



# AUSTRALASIAN SOCIETY OF CAREER MEDICAL OFFICERS

MAY 2011 NEWSLETTER

*Education, Jobs, the EPA and all that...*

Hello and welcome to our new members, and a big thank you to all our stalwarts!

ASCMO has had a busy few months, starting with the fantastic educational event held at Macquarie University - our journal will have a fuller report but the event was well attended, had some fantastic learning opportunities and showcased some of the capability that ASAM (Australian School of Advanced Medicine) has to offer post graduate doctors. Whilst crossing over with such programmes as the HSP in NSW and the Rural Generalist pathway in Queensland, the Masters of Medical Practice offers a university based course that integrates with a generalist pathway for hospital based medicine.

In NSW the HSP is really starting to flourish, with top quality education being provided to many who find it otherwise difficult to attend or approach and is receiving good reviews from participants.

We are developing links with ACCRRM to provide alternate pathways to a generalist career for the CMO. Some of our members are trialling the alternate pathway to see how much crossover exists between the ACCRRM generalist and the CMO.

In other educational news, the Australian College of Emergency Medicine is now trialling a certificate programme - although what level of education this will provide and

what ties to the College will be required are not clear.

The Hospitalist project in NSW is still being developed and we have been told that a decision regards the university tender for Hospitalist training is not too far away.

And it is reported that Victoria is providing funding for a rural generalist pathway.

It is gratifying to see that hospital based high level generalist medicine is being accepted as a necessary part of doctoring and that training pathways are being developed. Mind you, none of this could have happened without guys like you demonstrating daily the usefulness of such an approach by providing quality care that is efficient and timely.

We have some difficulties still to face. Bills are paid by dollars and bean counters seem to hold the belief that any doctor has the same skillset as any other (ie cheaper) doctor. Specialties have countered this by limiting what they do and defining their roles in expert terminology, thus defining a 'scope of practice'. The generalist, who may work across several specialty fields, finds this both limiting and undesirable. Defining what we do and how we do it is thus central to our ability to define and generate CMO jobs.

The concept of the EPA (Entrustable Professional Activity) is being used to

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define parts of the HSP training. These can be part of the learning matrix that an individual doctor has for the year or can be part of a job training module or could conceivably be part of a job description.


It would be worth thinking about which parts of your current job might involve an EPA since the EPA may be the clue to being able to demonstrate that it is worth a hospital's resources to employ an experienced medico rather than a 'just out' - sounds ridiculous but it is the reality of the places in which we work. In addition it will become increasingly obvious that the system requires access to senior medicos in order to train the greater numbers of new arrivals. CMO's are well placed to perform at least part of this training.

You will see from Ross's report that the award in NSW is due for renewal. While we are trying to create a space in which the unions can negotiate some claims it is fair to say that the current negotiating climate is not strong. What is clear is that the ability to demonstrate a clear career pathway is part of having a strong industrial base.

Also attached is Ross's report about the SIMTOX course, a voucher that allows a discount to the 2011 SSEM, to be held in Launceston, as well as the chance for a scholarship admission for a wordy CMO!

Cheers for now, see you on ASCMOtalk,

Michael Boyd  
*President ASCMO*



The PHEMC Committee is pleased to  
announce that there will be a  
Scholarship available for  
Free Registration to SSEM 2011!

to register:

- Write in less than 500 words  
"Reflections on Emergency Medicine"
- Applications must be sent to Denby at:

[denby@conferencemagic.com.au](mailto:denby@conferencemagic.com.au)

- Applications close 30 June 2011

(See SSEM application details below)

## Industrial Update for NSW CMO Award March 2011

The current award ends in July this year. The two unions that cover CMOs, ASMOF NSW (NSW Branch of the Australian Salaried Medical Officers Federation) and HSU (Health Services Union) met with NSW Health late last year to start negotiations.

HSU has since applied to the Industrial Commission for a 6% per annum increase for 4 years but there is no mention of conditions. The 24% over 4 years is part of HSU's claim for other employees of NSW Health it covers. HSU now has a medical officers section and they publish newsletters and video bulletins <http://www.hsu.asn.au/Default.aspx?pid=MEDICALO1668>

ASMOF is looking at entitlements such as education and conference leave that are existing parts of the CMO Award but have been very difficult to access in some area health services with CMOs being given various reasons or just not being paid or having expenses refunded. With the transition to LHNs, there will be more employers of the CMOs. For more information visit <http://www.asmofnsw.org.au/announcements/2011-wage-negotiations-update>

ASMOF would like to hear from CMOs about this and other issues that affect their workplace that could be addressed in the award negotiations. One could be an allowance for teaching and supervising medical students and junior medical officers. CMOs could be asked to provide workplace-based assessments of JMOs and other doctors as part of registration requirements. Recognition of a higher grade of senior hospitalist or senior hospital medical officer has been on and off with NSW Health and could be included in negotiations.

As all the new medical graduates move through from new and enlarged medical schools, there may be pressure to replace CMOs with PGY 3 and above medical officers on the RMO Award. There may be a need for more generous termination and redundancy packages for CMOs who may be asked to move on. This is especially relevant for CMOs who do not have vocational registration and will not be able to access VR rates of Medicare rebates in urban general practice. There could be problems for JMOs and displaced CMOs who could be competing for places in GP training.

If you are a member already of ASMOF or HSU, please contact their staff and discuss your concerns and ideas.

Michael Boyd and I will be meeting with Bob Morgan from ASMOF in the next few weeks. If you would like to be present, please let me know at [riwhite@nsccaahs.health.nsw.gov.au](mailto:riwhite@nsccaahs.health.nsw.gov.au). If you are unable to attend, please email me any matters that you want raised.

Ross White  
Industrial Officer and Vice President, ASCMO

*Since this was penned ASMOF has presented a log of claims to the department as the first step in the negotiation process .... and the government seems intent on changing the playground rules for all - so watch this space!!!*

# REGISTRATION DETAILS FOR SSEM

## Country Club, Launceston, Tasmania.

27th - 30th September 2011

*Accommodation booking form is on the website already for those people who are organised.*

*We will also have an early bird incentive prize of 2 night's accommodation at another Pure Tasmania regional property to add to someone's trip.*

You can still register online and then choose whichever method suits at the end of the registration process.

### Credit Card Payments - Visa & MasterCard

If paying by Credit Card, your statement will show a debit for this registration to PHEMC.

### Cheque Payment Instructions

Cheques must be in Australian dollars and free of all charges. Cheques are to be made payable to 'PHEMC Inc.' and sent to:

7 Fiona Road, Beecroft NSW 2119

Please attach a copy of this invoice to your cheque write your confirmation number and surname on the reverse side.

### EFT and Direct Deposit Payment Instructions

Please deposit funds into the following account to enable confirmation of your registration:

Bank/Institution: St. George

Account Name: PHEMC Inc.

Bank BSB: 112 879

Account Number: 067174751

Reference: Confirmation number (eg: 68NDBQC4BZU) and the registrants Surname

**Denby Collinge**

**Conference Manager**

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# SimTox 2011

I was one of 24 participants at the first SimTox course on toxicological emergencies held at the Sydney Clinical Skills and Simulation at RNSH on 14-15 April. The faculty were Emergency Physician Toxicologists from WA and Sydney. It covered common and life threatening toxicology situations and envenoming (spiders, snakes and marine).

The concept of risk assessment was emphasised in overdose – what and how much was taken and when, background health problems, and predicting what is likely to occur and when. The two screening tests in overdose are serum paracetamol and the ECG, mainly looking at the ECG for signs of arrhythmia and sodium channel blockade. Interventions are planned as complications become evident but before it all goes pear-shaped. If there are ECG and clinical signs of sodium channel blockade with one or more of the many drugs that can cause sodium channel blockade, hyperventilation and alkalinisation with IV sodium bicarbonate, often in large amounts, until ECG changes start to head towards normal.

In risk assessment in envenomation, working out the likely culprit from location and initial clinical picture, and when an effective bandage was applied are important.

There were very good simulation exercises in adult and paediatric poisonings and envenomings. There were a couple of fairly short lectures to the whole group and several discussion sessions in small groups with two of the faculty. It was all very interactive and the audience was welcome to present their own cases.

The participants all thought this was one of the best courses they had attended with its friendly and knowledgeable faculty, cases from real clinical presentations, and the encouragement for all to join in.

Ross White

