



## **President's Report 2007**

Those who established the IMSANZ 10 years old set the inaugural mission statement:

*"The Society exists to foster the highest standards of training, practice, teaching and research in the field of general internal medicine".*

While we all work towards attainment of this mission, much of recent Council energy has been spent ensuring that jurisdictions understand the critical importance of general medicine to health systems. Among IMSANZ Councillors and members there is a greater sense of purpose coupled with experience with this resulting in expanding influence at several levels of the health sector.

It's my pleasure to report on some of the many significant achievements since the last AGM in May 2006.

Politically, the four major successes of the year were:

1. IMSANZ past president Les Bolitho and Jack Best from the AACP succeeding in getting the new complex disease MBS items approved in the last federal budget;
2. The Commonwealth CMO, Dr John Horvath, admitting that he and others had got it wrong in fostering super-specialisation;
3. A lack of traction for the State of NSW proposal to appoint hospitalists;
4. The NZ Minister's Workforce Taskforce calling for general training for all doctors, and for more specialists with general scopes of practice.

All four were reported in the media and are part of a growing recognition of the importance of general medicine to the health systems of both countries.

In the rules of the Society, IMSANZ is defined as a 'free standing body that will forge close links with the RACP and will work in harmony with that body'. Much of IMSANZ Council work this year intersected constructively with that of the RACP, especially in respect of implementation of the Education Strategy and the new governance structure.

Particular thanks are due to RACP President and IMSANZ member Nip Thompson, Chair of Adult Division, John Kolbe, Past Chair, Rick McLean, and also to Fairlie Clifton and Tony Rigley from the RACP staff for their advice and advocacy.

Joint activities with the RACP have included:

*Principles for Undifferentiated Medical Training*-this policy paper was adopted at Adult Division recently. It sets out principles and action points for the RACP and IMSANZ in respect of required training for provision of acute general medical services. Hearteningly, this document is already shaping deliberations with the health sector and the direction of the RACP Education Strategy.

*Advanced training in General Internal Medicine* -the latest version of the curriculum for general medicine training is posted for comment on the IMSANZ website until October 1. Particular thanks for this iteration are due to Mary-Ann Ryall, Ian Scott, Andrew Bowers, Peter Greenberg and Alasdair MacDonald. James Williamson has now stepped down from the Australia SAC chair, to be replaced by Adrienne Anderson. James has made a major contribution to training and general medicine. Denise Aitken continues to lead the NZ SAC. Most SAC members are now IMSANZ members and the relationship among Council members and the two SACs is becoming ever closer.

There are early signs of a large increase in the number of trainees registered with the Australian general medicine SAC. Currently there are 85 registered with the SAC compared with under

50 in the past few years. There are 120 or so in NZ, the majority of whom are dual training in another speciality. At this time, there is no plan to merge the two SACs.

*“IMSANZ has only one major objective. We need trainees who want to do general medicine”-Membership Survey 2006*

MOU-negotiations between the RACP and IMSANZ are at a preliminary stage. Council representatives will be Alasdair MacDonald, Phillippa Poole, Adrienne Anderson and a NZ SAC representative. The MOU will largely cover responsibilities and resources for provision of advanced training and CPD. Council is adamant that until this is in place, there can be little progress in implementing the curriculum. There should also be specific reference to IMSANZ's ongoing role with the RACP Annual Scientific Congress. IMSANZ is committed to involvement in this for the next three years at least.

*Restoring the Balance*-Ian Scott's seminal 2005 position paper continues to act as a strategic blueprint for IMSANZ and the RACP for advancing general medicine as a specialist discipline throughout Australasia. New members should read this document. The RACP is engaging with DoHA regrading general medicine.

*Continuing Professional Development*-IMSANZ members Ed Janus and Briar Peat have provided input into RACP CPD initiatives. Although IMSANZ is yet to start development of general medicine modules, these will be crucial training resources for basic and advanced trainees as well as for physicians in practice. Topics for modules might include provision of acute undifferentiated medical care, peri-operative care, health economics, obstetric medicine, complex evidence-based decision-making, and indigenous health. Time and resources will be required, though, and development of these will not progress without an MOU with the RACP.

*Workforce*- IMSANZ members continue to provide input into RACP workforce committees and reports in Australia and NZ. Sue Morey provided IMSANZ with clear and relevant data earlier this year when IMSANZ made detailed written and verbal responses following the Australian National Health Workforce Secretariat call for submissions. IMSANZ contributed to the RACP(NZ) office submission to the Minister's Workforce Taskforce, with both parties pleased to see recommendations largely in accordance with our suggestions.

*Rural*-At the College Ceremony this year, Diane Howard was awarded an RACP Medal for services to rural and remote medicine in the Northern Territory. Congratulations to Diane.

### **Scientific Meetings**

IMSANZ meetings remain highlights for attendees, and provide much impetus to Council and general physicians as a whole.

*“Excellent meetings-the main forte of IMSANZ” -Membership Survey 2006*

Meetings held in the period, or in planning phase:

RACP(NZ) / IMSANZ / ANZ Society of Nephrology, Queenstown 20-22 September 2006.

IMSANZ(NZ), Waiheke, 22-24 March 2007

ANZSGM / IMSANZ / IANA, Adelaide, 5-8 September 2007 (contact Justin LaBrooy)

RACP(NZ) / IMSANZ / NZGS, Christchurch, 21-23 November 2007

(contact Dave Jardine)

IMSANZ (NZ) Bay Of Plenty, 13-15 March 2008

(contact Neil Graham)

RACP Congress / IMSANZ Adelaide 11-14 May 2008

(contact Alasdair MacDonald)

IMSANZ (Aus) Victoria, Spring 2008

(contact Dawn De Witt)

WCIM, Melbourne, May 2010

(contact Alasdair MacDonald)

Our thanks are due to all the organisers, speakers and attendees at these meetings. We are also most grateful to the sponsors of meetings and prizes this year. The Waiheke meeting was

most generously sponsored and supported by staff from sanofi aventis. The De Zoysa Family Trust and Roche Pharmaceuticals have also made substantial grants for trainee prizes.

IMSANZ chose to have its main meeting for 2007 with the newly-formed Australasian Society of Geriatric Medicine. After this year, IMSANZ is committed to working with the RACP for the Congress in Adelaide in May 2008, then Physicians Week in Sydney, 2009, leading to the World Congress in Internal Medicine in Melbourne in 2010. Alasdair MacDonald, Jo Thomas, Les Bolitho, Peter Greenberg, Nick Buckmaster and myself are involved in these initiatives.

It is encouraging to see the increased involvement of trainees in designing and contributing to sessions at the meetings, including Trainees' Days. Trainees Ingrid Naden (Waiheke 2007), Stephen Dee (Queenstown 2006) and Leon Fisher (Cairns 2006) have each received prizes for their presentations at recent meetings. As IMSANZ finances consolidate, further grants to enable trainees to get to meetings should ensue.

### **Scholarships and Fellowships**

Trainees Vigna Ganesamoorthy and Anne Maloney were recipients of the 2006 IMSANZ Travelling Scholarships worth \$3,000 each to attend ESIM9 and CSIM respectively. Ingrid Naden was awarded a 2007 Scholarship but has had to defer her travel until 2008. Please consider nominating others for the travel scholarship in 2008.

No other IMSANZ awards have been made in 2006 or 2007. Nominations may still be made for:

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

IMSANZ Council has agreed to offer a new \$1500 scholarship to assist a Pacific Associate Member attend an IMSANZ meeting in Australia or New Zealand.

### **Communications**

The IMSANZ website <http://www.imsanz.org.au> continues to expand and improve. There are now over 2,000 new visitors per month and 900 repeat visitors, making on average around 9 hits each visit. There is a "What's new?" heading to assist with navigation to the various sites; talks from meetings, locum and position advertisements, back copies of newsletters and annual reports, resources in teaching evidence-based medicine, guidelines, training requirements, links to conferences, links to other societies' websites etc. There are now nearly 100 Critically Appraised Topics (CATs). Please use and contribute to these valuable resources, and/or give us feedback as to how to make it work even better for you.

Three position papers were added to the Resources section over the period. The benefit of having each of these has become evident recently in discussions with stakeholders.

- Standards for Medical Admission and Planning Units (John Henley et al)
- Hospitalists (Alasdair MacDonald et al)
- Reexamining the essentials for improving quality and safety of hospital care (Ian Scott et al)

Members are urged to develop more of these position papers for approval by Council and for subsequent placing in the public area of the website. Please also send in key talks you give for posting on the site.

The newsletter continues to go from strength to strength and once again thanks are due to our hard-working editor, Ian Scott, and his support crew Mary Fitzgerald and Arnold Espinola. The newsletter is circulated to our sister societies, and continues to look very polished in comparison. We have decided this should continue to be a hard copy publication.

Thanks to all of you who continue to send in articles, especially Peter Greenberg, John Henley and Rob Moulds. We would welcome more articles in the areas of CPD, initiatives in workforce development and in service delivery, especially in outer metropolitan, regional and rural areas.

## **Consultancies and Representations**

Over the last 15 months, IMSANZ Council has provided input, feedback or endorsement to a range of discussion papers and policy documents. Some of these were:

### *New Zealand*

- NZ Rural Hospital Doctors' proposal to become a vocationally - registered scope of practice in NZ
- Organisation of cardiology services in the Central region
- Minister's Workforce Taskforce via RACP (NZ) Workforce group
- RACP Governance Review
- MCNZ Policy for assessment of overseas trained physicians

### *Australia*

- NHMRC PCU issues paper
- PBS prescribing rights
- NSW DG Health supporting Hunter AT programme
- RACP Governance Review
- NSW Therapeutic Advisory Group
- Performance Indicators and Medication Safety (PIMS) Project
- RACP Therapeutics Committee (TRACP)
- National Health Workforce Secretariat
- AMA re: private health insurance reforms
- Australian College of GPs curriculum
- RACP Paeds and Child Health "Decision-Making at the End of Life in Children"

There are still a number of guidelines and position papers on common conditions in adults that are not sent to IMSANZ for comment/endorsement before release. If members become aware of the genesis of any of these via other specialty societies, please ensure they are forward to our secretariat to send to Councillors for comment.

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.

I attended the US SGIM meeting in Toronto in April 2007 and was able to attend the 'internationalisation of general medicine' programme. It is anticipated a biennial globalisation congress will 'piggy-back' onto other major GIM meetings, and there is no intent to set up yet another society. Patrick Fiddes has fostered links with the Society of Acute Medicine in the UK, with several members attending the next meeting in Glasgow. There is much to be gained from that link. We continue to have links with CSIM and ACP.

## **Membership and Councillors**

IMSANZ members currently number 452, with around 60 of these being trainees in general medicine. By country, there are 122 members in NZ and 314 in Aust.

A new category of Pacific Associate Member was approved at a Special General Meeting in September 2006 and there are now 14 members from the Pacific region. It is gratifying to see links developing with our Pacific neighbours. We truly hope this will be a mutually beneficial

relationship, and thank Rob Moulds at the Fiji School of Medicine for working on IMSANZ Council's behalf in the region.

We are well on the way to 500 members; please encourage all your colleagues and trainees to join.

The select group of IMSANZ life members now numbers four: Alex Cohen, Peter Greenberg, Neil Graham and Michael Kennedy.

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 state representatives, trainee representatives and the SAC chairs.

Councillors appointed since the last report are Nick Buckmaster (Hon Sec, Qld), Richard King (Vic, Metro), Tony Ryan (WA, Metro), Adrienne Anderson (Aust SAC Chair), David Taverner (SA) and Andrew Burns (NZ). Councillors standing down were Michael Kennedy (coopted), James Williamson (Aust SAC chair), Briar Peat (NZ), Peter Nolan (Hon Sec and Qld, Rural), Gabriel Shannon (NSW, Rural), and Richard King (Vic, Metro), Aidan Foy (NSW Metro). The other Councillors are Ian Scott, Andrew Bowers, Denise Aitken, Dawn DeWitt, Nicole Hancock, Emma Spencer, Jo Thomas, Ingrid Naden, Alasdair MacDonald and Phillipa Poole.

Over the past few years, Mary-Ann Ryall has done an excellent job as Treasurer but, owing to other commitments, has asked to step down. My personal thanks are due to Mary-Ann for taking on this role in the first place than handling it with such diligence and common sense. Tony Ryan has agreed to take on this role.

On your behalf, I thank all Councillors for their inputs, and their continued advocacy for general medicine. Council is working very well together; enthusiastic, responsive, experienced and productive are words that come to mind! Please consider whether you have something to contribute or to learn from this team, and put your hand up.

### **Secretariat**

Once again, Mary Fitzgerald continued to provide unstintingly warm and professional support to Council, the membership and me, this year. Members really value her smiling face and calm presence at our meetings. She also has frequent email dialogues with many of you. Mary runs all aspects of the office, including the finances most effectively and efficiently. Thanks Mary, most sincerely for your all-round efforts on our behalf. We are delighted that Mary has indicated her willingness to continue in post in the years leading up to WCIM in 2010.

### **Concluding Remarks**

There are challenges ahead if we are to maintain momentum to truly 'restore the balance' in specialist medical services throughout the region. While NZ and Australia have quite different health and political systems, it always pleases me to see just how similar general physicians are. What we have in common, driving us on, is our patients and their needs. If we use a patient centred approach as the rationale for quality general medicine services, we can't lose!

The last two and a bit years have been pretty full-on but wonderfully interesting and rewarding; thanks for the opportunity and your support. It's been a great pleasure to meet so many of you at the meetings, in your workplaces and over the email. It is, however, the right time to hand the reins over to Alasdair MacDonald and wish him and the next Council all the very best for 2008 and beyond.

**Phillippa Poole**  
President, IMSANZ  
7 Sept 2007