IMSANZ
INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND

AUGUST 2011

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President's Report

It has been a busy few months since I last wrote to you. In that time it has become increasingly clear that Governments around Australia and New Zealand are finally recognising the importance of General Medicine in providing efficient, and effective care for many of the patients attending our hospitals, as well as providing consultative care for patients with complex chronic problems in our communities. This recognition however is tempered by the challenges of providing change which reinforces the viability of General Medicine during a time of major changes to the Governance of our health systems in Australia with the commencement of the new Local Health and Hospitals networks. There is a real risk that the current interest in positive strategies aimed at increasing our workforce capacity will be lost as State Governments lose many of their direct policy influence over the LHHNs. One suggestion which I have and others have made is that government establish Generalist training facilities in outer metropolitan and regional centres in each state. The vision of such centres would be that they would have supplementary funding to provide the necessary infrastructure and additional staffing to ensure that they have the capacity and capability to train Generalists in all the major disciplines. The advantage of separation of such services from the current so-called teaching hospitals is that there would no longer be direct competition by the micro-specialties for resources and for the best of our advanced trainees. These centres would also be excellent for training junior doctors and other health practitioners in "real life" medicine while giving appropriate support and time which is often lacking during current "peripheral" rotations. Clearly our advanced medical trainees would still require access to terms in other specialties, however expansion of the successful Queensland model where funds for training terms follows the trainees, thus providing significant financial incentives for these specialties to provide terms for our people.

Logical places for such centres would be in areas where there already are Rural Clinical Schools, as well as the outer metropolitan hospitals I have mentioned. The need for us to establish better processes for our trainees is now urgent, as we have a very rapid growth in trainee numbers, and we have an obligation to our communities to ensure that this growth in popularity is not wasted.

Following on from the discussion on the improved visibility of General Medicine has been new information which we have obtained within Queensland better defining the work occurring in General Medical Units around the state. We have been able to show that General Medicine units take around 12.5% of all admissions in the Queensland hospital system, a significant proportion when one recognises the rest includes all the other specialities, Emergency department short stay admissions, paediatrics, Obstetrics, mental health etc. At the same time we have demonstrated the breadth of conditions that are cared for with our top 15 conditions eg COPD, Diabetes, unstable angina, etc, only covering 45% of our workload, where other specialties will usually have their top 10 covering >90% of admissions. Finally we have shown that General Medicine admits between 40-55% of all admissions of these diagnoses within the state, reinforcing that workforce strategies

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using cardiac diagnoses or Respiratory diagnoses for example as measures of demand for other specialties are going to vastly inflate the true need for such specialities. In addition, perhaps not surprisingly, the ages of our patients are significantly older than those admitted under our colleagues.

I would suggest that General Medicine Units around Australia and New Zealand should use their own data to publicise their activity to their hospitals, to their Government, and also to the public. A poster display giving some of the information and explaining General Medicine for the public passing through hospitals would be a good start.

It was a great pleasure to attend the College Congress in Darwin in May. The Adult medicine program, jointly developed between the College and IMSANZ was informative, topical and entertaining, and the theme of the Congress on Indigenous Health and Chronic Disease was of critical importance in light of current health trends. As always the Congress also offered a great opportunity for catching up with friends and colleagues. IMSANZ has agreed to collaborate with the College in the program development for the Congress to be held in Brisbane in 2012.

I would like to take the opportunity of this news letter to ask members to encourage their non-medical and medical colleagues engaged in General Medicine care to join IMSANZ. We are working hard to ensure that the forthcoming IMSANZ conference in Lorne, Victoria over the weekend of the 11-13 November will have a broad range of topics with excellent speakers that will be relevant to our nursing and allied health colleagues, as well as to General Physicians and Trainees. As our non-medical associate membership grows, we will be able to increasingly look toward providing sessions and workshops which can be aimed at multi-disciplinary audiences and Special interest groups.

My final message for this newsletter is that we are bidding Ian Scott farewell as newsletter editor. Ian has played an enormous number of roles in the society, as many of you will be aware, with indefatigable energy but the newsletter editor role is one which is easily taken for granted. It was with great pride that we applauded Ian as he was awarded the John Sands College medal in Darwin for his enormous amount of work that he has done for the College and for General Medicine. By the time the next newsletter is published, we will have appointed his successor/s with hopefully an editor on each side of the Tasman to share the load. As always, our new editor/s will be welcoming articles from members and associate members for forthcoming issues so please send in your letters, and articles of interest.

NICK BUCKMASTER FRACP
PRESIDENT, IMSANZ

Trainees' Column

On the final Adult Medicine night of the RACP conference in Darwin I agreed to start the Trainees column as part of my role as Trainee representative in the IMSANZ newsletter. This may have been provoked by the champagne, or by the beautiful views of Mindil beach as the sun set. The first column I have dedicated to a senior fellow I met that night who encompasses all I wish to be as a Doctor.

Dr Peter Davoren of the Gold Coast won the excellence in Mentoring awards this year. The tributes from advanced trainees, basic trainees and medical students are a testimonial to the impact that he has had on so many people, not only in their learning but also in their personal development as a Doctor. Dr Davoren works as a General Physician and is a member of IMSANZ, he combines this with his sub-speciality knowledge of endocrinology and in particular diabetes. His dedication to his trainees is best summarised by his reply that night when I asked him "are you staying in Darwin for a few days to do some sightseeing?" "No" he replies "I have to get back to help set up tutorials for Saturday for the BPTS sitting their exams."

The dinner on the final night was met with much laughter and camaraderie. It reminded us that we are a community which can strive for not only personal excellence, but a societal excellence through support of one another at all stages of our career.

I congratulate Dr Peter Davoren on his well deserved award.

Dr Peter Davoren and Dr John Masson who both received Mentoring Awards in Darwin

SARA BARNES
Aust Trainee Representative

New NZ Trainee

The new NZ Trainee Representative is Laurie Wing. Laurie is based in Hamilton. Welcome Laurie.

Winter strikes

As I write this in early August we are all recovering from the first real southerly blast that struck with a vengeance last week. After concerns regarding the lack of snow for the Southern ski fields, we then couldn't access them due to snowdrifts and black ice; a number of colleagues also unable to return from school holiday trips as airports and roads were closed. In Christchurch snow fell to sea level and hid much of the earthquake destruction under a white carpet. For those residents living in damaged homes with inadequate heating and relying on temporary outside toilets it also heralded further suffering. Predictably the cold snap has also provoked the usual epidemic of winter ills and a surge of acute admissions in the rest of the country.

Reflections on General Medicine

As I sat in our ED with two medical registrars during the afternoon/evening handover ward round while on call last Tuesday, I reflected on the changes in general medicine over my 22 years as a specialist physician in Hawke's Bay. In 1989 we had two small hospitals each with 4 or 5 General Physicians averaging 6 or 7 admissions per day with medical registrars doing call from home and only available for some evenings and weekends; the hospital run after hours by first year house officers. We had leisurely ward rounds, long length of stay and most patients were referred by their GP who knew them well. In 2011 we have a single regional hospital with 12 physicians on the general roster supported by other specialists and multiple registrar shifts covering 24 hour on site, averaging 24 acute admissions a day necessitating multiple teams sharing post acute rounds (many with subspecialty interests) and dual physician rounds at weekends. General Practice struggles to cope and is largely unavailable after 8pm locally; many patients and most nursing homes seem to rely on ED for medical back up and referrals to medicine now peak just as we drop to minimal staffing levels after hours. Unfortunately by 5pm last Tuesday we already had 24 medical admissions on the list and the duty medical registrar was rapidly losing the cheerful afterglow of her recent success in the FRACP clinical exam. The 39 admissions on the acute list for the next morning handover and allocation meeting was an unwelcome new local record and not surprisingly we totally failed to achieve the Ministry's 95% target for patients leaving ED within 6 hours. The patients did reflect the usual mix of clinical presentations found in an unselected take with several cases of; low risk chest pain, acute coronary syndromes, COPD exacerbations, pneumonia, strokes, cellulitis, diarrhoea & vomiting, urosepsis and hypotensive collapses interspersed with complete heart block requiring a temporary wire, a community cardiac arrest survivor requiring ICU, diabetic ketoacidosis, a dialysis patient with VT, and a severe pneumonia requiring non-invasive ventilatory support amongst others. These were accompanied by an equally familiar group of "sick but I'm not yet sure why" patients. An informal survey locally suggests that around a quarter of our acute admissions still have no definitive diagnosis at the morning post acute ward round.

The modern General Physician

Managing acutely ill people with no clear diagnoses is an important part of the life of a modern General Physician. The ability to cope with uncertainty; to assess competing symptoms, signs and test results; to rationally select from an increasingly array of potential investigations; and to use "watchful waiting" as a diagnostic tool are some of the characteristics said to differentiate us our other specialist colleagues. The modern general physician also needs to be part geriatrician; a third of Tuesday's admissions were aged over 85 years, most with multiple co-morbidities and functional limitations, and some from nursing homes. Palliative care skills are also important with many of these patients (or their illnesses) deciding this was to be their last admission. Despite busy ward rounds and clinics we still have obligations to find time to support, mentor and educate our junior doctors and other health professionals. Some of us then need to find even more time to participate in the various clinical committees and management meetings that help ensure the safe and effective running of a complex modern hospital.

The 2012 NZ Autumn ASM

Being flexible in the face of changing societal expectations and work conditions, and keeping up to date and competent in a broad range of specialties are continual challenges faced by General Physicians, especially in more provincial centres; and few educational meetings are specifically targeted at our needs. Therefore, it is with great pleasure that I can confirm the 2012 NZ (autumn) annual scientific meeting will be hosted by our Christchurch colleagues, in the nearby resort town of Hamner Springs. Book the dates of Wednesday evening 14th to Friday 16th March 2012 now as the local organising committee of David Jardine, John Thwaites & David Cole will ensure yet another lively meeting to remember. Canterbury may still rock & roll but the dinner will have a Country & Western theme reflecting the rural surroundings. Be prepared for compulsory checked shirts, cowboy hats & boots designed to surpass the 2011 Taranaki effort of Hawaiian Shirts at the surf club dinner. A draft programme will be available shortly – we may finally hear all those talks by our Christchurch colleagues that were unavoidably cancelled from the 2011 meeting!

The NZ Adult Medicine Division Committee

This NZ committee of the RACP chaired by A/Prof Mark Lane comprising the NZ heads of the various special societies of the college, education committee representatives and NZ RACP staff met by teleconference on 26 July to discuss an extensive agenda; much of this being very relevant to General Physicians. Some of the topics included;

- Health inequity. I recommend the 8 July NZMJ paper "*Inequities in health & the Marmot Symposia: time for a stocktake*" by Tony Blakely, Don Simmers & Norman Sharpe
- Survey (random) underway of 250 trainees & fellows in internal medicine regarding factors that influence career choices
- Need for expansion of training posts, especially to provincial centres & issues with inadequate funding of basic trainees by Health Workforce NZ
- Potential changes to MyCPD required to meet Medical Council conditions for recertification
- Support for young consultants. The Royal College of Physicians "New Consultants Committee" provides comprehensive support including "*How to survive as a new consultant: top 10 tips*" and "*A tricky time: a guide for new consultants written by new consultants*" (43 pages)
- Workload Stress and Burnout. I can recommend the 29 April NZMJ article "*Professional Burnout – a regulatory perspective*" by Ron Paterson (ex Health & Disability Commissioner) and John Adams (ex chair Medical Council of NZ)

- Physicians in isolation. Amongst strategies discussed were employer responsibilities, secondments to regional/ tertiary centres, need for tertiary centres to provide regular regional sessions (training/update/peer review) for provincial colleagues to attend, regional networks, videoconferencing and mentoring programmes.
- Support for PHARMAC against the threat from the Trans-Pacific Partnership free trade agreement

Pre-vocational training

The NZ IMSANZ councillors (assisted by a selection of members) reviewed the Medical Council of NZ's consultation paper on changes to prevocational training and made a submission on behalf of NZ General Physicians. The Medical Council's proposals included options expanding the intern programme from PGY1 to include PGY2 ie two compulsory years, with potential new mandatory runs in Emergency Medicine, Psychiatry & General Practice; and expanding each run from three to four months. We highlighted the critical importance of general medicine and general physicians in training young doctors, the need to better link with the trainee intern year, the impact of their proposals on senior doctors and service delivery in hospitals, potential bottlenecks in access to some of the proposed new mandatory runs and the need for flexibility to allow house officers who wish to become physicians to join the RACP basic training programme in PGY2.

Finally I wish you all the best as you cope with your local winter surges of acute admissions and hope that you and your families remain well. I trust General Physicians are leading by example and are amongst the first staff to get their flu vaccinations each winter.

JOHN GOMMANS
IMSANZ VP (NZ)

IMSANZ would like to welcome the following new members:

- Dr Leena Aggarawal, Brisbane, QLD
- Dr Krispin Hajkowicz, Darwin, NT
- Dr Cameron Hunter, Hobart, TAS
- Dr S William Majoni, Darwin, NT
- Dr Jane Mikli, Chermside, QLD
- Dr Ashwin Swaminathan, Canberra, ACT

A warm welcome is also extended to our new trainee members:

- Dr Yohanes Ariathianto, Melbourne, VIC
- Dr Ar Kar Aung, Perth, WA
- Dr Pradeep Balakrishnan, Frankston, VIC
- Dr Xenia Caney, Brisbane, QLD
- Dr Herath Gunathilake, Nambour, QLD
- Dr Videshinie Maliyasena, Brisbane, QLD
- Ms Lisa Mitchell, Melbourne, VIC
- Dr Andrew McNaully, Christchurch, NZ
- Dr Premjeet Ram, Nambour, QLD
- Dr Boloor S Rao, Adelaide, SA
- Dr Sudeshi Wijethilaka, Newcastle, NSW

Also IMSANZ warmly welcomes Allied Health Associate members:

- Mrs Suzanne Simpson, Wellington, NZ

John Sands Medal

Assoc Professor Ian Scott and Dr Robert Brodribb were the recipients of the John Sands Medal which was presented at the College Ceremony.

Dr Geoffrey Robinson from Wellington, was another recipient of the John Sands Medal. Geoff received his medal from John Kolbe in New Zealand.

Congratulations to all three on this wonderful recognition of their work.

IMSANZ 2011 ANNUAL SCIENTIFIC MEETING

Incorporating the Victorian General Medical Clinical Weekend
Mantra Erskine Beach Resort
11-13 November 2011

TIME	TOPIC
Friday November 11	
Redesigning General Medical Care: Victorian and National Experience Seminar	
1000 – 1200	**Session 1: *Adding Structure to Care*** • Victorian General Medicine Redesigning Care Project reports and discussion of Four Hour targets and new approaches to teamwork on ward round
1200 – 1240	**Lunch**
1240 – 1400	**Session 2: *Refining Management*** • Stranded patients who stay too long, difficult doctors and difficult patients
1400 – 1430	**Afternoon Tea**
1430 – 1600	**Session 3: *The Future: Networks, Workforce and Training*** • Clinical networks and training the General Medicine workforce of the future
1600 – 1700	**Workshop for Supervisors of Advanced Trainees**
1800 – 1900	**Welcome Reception**

Saturday November 12	
0750 – 0800	**Welcome and Opening**
0800 – 1000	**Acute Stream 1: *When to Intervene?*** • A robust session talking about recognition of septic and deteriorating patients, an update on blood gases and a debate on Interventional Cardiology.
1000 – 1030	**Morning Tea and Exhibition Viewing**
1030 – 1230	**Acute Stream 2: *Syncope, Stroke, Sugar and thromboembolism***
1230 – 1330	**Lunch and Exhibition Viewing**
1330 – 1530	**Acute Stream 3: *Perioperative Medicine, Ultrasound and Pathways***
1530 – 1600	**Afternoon Tea and Exhibition Viewing**
1600 – 1700	**Acute Stream 3: *Eating Disorders Update***
1900 - 2230	**Meeting Dinner: *Locums for General Physicians: What is it like doing locums?***

Sunday November 13	
0800 – 0900	**Trainee Breakfast: *Meeting for Advanced Trainees & Supervisors with SAC in Acute and General Medicine*** • Speaker: Rob Pickles, Nicole Hancock
0900 – 1030	**Free paper session for Young investigators**
1030 – 1100	**Morning Tea and Exhibition Viewing**
1100 – 1230	**Acute Stream 4: *Challenging Cases and Tough Issues*** • From dealing with difficult doctors to palliative care, preventing functional decine and ending with a clinical Quiz
1230	**Meeting Closes**
1230 – 1330	**Lunch and Exhibition Viewing**

FORTHCOMING MEETING

2011	
OCTOBER	**Canadian Society of Internal Medicine (CSIM)** **12-15 October | Venue: Halifax, Nova Scotia** Regular updates are posted on the website: www.csimonline.com
NOVEMBER	**IMSANZ Annual Scientific Meeting** **11-13 November | Venue: Mantra Esplanade in Lorne, Victoria** For more information, including the program, visit www.imsanz2011.org.au/default.asp
2012	
MAY	**RACP Congress** **6-9 May 2012 | Brisbane Convention Centre, Brisbane** For more information please go to the College website at www.racp.edu.au
OCTOBER	**Canadian Society of Internal Medicine (CSIM)** **17-20 October | Venue: Quebec City, Quebec** Website: www.csimonline.com
NOVEMBER	**XXXI World Congress of Internal Medicine** **11-15 November | Venue: Santiago, Chile** Website: www2.kenes.com/wcim/Pages/Home.aspx

RURAL HEALTH CONTINUING EDUCATION STREAM ONE

The Rural Health Continuing Education (RHCE) Stream One

is an Australian Government funding program designed to support the Continuing Professional Development (CPD) and peer support needs of specialists practicing in rural and remote areas of Australia.

The RHCE Program, which commenced in June 2010, is funded through the Department of Health and Ageing until 30 June 2013, and is divided into two distinct components:

1. Support for individual CPD participation.
2. Support for CPD initiatives that promote Multi-disciplinary Teams (MDT) and help build vocational support and learning capacity for medical specialists in rural and remote locations.

Funding Round Three is now open. **Applications must be lodged via your Specialist Medical College**. Please check the application guidelines for details of your Specialist College Contact.

The closing date for the RHCE Program Management Unit (PMU) to receive applications is **30 September 2011**. But please allow time for your specialist college to verify your application.

The application guidelines and application forms for RHCE Stream One Program grants can be downloaded from our website: http://www.ruralspecialist.org.au/default.aspx

For more information please don't hesitate to contact the Program Management Unit (PMU) on (02) 9256 5419 or via e-mail admin@ruralspecialist.org.au

RACP DARWIN CONGRESS

I had the pleasure of attending the College Congress in Darwin in May this year. The Organising Committee did a superb job with a program that was both challenging to our comfortable lives and informative. For those of us working in the more urbanised parts of Australia and New Zealand, the issues facing the health care of Australia's indigenous population, especially in the northern and central parts of the continent are daunting. Remoteness, social deprivation, poor housing and cultural dislocation all contribute to the poor health outcomes we so often see and hear about, yet there were bright lights of hope for the future highlighted throughout the congress, amongst all the gloomy current statistics. In particular Mason Durie's address regarding a strategic framework for considering chronic disease among indigenous peoples was simultaneously inspiring and encouraging.

Sara Barnes presenting her abstract

Nick Buckmaster, Catherine Yelland and Noel Hayman at the Sky City Dinner

As always update sessions were very popular, with a smorgasbord of speakers and topics. I felt that at times it was really very hard to decide which session to attend, always a sign of a good program. Particularly popular also were the Best of Grand Rounds and also the IMSANZ Young Investigator Award sessions. I was pleased to participate in the judging of this Young Investigator Award. Each year the competition for this award gets fiercer, as our trainees make the judging all the more difficult, however all the judges were in agreement that the winner for this year was Sara Barnes with her presentation of "Community acquired bacteraemia in patients over the age of 60: A two year retrospective review" All of the contestants are to be congratulated on the quality of their presentations.

Darwin turned on beautiful weather for the congress, with the days warm, as you would expect, and the nights balmy and pleasant. Although I had little opportunity for sightseeing, I had booked an apartment on the other side of the Darwin central area so I took the opportunity to walk to the Congress each day by different routes, enjoying the atmosphere of the city as I went. The city gives a feeling of vibrancy, partly as a result of the tourism industry, and also because of the obvious activity coming from the mining industry. At the same time it retains that tropical feel with the brilliant greens and lush vegetation, standing in contrast to the blue of the sky and the sea. The conference precinct where many delegates were staying had a truly family holiday atmosphere with beautiful pools, including a very spectacular wave pool, surrounded by various hotels, apartment blocks and restaurants. I was fortunate enough to visit the Mindil Beach Sunset markets where there was an eclectic range of food and craft stalls to browse, following watching the sun setting over the beach. I am not sure whether the swimming is safe from crocodiles or sharks, so I wasn't tempted to go in the water.

The conference centre itself was modern and fresh, although for some of the sessions it was a little short on space. I always have sympathy with conference planners trying to ensure that the right size room is available for each session of these big events, as we delegates are an unpredictable lot. One year you have a small room for a particular session, and it is crowded, the next year the room is big and it feels like there is hardly anyone attending while a session which was poorly attended the previous year turns out to be the star attraction. Having said that the organising committee, the conference organisers and the College secretariat did a superb job, ensuring that when a session was over-attended that extra seats were brought in.

The social events of the congress were very pleasant with the Congress dinner being held at the Sky City casino under the stars. What would have happened had it been raining, I can only guess at, however in the event, the weather was fine, and the evening was very pleasant indeed. Apart from the various awards which were given out, it is so enjoyable to chat to friends and colleagues together in informal surrounds, and relax away from the hurley-burley of work or self-education. The IMSANZ council always takes the opportunity to have a similar evening out together at the Congress, and Darwin was no exception, with a very enjoyable evening eating superb food at the Hanuman restaurant. We had a slight hiccup with a misunderstanding over the booking, but after a slight false start were able to relax, and talk about things outside of work.

I must finish by congratulating the organising committee on the superb job they did in providing such a pleasurable meeting. I think it is easy to forget when things go so well that there is an enormous amount of hard work that must occur for any conference, and this is made doubly hard for a meeting on Darwin, with a very small group of local physicians in comparison to other states, who are absolutely critical in ensuring that the local knowledge is used. As always the local IMSANZ members and office holders are essential to the success of the Congress. I also would like to thank Mary Fitzgerald who facilitated our society's work once again, as well as the College congress organisers. Well done to you all!

NICK BUCKMASTER
IMSANZ President

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 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.
Images should either be a JPEG or a TIFF format at 300dpi and no less than 100mm by 70mm.

Submissions should be sent to: imsanz@racp.edu.au