





# CMO Bulletin

Newsletter of the Career Medical Officers Association Inc

January 2000

www.cmoa@ican.net.au

Vol 3 Number 3

## A Time to Review

Well, it's been a mixed year from the point of view of the CMO/SHO/MMOs, and after a fairly quiet start things have rumbled to a rather more interesting close.

As you know the CMOA came into existence in response to concerns about the Provider Number Legislation, which was thought to have industrial implications for us as a group. The report on the operation of the Legislation was/is due to be placed before Parliament under the Sunset Clause of Section 19AC of the Health Insurance Act by December 31 1999 and looks, from the whispers in the wind, to be confirmed. A mixed blessing since although the MTRP will probably continue to exist, theoretically providing us with a mainstream venue to voice our concerns, our place in the body is in fact slim to vanishing.

By dint of wrangling we secured a place on the Hospital Medical Officers Working Group, which seems to have staggered to an indecisive halt, and pleads lack of hard data with regard to PGY3 and beyond as the reason for its temporary demise. However, as the Millennium turns (had to get one reference in) the Australian Workforce Advisory Committee still hasn't delivered the report on, now what do they call it? The "Training Opportunities Working Group Survey". This will now be conducted in the early part of 2000 by phone, speaking to whom we are not exactly certain (PGY3 and beyond, we hope) and asking them we are not sure exactly what about how they're doing in their career plans. Presumably this will then identify whether there are a significant number of potential CMOs out there, which will allow the Hospital Medical Officers Working Group to decide whether they need to formulate anything resem-

bling an actual plan for them, or whether CMOs are a group "best managed on the local level".

If this seems to you a little indecisive and dilatory, then you would not be alone in that impression. The only directly CMO-related decision that seems to have emerged from the MTRP is the astonishing direction that PGY3 and beyond should be under the jurisdiction of the Post Graduate Medical Council (a group that are about as enthused about the prospect as we are). Moreover, I seem to remember the HMO group meeting I was at deciding that this was an unworkable proposition.... On due consideration, I wonder whether this might be a blessing in disguise and bring us further into the light as a group for which planning is required, should we be able to participate in the process.

On other fronts, you had the chance to be grandfathered into the Australian College of Rural and Remote Medicine if you had five years in the bush, a likely-looking CV and had applied before the end of the year.

The Medical Board of NSW continues to receive encouragement from us to consider CMOs as a category in their own right, instead of allocating us to the ranks of hospital registrars.

After a considerable amount of work by John Egan, we finally have a place on the CPDP database and a format for documenting continuing education of our own, that applies across boundaries of field, location, and type of work. Now it remains to us to take up this opportunity and make it work. I cannot emphasise enough that we must be self-starters in this regard. There are still those out there in the medical

### Inside This Issue...

Continuing Medical Education: The Next Frontier	3
Provider Number Legislation Update	4
Advanced Paediatric Life Support Course	6
CMO Award	7
Evidence Based Medicine	8
Report 10th Meeting	10
Report 11th Meeting	11
ASEM Offer	12

*Continued on page 2*