

The Victorian Medical Women's Society

Founded 1896

Newsletter Volume 3, Issue 4

October 2005

President's Report



It's hard to believe this is the last newsletter of the year and that the AGM is not far around the corner – scheduled for Monday November 21st at University House, University of Melbourne. Our Guest Speaker will be Associate Professor Susan Sawyer speaking on contemporary issue in adolescent health. As we want to be well prepared for the AGM this year, this newsletter contains the Agenda as well as last year's minutes and Nomination forms for Committee members.

We also have a number of things to report from AFMW, as a council and General Meeting were held in Canberra on 10th – 11th September 2005. Importantly, there have been constitutional changes and this is discussed in detail below.

Another thing on display in this newsletter is our new membership form and you can be expecting a revised renewal form in the New Year. There is also an argument for a fee increase – both to AFMW and to VMWS. All of this is ground work so you are all informed of what is going on before our AGM

In addition, we have had two VMWS meetings since the last newsletter – Dr Stella Healy on new cervical screening guidelines and Dr. Siobahn Bourke on her experiences working in emergency relief medicine with the Red Cross. The reports on these evenings are also detailed elsewhere.

There remain a lot of issues relevant to the membership around at the moment, and we are endeavoring to include these in increasing detail in the Newsletters. There are quite a few interesting projects around – waiting to happen for VMWS and underway with AFMW. If you are interested in being involved, please contact the Secretariat. In addition, with AGM time comes 'election of the committee'- time. Enthusiastic and dedicated VMWS members run the Committee, but we really could do with help – many hands after all make light work and we are all volunteers. The Committee meetings are every other month Mondays at 8pm and lately we have been meeting at the Lyceum Club. There are lots of interesting things happening locally, federally and internationally, and this is one way to become involved. Please think about nominating!

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Notice of AGM
21st November, 2005
University House
University of Melbourne
Parkville
7:30pm

\$45: dinner & drinks
RSVP: 9419 4644 by 14th Nov

Speaker: Assoc. Prof Susan Sawyer
Current Issues in Adolescent Health

See page 11 for proposed motions.
See page 13 for nomination forms for office bearers.

Women on Boards Seminars



Women on Boards is holding seminars in capital cities in the later half of 2005 in conjunction with several corporate partners. The seminars will feature the presentation of our latest research on target boards for women in the not-for-profit, sports, arts, corporate and rural sectors. Attendees will also enjoy a session on 'networking yourself onto a board' and hear from some of our top company directors.

6 October 2005, 6.00pm - 8.30pm
\$55 per participant
Ernst & Young: 120 Collins Street,
Melbourne

www.womenonboards.org.au/events/seminars/index.htm



The First World Congress on Gender-Specific Medicine

"A New View of the Biology of Gender Differences and Aging"
February 23-26, 2006 Berlin, Germany
www.gendermedicine.com



The Government's Industrial Relations Agenda: What are the Implications for Women?

Representatives of 64 national women's organisations met in Canberra in July to discuss the proposed changes to the industrial relations laws and the income support payments and examined their impact on women. These organisations represent a broad cross-section of women's organisations, concerned about the potential for disadvantage to women and their families from potential IR legislative changes.

The key concerns raised were:

- Women may well have less income security, lesser work stability;
- Women have a greater reliance on award rates of pay, penalty rates and other award based conditions and so will be disproportionately affected;
- Women generally have a lower capacity to engage in workplace negotiations and will be disproportionately affected with lower standards of living;
- Newstart and other allowances under associated income support programs do not recognise the role of women with school age children and the impact the changes will have on their ability to undertake work;
- Existing mechanisms to assist people move from welfare to work will not be able to cope with the increased demand as people's rights to income support diminish and so many will be left without sufficient income to look after their children or themselves if disabled; and
- It will be harder under the new rules for sole parents or disabled women to undertake study and so improve their economic wellbeing.

The organisers of the forum in Canberra have now forwarded the recommendations to the Prime Minister and other relevant ministers. Fear was expressed that the changes, without adequate safeguards, may increase the level of poverty in the community amongst its most vulnerable members.

Emphasizing the intentions of the group Marie Coleman states, "We wish to contribute to policy formation, monitoring and review to ensure that women and families are protected and we are also committed to ensuring that women are well informed of the impact of any changes upon them".

Contact Ms Marie Coleman: 0414 483 067
National Foundation for Australian Women



The recent AIRC test case: the WEL response

www.wel.org.au



"The Women's Electoral Lobby (WEL) has welcomed the latest test-case decision by the AIRC but challenged the government to respect and implement it as it will back up the rights of employed parents to ask for time off to manage family/work balance. However, WEL is worried that the historic decision may become just that because the changes proposed by the Government will take away the power of the Australian Industrial Relations Commission to hear such national test cases. Women workers depend on such mechanisms to achieve the workplace arrangements that they need because they lack bargaining power

'The AIRC decision recognises the difficulties that women have negotiating hours with employers, as they know about power differences. So their decision validates our anxieties about assuming that relatively powerless workers will not get a good deal. It is not very radical to encourage women to ask for part time work till their child starts school, a second year of unpaid leave and fathers to ask for more paternity leave. It is long overdue' said Eva Cox."

Men Behaving Badly

The recent very public fall from grace of John Brogden, ex-leader of the NSW Liberal party, had raised some very interesting questions about the nature of political power and public behaviour.



The press is focusing on the theme that Mr Brogden's resignation was orchestrated by a power-hungry, Machiavellian faction of the party, who intentionally leaked his comments and actions at a political function. His subsequent attempted self-harm has made further criticism of his behaviour profoundly unpalatable and the guns are now

firmly pointed at those who 'brought about' his political downfall.

What is interesting about all public comment is the lack of critique about his behaviour. A thirty-five year old married man leading a party that claims strong church support and a focus on family values, makes both a racist slur and sexual harasses two journalists at a public function – all in a few short hours. What on earth was the man thinking? One wonders why Mr Brogden felt above the common standards of decent behaviour. He and his family deserve their privacy at this stage to get through what is an obviously difficult time, but our committee feels that his forced resignation is justified on moral grounds alone, regardless of the working of the political machine.

The Victorian Women's Trust: funding opportunities



www.vwt.org.au/grants

Over its nineteen-year life, the Victorian Women's Trust has given out over two million dollars, across more than 300 projects, all through our own fundraising effort. At present, the Trust is focusing its grant making on the continuing disadvantage and discrimination faced by women.

The Trust has one granting round per year, commencing in late January, with applications due in early March. To join the list to receive the granting guidelines when they become available, email vwt@vwt.org.au.



The Australian Women's Archives Project

www.womenaustralia.info

The Australian Women's Archives Project is a joint project of the National Foundation for Australian Women and the History Department of the University of Melbourne.

The searchable-on-line Register of the Archives Project is an 'exciting, valuable and growing source' of biographical data about Australian women and their organizations, with hyper-links to their web-sites, and to the archival repositories where their records are held. Individual women are profiled and listed alphabetically and by category, virtual exhibitions are held, and there is the opportunity for the NFAW to support women's groups in archiving their own records and raising funds for this purpose.

The Perils of Pokies



www.wire.org.au

WIRE has developed an information kit for older women, "The Perils of Pokies", alerting them to the early signs of a pokie or broader gambling problem. The kit is the end point of research carried out by WIRE in co-operation with the state government and many community based organisations, speaking with older women who had developed gambling problems.

'We are saying to [these] women...perhaps it's time to take stock,' researcher Dr Helen Kimberley said. 'And then we encourage them to reach out - either call WIRE on 1300 134 130 or call Gambler's Help on 1800 156 789 for information, help and support'. The kit is available from WIRE, and the project report can be downloaded from their website.

"One for the mummy, one for the daddy and one for the country" P Costello.

(Ed. come on ladies, do it for your country!)

"It's not for the lack of wanting kids"

www.ofw.facs.gov.au/publications

The decline in fertility in Australia and beyond is increasingly seen as a crisis. The total fertility rate is cited 'almost daily, like a procreative Dow Jones Index.

Prognostications and predictions of the likely impacts on all aspects of Australian life have become an industry'. While the figures are of concern to many, to others they are not. The decline is beyond doubt, while the cause remains a matter of great conjecture. What lies behind the statistics? "It's not for the lack of wanting kids ..." reports the findings of the Fertility Decision Making Project and provides an analysis of the aspirations,



expectations and ideals of Australians as related to the question of whether to have children, or not. It has aimed to 'put a human face to the numbers' and 'challenges some of the widely-held misconceptions, inappropriate assumptions and enduring myths that surround the topic of fertility decision-making'.

HREOC: Striking the Balance Discussion Paper

www.hreoc.gov.au/sex_discrimination/strikingbalance

Striking the Balance is a project launched by Sex Discrimination Commissioner Pru Goward earlier this year that aims to examine family responsibilities and paid work.

Women's increasing labour force participation rate and the ageing of the Australian population mean that the need to combine family responsibilities with paid employment is an increasingly important issue for a much greater proportion of the workforce.



Women continue to bear the greater burden of unpaid work at the same time as more men are expressing the desire for greater involvement with their children. There is also growing community awareness of the importance for children of active fathering and a concern about the future burden of caring given Australia's ageing population. Changes to the nature of employment, families' greater commitment to paid work and greater parenting expectations can make it more difficult to manage unpaid caring work. There has also been broad public discussion of the causes and implications of Australia's declining fertility rate. All of these issues reinforce the need for men and women, governments, employers and employees work together to assist families in Australia to strike a balance between their obligations to paid work, their families and households.

The Hajib and Defiance In Australia



The VMWS is deeply concerned about the growing public demonisation of Muslims in Australian society, particularly the recent focus on Muslim women and the hajib. There

have been increasingly rabid accusations against both young muslim men (witness the recent 'article' on Today Tonight, and check the scathing rebuttal that followed on the ABC's MediaWatch). Of more direct concern to us is the recent focus on the hajib as a symbol of 'defiance' by muslim women against 'Australia and our way of life'. This theme has been picked up by several government ministers and effectively legitimized by Prime Minister John Howard's failure to rebut the accusations in a timely manner. Many newspapers have editorialized in favour of viewing the hajib as a symbol of muslim (women's) failure to wish to become part of the 'mainstream'.

The hajib is an article of dress derived originally from Jewish headscarves worn by devout members of that religion. In both communities (and in many Christian denominations), it is worn as a symbol of modesty and respect in the presence of God. Regardless of one's views on it's implications for women's emancipation, the headscarf can hardly be described as rebellious in this context. It is one of many features of islamic cultural norms - conservative dress for both sexes, regular prayer, avoidance of alcohol and provision of charity. In a secular context, this public behaviour is generally encouraged!

Our community does not object to other objects of religious observance in our community - crucifixes as costume jewelry, jewish ear locks in Caulfield, Hare



Krishnas on Swanston St, the Dali Llama as religious celebrity. . Our 'way of life' condones public drunkenness, sexually suggestive dressing and public trading on days traditionally set aside for religious observance. At the same time, muslim men and women report being increasingly marginalized and victimized (as shown in the HREOC report released last year) despite a deep desire to become part of Australian society while enjoying the religious freedom that is enshrined in our constitution.



It is time for us to stand up against the insidious demonisation of muslims in our country. The assumption that observing Islam equates to supporting terrorism is a fallacy, and one our

politicians and press should be ashamed to have developed. We encourage our members to publicly denounce the smear campaign and support our Islamic sisters and brothers.

'Unisex Movement Emerging in Medicine'



The following article was originally printed in the July edition of VicDoc, the publication of AMA Victoria. It is reproduced here with their permission.

It would be easy to paraphrase the famous 1976 movie *Network* and say that Debbie Amott is mad as hell and isn't going to take it any more.

The Vice-president of Doctors In Training and Medical Women's Society representative on AMA Victoria Council says the real issues for women in medicine today are ones that are also being faced by their younger male colleagues, who see that medicine in the future needs to be different from the past.

According to Dr Amott, the days of early morning meetings, forty-eight hour shifts and seven-day working weeks are being consigned to history, and the new generation of male doctors tends to agree.

"Thankfully, the boys are finally waking up to the fact that they are not being served any better than women by the current system and are also complaining - this is a much more important step than us hairy legged feminists outlining the problem again....and again...and again..."

Dr Amott, a Surgical Registrar at Box Hill Hospital says family-unfriendly practices are a major structural impediment to women ascending the medical ladder, because early morning and late night meetings just don't fit with the demands on women (or men!) who care for children.

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Upcoming WIRE Seminars

All held at the Queen Victoria Women's Centre, Lonsdale Street, Melbourne



Standing up to teenage aggression
Building on your strengths as a parent to improve relationships with your adolescent children
Monday 17th October, 12:15 to 1:30pm

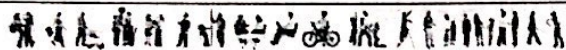
Making it through
Knowing your rights as a woman within the mental health system
Monday 22nd November, 12:15 to 1:30pm

But I've changed my mind, officer
When women want to drop charges against their abusive partner - how police apply the new Code of Practice to support women through the cycle of violence.
Date TBC December, 12:15 to 1:30pm

Federal and State Government News

Women's Access to Finance

The Women's Access to Finance Program, hosted by the Department of Innovation Industry and Regional Development, consists of seminars and workshops designed to assist women who are running their own business to better understand and access finance. Some of the subjects covered during the seminar include understanding debt and equity funding, perception of risk, selecting the right debt product for you, and alternatives for funding/support. For more information visit www.business.vic.gov.au.



Partnerships Against Domestic Violence

www.ofw.facs.gov.au

On Friday 1 July the Office for Women's Policy and the Australian Government's Office for Women co-hosted a seminar on the Commonwealth Government's Partnerships Against Domestic Violence program. The day featured an overview of the program and some of the projects funded through the partnership.



Presentations from a range of speakers from across Australia included the cost of domestic violence to the Australian economy (estimated to be \$8.1 billion), indigenous family violence programs, point of

contact intervention work with children and young people experiencing family violence, best practice in working with men who use violence; and peer education and support programs for young people.

Women in Australia 2004

www.ofw.facs.gov.au/publications

Follow the links to "Women in Australia"



The report recently published is based on statistical data from the ABS, and as such illustrates in concrete terms many of the social changes that we have all 'felt in our bones' for some time. The data provided in areas such as Health, Economic Resources and in examining Selected Population Groups (including indigenous australians, NESB populations and rural vs. urban populations) in a gender desegregated manner. This has emerged in recent times as being important in looking at health outcomes for women and men more accurately.

- | | |
|----------------------------|--------------------------------|
| Chapters are: | Population Characteristics |
| Working Life | Family and Living Arrangements |
| Health | Management and Decision Making |
| Economic Resources | Crime and Safety |
| Selected Population Groups | Education and Training |

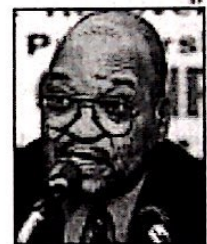


UN News: Virginty Testing and the 'War on AIDS'

www.mq.co.za
www.un.org

In South Africa earlier this year, new legislation ("The Children's Bill") was passed to outlaw, amongst other things, virginity testing for girl-children. This prompted a backlash from many regional politicians, arguing that this amounted to attacking their cultural practices.

Mr Jacob Zuma, South African Vice-President, has publicly stated that virginity testing strengthens traditional communities, and reinforces 'communal values, customs, traditions and culture'. He claims their breakdown contributes to the HIV pandemic, and thus has publicly stated that virginity testing would help curb the infection's spread. Mangosuthu Buthelezi, head of the Zulu Inkatha Freedom Party in South Africa, had criticised the South African parliament for failing to widely consult on the bill, arguing that the IFP would not have supported it with full knowledge of this inclusion, as it works against 'Zulu culture'. Sulaiman Madada, a Ugandan MP, has offered university scholarships for girls from his province who will undergo virginity testing, thereby linking sexual compliance with social acceptance and educational opportunity.



However, many human rights groups, and the UN, have come out decrying the practice as a violation of human rights and the dignity of women.

Virginity tests are unlikely to prove a realistic or useful HIV/AIDS prevention method, and may even be an obstacle for several reasons. They moralise the health issue of HIV/AIDS, stigmatising part of the community. They also encourage social stigmatisation of women who 'fail the test'. They encourage rape of 'proven' virgins, due to a widely held belief that having sex with a virgin cures AIDS. They are often inaccurate, and of course do nothing about HIV contracted during marriage or rape.



South Africa has one of the highest HIV infection rates in the world, and its leaders have been criticised for burying their heads in the sand about the HIV/AIDS pandemic, and for suggesting doubtful ways of tackling the virus, instead of tried and proven methods of preventing transmission. The South African government's official stance is against virginity testing, but it remains to be seen whether the ban will really be effective in preventing the practice given that the tests have received strong support from some of the country's leaders and are gaining in popularity.

Community snapshot of sexual and reproductive health services

www.whv.org.au

Women's Health Victoria have become aware recently of increasing evidence of restricted health services in certain areas of the state, particularly with regard to sexual and reproductive health, and are concerned about the impact of this on women. In order to better understand women's experiences of sexual and reproductive health services across Victoria, they have developed a Community Snapshot information collection tool. Results will be distributed state-wide and the results will be used to support their advocacy for equity in women's access to a range of sexual and reproductive health services across Victoria. Please download the form from their website and distribute it amongst your family, friends and networks.



Late Termination

Further media coverage is expected regarding the late termination of a pregnancy at RWH in 2000. Two months ago, the Supreme Court ruled against the express wishes of a patient and ordered The Royal Women's Hospital to provide the patients medical file to the Medical Practitioners Board.

The Royal Women's Hospital has now been granted leave to appeal the Supreme Court order. The appeal will be heard by the Court of Appeal of the Supreme Court,

however a date for the appeal hearing is yet to be set. The hospital welcomes the decision and look forward to presenting their argument before the Court of Appeal.

For further information, contact
Ms Alison Wark
alison.wark@rwh.org.au



IWDA: Where to for the Global Women's Movement ?

iwda

The speaker, Joanna Kerr, is the Executive Director of the Association for Women's Rights in Development, and an author of *The Future of Women's Rights: Global Visions and Strategies*.

Friday 4th Nov 2005, 10.30-12.30pm
Place: IWDA, 247 Flinders Lane, Melbourne.
Tickets: \$5.00 donation on door.
RSVP to Kathy Proctor at (03) 9650 5574

Coercion and Resistance: Women's Experience of Medicine Dr Jo Wainer, Senior Lecturer, Monash University

Jo delivered an intriguing talk to a group of VMWS members and friends earlier this year, focussing on research from her PhD thesis. This examined the relationship between the medical culture and women doctors, seeking to answer the question "What do women do with their feminine when they become doctors?"



Jo points out that introducing women into the culture of medicine has a substantial impact on the women, and also on medicine. Jo draws on some fascinating myths, and narratives from women doctors, to explore her topic. In one myth, Zeus turned the pregnant Metis into a fly and swallowed her. Metis then gave birth to their child, Athena, who sprang fully formed from Zeus' head. Prior to her 'birth from man', Metis whispered something to her daughter about how to sustain and protect the feminine.

Athena, who is the healing Greek goddess with a war-like disguise, was dressed in a cloak designed by her mother to survive the dark ages ahead of her. Drawing on myths, history, and narrative interviews with women doctors, Jo entwines stories of how and where women doctors diverse experiences of medical culture (such as army-like training, healing patients, holding authority, and making scientific knowledge) fit together in their daily lives as



doctors with Athena's own journey, and the burning of witches in the Inquisition. She stresses the potential importance of exploring such myths as they influence women doctors, wondering what Metis indeed whispered to her doctor daughter Athena, as the clue to what women do with their 'feminine' when they become doctors.

As women doctors are half the medical school cohort, and nearly a third of the medical workforce, there are serious, yet hopeful implications from this work for women entering and training in medicine, for good medical



practice, and for workforce planning. Jo takes these matters forward both in Australia and internationally. This year she took up her new role as inaugural Director of the Centre for Gender and Medicine in the Monash Faculty of Medicine, Nursing and Health Sciences, and remains Convenor of the Gender Working Party, Medicine Course Management Committee at Monash University. VMWS congratulate her on her PhD, and look forward to hearing more from her.

The Medical Student Aid Project – linking medical women across the world.



In light of the upcoming International Congress in Ghana in 2007, we would like to highlight the links that the VMWS and AFMW are able to help medical students establish with hospitals in this country, and suggest ways in which our colleagues are able to help those in countries with significantly limited health resources. One such method is to link into the Medical Student Aid project, established in

NSW and very keen to extend their assistance further.

The Medical Student Aid Project (MSAP) was established in 2001 by medical students at the University of NSW, in response to their experience during their electives at a hospital in southern Malawi. The group provides directed medical aid to hospitals in developing countries.



MSAP is entirely student administered and receives generous support from the UNSW Faculty of Medicine and the UNSW Foundation. All MSAP members volunteer their time and the university covers the administration costs. Their current patron is Dr Gaye Casper (well known to VMWS members). MSAP collects tax-deductible monetary donations from private and corporate sources, using this to purchase equipment and fund transportation. Donations of basic and specialised medical equipment are received primarily from Area Health Services in New South Wales. Other sources include private donors, such as retired doctors, medical companies and volunteer organisations.

The MSAP partner hospitals in 2001 were in Malawi, Samoa, Tonga and India. New relationships have subsequently been established in Ghana, the Solomon Islands and Bolivia. Each hospital provides their annual prioritised 'wish-list' of equipment and aid, and MSAP then seeks this during the next six months. Shipments are



timed to arrive when students are at the hospitals for their final year elective.

MSAP is active in international health education for other medical students through lectures, their "Developing World Health" night and contributions to student publications and broader campus events.

For further information, contact the group through UNSW.

Adventures in Medicine – One Member's Work for the Red Cross



Dr Siobhan Bourke presented her experiences in her work for the Red Cross in Gujarat and Niue over the past few years at our recent adventure dinner. Siobhan has had a long commitment with medical services to developing countries, particularly being involved in the rebuilding phase after the initial emergency response to disaster.

Gujarat was hit by a significant earthquake nine months before Siobhan arrived in the region. Her work was to establish 'child to child' education programs on dealing with common health problems (diarrhoea, immunization, responses to future earthquakes), and to help train and equip local traditional birth attendants.

Gujarat sits on a fault line and is routinely affected by earthquakes, so Siobhan made the point that setting in place mechanisms to deal with future natural disasters was an essential part of equipping the local community to meet its own health care needs. She also pointed out that western building techniques were particularly likely to fall over at a quake – but with a wry grin pointed out that the Red Cross rapidly rebuilt the essential community buildings – in western style.



Siobhan then moved on to work on the small Pacific island of Niue. This island sits in the tropics and is in the 'cyclone' zone. It was devastated by Cyclone Heta in 2004, with all major buildings (including the hospital), when massive waves washed over the island.



Siobhan's work was again, after the initial disaster response provided by the Australian armed forces. She provided GP services to the island, oversaw the re-establishment of routine medical services and had many anecdotes about the futility of maintaining patient confidentiality when

everyone's medical records need to be hung out to dry, the waiting room is ten plastic chairs outside a room with no glass in the windows and the ADF packs up their field hospital and flies out the morning you arrive.

Siobhan has gone on to work in sexual health in Melbourne, and has many acute insights into the political nature of health care across our country and the world. We would like to thank her for sharing these with us.

The WomenSpeak Network

The WomenSpeak Network is one of four networks of women's organisations funded by the Commonwealth Office for Women to work together to provide representative advice to the government on policy issues, development and implementation and to act as a conduit for the exchange of information between the Government and the women's sector.



The Network currently includes 33 women's organisations, with a combination of national and state based groups involved. They have decided to overtly maintain a public face of diversity rather than attempt for universal unity on all issues discussed. They also chose to adopt mechanisms that allow organisations and individuals to be involved only in the projects and activities that support their own work. The group is working hard to increase the participation of indigenous women; women with disabilities and women from culturally and linguistically diverse groups both within our network and within the women's sector.

At their most recent meeting, they identified their current policy priorities as:

Human Rights: the ratification of the optional protocol to CEDAW; implementation of the Millennium Development Goals; and continuing work around United Nations Security Council Resolution 1325 "Women, Peace and Security".

Health: maintenance of the universal, publicly funded healthcare system; development of more effective mental health services for women; and a vigilant defence of universal access to reproductive health care services.

Violence: support for a national strategy to combat violence against women, establish of a national reference group to support that strategy; and support for a community education campaign that instead of encouraging Australia just to 'say no' equips the community to know what to do if they know or suspect violence is occurring.

Young Women's Participation: Undertake research project on young women's recruitment, participation and leadership in community organizations.

More information about the principles, objectives or activities of the WomenSpeak Network is available from Erica Lewis on ygals@ywca.org.au or 02 6230 5150, or at www.ywca.org.au/WOMENSPEAK.HTM.

The Medal of the Order of Australia: Dr Ida Bell Brodrick

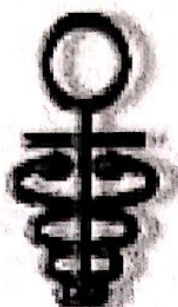
The VMWS would like to recognise the recent award to our member, Dr Ida Bell Brodrick. She received the OAM for 'service to the community through the administration of public health programs, particularly in the areas of maternal and child health'. Bell has been a very active member of the committee until recent times, and continues to attend meeting despite considerable health problems. Congratulations Bell!

President's Report Cont from p.1

Lastly, I will be off-line for a little while as my second child is due in November (though I still have delusions of getting to the AGM!). During this time, the Vice-President Dr. Deb Colville will be holding the fort. Deb has been working incredibly hard both for VMWS, particularly trying to sort out the endless Web-site dramas, as well as AFMW – she is now Secretary – and MWIA. Like all of the Office bearers, Deb will be presenting her report at the AGM – and I think it will be well worth hearing!

Until next year,

Desiree Yap



AFMW Constitutional Changes

At the AFMW Council Meeting held at the St George Hospital, Kogarah last April 2nd and 3rd 2005, the current AFMW Constitution was reviewed and Dr Casper (AFMW President and MWIA President) gave some background to the changes to the

constitution made in 2000. Under this Constitution, there are two-year terms for Office Bearers, i.e. the President, Treasurer, Vice President and Secretary. The President and Treasurer change one year, the Vice President and Secretary in the alternate years. Council comprises 14 State reps plus AFMW members who may hold positions in MWIA (Ex Officio). The Executive consists of the four office bearers and two councillors elected by Council. In view of increasing complexity with regard to business issues, political issues and projects in which AFMW is involved, it was suggested that the current constitution be reviewed to allow for adequate management of AFMW affairs, avoid entrenchment of ideas/ attitudes and to allow for removal on a Councillor if necessary.

The proposed changes were:

- Change term of office for all office bearers to three years. (Constitution 6c)
- All office bearers to change term in the same year. (Constitution 7d)
- All office bearers are eligible for re-election to the same position once. (Constitution 7f – New)
- The addition of three new councillors, namely a Rural Councillor, a Recent Graduate Councillor and the Immediate Past President. (Constitution 5a)

The Rural Councillor will be nominated by rural members and her duties will be to develop liaisons with the ACRRM, RDA and other groups such as GP Divisions and to represent issues of rural doctors to AFMW. A quarterly report to AFMW will be required.

The Recent Graduate Councillor should be no more than 7 years from graduation.

In addition, it was proposed but does not require constitutional change that the VP will function as president elect.

To change the constitution the AFMW Constitution 2000 states:

'This Constitution may be altered or amended at any General Meeting or at a Special General Meeting called for that purpose provided that particulars of the proposed alterations or amendments shall have been given to each Member Association not less than six weeks before the date of such meeting.

A two-thirds majority of those present and eligible to vote is necessary to change the Constitution.'

As it transpires, VMWS was not given 6 weeks notice of the proposed Constitutional changes nor of the AFMW General meeting held in Canberra on Saturday September 10th and hosted by the ACT and Region MWS. We were therefore unable to circulate the amendments nor the AFMW General Meeting details to the VMWS membership. For this AFMW has apologized, and whilst the changes were carried at this meeting, we plan on presenting them to the VMWS membership below with a view to discussion and endorsement at our VMWS Annual General Meeting November 21st 2005. A protest has been registered at the AFMW Council Meeting held the same weekend.

Proposed 2005 Constitution:

5. COUNCIL:

(a) The governing body of the federation shall be a council which shall consist of two members from each member association, appointed to the council by their member association, a rural councillor, a recent graduate councillor, who should be no more than 7 years from graduation and the immediate past president. The council is empowered to conduct all business of the association in accordance with the constitution.

7. ELECTION OF OFFICE-BEARERS:

Present office-bearers shall continue in office until the end of the Triennial meeting which follows the general meeting at which this constitution is adopted.

(a) Nominations for office-bearers, in writing, must reach the Honorary Secretary six weeks prior to the annual meeting of council. Nominations and accompanying statements shall be forwarded to member associations at least four weeks before the meeting at which the election will take place.

(b) Nominations can only be made by member associations, and must be accompanied by a brief statement and signed acceptance of nomination by the person proposed. To be eligible for nomination a member must have experience on council and be one of the two councillors from her member association for the period of her office.

(c) Election shall take place at the annual council meeting, by a ballot of two votes from each member association. In the case of a tied vote a second ballot will be held between the tied candidates. The President shall have a casting vote in the event of a second tie.

(d) All Office Bearers are to be elected in the same year.

(e) The Council shall have power to fill for the

remainder of the term any casual vacancy occurring among the office-bearers during their term of office. In order to reduce Auditing and accounting costs, it was also proposed to bring the AFMW's financial year in line with the standard financial year.

12. FINANCE:

(a) The financial year of the Federation shall be from the first day of July to the thirtieth day of June of the next year.

(b) Subscriptions. Until otherwise determined by Council each Member Association shall pay to the Federation in respect of each of its members as at the thirtieth of June of the preceding year the following dues:

1. An annual affiliation fee, the amount per member to be determined by the Council at its Annual Meeting of the preceding year.

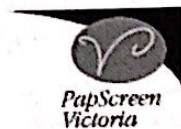
2. Such per capita levy as may be determined from time to time by the Council.

Each individual member shall pay an annual subscription, the amount of which shall be fixed by the Council for the following year at its annual meeting. Subscriptions shall be due on the first day of July each year.

The 2000 AFMW Constitution is available from the AFMW Website www.afmw.org.au and the VMWS Secretariat has hard copies available. Copies of these will be available at the VMWS AGM.

Cervical Screening Guidelines

Dr Stella Healey, VMWS member and senior staff member at the Victorian Cytology Service presented the new guidelines to a meeting of our members and



interested GPs in August this year. In short, women under thirty years with low-grade abnormalities will now be monitored by a follow up Pap test a year later. The recommended management for women over thirty years with a low-grade abnormality will depend on whether they have had a normal Pap test in the preceding two to three years. If they have had a recent normal Pap test, then they will be recommended to have a follow-up Pap test a year later. If they have not had a recent normal Pap test, then they will be offered either immediate colposcopy or a repeat Pap test within 6 months.

The new guidelines will not affect the majority of women having Pap smears, and indeed reduce the number of colposcopies recommended for low grade changes. Dr Healey and the Anti-Cancer Council reinforced the fact that the majority of women who develop cervical cancer do not have regular Pap smears,

Cont p.10

Cervical Screening Guidelines cont.

and discussed the decreasing rates of screening within the Victorian population in recent years. Despite ongoing enthusiastic uptake of BreastScreen, it seems that many

women do not consider themselves as the 'sort of woman' who gets cervical cancer. For a full set of the guidelines, check the NH&MRC website: www.nhmrc.gov.au/publications/files/wl39.pdf

Unisex Movement... Cont. from p.4

"What I would like to see is a change in the structures of medical training, because the childbearing years of late 20s and early 30s are also the years of the training programs. Somehow childbearing needs to be incorporated into that," she said.

According to Dr Amott, the potential for women to advance in medicine is unlimited, but it is stymied by structural difficulties, and the well-recognised subconscious desire of medical committee members to associate with people like themselves. "The majority of our committees within medicine are dominated by the fairly uniform perspective of the white



Anglo Saxon old man, which perhaps results in a bit of latent resistance to the presence of women on committees, rather than overt animosity from individuals," she said.

The culture in some areas of medicine is also an issue. "The 'balls to the walls' culture is something that young doctors are spending a lot of time complaining about. And there's an insidious whisper campaign in many city hospitals against women specialists that undermines junior women's ability to see themselves in these jobs, and isolates them from potential mentors," she said. This issue of inflexibility is also a big one that affects the lot of medical women, and Dr Amott claims there is a different culture between city and country. She says rural hospitals encourage all staff to enjoy a full life outside work, whereas city hospitals tend to have a more 'old school' approach to work patterns with long, inflexible and highly pressured hours.

"However, some colleges are doing a great job of introducing flexibility into training, such as the GP and O&G areas. But flexibility is a dirty word in the corridors of many others," she said.

Dr Amott said women tended not to take up positions of influence for many complex reasons. These may include lack of mentoring and role models, lack of time if they have family responsibilities, and lack of training in the logistics of leadership. She sees part of the solution to many problems for women in medicine is for there to be true equality of opportunity rather than 'equal treatment'. "I don't want to have to laugh at the boss's sexist jokes just because 'he tells them to the boys and they find them funny'!"

However, Dr Amott feels there is hope on the horizon, with AMA president Dr Mark Yates stating publicly that the AMA wants more women to be involved in leading the profession.



Changes to the AFMW Affiliation Fees

AFMW has been discussing the State affiliation fees and how much should be invoiced for the 2006 year. It was agreed that

\$25.00 per member be charged for 2005 with a review for another increase to follow pending further discussion with the States. This issue was further discussed this year. To facilitate the discussion, AFMW reviewed exactly what affiliation fees were used for. Clearly, informing members of where their fees were spent would be very helpful and would encourage States to positively consider a further increase in fees.

Over the years AFMW expenses have been greater than income. Increasing membership is part of the answer, however several costs are directly related to membership numbers.

AFMW membership numbers have been fairly stable at around 600 Australia-wide.

Costs calculated per member assuming Membership base of 600:

Executive meeting support	\$6.70
Stationary	\$1.00
AGM travel (2 reps per State)	\$10.00
AFMW Teleconference	\$1.17
Phone and PO Box	\$0.50
Insurance	\$2.50
MWIA Affiliation Fee	\$8.00
Total per member:	\$29.87

This does not include website or AFMW meeting catering expenses. In addition, it has previously been agreed that it is reasonable, given that running the organization is performed on a voluntary basis, that the AFMW would provide some financial support for the President and Secretary to attend either a regional or international meeting as well as having some capacity to support to another delegate, should they hold a MWIA position or should either the President or Secretary be unable to attend. Currently \$2000 per person is being offered for International MWIA meetings (which are Triennial) and \$1000 for Regional Meetings.

It was agreed we should support the AFMW President to the UN meetings in the form of a \$1000 travel grant. It is hoped that a combination of increasing Membership and Sponsorship will help contribute to AFMW funds. This issue will be discussed with the Membership at the VMWS AGM 2005.

Proposed changes for VMWS Subscriptions in 2006



The VMWS balance sheet for 2004/5 has been falling into the red despite the best efforts of the committee to demonstrate

responsible management, to encourage members to participate in the Society's functions and to pursue sponsorship.

Our in- and outgoings are roughly as follows: Membership dues paid by full members are currently \$60 pa. Of this:

- AFMW receives \$30 for each Full or Life member (see AFMW fee breakdown above)
- NCWV receives \$1
- Secretarial/Secretariat costs take \$12
- Newsletters (6 per year) cost \$15
- Functions cost roughly about \$25 pp for supper functions and \$100 pp for dinner functions.

This cost has been partially covered by VMWS and partially by attendees. Each function this year has run at a loss of about \$200-\$300, once the venue fee as well as the Guest Speaker's meal and flowers are included.

As you can see, many of these costs are fixed – particularly those needed to run the organization. These are only just met by your current subscription. It is likely secretarial costs will rise in the future but newsletter costs are reduced by our sponsorship from Australasian Vehicle Buying Service and by the increasing use of electronic mail.

Sponsorship from drug companies, with the changes in the code of practice for Pharmaceutical Companies, is difficult to obtain since we are not seen as a craft or power group and don't fit the preferred criteria. Some members on ethical grounds do not welcome Drug company sponsorship.

Catering for functions has been difficult over the past year or so, as members arrive at functions, to which they are welcome, but without indicating they will attend, or more problematically, when they RSVP saying they will attend but fail to do so (usually for excellent reasons). At the end of the function, VMWS is required to pay for the catering for all those who booked, whether they attended or not. Therefore the Committee proposes to change the membership fee structure for 2006. Attendance at all functions will incur no additional cost, with the possible exception of the AGM.

- The proposed membership fees are
- Full members \$140 pa
 - Retirees \$100 pa
 - Associate members (students) \$35
 - Rural members (address >100km from GPO) \$100
 - Gift membership \$100 (to encourage members to introduce friends or younger colleagues to VMWS)

We believe this gives good value for money since we have been offering 5 functions per year and hope it will encourage members to participate in the Society's affairs. For Student members, we aim to save some costs by contacting them only electronically, and we very much want to encourage their involvement with the organization. If you believe we are not offering the sort of function you wish to attend, please let us know and we will endeavour to offer some activities that will appeal. These changes will be proposed at the AGM but

comments or suggestions from members are, as always, very welcome.

Dr Sue Piper, Hon Treasurer
sue.piper@med.monash.edu.au

Stop Press

Desiree Yap has been nominated as President-Elect, and Deb Colville as Secretary, for the new AFMW Executive. They plan to fit their new roles into their ample spare time...

The Vera Scantelbury Brown Memorial Lecture

Professor Dorothy Scott
Monday 17th October
The Ella Latham Lecture Theatre
Royal Children's Hospital
Parkville

All members are invited to attend with their colleagues.

For further information, please contact Dr Merrilyn Mumane: (03) 9419 2560

Any Questions? Give us a call...

The Victorian Medical Women's Society
PO Box 202
East Melbourne
VIC 8002
Ph: (03) 9419 4644
Email: vic@afmw.org.au

Newsletter enquiries: dhamott@hotmail.com

The Victorian Medical Women's Society cordially invites you to:

The 2005 Annual General Meeting

Monday, November 21st, 2005

7:00pm

Dinner and drinks provided

Guest Speaker: Professor Susan Sawyer



Susan Sawyer is the Foundation Chair of Adolescent Health in the Department of Paediatrics at the University of Melbourne. This is the first chair of adolescent health in Australia and represents a new phase in the field's growth as an academic discipline. Professor Sawyer is director of the Centre for Adolescent Health at the Royal Children's Hospital. Her diverse research interests include a special focus on the interface between adolescent development and chronic illness. She is also prominently involved in the under- and postgraduate education in this field.

She will be speaking on recent developments in the field of Adolescent Medicine, and their different relationship with the medical profession compared to other patient groups.

\$45 all members

RSVP essential: (03) 9419 4644 by November 15th

University House
Tin Alley (off Swanston Street)
University of Melbourne
Parkville
Mel Ref: 43, G3



Victorian Medical Women's Society

PO Box 202
East Melbourne
VIC 8002
October 2005

Nomination Form: Committee Position

President
Secretary*
Social Secretary*
Newsletter Editor
AMA Representative

Vice-President
Treasurer*
Mentoring Co-ordinator*
Medical Student Representative*
General Committee Members

** Position being vacated by current committee member*

*Please remember, that an organisation is only feasible with a functioning committee.
We are terribly pleasant and generally cater rather nicely at the committee meetings,
and would be delighted to welcome new faces on to the committee.*

Your Name: Dr

I nominate Dr

For the position of

Your Signature:

Name of Nominee: Dr

I accept the nomination for the above position

Nominee Signature:

Please return to VMWS Secretariat, address above.



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Leadership for Medical Women

November 12-13th

Royal Australasian College of Surgeons
Spring Street, Melbourne

We are pleased to announce that all places for this course have been taken. The participants come from a broad range of craft groups, and at varying stages in their careers. The weekend should be a very productive and interesting one. We are also very gratified by the number of people who are keen to attend future courses (watch this space...)

We plan to run these, and would like you to give us any expressions of interest in attending, or in nominating a colleague that you feel would be suitable.

Please email Debbie Amott (Course Co-ordinator) at dhamott@hotmail.com with any enquiries.

**Victorian Medical Women's Society Meeting: Minutes
University House, University of Melbourne
7pm, Monday November 21st, 2005**

Present:

Apologies:

VMWS Deaths:

Previous Minutes:

Motion: That the previous minutes be accepted as a true record of proceedings.

Moved by:

Seconded by:

Business Arising:

President's Report: Dr Desiree Yap

Motions that the President's report be accepted:

Moved by:

Seconded by:

Vice-President's Report: Dr Deb Colville

1. AFMW

2. Web-site

3. E-mail correspondence

4. NCWV Representative

Motion to accept the Vice-President's report:

Moved by:

Seconded by:

Treasurer's Report: Dr Sue Piper

Motions:

1. That the audited financial statements for 2005 should be accepted.

Moved by:

Seconded by:

2. The auditor for the next financial year:

Moved by:

Seconded by:

3. Subscription rates:

Moved by:

Seconded by:

Secretary's Report: Dr Deborah Amott

1. Newsletter

2. Leadership course

3. Logo and Banner

4. Correspondance

Motion that the report be accepted:

Moved by:

Seconded by:

AMA Representative Report: Dr Kate Duncan

Motion that the report be accepted:

Moved by:

Seconded by:

Constance Stone Award: Professor Susan Sawyer

Honorary Life Membership Awards

Medical Student Award

Election of Office Bearers

Meeting Closed

The Victorian Medical Women's Society

Established 1896

"Celebrating our heritage, advancing our future"

to further the professional development of medical women by education, research and improvement of professional opportunities. It promotes the health and welfare of all Australians, particularly women and children.

Member Benefits

- * Free regular meetings including networking dinners, mentoring, guest speakers on topics of clinical or medico-social importance, and panel discussions.
- * Circulation of a quarterly newsletter.
- * Regular networking and mentoring opportunities.
- * Access to our internet site and details of further net resources.
- * Updates and representation of women on gendered socio-political issues, including advancing the status of women through the Australian Women's Coalition.

Affiliations

The Australian Federation of Medical Women (AFMW) www.afmw.org.au

The AFMW represents all the Medical Women's Societies of Australia. AFMW arranges conventions and conferences, and is currently focused on developing leadership skills in medical women. AFMW is linked with the Medical Women's International Association.

The Medical Women's International Association (MWIA) www.mwia.net

MWIA is involved with the United Nations as a Non-Government Organization (NGO). It maintains official working relations with the WHO, the UN Economic and Social Council, and UNICEF. MWIA provides its members with the opportunity to exchange ideas, medically and personally, with colleagues from other nations.

2006 Committee

Dr Desiree Yap	President
Dr Deb Colville	Vice-President
Dr Sarah Garner	Secretary
Dr Sue Piper	Treasurer
Dr Kate Duncan	AMA Representative
Dr Ranjani Ratnam	Social Secretary
Dr Debbie Amott	NL Editor, AMA representative
Dr Jan Coles	Research Liaison

Membership Application Form

In Sweden, over 30% of women belong to their national Medical Women's Society - Join VMWS today!

- *Full Membership \$60/year
- *Student Members \$20/year

Complete this form and mail along with a cheque or money order to:

VMWS Secretariat
PO Box 202
East Melbourne VIC 8002.
Phone: (03) 9419 4644
E-mail: vic@afmw.org.au

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____
Practice Address: _____

Craft group: _____
If student, anticipated year of graduation: _____

- I am happy to receive electronic VMWS correspondence.
- I am happy for other VMWS members to have access to my e-mail address.
- I am happy to receive electronic AFMW correspondence.
- I am happy for other AFMW members to have access to my e-mail address.