IMSANZ NEWSLETTER

APRIL 2014

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President's Report

Dr John Gommans
IMSANZ President

The first three months of 2014 have been busy for IMSANZ on both sides of the Tasman with a successful New Zealand Autumn meeting, steady progress with the Australasian ASM to be held in Adelaide this September, numerous email exchanges between the executive Directors of the Society and a full Council teleconference. In addition, as President, I represented the Society at the College's recent two day Adult Medicine Division Committee (AMDC) meeting.
Read the full article...

Vice President's Report (Australia)

Prof Don Campbell
IMSANZ Vice President (Aus) & President Elect

I was privileged to recently attend the recent annual meeting of the NZ part of the IMSANZ held in March in the Bay of Islands. The venue is stunning for its natural beauty and also offered me an opportunity to reflect on the similarities and differences in how we organize and pay for healthcare in our two countries.
Read More...

Executive Officer's Report

Leigh-anne Shannon
IMSANZ Executive Officer

It's been a busy few months at IMSANZ head office with membership renewals, conference planning and our ongoing policy work. The membership continues to grow and I would particularly like to welcome to our new members - I hope to meet you in Adelaide, or at a future IMSANZ event.
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New Zealand
Michelle Downie
Marion Leighton

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

NEWSLETTER EDITOR
Sergio Diez Alvarez

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

Advanced Trainee Report

Dr Laurie Wing
Advanced Trainee Representative (NZ)

There are many skills necessary in order to be a good general physician; some are innate and others are taught and acquired over years of clinical practice. As trainees, we are constantly looking at what lessons we can learn from our senior colleagues. Good clinical practice depends on a diverse range of skills including academic knowledge, diagnostic ability, bedside manner and building rapport.
Read More...

SAC Report - Australia

Dr Rob Pickles
Aus SAC Chair

Trainee numbers now exceed 419 (as at 26 March 2014) on this side of the Tasman and show no signs of stabilising. The next Advanced Training Forum of the College, which will be held in May 2014 will be tackling the issue of 'capacity to train '– there is a risk of a major bottleneck building between completion of Basic Training and entry into Advanced Training.
Read More...

Expression of Interest - SAC NZ

The NZ SAC in General and Acute Care Medicine is seeking expressions of interest for a replacement IMSANZ representative. Dr Andrew Burns will be retiring from the SAC in August 2014 and we require a new representative from a North Island provincial centre. It's a great way to meet Fellows from other regions, as well as familiarising yourself with training processes and acting as a resource for trainees in your own area. The next face to face meeting is due to be held on 11 August in Wellington and attendance would be required.

To submit your expression of interest in this role, please complete the form on our website.

Conversation at the end of a life well lived

IMSANZ Annual Scientific Meeting
Adelaide Hilton
Adelaide, South Australia
18-20 September 2014

RACP Congress 2014
Auckland
New Zealand
18-21 May 2014

Career Opportunities

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

Click here to view the current vacancies

Did you have enough sleep last night?

The Australasian Sleep Association, in conjunction with the Sleep Health Foundation, is raising awareness on the common but under-recognised individual and community problems of sleep loss and sleep disorders.

Read More...

Prof Don Campbell
IMSANZ President Elect

Watching a loved person die is painful and confronting. Don Campbell urges patients and their families to have their own difficult conversations in advance to help doctors provide compassionate care at the end of a life well lived.
Read More...

IMSANZ Annual Scientific Meeting 2014

Registrations are OPEN

Registrations are now OPEN for the IMSANZ Annual Scientific Meeting, which will be held at the Adelaide Hilton, Adelaide South Australia, from 18-20 September 2014. Register online now at www.imsanzconference.com.au to take advantage of the early bird offer.

Call for Abstracts - NOW OPEN

Call for Abstracts - now OPEN

Abstracts are invited from Trainees and Members wishing to present at the 2014 Annual Scientific meeting. The IMSANZ Advanced Trainee Prize is awarded for the best presentation by an IMSANZ Trainee member at the Annual Scientific Meeting or branch meeting of IMSANZ. $1500 AUD is awarded to the first prize winner and $750 AUD awarded to the runner-up in the oral presentation. $750 AUD is awarded for the winning poster.

For further information, please visit the conference website.

Awards and Scholarships NOW OPEN

Applications are now open for the IMSANZ Advanced Trainee Travel Prize and the IMSANZ Pacific Associate Member Travel Grant for 2014.

Read More...

IMSANZ De Zoysa Trainee Prize Winner

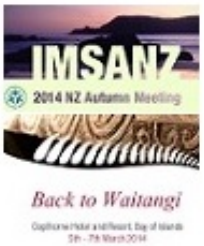
Calling NSW Physicians

Sweeney Research, is conducting a significant and important research project. We are looking to speak to Physicians from different specialties who treat and manage patients with Venous thromboembolism (VTE) related events: Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE).

Read More...

The winner of the 2014 IMSANZ De Zoysa Trainee Prize was Dr Chinthaka Samaranayake. Due to the very high standard of presentations, the judges also decided to award a runner-up prize to Dr Shengyang Liao. Congratulations to our winners!
Read More...

IMSANZ NZ Conference Review



Dr Denise Aitken and Dr Michelle Downie
IMSANZ Member Reviews

The IMSANZ NZ Branch Meeting 2014 was held last month at Waitangi with over 100 delegates attending. Click here to view reports and photos from some of our members.
Read More...

Conjoint Medical Education Seminar Review

Dr Rob Pickles

On Friday 14th March 2014, along with over 300 others, I attended the Conjoint Medical Education Seminar in Melbourne – this is the 3rd such collaborative event bringing together members of the RACP, RACS and the Royal College of Physicians and Surgeons of Canada for a 1 day seminar.
Read More...

Submitting Content

We are always seeking contributions for our next Newsletter. These might include links to interesting articles that are pertinent to internal medicine, reports and reviews from conferences you might have attended, updates on progress/new developments in the subspecialties and any research of your own which you might like to share with other members.

To submit your content for consideration, please contact the Executive Officer via email imsanz@racp.edu.au. Your submission will then be forwarded to our newsletter editor.

Updating your contact details

Have you recently moved or changed your email address? Our main form of communication with our members is via email so to ensure you are receiving important information and updates, your correct contact details are needed. To check or update your details, login to the members section of the website. If you require any assistance, please contact imsanz@racp.edu.au.

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President's Report

The first three months of 2014 have been busy for IMSANZ on both sides of the Tasman with a successful New Zealand Autumn meeting, steady progress with the Australasian ASM to be held in Adelaide this September, numerous email exchanges between the executive Directors of the Society and a full Council teleconference. In addition, as President, I represented the Society at the College's recent two day Adult Medicine Division Committee (AMDC) meeting.

Society news and "State of the Nations"

The Future Hospitals Commission report from Britain released late last year has reinforced the critical role of General Medicine and General Physicians in meeting the needs of our future patients, both in hospitals and in integrated community settings. The need for training in General Medicine was emphasized for all specialists. On behalf of IMSANZ I will be providing a clinical update in General Medicine for our other specialty colleagues on this very topic "Meeting the needs of future medical inpatients" at the upcoming RACP Congress in Auckland.

Across Australasia IMSANZ continues to grow and we now have over 650 members. In NZ General Medicine remains strong and in good health but in Australia the picture is somewhat mixed. The good news is that we now have about 400 Advanced Trainees in Australia (and 200 in NZ), the majority doing dual training. Furthermore, the AMDC of the College unanimously approved the second 'Green Paper' from the General Medicine Working Group, which calls for more General Medical Services in Hospitals and the community, and funding for (and increased numbers of) advanced training positions that support General Medicine and dual training posts, including regional and rural areas. However, support for and cohesion amongst General Medicine and General Physicians in Australia continues to vary across the states, and between metropolitan and rural areas. Our thoughts especially go out to our Queensland colleagues who are currently threatened by somewhat draconian unilateral changes in their work conditions. If the worst-case scenarios play out training will also be threatened in Queensland. This presents some challenges for our Council and Don Campbell as incoming Australian President. It is a good time to engage with the Society and I strongly encourage members to attend our Australasian ASM and AGM in Adelaide, September 18-20.

NZ Autumn Meeting in Waitangi

I congratulate my Northland colleagues (the recently retired Nigel Harrison, Chris Hutchinson who took over as chair of the organizing committee and Brandon Wong) and fellow IMSANZ members Robyn Toomath of Auckland and Evan Joliffe our trainee rep for the very successful NZ Autumn meeting held at Waitangi. This is the 5th NZ organizing committee that I have worked with and the enthusiasm of members, ably supported by Lynda Booth from Workz4U, is consistently gratifying. Elsewhere in this newsletter you will find meeting reports but overall feedback has been very positive. A

common thread is that attendees were energized by and valued the networking, fellowship and fun as much as the updates and other presentations. NZ Council members and representative colleagues attending the meeting agreed that Hawke's Bay (2015) and Nelson-Marlborough (2016) would host the next two NZ meetings.

Adult Medicine Division Committee (AMDC) Update

The AMDC of the RACP represents two-thirds of the college membership via the various special society Presidents or their representatives. With over 30 societies represented there is a theoretical risk that the Generalist voice and IMSANZ could be ignored. However, during my term the AMDC has been ably led by a past IMSANZ President (Alisdair MacDonald), another IMSANZ past president (Nick Buckmaster) is one of the elected AMDC members, several other societies remain generalists at heart and some even have fellow IMSANZ members as their current specialty President. This ensures that General Medicine has strong support at this key meeting as reflected by their approval of both Green Papers from the General Medicine Working Group.

During my two years involvement I have seen the AMDC evolve from a "Specialties Board" comprising disconnected societies to a more cohesive group with clearer ownership of the College's Adult Medicine Division and increasing engagement by the societies as their new Presidents come on board. There is now a real appetite for change in how we do business with each other and with the College. In addition to supporting the College's core function regarding delivery and accreditation of training we are now challenged to support advocacy and policy work, and advise on reforms in the College governance structures. Although last years efforts just failed to reach the 75% support required for constitutional change there is clear dissatisfaction with the current cumbersome and inefficient College structures and processes, and general agreement on the need for change. The shortly to be elected new Board will need to take this forward and four existing Board members who will continue into the new Board have prepared a discussion document on potential options for change that was discussed at the AMDC. I strongly encourage members to read this and provide us with feedback.

Finally – remember that IMSANZ is your society representing General Physicians and Trainees across Australasia. Let us know what you want to see from the society, whether it is about our newsletters, website, conference programs, policies and position statements, and/or advocacy on your behalf. Even better – get involved!

DR JOHN GOMMANS FRACP
IMSANZ President

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Vice President's Report (Australia)

I was privileged to recently attend the recent annual meeting of the NZ part of the IMSANZ held in March in the Bay of Islands. The venue is stunning for its natural beauty and also offered me an opportunity to reflect on the similarities and differences in how we organize and pay for healthcare in our two countries. I don't think I can comment further on New Zealand's healthcare system, but I can say that the meeting was well organized and well attended. Participation in the formal program was vigorous and very enjoyable, with the highlight being a dinner held in the historic township of Russell on the Saturday night. Ramesh Naggapan Quiz was once again a highlight of the concluding session. Congratulations to the organizing team and its leaders.

2014 is shaping up to be an interesting year for healthcare in Australia. We don't know whether Medibank Private is to be sold off, nor whether the healthcare budget will be reduced at all. We seem to have reached a time when the focus in healthcare is on improvement or modification of existing systems rather than seeking to create a desired future state of healthcare. To my way of thinking the last visionary reformer of healthcare in Australia was Bill Hayden who as Treasurer introduced Medicare in 1974 which was based on the Ontario Health Insurance Plan. When will we see a new shift emerge in our healthcare system? Will it be as a result of the increasing number of elderly people and the proliferation of technologies which can be applied to healthcare?

It is sobering to reflect on the figures quoted in the recent Productivity Commission Report on Aging in Australia, which compares the annual mortality rates (AMR) for 70 and 85 year olds in 1971 and 2011 . The AMR for 70 yo's has fallen from 7%pa to 2% whilst for 85 yo's it has fallen from 15% pa to 5% pa. In short, 85 is the new 70. In one's 80's one has a 20% or greater chance of developing dementia, and a greater chance of acquiring and living with medical comorbidities (more than one in all likelihood it turns out).

So the challenge for generalists will be to manage this group of people as they present to hospital with intercurrent acute illnesses and also at the end of a life well lived, when they may well be in the complex state which is associated with neither a rapid death or quick recovery and discharge to a home and family. In short we will live and practice in the zone characterized by uncertainty, complexity and physiological/biomedical instability.

At present we are confronted with ever increasing complex demands on our time, energies and skills as General Physicians. We are however well placed to work in this complex acute care environment, where our unique role as diagnosticians is appreciated. We are also well placed as members of a multidisciplinary team providing chronic disease management to manage our patients back into the community with their GP's and families.

I hope that General Physician trainees will also be equipped to provide clinical leadership in this complex environment. Hopefully training in these skills and opportunities to practice them will emerge as more sophisticated advanced training schemes for General Physicians emerge. Our Society will need to evolve further to met the challenges of providing advanced training for the increasing number of young doctors who seek to train as General Physicians in both Australia and New Zealand, particularly in a country which has a state-based approach to healthcare delivery in the public sector (that's Australia not NZ!).

I close by urging you to attend the IMSANZ ASM to be held on Adelaide from 18-20 September. The program is up on the website, the call for abstracts has gone out. We look forward to seeing you in

Adelaide and contributing to what will be a highly successful meeting.

PROFESSOR DON CAMPBELL
IMSANZ Vice President (Australia) and President Elect

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I was fortunate enough to attend the New Zealand meeting at Waitangi and my congratulations go to the meeting convenors, conference committee members and Lynda at Workz4U. It's always a pleasure to meet the members, particularly with our growing numbers, to find out a little more about who we are and who we represent. I didn't realise how many runners were among us and was very grateful for the unexpected company as we ran while taking in the sunrise at 6:30am! Presentations and photos from the conference are now available to view on our website. If you have any photos you wish to share, feel free to send them through.

IMSANZ now represents around 650 physicians and trainees across Australia and New Zealand, as well as the Pacific region. We are on track for future expansion with record numbers of advanced trainees in general medicine in Australia and New Zealand. Our growing numbers also reflects our growing influence. In the first quarter we have consulted with relevant health agencies on various clinical care standards, clinical indicators and training pathways. I would particularly like to thank Dr Brett Forge who has provided expert advice and assistance. Your IMSANZ council plays a significant role in policy discussions. If you have a keen interest in a particular area and would like to get involved further, I suggest getting in contact with your IMSANZ regional representative.

The 2014 Annual Scientific Meeting, to be held in Adelaide 18-20 September, is shaping up to be another great conference. The feedback from our conferences is always positive and the IMSANZ conference remains a favourite on our members' calendar. I encourage you to attend and see for yourself! The call for abstracts is currently open and we invite submissions from our members to contribute to the programme. Once again we have the IMSANZ Advanced Trainee Prize on offer and it's a great opportunity to present your work. Please visit the conference website for further details: www.imsanzconference.com.au.

In addition to the Advanced Trainee prize, applications are now open for the IMSANZ Advanced Trainee Travel Scholarship and the IMSANZ Pacific Associate Travel Scholarship.

If you haven't yet renewed your membership for 2014, Annabel will be mailing out a copy of your invoice in the next few weeks. I know it is easy to overlook, however your prompt payment reduces the administrative burden and allows us to focus our attention where we can really make a difference.

Lastly, I will be away over the Easter break and will return to the office on Monday 28th April. Over the next week, Annabel will be in the office to assist with any urgent matters. Wishing you a wonderful Easter and don't go overboard on the chocolate!

Leigh-anne Shannon
Executive Officer

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Advanced Trainee Report

There are many skills necessary in order to be a good general physician; some are innate and others are taught and acquired over years of clinical practice. As trainees, we are constantly looking at what lessons we can learn from our senior colleagues. Good clinical practice depends on a diverse range of skills including academic knowledge, diagnostic ability, bedside manner and building rapport. Perhaps one of the most important qualities is the “physician’s intuition”, which is also referred to as “experienced intuition”. The skill of experienced intuition is developed and validated over years by trial and error.

Last year one of our pregnant type 1 diabetic patients was seen in clinic for routine review. She was living in a rural location and nearing the end of her pregnancy. The consultant involved asked that she be admitted stating “something is going on, things are not quite right”. Although her insulin requirements had reduced, there was nothing specific actually necessitating admission. Two days later there had been no change in her clinical condition, but further testing revealed a placental abruption. She went forward for urgent caesarean section and both she and the baby survived. Had the decision not been to admit her it is unlikely that her outcome would have been so favourable.

Instituting palliative care in medical patients can be a difficult decision, but it is also vital to avoid futile treatment. The ability to know when we have reached the limits of medical treatment can be difficult, and a sense of when palliative measures should be instituted is a crucial skill. I have been privileged to see this done well by my consultants in General Medicine.

As generalists, we often lack sufficient information to draw definitive conclusions, but intuition helps bridge the gap when deductive reasoning fails. Decision making in medicine is seldom black and white, but rather many shades of grey. I hope that over time I can develop the intuition that I have seen in my senior colleagues.

DR LAURIE WING
Advanced Trainee Representative, NZ

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We have provided a link for you to unsubscribe, however please note that by clicking this link you are unsubscribing from all mailers from us, including our quarterly Newsletter and important notices from the IMSANZ Executive Committee.

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SAC Report - Australia

Trainee numbers now exceed 419 (as at 26 March 2014) on this side of the Tasman and show no signs of stabilising. The next Advanced Training Forum of the College, which will be held in May 2014 will be tackling the issue of 'capacity to train '– there is a risk of a major bottleneck building between completion of Basic Training and entry into Advanced Training. Many of us are aware of trainees experiencing difficulties obtaining Advanced Training positions, especially in the smaller centres that do not have the capacity to offer the full 3 years training in General and Acute Care Medicine.

Education Governance reform was the topic of the inaugural Advanced Training Forum, held in Sydney in December 2013. The central theme was rationalizing the number of committees within the College – this has seen many SAC/STC's (soon to be referred to as ATCs – Advanced Training Committees) across the Tasman merging into 1 joint Australian and New Zealand Committee. This will clearly help streamline processes across both countries – for the larger ATCs such as General Medicine and General Paediatrics, the committees will not merge as the numbers are too large. In the case of General and Acute Care Medicine, the strong feeling within both the Australian and New Zealand ATC members was that with the diversity of training experiences in both countries, it is essential to have some local knowledge as to how various hospitals 'work' from a training perspective. To this end we have strived to ensure adequate representation from all States and Territories on the committee, as well as representation from SOMANZ (Society for Obstetric Medicine of Australia and New Zealand).

Two new faces joined our ATC through 2013 – Dr Jaye Martin from Broome, WA and Dr Mark Morton from Adelaide. This is Dr Morton's 2nd stint on the committee, this time primarily handling SOMANZ issues. Other members of the committee are:

- Dr Spencer Toombes, Coordinator of Advanced Training (Qld)
- A/Prof Tim Bates, Coordinator of Advanced Training (WA)
- A/Prof Michele Levinson, Lead in Site Accreditation (Vic)
- A/Prof Nick Buckmaster, Site Accreditation and Overseas Trained Physicians (Qld)
- Dr Steve Brady, Lead in Project Assessment (NT)
- Dr Dylan Toh, Appointed Member (SA)
- Dr Tuck Yong, Appointed Member (SA)
- Dr Ar Kar Aung, Appointed Member (Vic)
- Dr Natalie Martin, Appointed Member (Tas)
- Dr Herath Gunathilake, Advanced Trainee Rep (NSW)

All of us are most capably assisted by our Education Officer Ms Beverly Bucalon and Ms Kat Gardner, without whom none of the work would get done!

On a final note, last year saw a couple of problems relating to probable non-intentional plagiarism being detected in projects submitted to us. It is important that trainees and supervisors are fully aware of what constitutes plagiarism, especially in this day and age of Google and Uptodate. Both examples related to trainees 'cut and pasting' entire blocks of text from other sources. Trainees and supervisors need to be aware of the College-imposed penalties which can apply if this is detected – for a first offence it can result in non-certification of the entire year, with subsequent occurrences resulting in exiting from training. Please contact Beverly Bucalon on generalmedicineadvanced@racp.edu.au if you have any concerns regarding this issue.

DR ROB PICKLES FRACP
SAC Chair (Australia)

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Conversation at the end of a life well lived

This article was first published on Saturday April 12th at Open Forum http://www.openforum.com.au/content/conversation-end-life-well-lived.

Watching a loved person die is painful and confronting. Don Campbell urges patients and their families to have their own difficult conversations in advance to help doctors provide compassionate care at the end of a life well lived.

The first time I watched a man die was in 1979. I was then a young intern resplendent in my starched white coat. On this day pneumonia truly was the old man's friend. He was alone, so I drew the curtains, sat on his bed and held his hand. In this brief moment I recognised that death becomes part of life and contributes to its meaning.

Since that day I have watched many patients die. It isn't always grim; once a patient said to me, "Don't worry doc, I've had a good life, and I mean a bloody good life". From the next bed on the other side of the curtain came the question that was already on my lips, "If you don't mind me asking, just how bloody good was it?"

Thirty five years later, at the start of the 21st century, as so many more people live to advanced old age, we are confronted with a new challenge: How can we have an easy death at the end of a life well lived? For many people death at the end of a long illness follows a discussion between the doctor and the person, and more particularly their family, culminating in a decision to shift the goals of care from restoration to supportive care and relief from suffering. Families frequently struggle with these discussions, whether unable to confront their own mortality and their grief in anticipation of loss or interpreting participation in the discussion as abandonment of their loved one.

Advanced Care Directives that will inform healthcare professionals about a person's wishes for treatment, including the refusal of treatment other than palliative care, can be completed as a record of a decision following discussion with family. Advance Care Directives can be very helpful when they are an artifact of the prior conversation within the family. An Advanced Care Directive does not cover the responsibility of the doctor to decide whether treatment is futile, nor does it assist decision-making where doctors feel that treatment is futile but family members wish the care team to persevere with active treatment in the face of futility. No person has the right to demand treatment that is deemed to be futile, yet doctors frequently persevere with treatment in the face of futility because of an inability to enter into an honest dialogue with patients and their family.

In the course of my professional life I have had many extended conversations about changing the goals of treatment at the end of a life well lived with patients and families, as a very conservative estimate perhaps 1000 times. I will find the next such discussion as harrowing as the first. Some of these conversations are profoundly moving experiences that affirm the essential humanity within us all. In many cases however, the discussions are deeply traumatic for all parties, occurring as a recursive set of discussions over a period of days to weeks. The discussions sometimes reveal an inability on the part of the family member to separate their own suffering while watching a loved person die, seeking to repel and deny those feelings by rejecting the idea that their loved one is dying. Family members often have difficulty letting go.

Every day in every public hospital in Australia we witness indecision and prolonged treatment in the face of futility for such patient. This reflects the dilemma that exists in the minds of the doctors and nurses about what we would want for ourselves, our parents and our family members and our reluctance to do what we think is ultimately right without taking the family with us on that journey of

realisation.

We have come a long way since 1979, but the world we inhabit is increasingly complex. Our expectations of care at the end of life have changed, and the numbers of people in this situation have increased remarkably.

We need to be able to participate in what we are coming to know as Difficult Conversations. Doctors are starting to be trained to have these conversations. No doubt this will help. Just as importantly we need people who will become patients and their families to have their own difficult conversations at home beforehand, even thought this can be painful and some families struggle to talk.

How will we Australians with all our different ethnicities, cultures and values prepare for this conversation? I am confident we can, but just as our young doctors need training in difficult conversations, our communities may well need to prepare to have the conversation at home first. Then an Advanced Care Directive can be completed. This can be used to guide the doctors as to what a person wants, but it needs to start with a conversation in the home first, however difficult.

How do you start the conversation? You will probably have to rehearse this. If we are going to provide compassionate care that allows a person to die an easy death at the end of a life well-lived, we need families to have examined their own thoughts and wishes before they have the difficult conversation. Eventually, everyone in the family is going to need to contribute, including the absent disenfranchised members of the family such as “My son who lives in Sydney” and “Cleopatra, the Queen of Denial”.

After the conversation has been had, the person and the family can begin to think about completing an Advanced Care Directive. Then we doctors and nurses can provide compassionate care instead of having a protracted period where the patient suffers needlessly because we (all of us) haven’t come to terms with our own mortality as the precondition to discussing what our loved one’s wishes are for their death and the limits to medical care at the end of a life well lived.

PROFESSOR DON CAMPBELL
IMSANZ President Elect

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IMSANZ NEWSLETTER

APRIL 2014

Awards and Scholarships NOW OPEN

Applications are now open!

IMSANZ Advanced Trainee Travelling Scholarship - Value up to $5,000 AUD

This award is awarded to one IMSANZ Advanced Trainee member to contribute towards the cost of airfares, registration and expenses to attend a major international meeting relevant to the discipline of Internal Medicine.

Last year's winner was Dr Herath Gunathilake, who attended the European Congress of Internal Medicine (ECIM) in October 2013. Click here to view his report from the meeting.

Award terms and conditions: http://www.imsanz.org.au/documents/item/478

Click HERE to submit your application.

Applications close: 12 May 2014

IMSANZ Pacific Associate Member Travel Grant - Value $1,500 AUD

The purpose of this award it to assist one IMSANZ Pacific Associate Member to travel to any IMSANZ or RACP meeting in either Australia or New Zealand. This grant will contribute $1,500 AUD towards the cost of airfares, registration and expenses associated with attending the meeting.

In 2013, the winner of this award was Dr Martin Daimen, who attended the IMSANZ Annual Scientific Meeting in Newcastle, Australia. Click here to view his report from the meeting.

Award terms and conditions: http://www.imsanz.org.au/documents/item/431

Click HERE to submit your application.

Applications close: 12 May 2014

www.imsanz.org.au

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Congratulations to the winner of the 2014 IMSANZ De Zoysa Trainee Prize, **Dr Chinthaka Samaranayake** for his presentation "*Cross Sectional Study on Sleep Disorders and Associated Depression, Anxiety and Substance Use Among Medical and Nursing Students in Auckland*".

Each year the standard of the presentations gets higher, and this year our judges decided to award a runner-up prize to **Dr Shengyang Liao** for his presentation "*Incidence of VTE in Different Ethnic Groups*".

Congratulations to all of our presenters and thank you for contributing to the programme.

Dr Chinthaka Samaranayake with Professor Phillippa Poole receiving his award.

Dr Chinthaka Samaranayake

Dr Shengyang Liao with Professor Phillippa Poole receiving his award.

Dr Shengyang Liao

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IMSANZ NZ Conference Review

Additional photos from the meeting can now be found on our website:
http://www.imsanz.org.au/otherevents/2014-imsanz-nz-branch-meeting-waitangi

Presentations from the meeting can be downloaded here:
http://www.imsanz.org.au/resources/2014-nz-meeting-waitangi

Report from Dr Denise Aitken

Back to Waitangi

To minimize time away from home this year I missed the welcome reception and opening session of the IMSANZ NZ Autumn meeting. This is a mistake I should not repeat.

From then on, no regrets.

It's a busy time of year, but this is a cracker meeting not to be missed. The organizers have got the mix of challenge as to how we do things, and updates just right. The update speakers were excellent, understanding that an update is just that, not teaching your grandma to suck eggs.

The chance to mix with others from both metropolitan and provincial hospitals who are facing the same challenges, and learning how they are approaching them is invigorating. Particularly interesting this year was the chance to reflect on the interaction with primary care, both in the urban and rural general practice settings. Speakers were invited to be provocative and this made for both interest and did invite reflection as to how things could be done differently. Thinking about these partnerships in practice was great and I also really enjoyed thinking about system redesign to improve delivery of care to the patient. It was great to hear of some of the improvements that are going on, led in general Medicine.

The "walk the talk" this year turned into "walk where they talked" as we took our packed lunches up to the Treaty grounds. I was not alone in feeling the sense of history in this place and I think an intention to attend on Waitangi day was born. Perhaps the college should send a deputation? Did I mention that the weather was peerless, clear blue skies, warm but not global warming intolerable, and lunch looking over the Bay whilst talking with friends and colleagues with the lunchtime tourist powhiri going on behind us was pretty good. All conferences should introduce lunchtime activity to help enliven the afternoon sessions. I love the modeling of being active when we are talking about health.

The organizers told us that the free Paper and Trainee presentations get better each year and this was apparent in the standard of presentations introducing clinical and system based research. Congratulations to the winner of the trainee prize.

Conference dinner at Russell after the ferry ride was good food, good company and local music in a relaxed setting. Apparently some stayed later ……

The update theme and controversies were again excellent on Friday. Controversies at times inducing real challenge to dogma and current practice-fearless really.

Keep it up IMSANZ and conference organizers, you have the right recipe.

Denise Aitken

Report from Dr Michelle Downie

This year's Autumn NZ meeting was held in the stunning Bay of Islands. As usual it was a highly anticipated and well attended event. The welcome dinner on arrival is always a fantastic chance to catch up with friends and colleagues and discuss the state of play of various General Medicine departments around the country.

The scientific programme was a busy and informative one. In the opening session we heard 3 different stories from 3 equally inspiring physicians about their journeys through life and medicine, and the intersection between the two. Kati Blattner then gave us all food for thought about how we might build bridges and pursue initiatives between rural centres and the larger hospitals. Kyle Eggleton gave us a timely reminder of the value of communication and mutual respect with our colleagues in Primary Care. His title "I am not your community House Surgeon" summed this up quite nicely! I also particularly liked the talk about the urgent need to "de-prescribe" which challenged us to give renewed consideration to the ongoing issue of polypharmacy, particularly in regards to our elderly and somewhat "evidence free" patient population.

The lunch break provided us with the opportunity to picnic in the sun in the treaty grounds. This was a definite highlight, particularly for those of us who had not yet made it to this historical place before this conference. The afternoon then comprised of three excellent medical updates in TIA, Gout and Conn's syndrome. The final session of the action packed first day focused on systems and models of care in General Medicine, giving us all further stimulation to consider how we will deliver care in our own centres going forward.

After a days hard work, it was time to be ferried across the water to the beautiful Duke of Marlborough Hotel in Russell. We all enjoyed drinks on the porch watching the incredible sunset, whilst being entertained by a fantastic family of young people on their string instruments. Truly magic. And everyone managed to make it back home on the boat after dinner…

Day two kicked off with the trainee's presentations. Again this year we saw a continuing high standard of projects and presentations. The trainee award was given to Chinthaka Samaranayake for his presentation about sleep disorders and the intersection between depression, anxiety and substance use amongst students in Auckland. This year for the first time, we also awarded an impromptu runner up prize, a feature that looks sets to continue for future meetings. Amongst the trainee presentations were a few other hidden gems from our physician colleagues, including Pip Shirtcliffe's post take ward round checklist which has recently been successfully implemented at Wellington Hospital.

This was followed by a second Medical Updates session. Again we heard four excellent talks back to back. Lucille Wilkinson used a particularly alarming but unfortunately increasingly common case to illustrate some important principles of Obstetric Medicine. This case also reminded us that as General Physicians we are likely to cross paths with increasing numbers of young women with serious co morbidity such as diabetes, hypertension, obesity and renal impairment who are pregnant.

The final session was the medical controversies one, although I daresay we had covered a few controversies during our discussions already! As always this session was entertaining and thought provoking. I particularly enjoyed the audience mutterings about whether one's 90 something year old mother should be on a statin!

Once again the issue of fever and paracetamol came up. This is an interesting concept which has recently attracted quite a bit of attention. Kyle Perrin presented results form their study in Wellington on young people with fever and a flu like illness randomized to paracetamol or not. Whilst it seems the results were unfortunately somewhat inconclusive, they failed to really demonstrate any difference in the two groups in terms of outcomes. In fact shock horror - paracetamol was not very good at lowering temperature at all! But can we convince our nursing staff and junior doctors of this and take away one of their most frequent interactions? Watch this space…

Meeting over, a few lucky people managed to stay on and enjoy this stunning venue in the sun a bit longer. And one very proud Invercargill physician managed to catch a prize snapper!

Next years meeting will be in the Hawkes Bay followed by Nelson-Marlborough in 2016. The venues, the people and the programme always make the autumn meeting a fantastic event so get planning now people!

DR MICHELLE DOWNIE FRACP
(photos provided by Michelle)

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Conjoint Medical Education Seminar Review

On Friday 14th March 2014, along with over 300 others, I attended the Conjoint Medical Education Seminar in Melbourne – this is the 3rd such collaborative event bringing together members of the RACP, RACS and the Royal College of Physicians and Surgeons of Canada for a 1 day seminar. Last year in Sydney saw discussion regarding Generalist training– the experience of that meeting was echoed this year where the theme was 'Revalidation'.

Having read some hints in Medical Board of Australia newsletters regarding the possibility of some form of recertification process being introduced in Australia, I felt that attendance at this seminar would provide the opportunity to hear what's 'in the wind' and have some input into the process. Indeed, Prof Kerry Breen's timely opinion piece in the MJA only served to heighten my interest (MJA 2014;200(3):153-156).

The first session involved a panel discussion of regulators from UK, Canada, NZ, and Australia – it was interesting to hear the progress of 'Reval' in the aforementioned 3 countries where the process has already been introduced – the UK certainly seems to have introduced a process which has attracted much criticism from within the profession, but Prof Peter Rubin (President GMC) provided cogent arguments to the fact that overall it is not an onerous process. A tiny minority of registrants were non-compliant, the end result being revocation of their GMC registration (i.e. their medical registration). The Canadian process varies between Provinces, but all involve legislative mandation with non-participation representing automatic professional misconduct and subsequent sanctions. In NZ the process has been recently legislated, and includes a mandatory audit component. Dr Joanna Flynn, chair of the Medical Board of Australia noted that the formal consultation process had indeed commenced in March 2013. It is clear that the MBA is cognizant of some of the major differences in the delivery of health services between the 4 countries, not least of which is the much higher profile of private practice in Australia, the need therefore to consider the costs of a revalidation process in a setting where those costs will inevitably be passed on to the consumer.

Prof Liz Farmer then gave a good overview of the current state of international practice in revalidation, comparing CME with CPD, where newer processes introduce a more rigorous component of assessment of actual performance and outcome measurement. She described Dan Klass' 4 frames of medical education (NEJM 2007;356:414-415) and demonstrated that an effective revalidation process evaluated frames 2, 3,and 4. Central to this is identifying the 'doctor at risk' early on, involving some form of mandatory peer review which involved delivery of effective feedback to practitioners (face-to-face practice review, multi-source feedback).

Sir Peter Rubin described the UK Good Medical Practice process involving 4 facets:

1. General information – the context of what you do.
2. Keeping up to date – maintenance of an e-portfolio (reflections on practice, attendance proof, relevance to practice)
3. Review of practice
4. Feedback on practice – MSF every 5 year

Dr Jocelyn Lockyer described the process in Alberta, Canada. This recognizes that on the whole doctors receive little feedback regarding practices that guide practice improvement. She described the Physician Achievement Review (www.par-org.ca) - 49% of physicians reported making changes to their practice based on PAR.

Representatives of the RACS spoke regarding their college-wide process of audit of surgical deaths

which has an educational rather than punitive role. The ANZVS (vascular surgical group) has introduced a mandatory process of surgical audit, which can lead to limitations in practice in certain cases – the importance of appropriate reviewers to ensure procedural fairness was emphasized in order to prevent, for example a rural generalist being assessed in a procedure solely by a city subspecialist.

A major issue recognized by the RACS was that of depression and anxiety – both underdiagnosed, self-treated (often with alcohol), and associated with much stigma. A survey suggested suicidal ideation was experienced in 21% of respondents over the prior 12 months (surgeons), women more than men, especially at 'transition points' of their career – final year of medical school, as well as on entry and leaving training milestones.

The Medical Board of Australia noted that any process should focus on safety and self-reflective practice to ensure minimum standards are met. Apparently 4% of Australian registrants are subject to notification to the MBA annually. The MBA is currently developing standards regarding social media and revisiting the issue of advertising.

The day was rounded off by a debate 'That revalidation should replace CPD' – this was at times both robust and light-hearted, but was always fully engaging.

My 'Quote of the Day' was delivered by Mr Andrew Connolly a surgeon member of MCNZ who stated that CPD should not mean 'Comfortable Premium Destination'! It was a fascinating seminar once again, and I highly recommend IMSANZ members consider attending this meeting in future years.

DR ROB PICKLES FRACP

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