



PRESIDENT'S REPORT 2009

IMSANZ marches on with new found vigour as it continues to honour its original mission statement. As the public and the legislators demand a shift back to generalism, the Society continues to raise the profile of general internal medicine. In this we are embracing the aspects of generalism in specific areas such as the acute medical sector and defining our role in chronic disease as the coordinator of multidisciplinary medicine for all ages and chronic health needs. However, some of the challenges

facing us grow larger as we need to take general medicine ahead in an environment where workforce pragmatism continues to slow some of our initiatives, but a failure to recognise the right time to compromise might see us left out of the generalism equation by health departments and governments.

IMSANZ AND RACP

This year once again sees us joining with the college in our annual scientific meeting and looking forward to co hosting the biennial scientific meeting of the International Society of Internal Medicine with the college in the form of WCIM 2010 in Melbourne in March next year. I continue to sit on the Adult Medicine Division Council Executive and on the full council with Cam Bennett who is an elected member and the new IMSANZ council representative for metropolitan Queensland. In exciting news IMSANZ member and President of the Geriatric Society Catherine Yelland is now the President elect of the Adult Medicine Division seeing an even stronger presence for General Medicine within the RACP. The major college innovations in education and assessment continue to roll out under the guidance of the deanery and we, as a Society, need to continue to have a strong voice in this area as many of our members are DPT's and intimately involved in education and assessment.

The strength of the college remains through its fellowship and engagement in the college's decision making is critical to achieving the outcomes we need for our IMSANZ membership not just in tertiary hospitals but on the urban fringe and in regional and rural practice. The other often forgotten group in the process is probably the majority of our membership who spend all or at least part of their time in private ambulatory consulting practice and we need to engage with the college in advocacy for this role and its appropriate valuing both the training sector and in the primary care interface. Across the Tasman our New Zealand membership are also active in their adult medicine division through the hard work of many like Phillippa Poole continues to work extremely hard for the Society.

COUNCIL

We have seen a number of retirements all of whom have made invaluable contributions. The departure of Denise Aitkin, Dawn DeWitt, and Jo Thomas will be felt as their contributions have been significant, but I don't think they would mind if I singled Ian Scott out for special mention. Ian a Past President of the Society has been a contributor to the cause whose productivity I suspect has been second to none and he will be missed on

council although his contribution to the Society on committees and in press continues. The assistance of Phillippa Poole, Nick Buckmaster and Tony Ryan as office bearers have made for the smooth running of the executive aspects of the Society. The remainder of Council members have all made large contributions but special mention needs to go to SAC members and chairs on both sides of the Tasman Adrienne Anderson and Andrew Bowers along with Nicole Hancock and Rob Pickles who sit on both the SAC and Council. Our other council members Andrew Burns, Jaye Martin and Don Campbell contribute to all council activities. Our trainee reps Helen Kenealy and James Macdonald both have provided us not just with a trainee perspective but with detailed feedback on many areas. We welcomed Cam Bennett to his first council meeting on Sunday, 17 May, with fresh ideas to fill Ian Scott's large shoes.

SCIENTIFIC MEETINGS

These remain a significant highlight in Society activities, many of you will remember the return trip to Adelaide to combine with the congress which proved a great if not at times controversial success. Since then I have been to the always fabulous NZ autumn meeting this year in Wellington and who could forget the spectacular dinner venue of Boom Rock, whilst the scientific program was equally good. This meeting is shaping up to be another resounding success and I must thank as always Mary Fitzgerald for her tireless work for this and every other IMSANZ endeavour without her Nick, Don and I could not have put any of this together, in addition the contributors from within the Society are too numerous to mention, but we thank you all. I will not do another advertorial for WCIM 2010 but just to say that the IMSANZ membership should regard attendance as compulsory or you will need to send a note, with the planning program draft already well advanced why would you want to miss it.

ACTIVITIES

The Society continues to undertake many activities with both the RACP and the broader health community I will not detail all these but acknowledge the work done in reviewing policies, providing education, sitting on committees and providing advocacy in the community by our membership. In addition to this the growth of research in general medicine driven by many of our membership gives us an evidence base for our specialty.

CONCLUSION AND FUTURE DIRECTION

In concluding I would like to say a few words about the future direction of the Society it is your Society and I give a few thoughts to muse on. Firstly, as I said in a recent newsletter, I think we all need to be loud and proud of being general physicians, come out of the closet, I often hear just as good an argument as it relates to other specialties and I believe we should be proud that we are the best at dealing with complex co morbidity patients of all ages as a whole person and we should be recognised for it by all, including those who set remuneration not just hang off others' arguments with the we are as good as claimed. Secondly, I see our Society has enormous opportunities in both chronic disease and acute medicine and that we should be the benchmark and the reference point for the care of these patients and as a Society we should take ownership of these areas of healthcare. Thirdly, in undertaking some of these tasks perhaps the time has come to recognise that the rest of the multidisciplinary team that we coordinate in these areas of care may want to join us in some membership capacity to facilitate communication and interprofessional learning. I leave you to muse on these thoughts in the coming days.

Alasdair MacDonald
IMSANZ President
14 May 2009