



IMSANZ NEWSLETTER

DECEMBER 2013

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President's Report



Dr John Gommans
IMSANZ President

Season's greetings to all IMSANZ members. I trust most of you are looking forward to sharing the holiday season with family and friends, and if it is your turn to be rostered on call, like me, then I hope it is not too busy or disruptive.

[Read the full article...](#)

Registrations are now open!

Registration is now open

Registration for the IMSANZ (NZ Branch) Conference 2014 is now open. Information on the cost, accommodation, travel information and programme are available on the [conference website](#).



Preliminary Programme is Available

The preliminary programme is now available on the [conference website](#). The Committee have arranged an exciting and varied programme including sessions on Partnerships, Medical Updates, Free and Trainee Presentations and this year Ramesh Nagappan returns with another IMSANZ Conference Quiz.

Don't miss this opportunity to reflect, learn and network in a stunning and unique environment.

Awards and Scholarships



Congratulations to our 2013 IMSANZ Advanced Trainee Prize Winners!

[Read More...](#)

Australia
Vacant

New Zealand
Laurie Wing

RECENTLY QUALIFIED PHYSICIAN REPRESENTATIVES

Australia
Damien Jackel, NSW
Greg Plowman, QLD

New Zealand
Michelle Downie
Marion Leighton

SAC REPRESENTATIVES
Rob Pickles (AUS)
Andrew Burns (NZ)

Welcome to our New Members

Since the formation of IMSANZ in 1997, the society has grown from strength to strength. We would like to welcome our new members.

[Click to view list of new members](#)

Meetings and Events

[Please click here to view the full list of meetings and events](#)



[IMSANZ NZ Autumn Meeting](#)

Bay of Islands
New Zealand
5-7 March 2014



RACP Congress 2014
Auckland
New Zealand

Advanced Trainee Travel Prize Winner

Dr Herath Gunathilake
IMSANZ 2013 Advanced Trainee Travel Prize Winner



I had the privilege of attending the 12th European Congress in Internal Medicine (ECIM) [European Federation in Internal Medicine (EFIM)] in Prague, Czech Republic, thanks to the Internal Medicine Society of Australia and New Zealand (IMSANZ) Advanced Trainee travelling scholarship. The ECIM conference proved to be a personally and professionally rewarding experience.

[Read More...](#)

Pacific Associate Travel Grant Winner

Dr Martin Daimen
IMSANZ 2013 Pacific Associate Travel Grant Winner

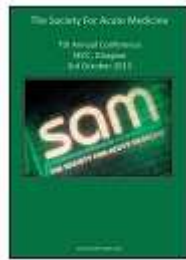


IMSANZ congratulates Dr Martin Daimen of Papua New Guinea as the winner of the 2013 Pacific Associate Travel Prize. This prize assisted Dr Daimen to attend the IMSANZ 2013 Annual Scientific Meeting in Newcastle. Dr Daimen has kindly provided us with a report for the newsletter.

[Read More...](#)

UK 'Society for Acute Medicine' (SAM) conference review

Dr Lucille Wilkinson
IMSANZ Member



Dr Lucille Wilkinson reports back from the UK 'Society for Acute Medicine' (SAM) conference which was held in Glasgow 3-4 October.

[Read More...](#)

World Diabetes Congress - view from a generalist with more than an interest

Dr Robyn Toomath
IMSANZ Council



Dr Robyn Toomath reports back from The World Diabetes Congress which was held in Melbourne from 2nd to 6th of December.

[Read More...](#)

18-21 May 2014

RACP Survey on General Medicine in NSW

Career Opportunities

There are a number of career opportunities listed on the IMSANZ website.

[Click here to view the current vacancies](#)



NSW-based members are invited to participate in a survey on developing a general medicine training program and network for supporting general medicine training in metropolitan and rural hospitals in NSW. [Read More...](#)

ACM Course - Clinical Course in Acute Care Medicine, Melbourne

The Department of Medicine in Eastern Health, Melbourne and the Eastern Health clinical school of Monash University are pleased to announce the ACM 2014 (Clinical Course in Acute Care Medicine) from 16 Jan to 19 Jan 2014 + Symposium on Clinical Challenges in Acute Care Medicine.

This course focuses on the pre-ICU care of the seriously ill and is beneficial to anyone involved in the clinical care of the acutely ill. In the past Interns, HMOs, BPTs, Advanced Trainees in various Specialties and Consultant Physicians have all attended the ACM course. Over the years, nearly 60 % of the registrants have been PGY 6 and above and 35 – 40 % of all registrants were Consultant Physicians from all over Australia and NZ.

For further Information please contact Assoc. Prof. Ramesh Nagappan ramesh.nagappan@easternhealth.org.au

Links:
[Course Flyer](#)
[FAQ](#)
[Registration](#)
[Symposium 2014 Program](#)
[ACM 2014 Program](#)



From the Executive Officer...

Leigh-anne Shannon
 IMSANZ Executive Officer



As the year draws to a close I find myself reflecting on the past 2 years since I first started with IMSANZ. I don't think there has been a day where I haven't enjoyed working for the Society. It's certainly saying something when one of the worst days I've had was the day I discovered the coffee guy from the cafe downstairs had left at short notice.. [Read More...](#)

The IMSANZ office is now closed until
Monday 6th January.



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President's Report



Season's greetings to all IMSANZ members. I trust most of you are looking forward to sharing the holiday season with family and friends, and if it is your turn to be rostered on call, like me, then I hope it is not too busy or disruptive.

This is our last newsletter for 2013 and is an opportunity for reflection on the year's activities. It is 12 months since we launched our new IMSANZ website, moved to on-line subscription renewals and changed to an electronic newsletter – all developments largely facilitated by the work of

Leigh-anne Shannon, our capable Executive Officer. Since the September newsletter we have held a very successful ASM in Newcastle attended by over 200 physicians and trainees and at the AGM we changed our constitution from a society incorporated in NSW to that of an Australian Company with appointed directors comprising of the executive members of Council. Membership is currently at an all time high. My Presidents report to the AGM is available on the website for those wanting more detail of the Society's activities over 2012-3.

In October I attended the UK Society for Acute Medicine (SAM) Meeting in Glasgow. It was an impressive experience with about 700 attendees and up to three parallel sessions including a large nursing presence and nursing leaders amongst the keynote speakers – see Lucille Wilkinson's conference report. My favourite session was shared by Professor Sir Brian Jarman lately of Dr Foster fame who commented on the "Stalinist culture of the NHS with leadership from the centre" and Robert Francis QC who shared his personal views of the patient experience following his inquiries into the Mid-Staffordshire situation stating that by the time he had finished the first inquiry "I was as angry as they were". He further reminded us that the only guardian of patient safety, right culture and caring and compassion in healthcare was the collective actions of clinicians.

While I attended the SAM meeting as an individual, it was a good opportunity to represent IMSANZ and meet with both the outgoing and incoming SAM Presidents, both with connections to colleagues from my own hospital. Alasdair MacDonald, an IMSANZ Past-President was one of the conference speakers and it is possible that we may see even more links between the two societies in future meetings. An international focus was obvious with speakers from the US plus strong representation from the Dutch Acute Medicine Society (DAM) - a combined meeting is planned for Amsterdam on 1-2 May 2014 – appropriately named "SAMsterDAM" with the main 2014 meeting in Brighton in October.

Attending meetings like this is a useful reminder that we are not alone in the issues we face and that shared experiences can be of benefit all of us. Meetings are also good for networking and it was therefore a pleasant surprise to also catch up with a number of past registrars from my own hospital in Hawke's Bay who had moved back to the UK plus several old friends and colleagues.

Looking forward to 2014 we will have the NZ autumn meeting at Waitangi in the Bay of Islands (details available via our website), the annual RACP Congress in Auckland in May and our Australasian IMSANZ spring ASM in Adelaide.

Finally I give thanks to all my Council colleagues and Leigh-anne for all their efforts on your behalf during this year. IMSANZ Council is actively seeking input into how we can

best meet the needs of our trainee and physician members. Feedback regarding what you want from the Society and from the Newsletters is always appreciated.

DR JOHN GOMMANS FRACP
IMSANZ President



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Congratulations!

Once again, the standard of submissions for the 2013 IMSANZ Advanced Trainee Prize was very high. There was a tied result for first prize and we would like to congratulate the following trainees:

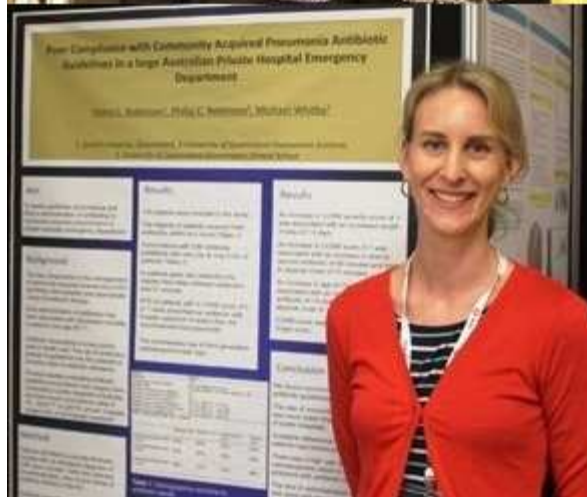
Dr Belinda Suthers for her presentation "Prevalence of Co-morbidities in Obesity Hypoventilation Syndrome Compared to Obstructive Sleep Apnoea Syndrome"

and

Dr Edward Tsoi for his presentation "Telemetry Use in General Medicine: Are We Overutilising a Limited Resource?"

We also also very grateful to all trainees who submitted their abstracts for consideration of this prize.

Congratulations also to the winner of the poster prize, **Dr Helen Robinson** for her poster on "Poor Compliance with Community-acquired Pneumonia Antibiotic Guidelines in a Large Australian Private Emergency Department".





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IMSANZ NEWSLETTER

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Advanced Trainee Travel Prize Winner 2013

The 12th European Congress in Internal Medicine

I had the privilege of attending the 12th European Congress in Internal Medicine (ECIM) [European Federation in Internal Medicine (EFIM)] in Prague, Czech Republic, thanks to the Internal Medicine Society of Australia and New Zealand (IMSANZ) Advanced Trainee travelling scholarship. The ECIM conference proved to be a personally and professionally rewarding experience.

The conference was held in the Prague Congress Centre between 2 – 5 October 2013. Without a doubt, Prague is one of the most beautiful and enchanting cities that I have ever visited. Situated near the River Vltava, Prague boasts cobbled streets, golden tipped towers, fairy tale castles, and cathedrals that make even the most tired visitor stop and snap pictures. Prague retains architectural influences from the Gothic, Renaissance, and Baroque periods as well as traces of the cubist styles of the twentieth century; these influences were untouched by the Second World War. I soon realized that "Golden Prague" is not an eastern European post-communist failure, but one of the most creative city centres ever developed. The Prague Congress Centre was situated in a unique and convenient location within the center of a breath-taking panorama of Prague; it was also quite easy to reach from the city centre by either underground rail or motorway.

The welcome ceremony was preceded by a symposium, which was co-chaired by Prof. Molly Cooke, President of the American College of Physicians, and Prof. Pedro Conthe

from Spain, on the opportunities of Internal Medicine in Europe and the United States. The symposium highlighted the changing role of internists in acute medicine and chronic disease management in diverse settings. More than 300 delegates attended the welcome reception. Prof Daniel Sereni, president of the Foundation for Development in Internal Medicine in Europe, offered the welcome. One of Prague's most popular Bohemian folk music bands entertained the delegates with somewhat extraordinary live music.

Several prominent speakers graced the sessions, delivering interesting keynote speeches. There was an impressive collection of topics encompassing cardiovascular disease, metabolism (diabetes, obesity, and cardiometabolic syndrome), endocrinology, infectious diseases, renal medicine and new developments in pharmacological treatment in internal medicine, all presented over two and half days. Quite a few speakers emphasized the recent changes to the European Hypertension Guidelines (2013), the main one being the adoption of a single systolic blood pressure target of ≤ 140 for almost all patients, replacing the previous, more complicated target, which included both systolic and diastolic recommendations for different levels of risk. The new recommendations are based on the results of ACCORD and other recently published trials that were unable to find a significant reduction in the incidence of major cardiovascular events with intense blood pressure reduction in patients with diabetes and kidney disease. On the second day, I listened to Dr. Dror Dicker's interesting guest lecture on the concept of "fatty heart" (cardiac adiposity) as a novel independent cardiovascular risk factor in obese patients with metabolic abnormalities. According to Dr. Dicker, there is emerging evidence that intramyocardial triglyceride accumulation in metabolic patients is associated with the release of proinflammatory and proatherogenic cytokines causing myocardial inflammation and dysfunction. The session on familial hypercholesterolemia (FH) and new directions in lipid lowering therapy (apolipoprotein B synthesis inhibitors, Microsomal Transport Protein (MTP) inhibitors, PCSK 9 monoclonal antibodies, and Cholesteryl ester transfer protein (CETP) inhibitors - some now FDA-approved for homozygous FH) was also thought-provoking.

I attended the lectures that most interested to me and spent the breaks reading most of the conference posters. There were 715 posters and 93 oral communications. I made notes useful to my clinical practice and research, met a few poster authors, and discussed our common research interests. Additionally, I presented the findings of my advanced trainee research project "Mild hyponatremia is associated with impaired cognition and increased falls in community-dwelling older persons" to interested colleagues as an oral communication. Unfortunately, the attendance at free communication sessions was minimal.

The highlight of the social program was the gala dinner that took place at the Francouzka Restaurant in the Prague Municipal House on the third day of the conference. Francouzka is understandably considered the most beautiful Art Nouveau restaurant in Europe. The restaurant was graced with gold and crystal chandeliers, glass cylindrical wall hangings, polished silverware, fresh flowers, and relaxing live piano music in the evening. It was wonderful to socialize and network with colleagues from across the globe while enjoying a fine blend of traditional Czech and French wines and cuisine.

I really enjoyed my days in Prague. The intellectual stimulation from ECIM was complemented by Prague's cultural richness and the diversity of experiences.

DR HERATH (ROHAN) GUNATHILAKE

Advanced Trainee in General Medicine

John Hunter Hospital, Newcastle, NSW, Australia



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Pacific Associate Travel Grant Winner 2013

The following is an excerpt of a letter received from Dr Daimen following his attendance at the 2013 Annual Scientific Meeting in Newcastle.

Letter to the IMSANZ Board, care of Dr John Gommans, IMSANZ President:

Please allow me to express my sincere gratitude and appreciation to you, the Board members of IMSANZ and the Secretariat firstly for considering my application to join IMSANZ as a Pacific Associate member in 2012 and secondly for granting me the Travel Scholarship to attend the IMSANZ Annual Scientific Meeting at Newcastle City Hall from the 13th to 15th of September 2013. I would like to congratulate and thank the IMSANZ Secretariat Executive Officer, Leigh-anne Shannon for keeping me informed on a regular basis and assisting me in sorting out my registration and accommodation. Lastly but not the least, I would like to thank the organising committee Chair, Dr Robert Pickles and the team for the job well done in preparing the program, events, and everything for this conference. It was an enjoyable first time moment for me and I really appreciate every moment of the Conference.

The conference started on the 13th of September. Unfortunately I had to miss the first day sessions as I was travelling and arrived too late into the night. I noticed in the program that all presentations were policy based and looked at the way forward for each of the regions in Australasia. In terms of policy, procedures, protocols and standards of the practice of medicine in PNG and maybe where other Pacific nations are concerned, we are still yet to catch up on a lot of these processes.

It was a great honour and privilege to be given this award from an organisation of a very high standing in the Australasian region. This is a once in a lifetime experience and is significant as the first in PNG to be awarded the IMSANZ Pacific Associate Travel Grant. I joined IMSANZ as a Pacific Associate member in September 2012 after working as a Junior General Internal Medicine Physician in Modilon Provincial Hospital of Madang Province in PNG.



Since graduating in 2009, I have been full time as a General Internal Medicine Physician in Modilon Provincial Hospital, Madang Province in Papua New Guinea for nearly four years. My interest is in Infectious Diseases and I would like to do advanced training in this area to suit the disease patterns in my community. I have no overseas exposure in the past in terms of training or conference attendance and this was my first ever overseas exposure. It was like opening a new chapter in a text book of Internal Medicine.

In PNG we have high incidences of many diseases, illnesses and infirmities but we lack diagnostic tools to help us confirm many of our problems. Our founding fathers of Medicine in PNG and mentors in the likes of Professor Ian Maddocks of Australia used to say “PNG has both the living and paper text books of Medicine” while developed countries like Australia/New Zealand and other places have only the paper text books. A few Australian and even New Zealand doctors and students who have come for their short attachments do appreciate what it is like to practice medicine in PNG. The diseases like mitral stenosis, TB and malaria which may be uncommon now in Australia/New Zealand and students may only read about them in the textbooks but do not have a chance to examine live cases, are common here in PNG. Practicing Medicine in PNG is quite a challenge for all our doctors but we love doing it with our clinical skills passed on to us by our mentors with limited resources.

I am very grateful to IMSANZ for the wonderful opportunity to attend this conference. All presentations were very educational, clinically applicable, skills sharing and more informative and have given me an insight on how medicine is being practiced in Australia/New Zealand compared to PNG and other Pacific nations. Australia and New Zealand have advanced in the field of medicine, backing up research using rich diagnostic facilities and a wide range of diagnostic tests which are readily available. Attending such meetings is motivational and allows networking opportunities between doctors to share information and skills where there is need.

The Theme: “The Practical Physician” for this Conference was a fitting one as it really meant a lot and together with the presentations, it is morale boosting for me. In an area where resources are scarce, you need to improvise or use what is available to you to bring about similar outcomes seen in resource rich-settings. PNG like other Pacific communities is an under-resourced country as far as Healthcare delivery is concern. The government in these Pacific countries, through its Department of Health, tries to adapt the Health System that Australia and New Zealand has in terms of Policy. However, in terms of skills training for advancement in speciality areas, it is still a struggle and has been lagging behind. I believe this can be strengthened in a more collaborative manner in forums such as these.

I have a lot more to say but I will end here and will be looking forward to meeting you all again at the next conference. I wish you well and all the best in your Healthcare and God bless you all.

DR MARTIN DAIMEN
General Adult Physician
Modilon General Hospital
Papua New Guinea



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*Photo credit: Gordon Jack/scotimage.com
03/10/13 - SAM Conference 2013, SECC Gordon Jack/scotimage.com
Used with permission*

UK 'Society for Acute Medicine' (SAM) conference review

The two days of conference itself were both informative and entertaining. Sessions were held on alcohol and obesity, which are both creating an enormous burden of disease in the UK. The experts were focussed not only what can be achieved by the generalist at the front door, but also on the need for all specialists to actively implore governments to pursue meaningful legislative change. I enjoyed a wonderful session on Pregnancy and acute medical problems – being very close to my heart of course.

The second day was opened by a breakfast session about the future of General Medicine in the United Kingdom. It was evident throughout the conference that acute medicine is at a crossroads and it seems likely that there will be moves to reintroduce inpatient generalism into UK hospitals. It felt a little like “ground-hog” day, reminding me of the early days of IMSANZ when we fought for both the preservation and subsequent strengthening of Generalism in Australasia. Our colleagues in the UK have a difficult road ahead, but hopefully they can achieve what needs to be done.

Highlights of the conference included a talk by Professor Anne Marie Rafferty from London. A professor of nursing, she outlined challenges to our nursing colleagues being able to give the highest quality, compassionate care. She presented interesting research into the relationship between registered nursing staff:patient ratios and the effect on patient mortality.

On the afternoon of day two, there was an extraordinary session including Professor Sir Brian Jarman from the Dr Foster Unit in London and Robert Francis QC, the author of the Mid Staffordshire report. Clear messages from these speakers included the need for all clinical staff to take accountability for quality and safety of care; and for medical professionals to come together into more powerful groups to challenge those parts of the health system that are failing to keep our patients safe. It was clear that the lessons to be learnt from events in the NHS need to be heard internationally, so that we can ensure that our own hospitals continue to provide the highest quality of compassionate care that we can achieve.

Overall, it was wonderful to catch up with old friends working in internal medicine in the UK and to meet new colleagues on the other side of the world. It was raining in Glasgow, but the company was very warm!!

Lucille Wilkinson
General and Obstetric Physician
Auckland



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World Diabetes Congress - view from a generalist with more than an interest

The World Diabetes Congress was held in Melbourne from 2nd to 6th of December. I thought it was the best Diabetes Congress I've ever attended. Apparently over 10,000 attended but there was none of the crazy random behaviour that is usual in these huge meetings. The congress centre is impressive - compact, with just the right variety of room sizes, and I thought the programme was fantastic. There was plenty to engage the generalist as well as those with specialty interests and it was marvellous to see an excellent Public Health stream alongside the genetics and clinical research streams. They also had healthy conference food - a miracle!

I found a symposium on treating diabetes in the elderly thought-provoking. A group conducted a survey of physicians as to how they would treat their patients - broken down by age of the patient. The physicians predicted that patients over the age of 80 were less likely to comply with recommendations for lifestyle change (predicting only a 15% response rate) and less likely to take their pills. The researchers then analysed the treatments prescribedand found that doctors prescribed exactly the same proportions of medications, and lifestyle change for those over and under the age of 80 i.e. No allowance was made for the different response anticipated. A second study looked at elderly people admitted with falls. People with diabetes had a higher fear of falling, and rates of depression, anxiety, and obesity when compared with those without diabetes.

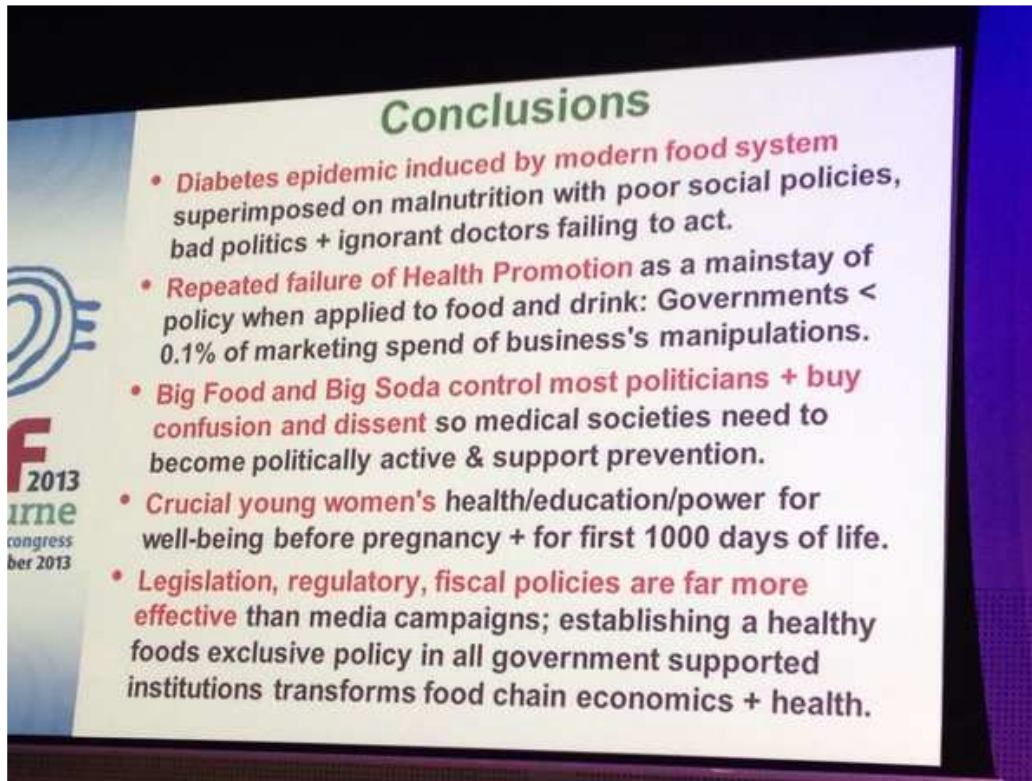
A District General Hospital group reported on a reducing hypoglycaemia project as up to 25% of people over the age of 85 have T2DM. One of the problems was the financial rewarding of GPs in the UK for their patients having an HbA1c of 7.5% or less with no distinction for elderly patients. They made the point that the loss of the glycogen response and blunting of thirst and hunger mechanisms in elderly people increase their risk of hypoglycaemia. The symptoms are more likely to be neurologic than adrenergic and may go unobserved by careers. Diabetes specialist nurses studied geriatric inpatients with diabetes. The average age was 82, half were on hypoglycaemic agents and the majority of this group had very tight control. A health record review suggested that a high number of admissions may well have had hypoglycaemia as a cause of admissions.

My final memorable talk was from Trisha Dunning on palliative care treatment of people with diabetes. I was fascinated by the findings of focus group discussions about blood sugar testing in particular. Many people complained about the lack of monitoring ...this was something they had been used to doing for much of their life and removal of this routine caused anxiety. They also said how ghastly it was to be left with a blood sugar of 30 and said that without testing, it was very difficult to interpret symptoms (and therefore offer treatment). Additional findings were that spouses of people with diabetes had often had nothing to do with the testing/injecting and were terrified when asked to take these over when their diabetic partner was no longer able to do so. A resource specifically for people with diabetes has been produced and is available from www.palliativecare.org.au

Of course I went to the public health and epidemiology sessions which were great. I was comforted by the general acceptance of the need for a regulated environment in terms of both nutrition and physical activity. There were valuable lessons from the fight with the tobacco industry and in response to the question of whether one could usefully partner

with industry the message from some was very clear – “The enemy is not your friend”. For those who don’t know him, Prof Philip James is a long term campaigner who started his career dealing with under nutrition but quickly realised that the greater scourge was over-nutrition. His slide says it all I think.

DR ROBYN TOOMATH
IMSANZ Council



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NSW-based members are invited to participate in a survey on developing a general medicine training program and network for supporting general medicine training in metropolitan and rural hospitals in NSW.

At present the NSW Ministry of Health, the RACP, the Health Education and Training Institute (HETI) and Local NSW Health Districts are working together to establish a general medicine training program and network/s that will support general medicine training in both metropolitan and rural hospitals in NSW.

As part of this project HETI has developed a survey on the proposed interventions and outcomes it hopes to achieve through this program for general and acute care medical training in NSW.

Following the completion of the survey process, HETI will contact key stakeholder groups and individuals in the New Year to discuss these findings and consider opportunities for enhancing the delivery of training in NSW.

To access the survey please go to the [HETI survey website](#). This survey should take no more than 10 minutes to complete.

The HETI survey will close COB Friday 24 January 2014.

For further information please contact:

HETI Senior Project Manager, Louise Rice lrice@heti.nsw.gov.au

HETI Senior Project Officer, Alix Brown abrown@heti.nsw.gov.au or +61 2 9844 6551



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Fri 9:30am - 2pm

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Sent by Internal Medicine Society of Australia and New Zealand, 145 Macquarie Street Sydney NSW 2000
AUSTRALIA



IMSANZ NEWSLETTER

DECEMBER 2013

From the Executive Officer...

As the year draws to a close I find myself reflecting on the past 2 years since I first started with IMSANZ.

I don't think there has been a day where I haven't enjoyed working for the Society. It's certainly saying something when one of the worst days I've had was the day I discovered the coffee guy from the cafe downstairs had left at short notice.

I take great satisfaction in reviewing policies and governance arrangements, dealing with lawyers and auditors and other government officials. I also love meeting our members and putting names to faces and I hope to meet more of you in March in Paihia for the NZ Branch Meeting, and Adelaide in September for our Annual Scientific Meeting.

We now have record member numbers at just shy of 650 and we are rapidly growing. Our website can now manage online membership renewals. You would have probably noticed the renewal reminder emails in your inbox. Thank you to those who have already renewed their membership for 2014. If you have any problems with renewing online, I am more than happy to assist over the phone or via email when I return from my Christmas break. This is the second year we have used the online payment system and your feedback is valuable for making improvements to the system.

IMSANZ has a new casual admin assistant, Annabel Game, to help in the office with the accounts and our website updates. Over the past month Annabel has already spoken to many of our members and others may know her from her work with ASID and the ARA. Annabel will be helping us again in 2014 while she completes her university studies. She has already done a fantastic job getting our accounts up to date and is a wonderful asset to IMSANZ.

I would like to take this opportunity to thank the IMSANZ Executive - John, Don, Rob, Tony and Nick - for all the support you have given me over the past year (or two!). Thanks also to the IMSANZ Council and to all our wonderful members who help to make my job so rewarding.

Wishing you a very happy holiday and all the very best for 2014.

Leigh-anne Shannon
Executive Officer

The IMSANZ office is now closed until Monday 6th
January.



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Thu 9:30am - 4:30pm
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