



PRESIDENT'S REPORT 2000

Over the last twelve months IMSANZ has made steady progress. During this time, the main project has been to put together a document entitled "The Status of General Medicine in Australia and New Zealand", a document which will act as a blueprint for progress in reestablishing General Medicine in Australasia. There has been excellent support from Gary Disher and Craig Patterson of the Health Policy Unit of the College, as well as the IMSANZ Council. We have attempted to have wide consultation on the document, and are grateful for the many helpful comments received. The final document is now available and will be distributed to appropriate groups and individuals widely within the healthcare delivery sector of society and beyond. The document has specific goals and targets.

There has been a solid buildup to the development of the main priority of the project, which is the facilitation of advanced training in General Medicine. This includes the rural Queensland and Victoria initiatives in developing comprehensive advanced training which is both more vocationally appropriate, and less likely to see advanced trainees changing career paths away from General Medicine in the course of advanced training.

We have recently surveyed advanced General Medicine trainees, and this has produced a lot of useful information on how IMSANZ can help advanced trainees. I have met with most NZ advanced trainees in the last twelve months, and we should aim to develop more personal contact with them, including focus on improving mentoring (felt nonetheless to be "good" by most trainees), in the future.

The number of advanced trainees presenting at IMSANZ meetings is steadily increasing as a likely indicator of better contact by IMSANZ with advanced trainees. We are also assisting them to attend meetings with reduced conference fees and other forms of financial support. Prizes offered on these occasions have been generous. We are hoping to establish an electronic linkup for all advanced trainees via the IMSANZ website in the near future. We plan to recruit 50 of the successful Part I exam candidates into General Medicine advanced training starting December 2000.

Another focus has and will be the issue of Consultant General Physician manpower. There is a major shortage of Generalists and trainees to provide appropriate Physician numbers especially in rural/provincial areas, but also in tertiary institutions, and to rectify this is a major aim of the "Status.." document.

The issues facing women in medicine has been superbly highlighted by Les Bolitho, and Philippa Poole, and there will be a forum on this at 5.30pm on 5 May 2000 at the RACP ASM. This is an area of potential gain for IMSANZ if we can respond to the requirements vocationally and for training that women graduates have. The number of female advanced trainees in General Medicine in NZ is particularly heartening.

IMSANZ has continued to hold successful scientific meetings, these being in Rotorua last August, in Manly last October, at Mt. Maunganui this March, and the current one in Adelaide. My thanks to Kingsley Logan, Denise Aitken, Michael Kennedy, and Mark Morton for their efforts in putting these meetings together. There has generally been a higher attendance by New Zealanders at Australian meetings than vice versa, though numbers are low both ways, and I would like to see more trans-Tasman exchange at these meetings. We are having our next meeting, the first ever combined off shore meeting, in Nadi Fiji, from 29 September to 1 October 2000. Be there!

We have been generously sponsored at past meetings in New Zealand, and have now looked at developing a more formal and enduring contact with potential sponsors.

We have continued to develop networking with other General Medicine groups globally, though there is much scope for expansion. Eileen Bass, a NZ advanced trainee went to Alicante to the second advanced trainee summer course there (ESIM), and I hope other advanced trainees will take the opportunity to attend future ESIM meetings. This is an excellent course for senior advanced trainees run by EFIM, and will enhance networking in General Medicine globally in the future. I went to EFIM in Florence last year and made many good contacts.

There is a proposed expansion of IMSANZ to incorporate a group of rural sub-specialists, many of whom practise some General Medicine, and I anticipate that this will go ahead.

We need to develop a higher profile as advisors to agencies and Government in areas where Generalists have strengths of knowledge and clinical experience, eg health needs of indigenous peoples, men's health. We have been invited to participate in an Australasian study of Gulf war veterans.

The IMSANZ Newsletter has been one of our real success stories, and my thanks to Peter Greenberg, Ramesh Nagappan, and Tom Thompson for their efforts. It has made a significant impact on the development of the culture of the group.

A major update on membership has been undertaken, with some helpful initiatives such as payment of subs via credit card, and more extensive networking through electronic means. Ties and t-shirts are a hot item. Les Bolitho has made a tremendous impact in the last twelve months with his rampant enthusiasm for the group, including great work on Relative Values issues, case discussions through electronic media, women in medicine, as mentioned, and encouraging the college to promote the development of computers in practice.

Many IMSANZ members have given their time to committees outside IMSANZ, thus spreading our influence, and to them I am grateful. Others have kept a close eye on specific developments, such as Ian Scott in the matter of Emergency Medicine, a topic which will be aired at this RACP meeting.

Michael Kennedy will take over as IMSANZ Honorary Secretary for the next twelve months, and I am grateful to him for this, and his other great efforts on behalf of IMSANZ. There are many members who have contributed in many ways to progress of the group, and we are in good spirits, and good heart.

I would particularly like to acknowledge the outstanding contribution made by Cherie McCune over the last twelve months.

Neil Graham,
President.