



## **President's Report May 2005**

It is again a great pleasure to present my report on the activities and achievements of our society over the last 12 months. Once again I would like to thank all members of council for their hard work and effort during this time and to you our members for your thoughts and comments on some very important initiatives.

### **Action Plan**

The presentation of the long-awaited IMSANZ position statement "Restoring the Balance: An Action Plan for Ensuring the Equitable Delivery of Specialist Services in General Internal Medicine in Australia and New Zealand 2005-2008" is listed as a separate item on the agenda. Council had hoped to officially launch the Plan at this meeting but has decided, in the spirit of collegiality, to postpone the launch to mid-July after the executives of each of the Specialty Societies has had an opportunity to review and endorse the document. Such a move was recommended at the last Specialties Board meeting on April 29 at which the document was tabled for discussion after being circulated to all Board members 1 week prior to the meeting. While virtually all individuals present expressed no difficulty in personally endorsing the document, they did not feel they could be seen to be officially endorsing it on behalf of their Societies without their respective executives having reviewed it. IMSANZ is keen to have this important document supported by Specialties Board, the AMDC, College Council and the RACP president, and to carry the full imprimatur of the college, and accordingly, to allow time for this process of review to occur, we have agreed to delay public release of the document for another 3 months. However, I want to reassure all members of IMSANZ that this further review of the Plan by Specialty Societies does not mean that we seek their support at any price and that we will bow to pressure to significantly compromise the reforms we want to see enacted. The plan in its current form represents a blueprint for achieving a number of key reforms in advancing general medicine as a specialist discipline throughout Australasia. Importantly, it is a document that has been reviewed and endorsed by the vast majority of IMSANZ members. It has also received input from a number of senior office-holders within the college and other organisations and I would like to acknowledge in particular the support and advocacy of the college president, Jill Sewell, the president of the AMDC, Rick McLean, and the chair of the Specialties Board, John Kolbe. Council has confidence that with goodwill and mutual support the college and IMSANZ can move forward and both benefit from enactment of the Plan's key recommendations.

### **Educational Strategy**

*Advanced training curriculum.* At this meeting last year I announced the completion of a training curriculum for trainees wishing to specialise in general internal medicine by members of the Curriculum Writing Group (CWG) chaired by Phillipa Poole. It took some time before we were able to post this curriculum on our website two months ago as we waited for feedback on the final draft by members of the college Education Unit, and advice on what were to be the next steps in integrating the curriculum with those of other societies and with assessment strategies. I would urge all members to read the document and inform the CWG if they feel important knowledge and skill domains have been omitted or been given undue or insufficient emphasis. The curriculum covers three domains of medical expertise in being a general physician: hospital and inpatient care; ambulatory and community care; and consultation and liaison.

*Basic training curriculum.* Given the generalist perspective of our discipline, and the fact that the written and clinical examinations in their current format are designed to assess the attributes of a competent medical registrar in general medicine, it was not surprising that members of the IMSANZ CWG were also invited to play a major role in developing the basic training curriculum. Leonie Callaway, Phillippa, Andrew Bowers, myself, David Hewitt, and Dominic Wilkinson are now actively engaged in writing the basic training curriculum which, on completion of the first draft, will be circulated to specialty societies and IMSANZ members for comment. We are finding this task to be, in many ways, more challenging than writing the advanced training curriculum in that we have had to create a document which is not simply a watered down, aggregated version of advanced training curricula from various specialties, but one which properly provides the trainee with broad knowledge and skills in internal medicine in a way that facilitates an easy transition into whatever form of advanced training the trainee chooses to undertake. This task is yet to be completed but our target date is August and we are well advanced.

*Assessment procedures.* At the same time that curricula are being written, several of us including Phillippa, Leonie, myself and Andrew have also been working with Tim Wilkinson and folk from other societies and faculties in evaluating new assessment procedures which aim to ensure that the key knowledge and skills we agree are important to being a physician are explicitly examined. For too long the means by which we determine whether trainees should be allowed to become practising fellows has rested almost exclusively on whether they pass the Part 1 written papers and vivas conducted over a period of 2 days. While there is still much that is useful in the current examination process which we wish to retain, it is now acknowledged that the college assessment process falls well short of sound educational principles. However, I wish to reassure members that the examination process that many of us here underwent and still regard as being a valid assessment procedure is not being jettisoned for some soft and woolly options dreamed up by non-clinical educational theorists. We are taking a hard-nosed, evidence-based approach and considering only those methods which properly reflect real-world physician practice, are educationally rigorous and are practically feasible. We have discovered new and interesting ways by which we can assess, and thereby promote, the consummate physicianly skills. We are also cognisant of the need to ensure there is matching of assessment procedures that we may wish to apply to trainees with those we may want to apply to ourselves as fellows under a revamped MOPS/CPD program. As the deadline for completion of the basic training curriculum and assessment papers is October there will be much happening over coming months and we welcome your input.

*Modular courses.* Consideration is also being given to IMSANZ developing a number of certifiable short curricula in particular aspects of practice relevant to general physician trainees. Some potential topics include peri-operative care, obstetric medicine, clinical decision-making, indigenous health, and acute stroke medicine. We would welcome suggestions from members as to other topics worthy of consideration.

### **Regional and Rural Services in General Medicine**

Council has continued its efforts towards improving regional and rural services in general medicine. Every issue of the newsletter in the last 12 months has contained an article centred on some important aspect of regional and rural practice. The Action Plan has an entire section devoted to strategies for supporting physicians working in regional and rural centres, and the sections on training also refer to the need to encourage dual training and flexible training programs so that more trainees can take subspecialty procedural skills with them into non-metropolitan practice, an approach that has proven very effective in NZ. Several IMSANZ councillors are members of the RACP Rural Taskforce which has been proactive in representing the interests of rural physicians within college policy-making. A National Rural Health Policy document co-authored by several folk on IMSANZ council and the Rural Taskforce was submitted last year to the Australian Health Ministers Advisory

Council and was summarised in a feature article in the December newsletter. We eagerly await AHMAC responses to the key recommendations contained in the document. I would like to acknowledge the efforts of Graeme Maguire from Broome, Steve Brady from Alice Springs, Diane Howard from Darwin, and Rick McLean from Dubbo (also chair of the RACP Rural Taskforce) in organising a meeting in September this year involving physicians, college representatives, senior government health executives and public health officials to discuss the many issues around saving medical specialist practice in rural and remote communities. This meeting will be held at Alice Springs Hospital as a satellite forum just prior to the IMSANZ annual scientific meeting. This is a vitally important topic as explained in an article in the April newsletter and IMSANZ is very pleased to be a co-sponsor of this meeting, and I urge all those with an interest in this area to spend an extra day in Alice Springs and participate in what will be lively debate.

### **Continuing Professional Development**

IMSANZ has continued to expand its inventory of activities and resources in continuing professional development for our members.

RACP ASM: Most of the adult medicine scientific program for this 2005 meeting was organised by a New Zealand team led by Phillippa Poole, Pip Shirtcliffe and Sisera Jayathissa with assistance, as always, from Les Bolitho. On behalf of the society I thank them for their efforts and congratulate them on serving up another first rate, interesting and diverse program. The 2006 ASM in Cairns however will be a little different. For some time Council has been concerned that less than a fifth of our own members are regular attendees at the RACP ASM, IMSANZ had lost its own identity within the program (the IMSANZ days that used to be held just prior to the RACP ASM were highly popular), the opportunity to generate income for the Society had been foregone, and the work required of IMSANZ folk to procure presentations from Specialty Societies for the RACP ASM was becoming more onerous.

As a result, and in line with the thinking of the Specialties Board which has questioned the aims, format, and intended audience of the RACP ASM, it was recently decided that IMSANZ would not formally involve itself in the organisation of future ASMs beyond Wellington unless there was major restructuring of the meeting and IMSANZ was afforded the ability to have its own scientific program with separate badging under the IMSANZ logo, and with separate registration form and profits from the day returning to IMSANZ. At a college workshop entitled 'The Future of the RACP ASM' held in February this year, it was agreed that, subject to ratification by the Board of CPD, a new format would be trialled in Cairns in 2006 with the ASM renamed to the RACP Congress and in which an IMSANZ day would be organised in conjunction with a program of mixed specialties following an initial 1½ day college-sponsored session on Professional Skills.

IMSANZ ASM Alice Springs Sept 1-4, 2005: In September, IMSANZ is holding a three day scientific meeting in Alice Springs with an educational program specifically designed to meet the needs of the general physician, particularly those practising in regional and rural areas. Registration brochures containing more information on this meeting have been included in your conference satchels. I would like to thank Steve Brady and Diane Howard for their generous assistance in organising this meeting.

ICIM 2010: IMSANZ welcomed the announcement late last year from the International Society of Internal Medicine that the Melbourne bid to host the 2010 International Congress of Internal Medicine had been successful. We congratulate Les Bolitho and Geoff Metz on their efforts in formulating and marketing the winning bid, and bringing such a high profile educational event to our shores.

RACP NZ/TSANZ/IMSANZ/ASID 2004. I was very pleased to have had the opportunity to attend this meeting in Christchurch in August which was a collaborative effort between IMSANZ and the NZ branch of the college, the Thoracic Society and the Infectious Diseases Society. The meeting was educationally very good and I enjoyed the camaraderie that evidently existed between general medicine and other societies here in NZ.

CPD resources on the website: Turning to CPD for individual physicians, IMSANZ is aware of its responsibility to provide useful learning resources to our members independently of RACP. The Critically Appraised Topics (CATs) Library which now features on our website was explained in an article in the April newsletter and we hope that it will come to be seen by the society as the best means for staying up to date with new knowledge generated from clinical research. We have also included resources in teaching evidence-based medicine and quality improvement on the website as well as links to several other sites that provide additional high-quality CPD materials. We welcome any suggestions from members as to what additional CPD resources they would like to see developed by IMSANZ.

### **Awards and Fellowships**

Travelling Scholarship. Dr Patrick Gladding, an advanced trainee in general medicine from NZ, was the recipient of the 2004 IMSANZ Travelling Scholarship which allowed him to attend the 7<sup>th</sup> European School of Internal Medicine meeting in Alicante Spain in October. Patrick's experiences of this meeting were summarised in the December newsletter.

Research Fellowship. The first of our \$10,000 research fellowships has been awarded to Dr Alison Mudge, an advanced trainee in general medicine at Royal Brisbane Hospital in Queensland. This award recognises young members who are pursuing postgraduate studies in health services research, clinical epidemiology or quality improvement science. Alison's many achievements to date were profiled in the April newsletter and we wish her every success as she pursues a PhD degree analysing the outcomes, cost-effectiveness and generalisability in hospital practice of a new model of unit-based multidisciplinary teams combined with formalised communication structures that facilitate early patient evaluation and agreed team management plans. In an era of chronic illness in aging populations and booming demand for hospital care, this work has great importance, and IMSANZ is very pleased to support it.

Excellence in Clinical Education. This award worth \$1,000 is bestowed on an IMSANZ member who is regarded by his or her peers as being an exemplary role model in general medicine for young trainees and who has expended more than expected effort in furthering their clinical education. It gives me great pleasure to announce that Dr John Henley from Auckland, NZ is this year's award recipient.

Advanced Trainees Award for Best Paper presentations: These awards continue to be given at both this ASM and the IMSANZ ASM in Alice Springs and I thank Roche Pharmaceuticals for their continued sponsorship. I encourage everyone to attend tomorrow's IMSANZ free papers session and hear 8 very interesting presentations from our advanced trainees.

### **Communications**

While it has not happened as fast as I would like, the changes to the website have been worth waiting for and I wish to thank Anne Kovach for her assistance in this. The newsletter continues to go from strength to strength and once again many thanks are due to our hard-working editor, Michele Levinson, for helping produce such a terrific product. Last year we published our first Annual Report which was distributed to all members and which we have included in invitation packs to those who have expressed interest in joining our society or collaborating with us on specific projects. The database on hospital advanced training positions in general medicine continues to grow with entries from another 10 hospitals being included in the latest CD version which are available from the IMSANZ booth. As president of IMSANZ I have been invited to speak on the future of general medicine and career opportunities as a general physician at a forthcoming forum in Sydney which attracts large numbers of trainees still pondering their choice of vocation, and thus affords us another

opportunity to make young folk aware of the professional rewards of being a general physician.

### **Consultancies and Representations**

Over the last 12 months, IMSANZ Council has again been active in reviewing and endorsing several guidelines and policy documents received from several agencies including: revised guidelines in heart failure and rheumatic heart disease from the National Heart Foundation/Cardiac Society of Australia and New Zealand; national service improvement frameworks in asthma and osteoporosis and arthritis from the Australian Health Ministers Advisory Committee; revised RACP ethics guidelines on physicians' relations with pharmaceutical companies; draft RACP guidelines on chain of information custody with respects to laboratory investigations; draft guidelines for the Victorian coroner's office inquiries into hospital deaths possibly related to radiological investigations; to and consumer resources for reducing risk in heart disease from the National Heart Foundation.

IMSANZ has also been very pleased to collaborate with the National Institute of Clinical Studies, the Cardiac Society of Australia and New Zealand, and the National Prescribing Service (NPS) in a joint heart failure program which aims to raise awareness among general practitioners, consumer support groups and the general public about ways for improving the diagnosis and management of heart failure. This program was detailed in the April newsletter. Members of IMSANZ have also been involved as expert facilitators at evidence-based rational use of medicine seminars organised by the NPS on a range of different drug classes. IMSANZ has been invited to nominate a representative on the NSW Health Shared Scientific Assessment Committee which aims to provide one central ethical review process for trial protocols which apply across several hospitals. We have also been invited to contribute to a Senate inquiry into services and treatment options for cancer patients. IMSANZ members have also been assisting the RACP Clinical Indicators Working Group in formulating a set of valid, reliable indicators for internal medicine that could be used by the ACHS for their 2006 accreditation program and which would replace those currently being used which are regarded by most physicians as being next to worthless. In New Zealand IMSANZ has been asked to comment on the national policy document that provides projections over the next 20 years of demand for health and disability services and workforce implications as a result of ageing of the NZ population.

In addition to all this work I wish to acknowledge the efforts of many of our councillors who represent IMSANZ on various college committees and working groups, as listed in the appendix. I have included this information to remind members of the work that these folk do on our behalf, and to demonstrate the wide representation that IMSANZ has across the spectrum of college affairs.

### **Links with other GIM societies**

Ours is not the only society of general internal medicine (GIM) in the world that is grappling with the need for less subspecialisation and fragmentation of care with its attendant costs, and its replacement with a more integrated, patient-centred care continuum which gives equal emphasis to prevention and maintenance care as it does to care of acute illness. There is now a recognition that GIM societies around the world might benefit in their efforts to advance our discipline if we were to come together and form a global network in which we could share insights and experiences, collaborate in training and research activities, and assist each other in lobbying our subspecialty colleagues and governments for more recognition and support.

IMSANZ has forged strong ties with European societies through our long-standing involvement with the European School of Internal Medicine annual scientific meeting and more recently with our preparation in hosting the 2010 ICIM congress. We now need to turn our focus to build similar links with our US, Canadian, Asian and South American

colleagues, especially the Canadians as the practice and training of general physicians in that country, as well as its health care system, most closely resemble what happens here in Australasia.

A number of us will have the opportunity to discuss this issue with Eric Larson, regent of the American College of Physicians, who is giving a presentation on the future of general medicine at a session tomorrow and who comes from a country where the debate on how to reinvigorate general medicine practice has become a national obsession at various levels – university, college, government, health plans, and the public.

In a similar vein, I was very happy to accept the invitation from the US Society of General Internal Medicine (SGIM) to attend and speak at their May 2005 annual scientific meeting in New Orleans in a special session titled “The Globalisation of Internal Medicine.” This will give me an opportunity to describe the Australasian experience and compare our situation with what happens in other countries. Peter Greenberg has co-authored an article which is to be published in the SGIM’s *Journal of General Internal Medicine* later this year which compares the evolution of GIM in Australasia, the US, Canada, Argentina, Japan, and Switzerland. The organisers of the meeting are keen to formally convene a global network of GIM societies and an international congress of GIM societies is mooted for 2010. I will be doing everything I can to support the establishment of an international federation of GIM societies and to offer the assistance of IMSANZ in organising the congress.

#### **New Members and Councillors**

On behalf of the society I give a very warm welcome to the 22 trainees and 25 fellows that have joined IMSANZ over the last 12 months. I would also like to express the gratitude of council to the efforts over the last 4 years of Simon Dimmitt, David Hammill, Bruce King, Diane Howard and Les Bolitho who today have completed their terms as councillors. We wish them well and know they will continue their ongoing interest in society affairs. In turn I welcome to council Gabriel Shannon from NSW, Jaye Martin from WA, Alasdair MacDonald from Tasmania, Emma Spencer from NT and Andrew Bowers from NZ.

#### **A Special Thanks**

Finally I would like to give my special and final thanks to the society’s unsung hero, our secretariat, Mary Fitzgerald. Once again Mary has endured another relocation of her office during this past year, has absorbed an ever increasing workload which has included organising not one but two scientific meetings, and has coped with an exponential rise in the numbers of e-mails. Throughout this time she has never failed to impress me with her quiet and cheery approach to life and her dedication to looking after the best interests of this society. Once again you and I owe her a huge debt of gratitude and I’m sure you will join with me in acknowledging our appreciation.

#### **Closing Comments**

In closing I thank the Council and members of IMSANZ for the opportunity to serve as your president over the past 2 years. It has been a very gratifying experience and I hope that my efforts are perceived as having been worthwhile. I have only one real regret – that we have not been able to make any substantial headway in advancing the cause for general medicine in tertiary hospitals in NSW. In my last annual report I had indicated that the Greater Metropolitan Transition Taskforce, with IMSANZ representation from Michael Kennedy, held promise in bringing about the return to Sydney teaching hospitals of general medical units staffed with full-time general physicians. I was also hopeful that meetings involving Jill Sewell and college executive with the NSW health minister in August last year, together with efforts of the NSW Health Workforce Roundtable and the Commission of Clinical Excellence, would galvanise action in reinstating general medicine. I am very disappointed to report that much of this early promise has dissipated, with the exception of

some commitment to medical registrar training within regionalised hospital networks, and creation of general medicine training positions at Coffs Harbour and Armidale.

But let me finish on an upbeat note. Our society is strong, it has respect and influence, and we are making full use of the opportunities that present themselves to us in shaping the agenda of college and government policy in a way that allows general medicine to flourish. I hope that all of us, as a community of physicians, will continue to act as role models to others and articulate in word and in deed our vision of the future for general medicine.

In some respects I feel our colleagues here in New Zealand are a little closer than we are in Australia to the ideal state of affairs and I therefore find it very fitting that here in Wellington, I now ask you to warmly welcome our new president, Phillipa Poole.

Ian Scott  
President, IMSANZ  
May 9, 2005

<b>Appendix. Councillor Activities 2004</b>	
<b>Councillor</b>	<b>Committee/Working Group/Taskforce/other</b>
Phillippa Poole	Chair, IMSANZ Curriculum Writing Group RACP IAG Working Group #1 – Curriculum and Assessment RACP Working Group Generic Curriculum RACP ASM Organising Committee 2004 and 2005 IMSANZ NZ executive
Les Bolitho	RACP ASM Organising Committee RACP Adult Medicine Division Committee RACP Rural Taskforce Australian Association of Consultant Physicians IMSANZ Curriculum Writing Group RACP Council, AMDC Representative RACP ICIM 2010 Melbourne Committee, ISIM Member Australian Association of Consultant Physicians VRPN – Victorian Rural Physicians Network Committee MSOAP – VAG & RSG – Victorian Advisory Group & Regional Steering Group
Justin La Brooy	RACP ASM Organising Committee RACP Adult Medicine Division Committee
Ian Scott	RACP Better Practice Co-ordinating Committee RACP Specialties Board IMSANZ Curriculum Writing Group RACP IAG Working Group #1 – Curriculum and Assessment RACP IAG Working Group #5 – Physicians as Educators RACP Interim Adolescent Health Committee RACP ASM Organising Committee RACP Clinical Indicators Working Group RACP Qld College Lecture Series Committee
Peter Nolan	Rural and Remote Special Interest Group, TSANZ
Leonie Callaway	RACP IAG Working Group #1 – Curriculum and Assessment RACP Trainees Committee IMSANZ Curriculum Writing Group
Diane Howard	RACP Adult Medicine Division Committee
Nicole Hancock	SAC in General Medicine
James Williamson	Chair, SAC in General Medicine (Australia)
Andrew Bowers	Chair, SAC in General Medicine (New Zealand)