



## **PRESIDENT'S REPORT 2002**

This has been a challenging and invigorating year, with wide ranging activities involving significant time and energy. However, the outcome has been encouraging and I sincerely hope worth the effort in the longer term.

On behalf of **IMSANZ**, I have been involved in various College committees and activities, and also in the wider community and overseas.

The important role of the **Consultant Physician in General Internal Medicine** has been impressed on all contacts, including during meetings in related areas- eg Australian Association of Consultant Physicians, MOPS Review Committee, Rural Medicine Forums, and International delegations.

IMSANZ has been active in the **Specialties Board** Meetings addressing issues of training opportunities, and support for re-establishment/continuation of General Medical Units in Sydney, and other regions.

The election of A/Prof John Kolbe and I to the **Adult Medicine Division Committee** of the College has provided valuable opportunities to influence decisions and outcomes.

I have been involved with the RACP Victorian State Committee and the pilot scheme for selection of Advanced Trainees which will afford opportunities for advanced trainees in General Medicine to achieve training in selected specialty units.

The promotion of the important role of members of IMSANZ in the management of patients in hospital and community based medicine is an ongoing process. We have been working with the **RACP Health Policy Unit** to ensure IMSANZ is consulted in all areas affecting training, workforce and workplace issues.

The perception of General Medicine being "without a specialty" needs to be constantly resisted, with reinforcement of the **holistic** role of the management of the patient and involvement in the global issue affecting the often extended family unit. Expertise in multiple areas is difficult to comprehend for some of our "organ specific" colleagues, who need education on the continuing existence, and re- emergence, of General Medicine as a 'Specialty'.

There have been numerous committees, meetings and conferences, which have been attended by IMSANZ members. Ian Scott, and others, are involved with the Healthcare Collaborative initiatives. Michael Kennedy has established contact with the Greater Metropolitan Transition Taskforce in Sydney. I am sure there are other members involved with Federal and State Health authorities and it is important we continue to support their endeavours as a society. Consultation by the NSW Medical Board and other government bodies continues to enhance the role of IMSANZ in Australia and New Zealand.

Neil Graham and I represented IMSANZ as members of the international delegation assessing the Health Care System in the Lao PDR; visits to Nauru to provide physician services to the 32nd Pacific Island Forum provide a unique insight to some of the extensive medical problems of our Pacific Island neighbours; establishment of contact with the

International Society of Internal Medicine and attendance at the ICIM in Kyoto in May 2002; and continuing liaison with the European School of Internal Medicine and EFIM has provided invaluable opportunities to promote IMSANZ on the international medical scene.

I would like to welcome the new members on Council – A/Prof David Russell from Melbourne and A/Prof Thein Htut from Toowoomba. My thanks are extended to Dr Bob Lodge for his support and enthusiasm. I look forward to been able to include an Advanced Trainee on Council and receive their advice and perspectives.

Ms Lyn Abery, IMSANZ Secretariat, has provided valuable assistance during the year. She has been very tolerant of several moves within the RACP building and is now located in the Kent Street premises.

The increasing activities of IMSANZ have involved increased expenditure and the Council will need to ensure the finances of the society remain satisfactory. This may require an increase in the existing modest subscription rates.

The upgrade in the IMSANZ Newsletter, the outsourcing for printing and the increased distribution has incurred additional expenses, but this is offset by the increase in recognition by our colleagues and outside agencies.

I would like to thank the Executive and Council of IMSANZ on both sides of the Tasman for their support and tolerance of change and new ideas, which will hopefully ensure the long-term viability, vibrancy, and vitality of IMSANZ

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## IMSANZ Presidents Report 2001-2002

Council and Executive: Thanks – support and activity  
Meetings NZ,ASM,Teleconferences  
Portfolios

New Appointments:  
David Russell, Melbourne  
Thein Htut, Toowoomba

Retirements:  
Bob Lodge

Achievements and Activities  
GMIANZ: the way forward  
Directory of Members and Rules of Society  
IMSANZ Newsletters – colourways and logo  
HPU, Gary Disher  
Delegation to Lao PDR  
Nauru- Pacific Island Forum

College Activities  
Specialties Board  
AMDC- John Kolbe, Les Bolitho  
MOPS Review  
VSC – Pilot Advanced Trainees Selection

Other Activities  
NZ IMSANZ  
General Medicine –in Sydney , Melbourne,etc  
VRPN  
TPA Rural Review Commission – recruitment and retention of medical practitioners in rural and remote Australia  
NSW Medical Board –Performance Assessment Program

Meetings  
ESIM 2001  
ESIM 2002 – AT and Presenters  
NZ –November 2001  
NZ – Akaroa  
RIMS – Shepparton  
RACP National Rural Summit  
Brisbane IMSANZ Day and RACP AGM

Future Meetings  
ESIM 2002  
NZ  
?Australia  
RACP Hobart 2003  
ICIM Kyoto May 2002  
ICIM - ? 2008/2010 Melbourne

Issues  
IMSANZ Secretariat assistance,relocation  
General Medicine – ATs, CPs – urban and rural  
Conjoint training  
ATs on council  
Workforce Demographics  
Workplace Issues  
GIM leading Healthcare Collaboratives  
GIM Units – Sydney and all states, NZ

