



Alasdair MacDonald

President's Report 2008

As the Internal Medicine Society of Australia and New Zealand enters its second decade the work and vision of its founders remains on track. In Phillipa's President's report in 2007 the societies inaugural mission statement and objective to target "*The society exists to foster the highest standards of training, practice, teaching and research in the field of general internal medicine*". In the short seven months since that report was delivered at our Annual General Meeting in Adelaide in September 2007 modest further gains have been made in attaining that vision.

Before presenting the details of our advances over the last few months it is appropriate, as I did in my initial newsletter, to pay tribute to the work of Phillipa Poole whose contribution as President and whose ongoing contribution in every important aspect of policy and education remains critical to the advancement of this society. The mentoring role of Phillipa and Ian Scott regarding decision making in the first seven months of this IMSANZ year must not go without due recognition. At this time I'd also like to pay tribute to the work of Council, both past and current. Council in these few short months has seen a number of changes with few felt more deeply than the retirement of Mary-Ann Ryall whose work as Honorary Treasurer, along with her contributions to curriculum and all aspects of council activities over recent years have been invaluable. Her role has been ably accepted by Tony Ryan and the financial strength of the society remains in good hands.

Gabriel Shannon and Aidan Foy completed there period on Council and Rob Pickles has joined to ably represent the interests of NSW. In Victoria Dawn DeWitt continues to make a major contribution to the direction of IMSANZ and is able to provide a fresh perspective on rural and regional practice. With the departure of Richard King from Council Don Campbell is a welcome addition, Ian Scott continues to make a colossal contribution and Queensland is further represented by our capable and hardworking Secretary Nick Buckmaster. Diane Howard rejoins Council in the absence of Emma Spencer on maternity leave.

New Zealand's representation is the already mentioned Phillipa, Andrew Bowers and Andrew Burns who remain a powerhouse within council contributing invaluable efforts. My colleague in Tasmania Nicole Hancock's contribution to council activities and her SAC membership continue to give strength and depth to the organisation. Western Australia is ably represented, in addition to Tony Ryan by Jaye Martin and currently Josephine Thomas represents South Australia and works hard on Council along with many other IMSANZ activities including WCIM. In mentioning councillors contributions the sad loss of the tireless supporter of General Medicine and a former colleague of mine in Adelaide David Taverner this year left a significant hole in the landscape of General Medicine in Adelaide. I would like to add my condolences to his family and colleagues.

Representing the interests of Advanced Trainees are James MacDonald, currently representing the interests of Australian trainees, but temporarily from the South Pacific, and Helen Kenealy representing New Zealand trainees. I'd like to thank Ingrid Hutton for her contribution as an Advanced Trainee rep on Council. Finally the work of the SAC councillors Adrienne Anderson and Denise Aitken remains critical to the ongoing advancement of quality General Physicians.

The activities of IMSANZ over the last few months have concentrated in a large part on our relationship with the RACP. As most of you would be aware major changes in the structure of the RACP have occurred over the last twelve to eighteen months. The governance structure changes have taken some significant amounts of adjustment and in many ways the direction of the governance itself has gone through significant adjustments and teething problems. At the same time the role out of the new basic physician training curriculum and the relatively rapid

evolution of educational structures within the college through the deanery has seen a very sharp learning curve for many of us. Like the other specialty societies IMSANZ sits no longer on a specialties board but on the Adult Division Council, the administrative council of the Adult Division of the College, answering to the College Board on matters of policy and direction but largely independent in the day to day management of the Adult Division along with an executive role in the endorsement of training on the recommendations of the education committees linked to the governance structure. I am pleased to report that I am able, as a member of the Adult Medicine Executive Committee of six or so fellows, to monitor and contribute to the direction of the Adult Medicine Division in general and with respect to General Medicine. The majority of these structures are just finding their feet with only one or two meetings having occurred and the majority of the contributors paddling hard to keep up with the evolving College of Physicians of the latter part of this decade.

In respect of the college matters, the heavy investment of the college in the educational governance, the deanery and IT resources sees a new lean college working to upskill the societies in respect of their business affairs and as the SAC's become STC's the opportunity to control their direction, from within our society, comes with the responsibility to sensibly financially manage their business including the need to present business cases to the college for both financial and manpower support. As you can see with greater control comes more work and more responsibility both in respect of the quality of work and its budget. The educational strategy has seen the role out of the first year of the new basic training curriculum and the formative in-training assessment tools of the mini CEX with the ongoing summative assessment remaining the written and clinical examination. Hard work has also occurred in the development of assessment processes for overseas trained physicians. Our own advanced training curriculum, through the ongoing hard work of the writing group, remains close to completion and in many respects awaits the opportunity to see it introduced in a way that serves the best interests of IMSANZ and the RACP.

In respect of the position of General Medicine within the big picture of College affairs there is no doubt that our value is being increasingly recognised. Support from within the Adult Medicine Division's President John Kolbe has helped facilitate the development of policies, principals and guidelines with regard to training and ongoing work continues with respect to the role of General Physicians and the value of general training in respect of provision of acute undifferentiated take. The invaluable support of Ian Scott and Phillippa Poole in this area must be commended. Our SAC's soon to become STC's remain the independent but cooperating bodies across the Tasman and the College of Physicians acknowledges the ongoing need for this independence given the differing nature of work force issues on either side of the Tasman. I am pleased to report a major improvement in the number of Advanced Trainees registered in General Medicine on the Australian side of Tasman and the ongoing excellent training numbers in General Medicine in New Zealand. With this the membership of IMSANZ continues to rise, virtually on a month by month basis. Members of IMSANZ continue to work tirelessly in the areas of continuing professional development and in workforce related issues for rural Australia and New Zealand.

SCIENTIFIC MEETINGS

In the short time since we all met for the last AGM in Adelaide the opportunities for ongoing professional development through scientific meetings under the banner of IMSANZ have been numerous and particularly strong on the eastern side of the Tasman. I personally can report on the strength of the combined meeting with Gastroenterologists in Christchurch in November 2007 and the Bay of Plenty meeting in March of this year, both of which I had the opportunity to attend and enjoy quality educational programs in a collegiate environment with the enormous hospitality of our New Zealand membership. This Adelaide IMSANZ meeting in conjunction with the RACP congress also promises to be an excellent educational and social opportunity for continuing professional development and networking. Meanwhile we look forward to the rural Australian meeting in regional Victoria between October 16th and 18th this year with Dawn DeWitt

and her committee putting enormous work into its development. As things stand at the moment we have made a provisional commitment to the 2009 college congress in Sydney, and are co-hosts of the World Congress in Internal Medicine, in Melbourne, in 2010. Both of these no doubt in the coming months will challenge increasing numbers of the membership of IMSANZ for contributions. I must thank the tireless work of speakers, program committees, organisers and sponsors of all the recent IMSANZ meetings and commend their success to the tireless efforts of these individuals and groups.

SCHOLARSHIPS AND FELLOWSHIPS

In recent weeks IMSANZ council has reviewed applications for IMSANZ travel scholarships and has pleasingly been able to offer two travelling scholarships, one to attend the ESIM and one to attend the WCIM during to 2008. These have been awarded to Catherine Cotter and Steven Chung. I would also like to congratulate the advanced trainee award winner Dr Christopher Leung from Box Hill who made his presentation of his paper entitled "Audit of lumbar spine radiographs in the Emergency Department" at the September IMSANZ meeting. In New Zealand at the autumn meeting the Neil De Zoysa Young Investigator award was jointly awarded to Ryan Walkin and Philip Robinson and I congratulate all of these recipients.

COMMUNICATIONS

The IMSANZ newsletter remains a testament to the diversity of activities of our membership but there is always room for more and I encourage all to share their experiences, knowledge and opinions through this avenue and to forward any contributions to Ian Scott or Mary Fitzgerald. The website has had another successful year with the statistics on hits reflecting interest from the membership and from the wider community. The publication on the web site of the critically appraised topics, position statements, information about upcoming meetings and even details such as the annual report represents a readily accessible and relatively economical utilisation of subscription funds. I encourage the membership to regularly visit the website and to feel free to submit topics and interesting pieces for publication on this valuable resource.

LINKS AND COMMUNICATIONS

IMSANZ Council continues to review and endorse the work of many other societies and groups within Australia and New Zealand and I thank many members of the membership for their quiet behind the scenes work in perusing such documents and offering their comments and opinions. Our links with such groups as ISIM and some newly established links with the Society for Acute Medicine have provided opportunities to both disseminate our experience and learn from others.

RESEARCH

Perhaps however the most exciting development in many respects, in referring back to our inaugural mission statement is the development of an allied research network under the watchful eye of such people as Paddy Phillips, Cameron Bennett, Ian Scott, Peter Greenberg, Don Campbell, Caroline Brand, Simon Dimmitt, Campbell Thompson, Mike Ahern, Bill Jefferies and Phillippa Poole. We look forward to fostering strong links with this group and contributing to an evidence base to underpin the important work of General Internal Medicine.

CONCLUSION

In concluding my report today I must pay a personal tribute and pass on the Society's indebtedness to Mary Fitzgerald. She administers the affairs of the now 475 member society,

constitutes our shop front to the world and to our membership and along with this she sustains communications with the RACP. At a personal level she attempts to keep me to deadlines and offers invaluable counsel. I certainly look forward to an exciting period for this society for the coming year or two. I see our role growing, through the strength of our membership and the importance of General Medicine to the provision of health care in Australia and New Zealand.

Alasdair MacDonald

IMSANZ President

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