Australia, and you will be on it. Meantime go look at art and let the organisers get on with it. (I wish I felt such patience with the MTRP).

Eventually a DIMA rep and I actually made it onto a United Nations World Food Programme flight (think sardine tin with wings) up through Tirana to Skopje. Lesson the next: there is a war going on in Europe. Tirana airport was a flat cracked concrete void surrounded by formation flying Iroquois and patrolled by guys who handled their machine guns with far too little caution for my taste. Lesson again: Australia is a mostly warm, safe place to live and has enjoyed an entire century of fairly boring democracy and I like it a lot.

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Inside This Issue...

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From Rome to Roma

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In Skopje I learned that it is impossible to rent a car in a war zone because there are journos heading places that angels fear to tread. So while we waited to meet the buses for the flight back to Rome, we found an English-speaking taxi driver (MTV and CNN are out there teaching English to the huddled masses via satellite) who drove us around Skopje, which has breathtaking mountain scenery, great beer and a 40% unemployment rate. Lesson: that people function inside complex systems and the bomb going off in your neighbour's yard may have fallout in yours. Also that the cows who share their roadside pasture with passing tanks don't look happy about it.

On the plane back to Rome I learned that it was a very good thing that we'd packed an extra supply of this and that because the formal medical bag was still en route from Oz with another team, and airsickness delays for neither man nor flight. I also got to meet some great people and share their concern that their babies were being born in 50 degree heat under canvas with dirt floors with maybe16 people to a tent, and that they should get them out of there as fast as possible.

And I learned that Australia is a very very long way away from their home. Three hours in a bus. Wait for an hour. Two hours to Rome. Wait for two hours. Nine hours to Bangkok where the air conditioning in the airport wasn't working properly. Wait another two hours. Eleven hours to Sydney. Get on another bus. And it vibrates up there at 35,000 feet, and you get tired and dehydrated and your two week old baby won't take the breast. And it's dark. Thank heavens the medical team hadn't forgotten how to take a pulse and blood pressure the old fashioned way. There were no major medical problems thanks to the great job the guys on the ground at the camps had done, but there were a couple of concerns and a lot of airsickness and babies. And it didn't match the media representation of refugees, except that they came in what they were standing up in. The Radiologist, the lawyer, the business man (who was our most hilarious translator), the vet, the students, and the enormous collections of relatives, all looking suspiciously like, well, like us, except that the kids were fantastically well-behaved, all 150 of them!, which didn't look like an Australian in-flight experience at all. The flight crews were brilliant and Team Oz backed each other up all the way. Lesson: there's a lot of stuff out there that I don't understand.

We also realised that the world truly spins in space, because when we got off the plane in Sydney, lined up the hand-over, got in the taxis and headed home, and we could still feel it. Spinning. How about that?

Queensland Report

Gabrielle Du Preez-Wilkinson

Well, all my good intentions of contacting fellow Queenslanders have become forestalled. However, Queensland Health has done some interesting work looking at the Senior Medical Officer work force in public Emergency Departments and the impact they will have on the College of Emergency Medicine. The official report will not be out for some time, due to the need for validation and authorisation. Needless to say, the preliminary data shows information we already know - such as how pivotal and essential SMO's are to provincial and regional centres in Queensland.

Also, of interest in Queensland of late, is the industrial battle for representation of hospital staff. Yes, hard as this may be to believe, we have people fighting to represent us in court. The tried and true public sector union (SPSFQ) is trying to maintain coverage, whilst AMOSFQ is attempting to gain coverage. The author could reveal more of her true colours by rambling, but we will let the courts decide the outcome.

Rural Doctors Association of QLD Conference

Roma 10th - 13th June, 1999

Attended by Gabrielle duPreez-Wilkinson

This was an excellent conference, attended by Rural Clinical Medical Superintendents and Medical Officers from Rural Hospitals, Rural GP Registrars, and odd bodies like me. There were many highlights. My favourite was the skills stations afternoon, where we practices burr holes in sheep heads, interosseous needles in chicken bones, cricothyroidotomies in a neck of some creature, and intubation on the usual dummies (plastic ones). The sessions on Perinatal Mortality and Peri-Anaesthetic Mortality reminded us that common sense, early referral and cautious practice are the best rule, especially when more isolated. Evidence Based Medicine was demonstrated using real examples from clinical practice. Moving first hand stories from the Tsunami in New Guinea last year were shared. Also, there was many opportunities to talk with other clinically oriented Medical Officers, dedicated to both hospital and general practice.

Of the most interest to the CMOA is the CME page put up by the QRMSA (Queensland Rural Medical Support Agency) which advertised CME activities, including workshops and satellite broadcasts. These generally have a rural or emergency flavour and are usually of high quality. We will have a link from our education page to their site, so that people can check it out.

Rural medical practitioners in Queensland are often CMO's under another name. They almost all have maintained their procedural skills, and have varying degrees of affinity with the College of GP's. Many have obtained their Fellowship in Rural and Remote Medicine. The other interesting thing that I learned is that the Australian College of Rural and Remote Medicine stops the grandfathering process for fellowships at the end of this year. After that, the examination drill will begin.

So, if you have been in practice in a rural or remote area for five years—or near that—or you aren't sure, contact the ACRRM web site and look for more details.

You've got to be in it to win it (or something like that).

No I can't possibly prescribe Rohypnol for your depression. I would give you a comforting hug but...um..I just had a shower.

ANZAME Conference

Brisbane July 1999

Attended by Gabrielle duPreez-Wilkinson

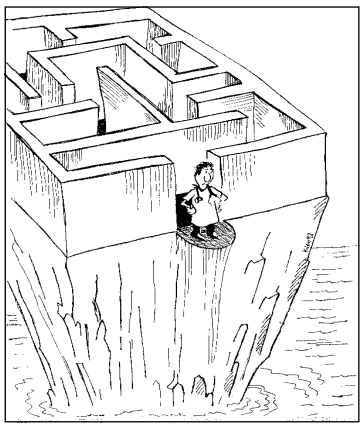
Yes, in my endless desire to conference hop, I have found yet another group to whom many CMO's may feel some affinity, although their brief has a different slant.

ANZAME has been the Australian and New Zealand Association for Medical Education, but is now known as ANZAME: The Association for Health Professional Education, to acknowledge its wider membership and brief. Alright, so the rest of you have probably known about this group since you were infants, but its discovery was a revelation to me. Althouth its focus has traditionally been undergraduate, the continuum between this and postgraduate education has been recognised, and there were a few postgraduate educators at the conference. The thing I loved about this conference was that it wasn't a "Talk At" fest, but rather an opportunity to share information—AND that was intentional. The presenters would each present briefly and then open the floor up for questions and general discussion about the topic. It was great to learn from the hundreds of other delegates, as well as the twenty or so presenters that you got to hear. Basically, I am a convert, and for those CMO's with teaching responsibilities, especially the DCT's, you may want to think about looking this group up. They have also just launched a journal called "Focus on Health Professional Education".

Next year's conference is in Fremantle—the opposite side of the country to the Olympics so, if you need to escape Sydney and want a tax deduction, Fremantle might be an option. Sorry to rave, but I loved these people almost as much as the CMOA, and I had to tell you all.

CMO's - The forgotten ones.... Still.

John Egan



I'm in the process of sending off my $185.00 for medical registration. The money is OK (tho' I'm not sure how well it's being used) but the thing that gets me angry is the workforce questionnaire. Again we're lumped in with Interns and RMOs under the 'non-specialist hospital (salaried)' box. I have twice written to the Board to bring this to their attention with no reply. (Letters below for your information).

This year I'm refusing to fill in the questionnaire and feel all CMOs should do likewise. What do other CMOs feel?

LETTER 1 - 1997

Mr A E Dix
Registrar - NSW Medical Board

Dear Sir

Please find enclosed my Registration Fee for 1997/98. I would also like to bring to your attention the formation of a new medical body, the Career Medical Officers Association. This association has been set up to oversee the interests of Career Medical Officers - CMOs (and those in similar non-specialist, non-general practice positions).

These doctors are generally utilised in service roles in hospitals and in the community and are often highly experienced and dedicated medical practitioners. They are increasingly aware of themselves as a distinct group within the medical workforce and see themselves as a "third option" to general practice and specialist careers.

My Association has asked me to approach you, with this in mind, to effect a change in future Medical Labourforce Annual Survey forms so that the CMO role is adequately highlighted in Survey questions (rather than as, at present, a subsection of non-specialist hospital medical officers).

I would be very happy to have further discussion with you on this matter at a convenient time.

John Egan

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The Winter Symposium ASEM and ACEM

July10th and 11th, 1999

This was held in the depths of the southern winter in the depths of the south at Lorne, on the Great Ocean Road.

Topic: Neurologial Emergencies.
Location: Inspired.

Sad to waste one perfect day after another indoors. As for the silly gits who flew in and out without so much as stopping to take in those sapphire seas and rock around to Warnambool to the Southern Right Whale nursery to catch the new arrivals playing off the beach. ...Oh well, that ***was*** a mistake.

Personally I found the conference an odd mix of vacillating between travelling in the "nothing new" comfort zone and getting stuck on the terrifying "I'm in trouble now" way too fast lane.

I was happy to see that nothing much has changed in the management of Status Epilepticus, and that the workshop on neurological sepsis could rouse me to only the merest flicker of interest in the "to CT or not to CT before the LP" debate.

On the other hand the MR Investigation of Epilepsy with PET SPECT and T1 and T2 imaging scared the living begoolies out of me. "As the resolution of magnetic resonance imaging continues to improve and the function of the structures we image is revealed by continually more sophisticated techniques, it is no longer adequate to use such terms as the 'parieto-occipital region' for grey matter cortical anatomy. Ideally the gyri involved by the pathological process should be precisely defined...." etc. Oh dear. Neuroanatomy here we go again.

However the genetic associations that have now been identified with precision between specific markers and differing kinds of channelopathies were an interesting addition to my Read Only Memory, and the literature on this may have extremely practical implications for the improving drug management of the Epilepsies.

There was also an excellent and practical presentation on Eclampsia, a topic well worth revisiting since most of us see it rarely. But the highlight was definitely the video quiz on Funny Turns In Children by Simon Harvey from Royal Childrens Hospital in Melbourne. A raiding of the units files has come up with an intriguing collection of odd twitches and turns that the audience was invited to categorise. This was challenging and amusing and educational all in one, and definitely a session that we all got something from.

Overall, it was worth the trouble to travel to. New material and revision of old material and a relief to know that when they actually try to come up with Class 1 evidence to support or disprove the current concepts of care in head Injuries, there isn't any worth a damn. It would appear that eye of toad, leg of newt medicine still has a place in these latter and declining days of the 20th century.

Next Winter Symposium:
Topic: Current Concepts in Paediatric Emergency Care.
Location: Christchurch New Zealand
Contact: amandak@wave.co.nz

Continued from page 4.

LETTER 2 1998
Dear Sir

Please find enclosed my 1998/99 Registration Fee. I have also enclosed a copy of a letter which accompanied my 1997/98 Registration Fee and which is self-explanatory. I have unfortunately not received a reply to this communication and my members again feel that the questionnaire is inadequate in its placement of the CMO role - most CMOs are permanent hospital or community based medical practitioners and are quite distinct from interns and RMOs.

There are very poor statistics on Career Medical Officers and the use of the Medical Labourforce Annual Survey, could - if it were properly framed for these medical practitioners - provide much needed information.

In its present form there is little incentive for CMOs to complete the questionnaire.

I would be very happy to have further discussion with you on this matter at a mutually convenient time.

John Egan

9th CMOA Meeting

18th June 1999 at Rozelle

Well, this was our first attempt to schedule a significant phone link up to save the long-distance commute for some of the regular crew. I must admit the result was a little weird, clustered around talking to a phone! Of course it was ex-president John Egan's birthday, so it was the least we could do, in keeping with our philosophy that doctors can and should have a life at all times, to try to let him spend it at home with the family. Many Happy Returns from all the gang, John.

Herewith—the main points in point form because there are a lot of them. Thanks to Gabrielle for managing to keep track during our usual spirited and diverse discussion.

AGENDA and MINUTES

1**. Opening and Welcome**
Physical Attendance:
Mary Webber, Rakesh Sachdev, Ron Strauss, Gabrielle duPreez-Wilkinson, Michael Boyd

2. Apologies
Steve Delprado, Jenny Machado, Kien Caoxuan

3. Minutes from last Meeting
Accepted as true and accurate record.

Moved by Mary Weber. Seconded by Gabrielle dPW

4. Phone Link up at 11am
Telepone Attendance:
John Egan, Cathy Hull, David Brock

5. Business Arising
The Hunting of the Snark - CMO's in NSW. The active hunt continues. We need names and contact numbers for all CMOs. When we find them, tell them about CPDP, PG Council, WebSite, CMOA contact information, NSW Award Update etc.

Rakesh will attempt to locate CMO's working in Psych (at least 12)

Single Page to send with survey information - use membership form for info as well as membership

The Award Situation - the survey, what we need to do:
… Relevant information to be included in survey, issues canvassed to include safe working hours, payment, professional indemnity, speaking out on issues, management review, other issues including training education study leave, paid leave for variety of issues, establishment of committees to review of CMO classification, automatic access to CMO Award.

Priorities
1. CMO Award access
2. Training and education, study leave
3. Establishment of committees for reclassification.
4. Paid leave for professional activities
5. Office support
6. Additional annual leave
7. Paid paternity leave,
8. Trade union training leave,
9. Phone access

Mixed feelings about CMO reclassification issues - balance between cost and experience will be difficult to achieve and enforce.

Negotiating team ? David to volunteer.

Update on CPDP
Application form for CPDP on Web Site today.
… Send out membership form and CPDP form with covering letter and then follow up with bulletin with reminder.
… 300 printed forms done.

… Paeds Advanced Life Support looking toward our Web Site.

6. General Business

CD Rom of Medical Directory of Australia (Professional version) costs about $450 - we need to buy.

7. Office Bearer's Report
Gabrielle reports on the situation in Qld:

SMO STUDY
184 funded SMO positions in Queensland Hospitals (Public). SMO/ CMOs are not considered in any workforce planning data to date, including AMWAC

SMO's found to be of similar age to FACEM colleagues —ie young and not retirable at present.

Survey of SMO's in Emergency Departments, Emergency Department Directors, FACEM trainees, relevant Medical Superintendents.

Twenty three of the larger hospitals have SMO's and all (bar one) want to keep SMO's as they are considered integral to the workforce.

78% OF SMO'S are interested in CME program (enter CMOA).

Charted (often unplanned) career path from rural practice to urban SMO's.
- ?impact on rural recruitment if discount SMO's

Reworked workforce info shows too many FACEM's within five years, although difficult to quantify.

Private hospitals have SMO's in Emergency Departments but many prefer to have FACEM's but can't find any.

FACEM trainees do not want to work nights and prefer South East Queensland. SMO's more flexible in attitudes generally.

UNION
Contact with SPSFQ (State Public Services Federation Queensland) - considered as positive venture - copy of award and interpretation manual (needs to be posted to David for our Web site)

ASMOFQ has case in Industrial Commission case- due in next few months for joint representation - most of their membership exists via free if AMA member.

PGMEC
Director has heard of CMOA and wishes to discuss MTRP recommendations and role of CMOA in facilitating this - WATCH THIS SPACE

EDUCATIONAL CONTACTS
Delphi Centre provides CME for Psych issues.

Queensland Rural Medical Support Agency provides lots of CME and is interested in us having a link to their site.

Australian College of Rural and Remote Medicine would consider link - they also provide excellent education.

RDAQ and ACRRM
Gabrielle attended annual conference in Roma last weekend and made lots of contacts telling them about CMOA

ACCRM grandfathering for Fellowship finishes at the end of this year.

FACRRM may soon be alternative for VR (VR may yet be abolished). Major criteria for award of FACRRM is five years service to rural or remote members - so many of our contacts may be eligible for FACRRM - we need to publicise

8. Correspondence
RMO's are still active in the Provider Number dispute - from Choong. Minister Woolrdige has not followed through on provisions for supervision in urban practice - new DIT letter writing campaign.

Craft group issue in AMA - advantageous for MMO's - philisophical differences with AMA. 10 or more members creates a craft group.

Advantages - regular publicity via ***Australian Medicine***. Disadvantages - limitation of AMA process to voice comments. Need to consider craft group status as an adjunctive therapy rather than a substitution. Evaluate our relationship with AMA then and the impact on independence

… Column to be written for next **Australian Medicine** about CMOA with regards education - volunteer Gabrielle

9. Meeting closed at Midday.

Continuing Professional Development Programme

The Royal College of Pathologists of Australasia

Since its inception, the CMOA has been looking for a way to provide CPDP that is both recognised, and suitable for our members. Now thanks to the assistance of the Royal College of Pathologists of Australasia, and much work done by John Egan and others, a suitable program is now available to us for a very reasonable cost.

All CMOA members will have received a registration form, but in case you're still wondering what it is all about and how it works, here are the details provided by the Royal College of Pathologists of Australasia.

What is CPDP?

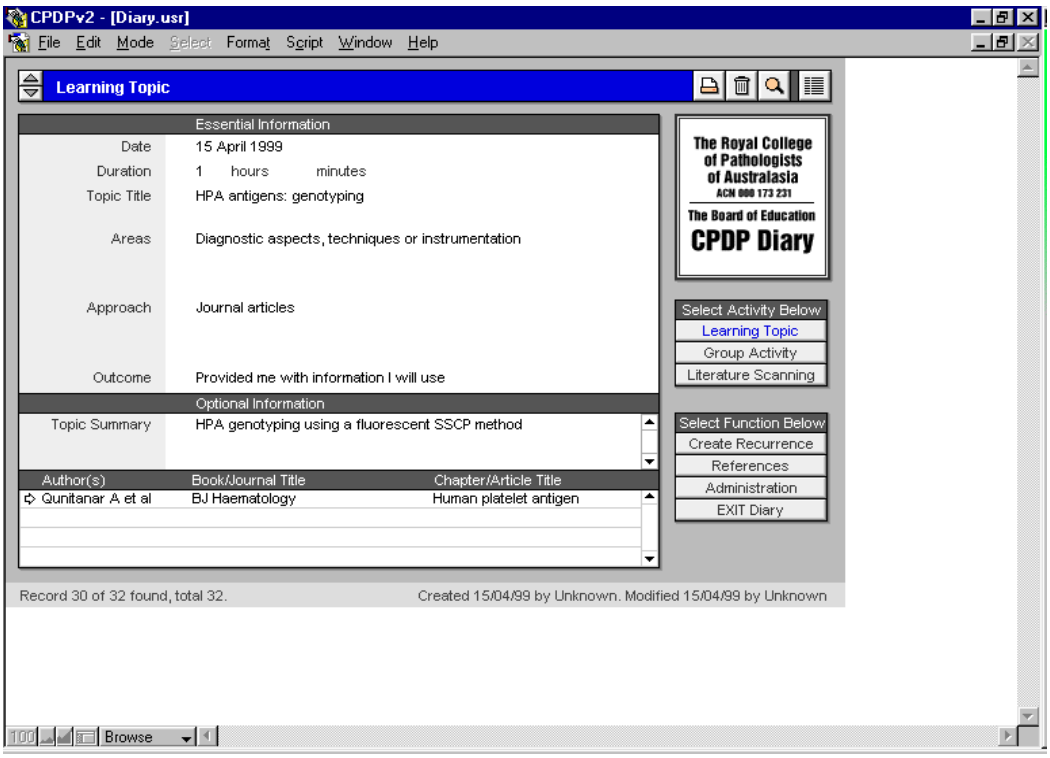
A self directed learning approach to documenting Continuing Medical Education.
A QA activity approved uner the Health Insurance Act, ensuring confidentiality.

Who can participate in CPDP?

Fellows, Affiliates and Trainees of the college. (31% of Fellowship are current participants.)
Now available to CMOs who are members of the CMOA.

What are the benefits of CPDP?

Learning is self directed. You control what, how, and when you learn.
Learning is stimulated by questions arising in everyday practice.
Concerned with quality, not quantity. You can judge the outcome of learning by the effect on your practice.
Recognises your individual learning interests and needs.
Provides an information management system - records, organises and reports on CME.
Provides feedback on your activities in comparison with your peers.



Learning Topic Screen

Why should you participate in CPDP?

To provide a comprehensive record of your continuing education.
CPDP will document your CME—you can choose to provide information which will enhance your career, reassure your patients, and inform medical indemnifiers.
Proof of CME is already required in UK/USA—it is inevitable here.
Starting CPDP now will benefit you then.

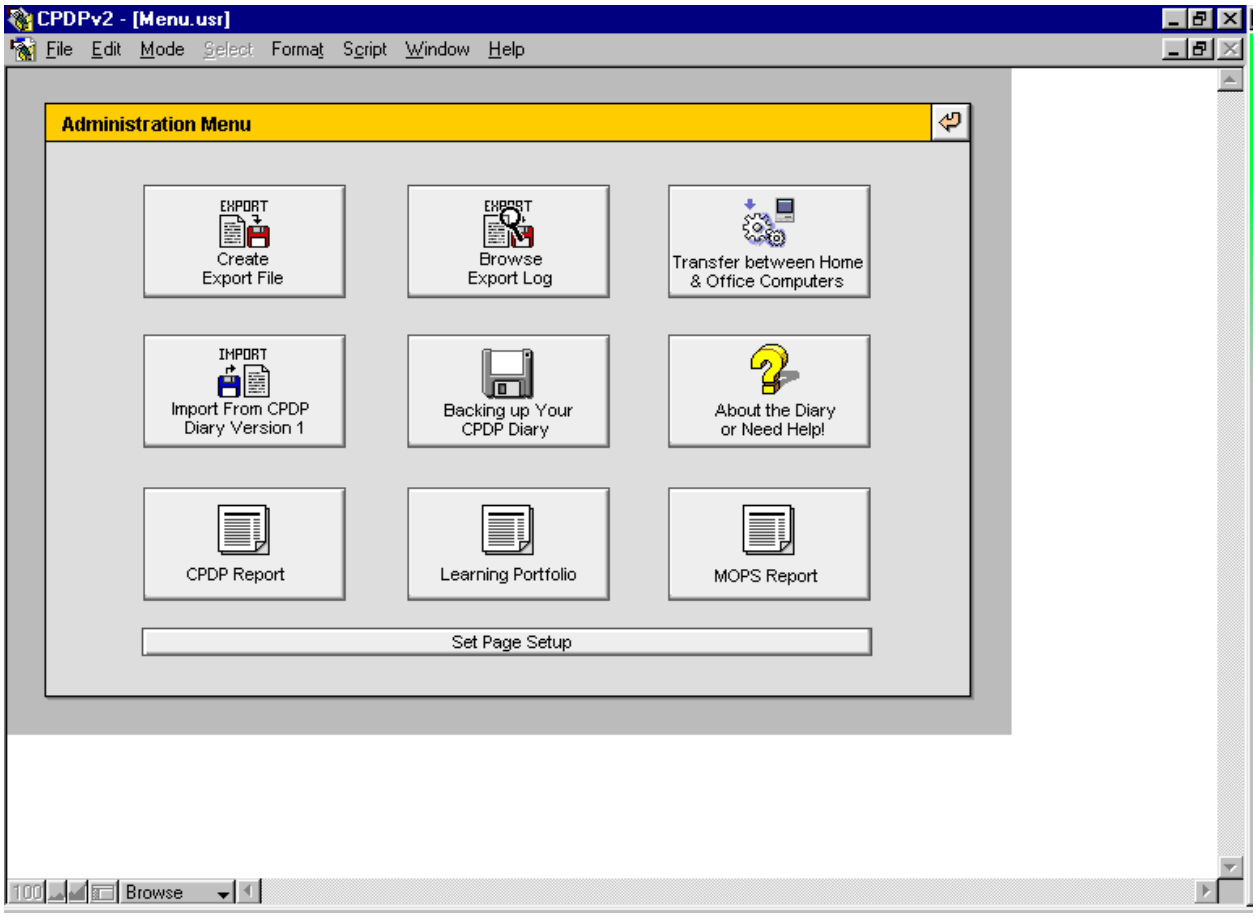
CPDP Diary Formats

Electronic—for Windows or Apple Macintosh.
Paper—A4 binder with loose leaf pages.

Key Features of Electronic Diary Version 2.

Can be installed on 2 computers, so you can enter activities at home or at work.
User friendly, streamlined format.
Short cut buttons for easy navigation.
Drop down menus for minimal text entry.
Generates reports on your learning activities
Includes a handy reference manager.
Easy search facility.
Simple installation.
Easy data transfer between computers.
Backup facility built in.
Submit your diary by disk or e-mail.
Simple administration.

Easy to use Administration Screen



CPDP continued.

Diary Layout

Learning Topic

A topic of interest arising from everyday professional activity.
An activity which requires you to update your knowledge.
An activity which stimulates enquiry - more than just a routing work activity.

Group activity

Attendance at meetings, conferences, seminars, workshops etc.
May stimulate further learning in the form of a learning topic.

Literature scanning

Recording journals/texts/articles which you have reviewed.
May stimulate further learning in the form of a learning topic.

References

A simple reference manager to record references, and link references to an activity.

The Reporting Process

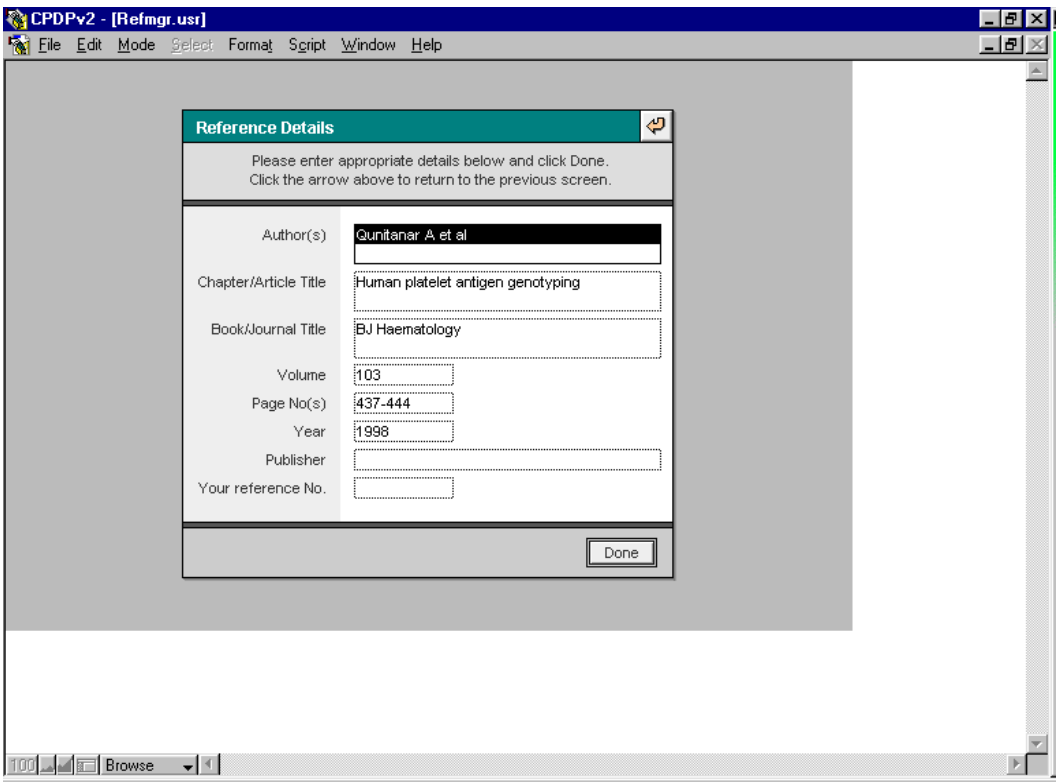
July and December, submit your data to RCPA. You receive, a certificate of partici pation, a transcript of your educational activities, and peer comparison data.

Future Plans

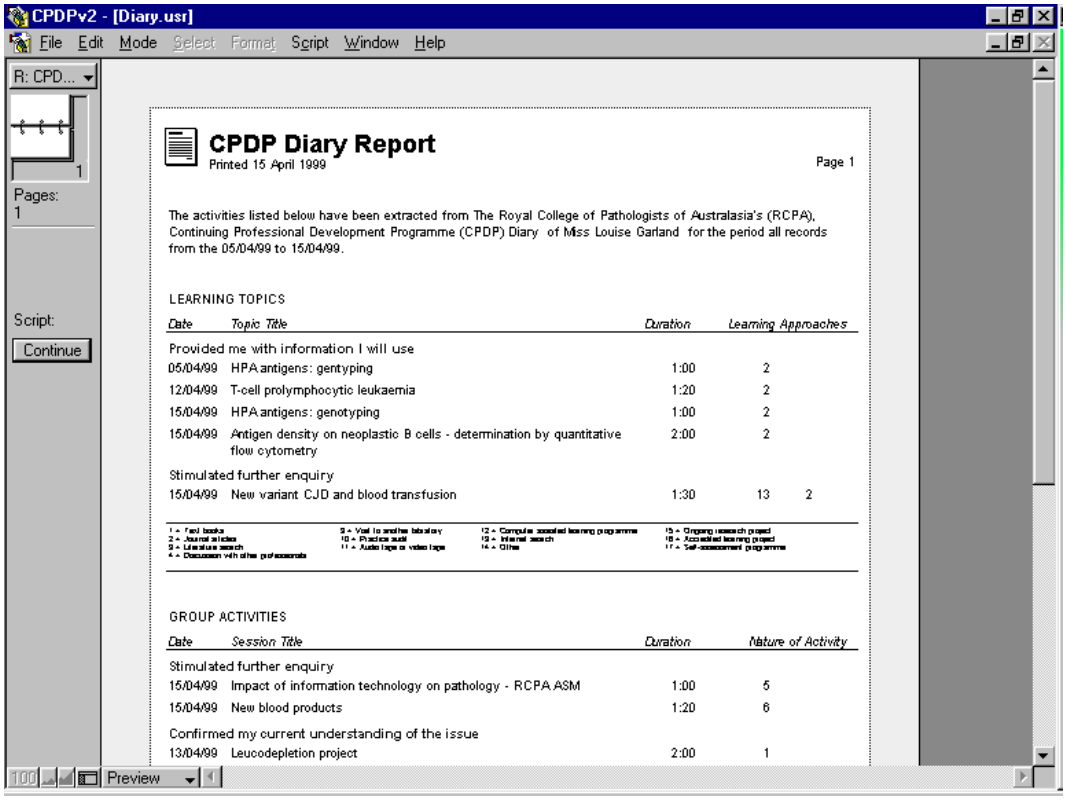
Adapt the Diary for hand held computers.
Review "hot topics"and learnign activities to help us prepare relevant educational programs.

How do you participate?

Complete the registration form, and forward to RCPA which your payment of $50.00. Please note that this is available to CMOA members only. Additional Registration forms and CMOA Membership applications available from CMOA Administration, PO Box 122 Macarthur Square 2560.

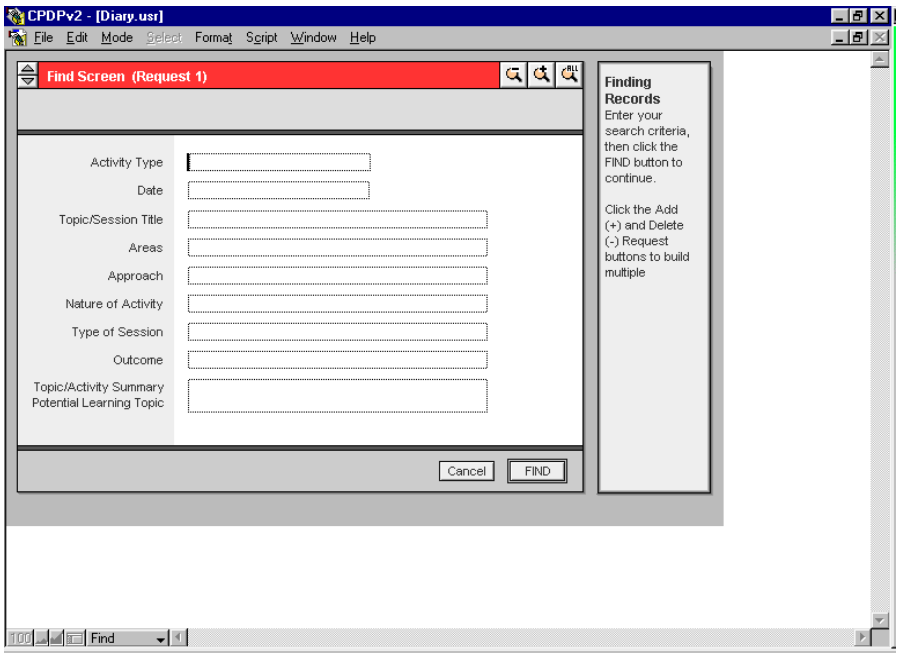


Keep track of references, and link them to Learning Topics.



Sample Report of CPDP activity.

You can search your database of records and references.



The Royal College of Pathologists of Australasia
A.C.N. 000 173 231

The Board of Education
Continuing Professional Development Programme (CPDP)

Certificate of Participation

This is to certify that

Professor Joe Bloggs

has participated in the Continuing Professional Development Programme of The Royal College of Pathologists of Australasia for the period 1 January to 31 December 1998.

President

Chairman, Board of Education

Date

Chairman, CPDP Subcommittee

Sample Certificate

Credits

Design & Typesetting:
Karyn at
Flying Colours Printing
(02) 4627 6400

Next CMOA Meeting:

Saturday 9th October

Coffs Harbour Base Hospital

I urge as many members as possible to attend this meeting. We need to put some concentrated effort into finalising what we want for the new Award. So why not come along and have a tax deductable weekend in beautiful Coffs Harbour.

Contact: Michael King

Accident & Emergency Dept
Coffs Harbour Base Hospital

02 6659 1599

ASMOF Survey

Those CMOA members who are also members of ASMOF will have received a survey recently canvassing opinions on the issues to be negotiated for the forthcoming award.

The closing date was **August 17th**, but its not too late.

If you have not yet sent in the survey, **please do it now.**

Negotiations have not yet commenced, and it is vital that the opinions of as many CMOs as possible are considered before ASMOF reaches a consolidated position.

Remember that we will have to live with this Award for a long time, so have your say NOW.

If you are not an ASMOF member, but there is something that you want included in the award, contact David Brock, CMOA Industrial Officer, via the CMOA Websiste.