

Meeting Report

Continued from Page 11

decided not to enrich the AMA with any more of our advertising budget. Otherwise we're coping. Memberships continue to rumble in. Money goes out with frugality. The Federal Government does not come forth with the hinted-at start-up grant. *(What a surprise - Ed)*

8. CMOA Website. Obviously, in such a far flung community, electronic communication is the way to go, and Peter Tait, from Goulburn, is putting up a CMOA Website, with *The Bulletin*, general information, and a host of useful medical links. So this will be your starting place when trying to figure out how to get onto Medline, etc. (This is now up and running, see the article elsewhere in this issue.) Congratulations and thanks are due to Peter, another CMO star moved by the spirit of 'can-do'.

9. Industrial Officer's Report - Murray pointed out that yet another report into the non-specialist medical workforce is about to be tabled, this time by the Federal Industrial Department of the AMA. He also mentioned that the AMA expects, in 4 years, a 400% rise in the numbers of CMOs in NSW and ACT. We also note the formation of a Medical Training Review Panel under the provisions of the Amendments

to the Health Insurance Act, and agree that CMO representation is a high priority objective for the organisation. Murray and Gabrielle will write to Michael Wooldridge to make our resources available to the panel.

Speaking of industrial issues, Garielle was able to report in person from the RMOs meeting at the Town Hall Sydney, held on the day of our own meeting, that 500 RMOs showed up and were unanimous in their calls for Michael Wooldridge to resign. A number of motions were passed, leading up to industrial action and stop-pages in the wake of the Minister's refusal to enter into a discussion with the doctors, or indeed to return their phone calls or answer their letters.

Finally and always we came back to the continuing question of who we are and where we're going. In discussion it continues to emerge that a strong sense of identity and one of inclusive community will be fundamental to our survival. We are not an orthodox medical gathering and we must continually seek to redefine ourselves in terms of flexibility and responsiveness.

9. Next meeting. Tuesday May 6th.

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Disclaimer

Important: Read This

The views expressed within this publication are those of the authors, who enjoy freedom of speech and use it regularly. They are therefore occasionally neither wise nor politically correct. Neither do they necessarily represent the view of the CMOA.

CMO - ACCIDENT AND EMERGENCY DEPARTMENT

MID WESTERN HEALTH SERVICE

ORANGE BASE HOSPITAL

Applications are invited for this position. A Career Medical Officer experienced in Accident and Emergency work is required to replace the present CMO who will be leaving in July. The Department does not have a Specialist Director and the CMO may be expected to undertake the role of Acting Director. The CMO will be required to assist the Director of the Intensive Care Unit in the running of the retrieval service which covers a wide area in western NSW.

The A&E Department has approximately 18,000 attendances per year, and the hospital employs 20 Resident Medical Officer Staff, most of whom will do a term in the Emergency Department.

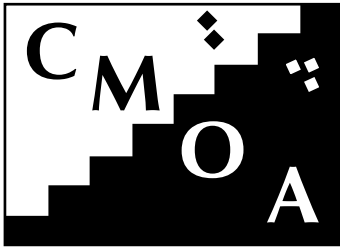
The Orange Base Hospital is a 200 bed acute general hospital providing specialist referral services for the District. Visiting medical staff include specialists in Internal Medicine (4),

Anaesthetics (7), Intensive Care (1), General Surgery (4), Orthopaedics (2), Urology (2), Paediatrics (2), O&G (3), Neurologists (2), and there are modern departments staffed by specialists in Pathology, Nuclear Medicine, Ultrasound and Rehabilitation.

Orange is a prosperous community of 34,000, situated 3.5 hours from Sydney and there is a broad range of cultural and sporting activities. There are excellent educational facilities, pre-school and kindergarten facilities.

For further information contact Dr Ron Speechley, Director of Medical Services on (063) 605 290. Written applications, including CV and the names and addresses of three referees should be forwarded to:

Dr Speechley
Orange Base Hospital
PO Box 319
Orange NSW 2800



CMO Bulletin

Newsletter of the Career Medical Officers Association Inc

April 1997

Volume 1 No 2

President's Address

Quo Vadis?

I hope everyone had a good Christmas and New Year. I went to Narooma on the South Coast for a week with the kids and the extended family and really enjoyed the break from letters, bills, patients and—my current task-master—building. It's hard to get back into the swing, but there's lots of work to do and many exciting developments on the CMO scene.

First I think it's worth re-capping what has been achieved to date:

- We have, up and running, an Association *for* CMOs that is *managed by* CMOs.
- We have a hard-working committee that is looking at and discussing all those issues that either presently affect you or will in the near future.
- We have two submissions currently before the Commonwealth Department of Health and Family Services—one for start-up money for the CMOA, one for a pilot study of CMOs in critical care.
- We have a quarterly magazine of good quality, CMO-related and of excellent presentation—thanks to Mary G T and the crew at Flying Colours Printing).
- We have notified all the the Medical Colleges of our presence and requested support for Career Medical Officer education. Response to date has been positive and supportive.
- We have, thanks to "Webmaster" Peter Tait, our own Web Site on the Internet.
- Although predominantly in NSW at present, we have established contacts in other states and located some hard workers (especially in QLD) who are spreading the CMO message.

Not bad for three months!

Although it is gratifying to see what has been achieved in a relatively short space of time, there are still some very important issues that need to be addressed. The difficulty now may be that we attempt to do too much too soon. We should consolidate and *hasten slowly*. Our logo shows a step-wise progression and, at the moment, that should be our guide.

The pressing issues are:

1. *A Sense of Direction for Career Medical Officers.*

We are a disparate group—a quality that gives us both strength and at the same time makes us vulnerable. To tie in the various groups from emergency medicine to developmental disability, from forensics to psychiatry will be a serious challenge. The end result of such a process should be a maintenance (and perhaps even an improvement) in the flexibility of career choice that has been a hallmark of the CMO role and the envy of many of our specialist and GP colleagues.

2. *Education*

This is something about which all of us will have some opinion, and some of us will have strong opinions. It is the one major factor that distinguishes us from our peers in the Colleges—including the College of General Practice—they have a program of education for their members. We don't. The reasons are obvious—we have not until recently thought of ourselves as a distinct group with distinct requirements, and we have almost universally been used as *service* providers, a kind of medical subcontractors, able to fill in wherever required. The education we acquired was generally at our own expense, in our own

Continued on Page 2

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Inside This Issue...

Editorial	3
The Health Insurance Act Amendments	
Part 1: Summary	6
Part 2: A Response	8
Part 3: The Campaign	9
CMO Education	4
CMOA Website	10
ASMOF & CMOs	10
6th ICEM Report	5
Summary of 2nd meeting of CMOA	11