



## **President's Report 2006**

It is my pleasure to report on the activities and achievements during IMSANZ's 9<sup>th</sup> year. IMSANZ as a society is maturing and going from strength to strength. We are presenting a cohesive approach externally regarding the issues facing general medicine and general physicians, despite being a group that is, by its very nature, heterogeneous. Councillors and many members contribute to key IMSANZ deliberations. Through consideration of multiple viewpoints has come an even better understanding of ourselves, and resulted in some significant achievements, making this a very positive year for IMSANZ.

### **Restoring the Balance (RtB) Action Plan**

The 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' was launched at the Alice Springs meeting in October. In the months leading up to this launch, RACP President, Jill Sewell, and CEO, Craig Patterson, lent considerable support, including resources, to ensure this was successful. We are very grateful to Jill and Craig for their continued advocacy of general medicine.

RACP support has continued through the establishment of a joint RACP / IMSANZ RtB Implementation Committee initiative led by Gerard Carroll from Wagga Wagga. Others who have made major contributions towards implementation of specific recommendations include the chairs of the AMDC, Rick McLean, and Specialties Board, John Kolbe. RtB continues to act as a strategic blueprint for IMSANZ and the RACP for advancing general medicine as a specialist discipline throughout Australasia.

The recommendations in RtB fall under 4 headings –

- 1) strengthening hospital departments of general medicine
- 2) increasing the opportunities for physician training in general medicine
- 3) enhancing services in general medicine in regional, rural and remote areas
- 4) improving conditions of remuneration and support in both public and private practice

Specific progress has been made towards each of these this year. Under the strategic leadership of Ian Scott, Council will continue to work where it can on implementing the recommendations, however much depends on your local advocacy. Please continue to use this document framework in your areas (Mary Fitzgerald has more copies available).

### **Rural and Regional Services**

While issues involving general medicine in Sydney may dominate discourses at times, IMSANZ Council remains committed to advancing general medicine and physicians in non - metropolitan settings. This is being achieved in several ways:

- Effective voices on Council of non-metropolitan representatives;
- Joint sponsorship of the rural and remote forum prior to the IMSANZ meeting in Alice Springs in Sept 2005;
- Support of rural health fora at RACP meetings. The rural health session at this Cairns meeting will feature Stephen Brady, Martin Brigden, Graeme Maguire and Les Bolitho;
- An informal policy of holding IMSANZ meetings in non-metropolitan settings with topics germane to practice in regional and rural settings;
- Involvement of IMSANZ members in RACP workforce groups on both sides of the Tasman;
- Development of an IMSANZ working document predicting general physician numbers / 100,000 (IMSANZ Newsletter December 2005). This confirmed a necessary variation in rates depending on local service configurations;

- A locum posting function on IMSANZ website;

At the College Ceremony last evening, Les Bolitho was awarded an RACP Medal for services to rural and remote medicine, in Victoria and the wider region. Congratulations and very well deserved, Les.

Links are developing with our Pacific neighbours. Shortly, I shall be spending 2 weeks with IMSANZ member Rob Moulds at the Fiji School of Medicine working with Pacific medical graduates who are training as physicians. Dialogue is also underway with another member, Satu Viali, in Samoa. Topics for exploration include ways that IMSANZ may support general medicine and general physicians in the Pacific region.

### **RACP Educational Strategy**

IMSANZ members remain heavily involved in all areas of strategy development, because of both their expertise and their commitment to development of the future physician workforce.

#### *Advanced training in General Internal Medicine curriculum*

The Curriculum Writing Group (CWG) has reconvened and seeks to finalise this curriculum this year. There had been a pause while the RACP worked on other areas such as the basic and professional qualities curricula, and assessment. Now that these are nearing final stage it seems timely to draw everything together. Feedback from IMSANZ members and wider stakeholders has been sought and this is very supportive of the approach being taken.

At a recent meeting in Auckland, the CWG and members of the two SACs agreed to expand the curriculum domains to five, namely: hospital care; ambulatory and community care; consultation and liaison medicine; health systems, and evidence - based practice. A paper expanding on both the curriculum and 'Restoring the Balance' documents by describing acceptable 'Pathways in General Medicine Training' is in draft form. This is another essential piece of work towards raising stakeholder awareness of learning opportunities that must be available if we are to train sufficient numbers of general physicians and subspecialists with general skills. Council and CWG are aware of the need for the curriculum to be flexible enough to train the diverse group of practitioners in terms of type of practice and location. The RACP with our support is asking the SACs to consider making the elective year more flexible. We are also keen to see formal recognition by the RACP of general medicine training.

#### *Basic training curriculum*

This writing group is very ably led by IMSANZ member Leonie Callaway. Mary-Ann Ryall has also put considerable skill and energy into this curriculum along with the Professional Qualities curriculum, ensuring a smooth linkage between the two. Leonie was invited to present the curriculum to the RCP in London early in 2006. The pragmatic approach taken, namely, to identify the attributes of a competent basic general medical registrar in a busy general medical unit, has been very positively received.

#### *Assessments*

IMSANZ members continue to assist in developing the new RACP system of assessment. The approach being taken under the leadership of Tim Wilkinson is sound and should ensure validity, reliability and, of concern to all, feasibility. There will still be some form of written and clinical exam but this will be supplemented by a range of brief 'in training' assessments. Paul Reeve continues as the sole general physician on the RACP Written Examination Committee, but many of you examine in the Clinical Examinations.

#### *Continuing Professional Development*

This RACP group is stating to get going in earnest. IMSANZ members who responded to a request from the RACP for volunteers are Wilton Braund, Ed Janus and Briar Peat. We look forward to receiving updates on developments in RACP CPD policies and processes.

### *Modular courses*

As mentioned in Ian Scott's report last year, consideration is being given to IMSANZ developing a number of certifiable short curricula in particular aspects of practice relevant to general physician trainees. Potential topics for development include peri-operative care, health economics, obstetric medicine, complex evidence-based decision-making, and indigenous health.

### **Scientific Meetings**

RACP ASM: The success of the changed format of the 2006 RACP Congress in Cairns, as far as general physicians and IMSANZ are concerned, is yet to be judged. Around 65 IMSANZ members have registered for this meeting. For the RACP Melbourne meeting in May 2007, IMSANZ is not in the same formal arrangement with the Adult Division of RACP as in the past few years. IMSANZ's main scientific meeting will be in Adelaide from 5 - 8 September 2007 with the newly-formed Australasian Society of Geriatric Medicine.

Council has discussed IMSANZ's involvement with the RACP ASM on several occasions. The main reasons for not meeting with the College **in 2007** are:

- A meeting with ASGM, another generalist society, offers considerable opportunities to advance clinical understanding, service delivery and training requirements to meet the needs of an aging population. Many of our members are dual training and / or deliver geriatric care.
- The expressed view of many that IMSANZ have its own meeting where it may continue to develop its own identity and vision. This has proved very difficult within the larger RACP meeting.
- Many general physicians have another subspecialty interest and attend that subspecialty's ASM. Most general physicians are not able to attend three medical meetings in a year. Fewer than expected IMSANZ members attend the RACP ASM.
- The work required of key IMSANZ personnel and our part time secretariat to coordinate with the multiple levels in the RACP is very onerous, and detracts from other important IMSANZ activities.

Although RACP and Council have not yet discussed IMSANZ involvement in RACP meetings for 2008 and beyond, we remain committed to helping find the best ASM model(s) to suit the needs of all relevant parties.

IMSANZ ASM Alice Springs 1-4 September 2005: This three - day meeting was a terrific success. Nearly 100 members met and participated actively in the educational program specifically designed to meet the needs of the general physician practising in regional and rural areas. RACP President Jill Sewell was present for the meeting, generously giving time and supporting our activities. We thank you, Jill, for giving us this time. For the many New Zealanders who attended it was revealing in terms of the difficulties in care provision over such vast areas, made all the more poignant by the magnified disparities in indigenous health than in NZ. IMSANZ thanks Steve Brady and Diane Howard, along with Ian Scott and Mary Fitzgerald for putting such an excellent and memorable meeting together.

IMSANZ Palmerston North 23-25 March 2006: Tantalised by the thought of sleeping in beds used by All Blacks, 25 or so NZ IMSANZ members, with Les Bolitho, enjoyed time at the NZ Institute of Rugby. Kirsten Holst and Andrew Herbert hosted a deliberately provocative programme. Although numbers might have been higher, the enthusiasm was palpable including at the late night North Island versus South Island touch rugby match. The NZ autumn meeting will happen again next year, tentatively at beautiful Waiheke Island near Auckland.

RACP(NZ) / IMSANZ / ANZ Society of Nephrology Queenstown 20-22 September 2006. This meeting will take place in NZ in September. We are hoping for around 150 attendees, including some from Australia. There will be a Trainees' Day on the 19<sup>th</sup> during which issues of training, career choice and other topics will be discussed. Promoted as a family - friendly meeting, there

will be time to enjoy Queenstown's considerable attractions. More information is available on the IMSANZ website.

#### IMSANZ / ASGM Adelaide 5-8 September 2007

Justin La Brooy, Jo Thomas and Mark Morton are working with geriatricians and the International Society of Nutrition to bring this programme to fruition. It will be IMSANZ's main meeting next year, and will afford us the opportunity to explore with our geriatrician colleagues the optimal medical care of older people. The IMSANZ AGM will be held at this meeting.

WCIM Melbourne March 2010: IMSANZ members Les Bolitho, Alastair McDonald and Jo Thomas are on the RACP steering committee for this world congress at which over 4,000 delegates are expected. In preparation, several RACP / IMSANZ members will be attending the congress in Taiwan this year. IMSANZ is fully behind Les and the RACP group to ensure the success of this meeting in advancing health care globally.

#### **IMSANZ Website**

The IMSANZ website continues to expand and improve. There are now over 80 Critically Appraised Topics (CATs), along with several talks, resources in teaching evidence-based medicine, position papers, guidelines, links to other societies' websites etc. We have received some suggestions through the membership survey as to the website might better meet CPD and other needs of our members. If you have other suggestions, please contact IMSANZ or Andrew Bowers. Thanks to Mary and her team for the effort put into making this a professional and user - friendly site.

#### **Scholarships and Fellowships**

Travelling Scholarship. Trainees Paul Huggan (NZ) and Alex Fisher (Aust) were recipients of the 2005 IMSANZ Travelling Scholarships (\$5,000) to attend the 8<sup>th</sup> European School of Internal Medicine meeting in Alicante, Spain in October 2005. IMSANZ also provided a travel grant to Dr Richard Luke from Hawkes Bay, NZ, to attend this meeting. The ESIM meeting will be held near Lisbon this year in late August and we hope to send one or two trainees and possibly one consultant physician faculty member.

To date there have been two nominees for the travel awards but none for IMSANZ's other awards in 2006. Please consider nominations for:

- Best Scientific Publication in Internal Medicine      \$2,000
- Excellence in Clinical Education      \$1,000
- Research Fellowship      \$10,000

Advanced Trainees Award for Best Paper presentations: These awards continue to be given at the RACP / IMSANZ meetings. The IMSANZ free papers session at this meeting will be held on Tuesday 9 May. Please support those presenting and consider how we might encourage more research presentations, including from trainees, at our meetings. Thanks are due to Roche Pharmaceuticals for their continued generous sponsorship.

In New Zealand, the trainee awards are generously sponsored by the De Zoysa Family Trust.

#### **Newsletter**

The newsletter continues to go from strength to strength and once again many thanks are due to our hard-working editor, Michele Levinson, and her support crew Mary Fitzgerald and Arnold Espinola. The newsletter is circulated to our sister societies, and looks polished in comparison. Although the range of articles from a relatively small society is excellent, we would welcome more articles in the areas of CPD, initiatives in workforce development and service delivery, especially in non - metropolitan areas. More articles from New Zealand would be good too!

In writing this I have just received word from Michele that she wishes to resign from the Editor role. Naturally we are very sorry to see her step down, but take this opportunity to formally thank her for her excellent contribution to the society.

### **Membership Survey**

This was sent out with your annual subscription notices. Around 50% of you have returned these. This feedback will allow us to be more responsive to you, the membership. The findings will be discussed by Council and summarised in an upcoming issue of the IMSANZ newsletter.

### **Consultancies and Representations**

Over the last 12 months, IMSANZ Council has provided input, feedback or endorsement to discussion papers and policy documents. Some of these are:

- NZ Institute Economic Research paper on Workforce to meet the needs of the ageing population
- NZ National Health Committee Discussion Document on People with Chronic Conditions
- NZ Health Workforce Advisory Committee "Fit for purpose and for practice"
- NZ Rural Hospital Doctors' proposal to become a vocationally - registered scope of practice in NZ
- Australian Asthma Objectives for Health Professionals Curriculum
- RACP Ethics of Relationship with pharmaceutical industry
- RACP Alcohol Policy
- RACP response to the Draft Productivity Commission Report
- RACP governance review

Les Bolitho chairs the revitalised AACP, with primary roles in addressing physician remuneration and workforce issues in Australia.

Many members of IMSANZ have been involved in a range of other activities. This representation is so valuable in ensuring that the generalist perspective is added when important decisions are made. I'd like to thank all of you who do represent IMSANZ and general medicine on RACP committees and other stakeholder bodies.

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

IMSANZ continues links with European societies through our long-standing involvement with the European School of Internal Medicine and now, through the lead up to the 2010 WCIM congress, with ISIM. However, these societies have both generalist and subspecialty members and there is no truly international GIM forum. Ian Scott attended the US SGIM meeting in New Orleans in 2005 to participate in a forum on 'The Globalisation of Internal Medicine'. I have been fortunate to represent IMSANZ at subsequent fora at the Canadian Society meeting in Toronto and SGIM in LA in April 2006. The discussions with respect to globalisation of GIM are proceeding along two lines

- (i) learning from and supporting sister societies in fostering general medicine
- (ii) considering ways that such a federation of societies might contribute to efforts to reduce global health disparities.

GIM representatives from several countries have agreed to organise a forum and an 'internationalisation of general medicine' programme thread through an opportunity provided at next year's SGIM meeting in Toronto from 25-27 April. Thereafter it is anticipated a biennial globalisation congress will 'piggy-back' with another major GIM meeting.

A paper co-authored by Peter Greenberg comparing the evolution of GIM in Australasia, the US, Canada, Argentina, Japan, and Switzerland was published in JGIM 2006;21:197-200.

## **Membership and Councillors**

IMSANZ members currently number 416, with around 50 of these being trainees in general medicine. This is an increase on last year and is very heartening. We aim to reach 500- please encourage all your colleagues and trainees to join.

The direction of IMSANZ is overseen by Council with representation from all Australian states and territories, and New Zealand. Council members are elected as metropolitan or non metropolitan representatives, and two are trainees. This year we farewell from Council Leonie Callaway (Qld), Christian de Chaneet (WA), Patrick Gladding (NZ AT) and Jaye Martin (WA). Michele Levinson (Vic) has also tendered her resignation from her Victoria metropolitan Councillor role and as Newsletter editor. Our grateful thanks are due to all these Councillors for their inputs, and their continued advocacy for general medicine.

New Councillors are Jo Thomas (Australian AT), Dawn DeWitt (Vic), and Ingrid Naden (NZ AT). We welcome them warmly to the table. This year we also coopted the chairs of the two general medicine SACs, James Williamson and Denise Aitken. Already this closer relationship is strengthening our respective approaches to development of the general medical workforce, and our thinking around what constitutes acceptable general medical training.

There are still some significant vacancies on Council - the Australian Vice - President / 2007 President Elect, and any representation from Western Australia. The newsletter editor role is also now vacant. Council will be addressing these as a matter of urgency.

Council is committed to looking for opportunities to contribute to, and influence, RACP, health board and government policies around health systems and workforce, so that general medicine continues to flourish. Many of you are doing this very effectively at local level. Please consider taking on a Council role for two years to ensure the momentum continues.

## **Special Thanks**

Our special thanks are due to Ian Scott. During his term as President, Ian worked extremely hard and with vision to provide IMSANZ with a strong endowment of policies, processes and resources. This year, Ian has continued to lead implementation of the Restoring the Balance recommendations and has acted for you as the Australian Vice President. Ian, your support and advice have been sincerely appreciated.

Mary Fitzgerald has provided unstintingly warm and professional support to Council, the membership and me, this year. I appreciate it has been particularly difficult for her in terms of distance, yet communications are managed regularly and effectively. Thanks Mary, most sincerely for your efforts on our behalf.

Apart from a little chaos on the teleconferences at times, I've thoroughly enjoyed working with Council, over this year, and look forward to further constructive deliberations in 2006/7. Thanks for your efforts and your personal support.

Finally, thanks to all of you, the members. Our society IS an exceptional group of doctors, all motivated by a willingness to care for anyone who needs it. This extends to colleagues too. Proof of this may be found in the essence of IMSANZ meetings, where true fellowship and refreshment of one's spirit reside.

I'm honoured to lead IMSANZ until its 10<sup>th</sup> birthday next year towards its key goals, but assured of friendship and fun along the way.

**Phillippa Poole**  
President, IMSANZ  
8 May 2006