IMSANZ

INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND

APRIL 2011

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SAC Councillors
Andrew Bowers, NZ

Secretariat
145 Macquarie Street
Sydney NSW 2000
AUSTRALIA

Telephone
+ 61 2 9256 9630

Facsimile
+ 61 2 9247 7214

E-mail
imsanz@racp.edu.au

Website
www.imsanz.org.au

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President's Report

It seems like only yesterday that I was last writing the update for the newsletter, and yet the world has changed dramatically for so many people around the world, as well as in our own back yard. Our thoughts go out to all those who have been affected directly and indirectly by the floods, cyclones and the earthquakes. It brings home the fragility of our towns and cities, and the importance of having flexible and robust systems of health care delivery even in our highly developed and affluent society. Although the disaster of Hurricane Katrina is perhaps not directly comparable to those of the earthquake in Christchurch and the cyclones and floods in Queensland, the response of the health system to these issues with the capacity to evacuate entire regional hospitals from Cairns, or to fly in relief medical teams from all across the NZ for Christchurch demonstrates the importance of an integrated system, as well as the individual generosity of those involved in these exercises.

At this stage, while appreciating the sentiment, you may be wondering what this has to do with General Internal Medicine. The relevance is that having a flexible workforce that can manage common complex disorders is absolutely key to these responses. While the attention of the media often focuses on the trauma and intensive care components of emergency responses, there is ongoing and often increased workload placed on generalist services. These services act as the buffer for other more highly specialised services in these circumstances. General Medicine with its broad scope of training provides increased flexibility to the system which would be sorely tested without this buffer capacity.

I was quite fortunate to attend the New Zealand Scientific meeting in New Plymouth at the beginning of this month. Despite it being held only a few days following the events in Christchurch the meeting was a resounding success. Understandably some registrants, including a number of the planned speakers, were unable to attend. John Gommans and his team did a magnificent effort and were able to find volunteers to speak at the last minute. It was an enormously enjoyable conference with entertaining and informative talks, as well as a fantastic opportunity to catch up with old friends. The scenery there is spectacular, with the weather clearing to allow beautiful views of the mountain. For other Australians I can thoroughly recommend the NZ conferences as always worth the trip.

You will have noticed that for the first time this year IMSANZ has pulled together Advanced training places into one central resource within the RACP training places supplement. Nicole Hancock did a superb job with this. I expect this area will grow rapidly in future years as it is recognised as a central resource for our trainees exploring their options and planning for the next year or so of their training.

By the time the newsletter comes out I hope and expect that we will have aligned the names of both the Australian and New Zealand SACs to be called the SACs in General and Acute Medicine. This will complete the work of alignment of

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names, curriculum and training guidelines commenced over the last 2 years, a piece of surprisingly hard work which has been undertaken by our council members. The renaming of the Australian SAC was supported at the College Adult Medicine Divisional council with many specialty society representatives speaking enthusiastically for formally acknowledging our role in Acute Medicine.

Finally, work is well underway for our next IMSANZ conference which will be held in Lorne in Victoria over the 11th to 13th of November this year. I am confident that this meeting will be as successful as that in Gold Coast last year.

NICK BUCKMASTER FRACP
PRESIDENT, IMSANZ

IMSANZ would like to welcome the following New Members:

- Dr Kirsten Holst, Palmerston North, NZ
- Dr John Rivers, Wanganui, NZ
- Dr David Silverman, Rotorua, NZ

A warm welcome is also extended to our New Trainee Members:

- Dr Saima Amer, Gold Coast, QLD
- Dr Sandra Bourke, Auckland, NZ
- Dr Jennifer Butler, Christchurch, NZ
- Dr Michelle Downie, Wellington, NZ
- Dr Tam Ho, Adelaide, SA
- Dr James Irwin, Auckland, NZ
- Dr Peter Loa, Canberra, ACT
- Dr Ni Ni Khin, Brisbane, QLD
- Dr Nicholas New, Brisbane QLD
- Dr Matthew Pienaar, Fremantle, WA
- Dr Rebekah Shakhovskoy, Brisbane, QLD
- Dr Sonakshi Sharma, Auckland, NZ
- Dr Eugene Teh, Melbourne, VIC
- Dr Mary Wicks, Brisbane, QLD
- Dr Sajed Valappil, Auckland, NZ
- Dr Matthew Willcourt, Adelaide, SA
- Dr Laurie Wing, Auckland, NZ

TARANAKI MEETING

The sun shone, the sea sparkled and the Annual IMSANZ NZ meeting was almost all that it should have been. The difference of course was that two weeks prior Christchurch suffered a devastating earthquake that meant that several colleagues were unable to join us. The impact of this could not have been more visible than when we were due to have a series of talks devoted to the physiological and psychological effects of the September earthquake. The efforts of those who stepped in at the last moment to provide excellent alternative talks were greatly appreciated.

I loved Andrew Bowers' talk on e-prescribing, became terrified by the prospect of a multi-resistant coliform from New Dehli and learned that high flow oxygen could increase dead space and make hypoxic patients worse. The talks by the registrars competing for the prize were all terrific and my satisfaction at seeing David Tripp win for his talk on the management of CAP in my MAPU was only slightly the result of parochialism.

The talks by Des Gorman and John Henley on the state of internal medicine and the health sector overall led to much mulling over our cups of coffee and glasses of wine. It is clear that along with keeping up to date with technological and pharmacological advances we need to be continually reviewing the work-force and considering new ways of working efficiently. Phillippa Poole told us about the ambitions of current medical students, Nicolas Szecket described a means of smoothing out medical admissions and John Gommans reminded us to look for the lost long-stay patients.

We ended by hearing that it's not good practice to tell patients to lose weight and that we shouldn't measure BP or cholesterol. It's true! We should instead be asking them to go for a long stroll along the boardwalk by the Taranaki sea-shore. But when they get to the surf lifesaving club they should play volleyball (why didn't we do that?) instead of drinking beer in the evening sunshine.

We love to talk about our work and this meeting more than any other encourages the sharing of angst and good ideas with friends and colleagues - including the medicine advanced trainees and our mates from across the Tasman. We were sad about Christchurch but grateful that the meeting had gone ahead; we look forward to catching up with everyone at our meeting next year.

ROBYN TOOMATH
Wellington NZ

TARANAKI MEETING REPORT

I was fortunate and delighted to be chosen as the recipient for the IMSANZ Pacific Associate Travel Scholarship this year and chose to attend the IMSANZ NZ Taranaki meeting. The meeting at the Copthorne Hotel in New Plymouth was an excellent experience indeed for a few reasons. This was my first trip to Taranaki. There were new colleagues to meet and share experiences with.

The welcome reception on Wednesday evening was where I got to meet up with most of the participants most of whom I never knew before. Associate Professor Phillippa Poole introduced me to other participants that evening. It was comforting to know her having visited the Fiji School of Medicine and Colonial War Memorial Hospital in Suva. She was very instrumental in making sure I am introduced to the other participants.

This meeting is a memorable one as I was appointed to be one of the judges for the advanced trainee presentations on Thursday afternoon. There were some very good presentations displayed on that day. This is a new experience for me.

It was interesting to be educated on the direction where modern medical practice is moving into in Australia and NZ. Dr Andrew Bower's talk on e-prescribing will certainly minimize medical errors and NZ will be looking forward to this new adventure. He also challenges us because he is no ordinary doctor but a gifted IT man as well.

I found out that dual trainee concept was the way Physicians are moving into. It was a great idea but for us from the other Pacific Island countries the General Physician with special interest concept is a more acceptable and practical one.

I am never disappointed with any IMSANZ meeting and I don't think I ever will. The sessions were very good but, somehow I felt Dr John Gommans talk on stroke prevention was simple and realistic one for me. Interestingly the differences in guidelines across Europe, US and Australia not only in neurology but in other disciplines will remain as it is. I guess this probably stems from how we view and interpret evidence presented to us. Moreover it is how realistic we are that certain practices will suit us, our patient and accepted by the community we serve.

I was looking forward to the medical fitness to fly session but unfortunately this was understandably cancelled because of the speakers work commitments in relation to the Christchurch earthquake. Christchurch has a place in most of my Fijian and Pacific island colleague's heart. We form the islands have been trained and spent time at the Christchurch hospital for training in Oncology, Cardiology, Physician training, Surgery, Paediatrics, Urology, Obstetrics etc. On behalf of all the Pacific associate members and their family and friends, we would like to take this opportunity to share our condolences with the lovely people of Christchurch. It is our prayers that they will recover and find peace during this challenging time.

New Plymouth has got its unique, stunning landscapes and sea-shore walkway. The BBQ at the surf club was excellent. It provided me an opportunity to meet up with our President and secretary. I would like to thank the organisers for a job well done. May I take this opportunity to thank IMSANZ for the sponsorship and my institution, the College of Medicine, Nursing and Health Sciences of the Fiji National University for partially funding my travel.

DR WILLIAM MAY

College of Medicine, Nursing and Health Sciences
Fiji National University
Lautoka, Fiji Islands

An article in the New England Journal of Medicine titled: ***"Specialization, Subspecailzation, and Subsubspecialization in Internal Medicine"*** **may be of interest to members.**

Please go to the link for a free PDF of the article:

http://healthpolicyandreform.nejm.org/?p=14005&query=TOC

TARANAKI – WAS IT REALLY WORTH IT?!

Wednesday, 2nd March 2011. It is 3:30AM when my alarm clock went off.

Being a relatively new member of IMSANZ I had registered for the NZ Annual Scientific Meeting which was hold in Taranaki, New Plymouth. I was curious to meet “true General Physicians” as I had just arrived 6 years ago in Australia and was busily working in rural Victoria, often only having access to more specialised meetings and conferences. Over these years I had noticed the sub-specialization of Medicine (not only Down Under), which got me quite concerned as I felt that the focus on only one field of Medicine can not nurture a holistic approach that our patients would need and demand.

So I got up and after a short brekky I was on my 3 hrs way down to Melbourne where I boarded a flight to Auckland. I had to drive myself down to New Plymouth as I would not have made it back to my home base after the conference (but I had family commitments!). I got out of the plane, got into the car and went further South.

I arrived at about 22.00 when the Welcome Function was over, the town looked quite deserted. Never mind ... after a good night sleep I made it fresh to the conference room. About 80 physicians and trainees attended and the program was promising. A wide variety of general medical problems were on the agenda. A few days prior NZ had been shaken by that devastating earthquake but most speakers were able to attend. The Colleagues from Christchurch were sadly missed but I was impressed that there were no gaps in the program as a number of speakers had volunteered to fill the gaps with not even less interesting talks.

We started into the morning with “Ether” - news on e-medicine developments, continued with “Air” a session including topics as wide as stroke treatment, geriatric birthdays and a new look on an old therapy: Oxygen. After lunch we entered the “Open Skies” and were introduced to numerous topics which had been attacked by trainees which often reminded us of some basic topics in our general medical life: anticoagulation, community acquired pneumonia, stress exercise tests, gram negative resistance to name only a few.

Later at night most of the delegates went out to the New Plymouth Surf Club and enjoyed a great night with BBQ and beer, mingling with colleagues, hearing recited poems and just enjoying the breeze and the the sea. And it actually had stopped raining!

The next day focused more on workforce issues but hands on medical topics were not forgotten: “Aspirin, Dipyridamole or Clopidogrel: Does it really matter?” or “Stop telling your patients to loose weight”.

After all this I had to rush back to Auckland (starting the above described odyssey in reverse!). I made it in time, jumped on that plane, got my car back and arrived early the next morning back home.

General Physicians are often fighting on their own and we often feel like “Jack of all trades, Master of none”. However, General Medicine will become more and more important in our multimorbid community and as sub-specialists are becoming more and more blinded for the general needs of our patients we need to be there to put the things together. Small, almost intimate conferences like Taranaki are important to help us to keep the overview and to exchange our views with colleagues who understand the wide spread problems that we face every day.

Leaving me with the question: Was it really worth it? And there was just one answer: **YES!**

ROBERT KRONES
Wangaratta, Victoria

The RACP Research and Education Foundation 2012 Fellowships and Scholarships Awards

The Royal Australasian College of Physicians Research and Education Foundation offers over 50 Scholarships and Fellowships a year, funding a broad range of areas and specialties relevant to physicians, for Fellows and Trainees of the RACP.

To find out more about the awards, eligibility requirements and how to apply, please visit the REF website:

www.racp.edu.au/page/research-ed or e-mail foundation@racp.edu.au

NEW ZEALAND VICE PRESIDENT'S REPORT

1251 may be just a number but following the recent tragic events in Christchurch it will have a lasting impact on the collective consciousness of New Zealand. Immediately following the 1251 pm earthquake on Tuesday 22 February 2011 the thoughts of all IMSANZ members in the rest of New Zealand and Australia went out to our colleagues, friends and their families who were affected by this disaster. It is one thing to establish a hospital emergency plan designed to cope with mass casualties but it is an entirely different matter when both the hospital and all those who work in it are also involved in the disaster. Stories are gradually emerging of the unstinting efforts of all manner of staff, students and volunteers who willingly helped in the midst of chaos. Managing hundreds of critically injured and ill people during frequent power cuts, computer outages, unreliable communications and sizable aftershocks is not something most of us are prepared for - just imagine plunging your emergency room into darkness whilst you are in the midst of a patient resuscitation, add in an unidentified patient, lack of x-rays, need for manual transmission of lab results, and then multiply that by tens and hundreds. Coping with this while many of the same staff were waiting for news regarding the fate of their own families and homes is beyond the comprehension of most of us.

What has been clear is the value of teamwork, leadership and professionalism of all staff across all disciplines. The emergency department, orthopaedic service and theatres, and acute medical services all rapidly organised themselves. Inpatient units managed the difficult evacuation of patients from some badly affected multi-story hospital wards. Other problems included the need to relocate all dialysis patients and hundreds of frail older people from their now uninhabitable nursing homes to other districts. Following the quake a quarter of the hospital staff were apparently not living in their own homes while others continued to work despite the absence of basic services such as power, water and/or sewerage at home. Many NZ hospital disaster plans are being reviewed to incorporate the needs of primary care services, older person's health services, and staff.

The effects will be long lasting. The psychological impact including distress-inducing aftershocks (repeated earthquakes is a more accurate description) on the general population and clinicians are yet to peak. Offers of help rapidly materialised and several volunteer medical registrars from around NZ have already completed relief stints in Christchurch while their colleagues covered duties at their base hospitals. Practical assistance is likely to be required for many months. Some estimates indicate that 20% of Christchurch's population has now dispersed to other parts of NZ, many requiring medical intervention for chest pains and other stress related disorders. Such mass migration reinforces the need to proceed with the National IT Board's plans for a core or summary electronic health record.

The earthquake occurred some 10 days before the planned autumn IMSANZ NZ annual scientific meeting in Taranaki. After some consideration the conference organisers decided to proceed with this meeting as the vast majority of the 80 plus registrants were from the North Island or Australia and transport links to New Plymouth were unaffected. A further consideration was the earlier postponement of the 2010 autumn meeting to ensure good NZ representation at the World Congress of Internal Medicine in Melbourne. The decision to proceed was made easier by an email from David Jardine in Christchurch *"All of us down here are pleased that the meeting is still going ahead even though some can't come"*. The original programme had included a session of four presentations from the Christchurch group, chaired by David, on the cardiac and psychological impacts of the earlier September 2010 earthquake. Only two days before the meeting two further listed speakers were also transferred to assist in Christchurch. General Physicians confirmed their willingness to support IMSANZ meetings, and their flexibility, as seven volunteered replacement or extended presentations, and the conference timetable was rapidly reorganized, several times. Replacement talks included updates on Coeliac disease, Crohn's disease, gram negative resistance, tele-stroke thrombolysis, medical assessment and planning units, and why we should celebrate birthdays! Lynda Booth of Workz4U and her team of conference organisers certainly demonstrated their value, coping admirably with multiple last minute changes. Dr Sarah Aldington from Air New Zealand has offered to give her planned talk on *Medical Fitness to Fly* at a future NZ meeting.

Attendees included a good mix of trainees, younger physicians and old hands from both provincial and metropolitan centres, plus a handful from Australia. Those who attended deemed the meeting to be a success with a varied, interesting and at times entertaining and thought-provoking final programme. Dr David Tripp from Wellington won the De Zoysa Prize for the best trainee presentation for his talk on "I*nvestigating the impact of an acute medical assessment unit on the assessment and treatment of community acquired pneumonia"*. The meeting provided ample opportunity for networking and a highlight was the glorious waterfront walk, wearing Hawaiian shirts, to the East End surf club for a sunset barbeque. There was a general consensus that the 2012 autumn NZ meeting should be held somewhere in the South Island although it is unlikely to be in Christchurch. IMSANZ NZ councilors and Workz4U will select the final date and destination, and we will try and avoid the week of the written exams next time! Offers from South Island colleagues willing to participate on the organizing committee will be gratefully considered.

Finally we congratulate all those registrars who passed their written exams, with a stunning 83% pass rate from the 100 who attempted it in NZ, and we wish them good luck for the practical.

JOHN GOMMANS
Vice President New Zealand

Physician required for Noosa Hospital, QLD

Noosa Hospital, on Queensland's Sunshine Coast currently has an ideal opportunity for a Physician (general or sub-specialist) to join the current 3 Physicians to help service the growing patient population and demands.

Noosa Hospital, owned and operated by Ramsay Health Care, has a 20 year contract with Queensland Health to treat public patients. As well as our busy public facilities we also have private patients in a dedicated ward – offering new Specialists the best of both worlds in one location!

ABOUT NOOSA HOSPITAL

- We are a 92 bed facility and additionally have a busy Emergency Department. The hospital offers a broad range of medical and surgical services and is highly regarded throughout the medical community.
- Noosa Hospital is a beautiful and unique facility set in a well kept "green" environment. The Sunshine Coast has some wonderful and accessible place to live and we have superb schools, beaches, restaurants, parklands as well as the Sunshine Coast airport in close proximity.
- Many of our Doctors choose to live just a short drive from the hospital at some of the Sunshine Coast's best locations, allowing them to maximise the work/life balance. As an additional benefit, Brisbane and the attractions of a large metropolis is less than 2 hours away by car.

BENEFITS

- Generous public salary based on an approx 25 hour fortnight allowing you to progressively build your private practice whilst being assured of a guaranteed public patient income;
- Right to private practice giving you the opportunity to substantially add to your base salary
- 4 weeks paid annual leave;
- 1 week of paid study leave;
- 1:4 on-call roster;
- Medical indemnity insurance covered by Noosa Hospital;
- Assistance with relocation expenses including temporary initial accommodation;
- Full marketing support to assist with establishing your private referrals;
- Rent free consulting suites for private consultations for first 12 months as well as all administration, reception and medical typing

If you are interested in finding out more about this wonderful opportunity, please contact Oliver Steele, CEO, Noosa Hospital on (07) 5455 9203 or email: steeleo@ramsayhealth.com.au

www.opps4docs.com.au

Opps4Docs

YOUR PARTNER IN HEALTHCARE

SUPPORTING PHYSICIANS' PROFESSIONALISM AND PERFORMANCE (SPPP) PROJECT

Sarah Dalton and Grant Phelps
(SPPP Executive members)

Where are we now?

The changing medical and community landscape is asking more of doctors. Tthe complexity and cost of modern healthcare, together with an inevitable move towards collaborative and patient centred models of care demands a new way of thinking about clinical practice and medical professionalism. The College recognises a need to support Fellows in their workplaces by providing guidance (e.g. the recently published RACP Code of Conduct) to support us in this new health care paradigm.

The SPPP project began with a view to developing a framework that can be used to guide and support Fellows' professional practice throughout their medical career. The project has been exploring the concept of 'demonstrable professionalism' which RACP aims to identify through the SPPP framework.

After reviewing many different frameworks that aim to describe the elements of a "good" doctor, the SPPP project team has developed an approach, building upon the CanMEDS Framework and the RACP Professional Qualities Curriculum. The evolving SPPP framework aims to identify what it means to be a good physician, by describing good and poor behaviours within each domain. These 'behavioural markers' will help to define and describe excellence in physician professional practice and also help to identify underperformance. Input from the Fellowship is essential to ensure that they are applicable and acceptable across the breadth of physician practice. The consultation process for the SPPP is seeking feedback from the Fellowship on the proposed framework.

SPPP benefits to the Fellowship

The Framework will help to support Fellows in their practices, but will also support physicians' relationships with employers and contracting organisations. The framework will assist Fellows and organisations to understand a doctor's performance and will complement but not take the place of organisational performance development processes. It is clear that the professional satisfaction of Fellows will be heightened in this new paradigm if we are able to readily demonstrate that we are practising in a professional manner.

How can you be involved?

The project consultant, Dr Ian Graham, is currently consulting with the RACP Fellowship through meetings with various groups within the College. For a full list of sessions that he will be attending, please visit the website *www.racp.edu.au/page/sppp* If you wish to be engaged in the consultations and have not yet had a meeting confirmed, please email *sppp@racp.edu.au.*

A SPPP draft document for consultation and feedback has been developed to capture feedback from the Fellowship and will be available online or in hard copy. **Please email the above address to access your copy**. In addition, a feedback session, open to all interested Fellows will be held on the first day of College Congress in Darwin on Monday 23rd May 2011. SPPP representatives will also staff a booth in the exhibition area throughout the Congress and are keen to hear from Fellows interested in contributing to the development of the SPPP Framework.

INFORMATION FROM THE SAC

1. General Medicine Advanced Training Guideline Review

In May 2010, a review of the Australian and New Zealand guidelines for advanced training in general medicine commenced. The main aim of the review was to create a single set of guidelines to be used in both countries. This review also stimulated discussion about acute medicine, dual training, site accreditation, part-time training, training positions in non-clinical roles and project requirements.

The new guideline (now draft 6) is in the final process of review. We are aiming to have the process completed in time for **NEW 2012** advanced trainees in General Medicine to utilise them when applying for positions and discussing their training programs with their peers/mentors. Please note that existing trainees will continue to follow the guidelines in place when they commenced training.

We would like to provide any interested trainees, supervisors or other people the opportunity to be part of this final review. If you would like to see a copy of Draft 6, please contact me directly- nicole.hancock@dhhs.tas.gov.au. This opportunity will be available until the end of May, 2011.

2. General Medicine Training Positions

Also, keep an eye out for the ***RACP training supplement to the June 2011 RACP News***. IMSANZ, in consultation with the SAC in General Medicine have organised a specific section on advanced training opportunities in General Medicine. Advanced training positions for General Medicine have previously been hard to find amongst the state and hospital listings- hopefully, this will be a thing of the past. Should you wish to be included in this section in 2012, please contact me via my e-mail address.

DR NICOLE HANCOCK
Lead in Accreditation
SAC in General Medicine
nicole.hancock@dhhs.tas.gov.au

WAV1721

GENERAL PHYSICIAN – COASTAL NSW

Due to the expansion of services this newly created role will shape the delivery of general medical services for the region. You will lead the service and determine the model of delivery as it transitions from the current GP led service.

As a result of the imminent hospital redevelopment there will be an expected increase in the number of junior doctors presenting an opportunity to contribute to further education and teaching.

This role can be designed to suit you! Full or part-time hours considered, the opportunity to work as a Staff Specialist or VMO, 12 month contracts, academic and administrative appointments can all be considered. All subspecialty interests are welcomed and interests in ICU/HDU are highly desirable.

The location offers natural beauty, stunning coastline, national parks and rolling hills. The gentle climate allows for many outdoor pursuits; in winter you can go swimming or skiing, such is its proximity to the Snowy Mountains.

Renowned for its supportive community, this appealing country town offers an exceptional family lifestyle. With house prices less than a third of the cost of Sydney living here provides the ideal antidote to the stresses of city life.

Enquiries: **Emma Gordon** on **(02) 8353 9048** or **egordon@wave.com.au**

www.wave.com.au

The Royal College Committee on Specialties approved the motion to recognize general internal medicine (GIM) as a subspecialty of medicine on October 29, 2010. This was a major hurdle on the path to recognition, but we still need the approval of the Royal College Education Committee, the Executive of Council, and ultimately the Royal College Council. All going well, I hope we will thus have Royal College recognition of GIM by late February 2011. Recognition by the Royal College will mark only the start of our journey. The onus will then be on all of us to attract trainees into careers in GIM. At our Annual Scientific Meeting in Vancouver, Dr. Bill Coke pointed out that whereas 2% of medical subspecialists are older than 65 years, 23% of general internists in the Canadian Medical Association 2009 Masterfile are older than 65 years. Clearly, if we want our specialty to continue to exist, we need to attract trainees to follow in our footsteps!

We also heard from both community- and university-based general internists at the Provincial Roundtable, and the message was the same from both groups: we are desperately short of general internists. In the coming months, there will be discussion of the issues surrounding 4 and 5 years of training in GIM. But we should not lose our focus – we need to train both community and university internists. The flexibility proposed by Dr. Brian O'Brien and the GIM Program directors for a 2-year GIM training program will meet the goals of both of our key constituencies – academic GIM trainees will have more time to pursue MSc degrees in research or education, and community GIM trainees will obtain clinical, procedural, and management skills appropriate to their chosen community of practice. Although the popularity of GIM training has increased recently, we are still training only about half of the number of general internists required to maintain the status quo. Dr. Coke presented data, drawn from the CMA Masterfile and CAPER, that showed the scope of the problem. Assuming an average retirement age of 70 years, we need to produce 463 new general internists by 2013 just to *maintain* the current GIM workforce. We anticipate graduating only 239 GIM specialists by that date. In fact, GIM and geriatrics are the only two medical specialties that have fewer trainees than needed to replace anticipated retirements. Thus, unless we can drive a rapid upswing in GIM training positions, the situation, both for community and academic GIM, is going to get worse in the short term.

How can we increase the popularity of GIM as a career choice? While the traditional role modeling and mentoring of trainees will clearly remain the foundations of our recruitment efforts, better pay for general internists will help too. As many readers know, several provinces have modified fee codes to enhance remuneration for comprehensive care of patients with multi-system disease. Many of these billing codes benefit those of us in GIM preferentially and reflect government recognition of the need for more general internists. We should explicitly acknowledge that economics does play a role in career choice, particularly as our trainees are now graduating with higher levels of debt than at any time in the past. As the pendulum swings to reimbursing cognitive skills as much (or more) than procedural skills, I think we will see a decline in the popularity of some of the more procedurally based subspecialties in medicine.

Another important factor working in our favour is the increasing prevalence of multi-system disease and co-morbidities in the Canadian population. A 2003 study from the Saguenay region of Quebec found that the average number of chronic conditions in patients aged 45–64 was 4.1 (men) and 4.8 (women), and in patients aged over 65 it was 6.3 (men) and 6.6 (women). In the words of the authors of that report, "Patients with multimorbidity … represent the rule rather than the exception."[1] Surely internists, specialists in complex adult medicine, will be best suited to help our primary care colleagues deal with these increasingly challenging patients.

Finally, the strongest factor working in our favour for recruitment is the sheer diversity of patients we, as general internists, meet. In an earlier message (April 2010), I had opined that no 2 days, and no two patients, are ever the same for general internists and that that was what drove me to choose GIM. Dr. Tinsley Harrison said it better in his introduction to the first edition of his *Principles of Internal Medicine*, when he stated that the best physicians must have "a Shakespearean breadth of interest."[2] The task for all of us is to continue to find the budding Shakespeareans among our trainees.

DR FINLAY MCALISTER
MD, President, Canadian Society of Internal Medicine

Our thanks to Dr McAlister for allowing us to use his article.

REFERENCES

1. Fortin M, Bravo G, Hudon C, et al. Prevalence of multimorbidity among adults seen in family practice. Ann Fam Med 2005;3:223–8.
2. Harrison T. Principles of Internal Medicine, 1st edition. 1950.

Notice of 2010 Annual Scientific General Meeting

Tuesday, 24th May, 2011
Darwin Convention Centre, Darwin
1:00 PM in Rooms 3 / 4

Advanced Trainee Travel Scholarship 2011

Dr Timothy Bennett from Victoria is the winner of the 2011 Travel Scholarship.

Tim has chosen to attend the Canadian Society of Internal Medicine Congress in Canada in October 2011.

Congratulations Tim!

FORTHCOMING MEETING

2011	
MAY	**RACP Congress** **May 22-25 | Venue: Darwin Convention Centre, Northern Territory** The theme for the Congress is Indigenous Health and Chronic Disease. Website: www.racpcongress2011.com.au
JUNE	**Acute Medicine Conference - Hutt Valley DHB & Capital Coast DHB** **June 9-10 | Venue: Hutt Hospital, Lower Hutt, Wellington, New Zealand** This meeting is aimed at Advanced Trainees and Junior Consultants who lead an Acute Medical take. Themes are undifferentiated illness and interfaces between General Medicine and other specialties. Contact Deborah McKinney: deborah.mckinney@huttvalleydhb.org.nz Registration Form is on the IMSANZ website: www.imsanz.org.au/events
SEPTEMBER	**European School of Internal Medicine (ESIM)** **September 4-9 | Venue: Brighton & Sussex Medical School, Sussex University** For further information please visit their website: www.esim2011.org
OCTOBER	**Canadian Society of Internal Medicine (CSIM)** **October 12-15 | Venue: Halifax, Nova Scotia** Regular updates are posted on the website: www.csimonline.com
NOVEMBER	**IMSANZ Annual Scientific Meeting** **November 11-13 | Venue: Lorne, Victoria** An IMSANZ meeting is being planned for November in Lorne. A brief outline of the meeting topics is on the next page (*page-11*) of this Newsletter. A dedicated website is being built and will be available shortly, meanwhile updates can be found on the IMSANZ website: www.imsanz.org.au/events
2012	
OCTOBER	**Canadian Society of Internal Medicine (CSIM)** **Venue: Quebec City, Quebec** Website: www.csimonline.com/
NOVEMBER	**XXXI World Congress of Internal Medicine** **Venue: Santiago, Chile** Website: www2.kenes.com/wcim/Pages/Home.aspx

Photo Courtesy of Tourism Victoria

The IMSANZ Annual Scientific Meeting will be held at the Mantra Resort at Lorne, Victoria from 11-13 November this year. The event will be held in conjunction with the Victorian annual scientific meeting for advanced trainees in General medicine.

Lorne is a resort town on Victoria's iconic Great Ocean Road, located about one and a half hours drive from the airport (Tullamarine) and is even closer if you fly into Avalon airport. The Mantra Erskine Beach Resort is located 140 km from Melbourne and is based on the first guesthouse in Victoria, it is the only beachfront property in Lorne.

The meeting will incorporate a one-day seminar on Friday, 11th November on General Medicine Redesign exploring advances in acute and general medicine, supported by the Victorian Government Department of Health. The seminar will be of interest to acute care and general physicians as well as associate members from allied health and nursing backgrounds from Australian and New Zealand. It will include a session on producing and preparing the General Medical Workforce of the future.

The weekend program will cover, a broad range of clinical management updates including protocols for investigation of syncope stroke and thrombotic syndromes, treatment updates in diabetes and peri-operative medicine amongst other topics.

Want to know how to work with difficult patients? The session on this topic will be invaluable. It will lead into a session on establishing a program for caring for dying patients in General Medicine. Management of eating disorders patients and an update on the use of antidepressant medications in General Medicine will also be covered.

Case presentations will be used to examine recognition and management of sepsis, the deteriorating patient, blood gas analysis and peri-operative medical management.

Research presentations by advanced trainees and a breakfast meeting with mentors will be included on the Sunday.

The program will be valuable to early and mid-career general and acute care physicians alike. Come along and contribute to the success of this meeting at Lorne in November

DON CAMPBELL
NICK BUCKMASTER
HARVEY NEWNHAM
On behalf of the Organising Committee

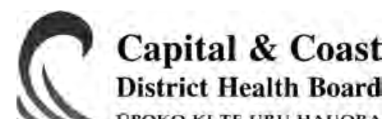
Acute Medical Conference (9-10 June 2011)

Hosted by Hutt Valley DHB & Capital & Coast DHB
This Conference will be held at Hutt Hospital, Lower Hutt, Wellington NZ

For further information and program please go to the IMSANZ website: www.imsanz.org.au/events

For further information please contact Deborah McKinney

E-mail: deborah.mckinney@huttvalleydhb.org.nz
Ph: +64 4 587 2519 | Fax: +64 4 587 2519



FROM THE EDITORS

The aim of this Newsletter is to provide a forum for information and debate about issues concerning general internal medicine in Australia, New Zealand and elsewhere.

We are most grateful for contributions received from members.

The IMSANZ Newsletter is now published three times a year - in April, August and December.

We welcome contributions from physicians and advanced trainees.

Job vacancies and advertisements for locums can be published.

Please feel free to contact us with your thoughts and comments and give us some feedback concerning the contents and style of the newsletter.

Tell us what you want!!

The editors gratefully acknowledge the enthusiastic and creative input of Mary Fitzgerald, IMSANZ secretary.

When submitting text material for consideration for the IMSANZ Newsletter please send your submissions in Microsoft Word, Excel or Publisher applications (PC format only). **Images** should either be a JPEG or a TIFF format at 300dpi and no less than 100mm by 70mm.

Submissions should be sent to: ian_scott@health.qld.gov.au

Should you wish to mail a disk please do so on a CD.

A/Prof Ian Scott
Director of Internal Medicine

Level 5B, Medical Specialties
Princess Alexandra Hospital
Ipswich Road, Brisbane
Queensland 4102

Phone: +61 7 3240 7355
Fax: +61 7 3240 7131
Email: ian_scott@health.qld.gov.au