IMSANZ NEWSLETTER

DECEMBER 2014

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President's Report

Prof Don Campbell
IMSANZ President

Having taken over the presidency from John Gommans at the most recent ASM in Adelaide, as Christmas approaches its time to draw breath and reflect on the year that was and think about the year to come. I thank John on your behalf for his stewardship in his time as President, and I hope to hand over the reins to Rob Pickles in two years time with the society in just as good shape as it is at present. In the meantime I encourage each and every one of you to consider how you might be able to contribute to the life of the Internal Medicine Society of Australia and New Zealand. The Society is the will and commitment of its members.
Read more...

New Zealand Update

Dr John Gommans
Immediate Past President

A reminder to all NZ Physicians and Trainees that early registrations for the 2015 Autumn meeting close on Friday 16 January. The conference website hosts the latest programme, which should hold significant interest for all members from NZ and any Australian colleagues wishing to experience Kiwi hospitality, Art Deco style in sunny Hawke's Bay.
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SAC Report - Australia

Dr Rob Pickles
Aus SAC Chair

The Australian and New Zealand Training Committees held their final face-to-face meetings recently. Following the review of the College Governance Structure, both committees remain separate bodies with reciprocal representation. The sheer numbers of trainees in General and Acute Care Medicine meant that amalgamation of

ADVANCED TRAINEE REPRESENTATIVES

Australia
Vacant

New Zealand
Vacant

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)

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

IMSANZ NZ Autumn Meeting
Napier War Memorial Conference Centre
Napier, New Zealand
25-27 February 2015

the committees was simply not practical.
Read More...

Article: Why Hospitals Need More Generalist Doctors and Specialist Nurses

This article was first published on 9th October 2014 in The Conversation.

New medical technologies and treatments over the past few decades have led to remarkable improvements in treating older patients. The annual death rate for an 80-year-old male in 2011 was just 5.6%, compared with 10% thirty years earlier.

But health-care costs are rising inexorably due to our ageing population. The elderly use hospitals at three times the rate of middle-aged Australians. Costs of hospitalisation rise steeply with age as sicker patients need to stay longer in hospital.
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IMSANZ Conference Review - Adelaide

Conference Review by Dr Dion Astwood

The IMSANZ annual scientific meeting in Adelaide was my first IMSANZ conference and first trip to Adelaide. I enjoyed a few days break at the palindromically named Glenelg beach prior to the 3 day conference. The seminars were not only educational but also, in the main, quite enjoyable.
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IMSANZ NZ Conference 2015

We are delighted to welcome you to Hawke's Bay and the "Art of Living Well" - the 2015 New Zealand IMSANZ meeting. This is the only conference in NZ that specifically caters for General Physicians, trainees in General and Acute Care Medicine and all those who practice general medicine. It provides an ideal opportunity to network with your colleagues from around NZ and across the Tasman and this year our meeting also coincides with the NZ RACP trainees' day on the weekend providing an opportunity for trainees to interact with some of their future peers. We have a programme that will explore clinical updates, provoke discussion and challenge your

[IMSANZ Conference 2015]
Marriott Surfers Paradise
Gold Coast, Australia
September 2015
More information coming soon!

thinking.

Late summer is a great time to experience Art Deco Napier, our wineries, the 100s of kilometres of cycle trails and the other delights of Hawke's Bay. Don't miss this opportunity to reflect, learn and network in a stunning environment.

Visit www.imsanzconference.co.nz

Career Opportunities

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

Click here to view the current vacancies

Supervisor Training - Napier, 25 Feb 2015

Invitatation

The Royal Australasian College of Physicians would like to invite you to attend Practical Skills for Supervisors, a supervisor Professional Development Program Workshop. This is workshop two, the second of three supervisor workshops and it will beheld the day immediately preceding the IMSANZ NZ meeting in Napier.
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@imsanz.org.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@imsanz.org.au.

From the Executive Officer

Leigh-anne Shannon
Executive Officer

Another year done and dusted.. well almost! Those few months between September and December seem to go so quickly - one minute I'm at the annual conference and the next it seems I'm rushing to finish things off before the Christmas break..
Read More...

The IMSANZ office is now closed until Monday 5th January.

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President's Report

Having taken over the presidency from John Gommans at the most recent ASM in Adelaide, as Christmas approaches its time to draw breath and reflect on the year that was and think about the year to come. I thank John on your behalf for his stewardship in his time as President, and I hope to hand over the reins to Rob Pickles in two years time with the society in just as good shape as it is at present. In the meantime I encourage each and every one of you to consider how you might be able to contribute to the life of the Internal Medicine Society of Australia and New Zealand. The Society is the will and commitment of its members.

The ASM held in Adelaide in September was a great success. Thanks are due to our Organizing Committee, led by Jeff Faunt and Robert VandenBerg, and Leigh-anne Shannon for their work to ensure the success of the meeting. Our Society goes from strength to strength, and has grown from approximately 550 to nearly 700 members in just three years, as it pursues its mission of representing the interests and supporting the professional development of General Physicians in Australian and New Zealand, and the advancement of the specialty of general internal medicine. General physicians play an important role in acute hospital medical care, particularly in diagnosing and managing acute illness in the complex patient, as well as chronic disease management and consulting practice in the community.

Our numbers of advanced trainees are growing at a great rate, and IMSANZ members play an active role in the life of the SAC in General and Acute Medicine, chaired by Rob Pickles. Challenges and opportunities are emerging as a result of this, particularly in ensuring adequate supervision of the advanced trainees and ensuring they have access to specialty medicine rotations as well as the requisite general and acute medicine rotations. Our society will need to listen carefully to these trainees to ensure we can assist them with transition to independent consultant practice and work with them to provide continuing education and professional engagement. In this context dual training is emerging as a very attractive career option. States are actively trialing dual training pathways as a means of ensuring a sufficient supply of general physicians to service the needs of rural and regional Australia in particular.

We will look with interest as new ways for general physicians to add value to clinical medicine emerge, including obstetric medicine, peri-operative medicine and dual training in internal medicine and psychiatry and other previously unseen combinations across a diverse range of specialty practice including geriatrics and potentially emergency medicine (why not?). I think it will be interesting to see opportunities for general physicians to undertake clinical and other management courses alongside their clinical practice to emerge as the sort of clinical manager who has been absent from medical and general hospital and heath service management for many years. Such dual-trained General Physicians will play an important role also in the changing landscape that is acute hospital inpatient general medical care. IN this context we are particularly supportive of the activities of Prof Nick Talley, President of the RACP, to promote the cause of generalism.

As IMSANZ grows in stature and self-confidence, state-based entities are developing to provide the voice of IMSANZ as representatives of the interests of general physicians. The executive will work to develop some simple rules to make it easy for state branches, if you will, to be an important and authoritative voice in dealing with state health departments and hospital and health service managers. These state based entities will take a range of forms as appropriate to each states needs and will have the ability to provide state representatives to the IMSANZ Council, as well as to undertake a range of state-based educational activities to support advanced trainees.

I close by wishing you a safe and happy festive season, and I hope that the New Year is a good one for you and your families. I look forward to seeing you at the NZ IMSANZ meeting (“Living Well”) in Napier from 25-27 February and the IMSANZ ASM to be held on the Gold Coast in September. I am certain the program for both meetings will be an outstanding success.

PROFESSOR DON CAMPBELL
IMSANZ President
December 2014

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New Zealand Update

2015 Napier Meeting
A reminder to all NZ Physicians and Trainees that early registrations for the 2015 Autumn meeting close on Friday 16 January. The conference website hosts the latest programme, which should hold significant interest for all members from NZ and any Australian colleagues wishing to experience Kiwi hospitality, Art Deco style in sunny Hawke's Bay. This year has seen a record number of abstract submissions from members in addition to the usual invited presentations and medical updates. In addition the NZ trainees are hosting their annual training day on the Saturday following our meeting so we anticipate a large turnout – and competition for leave! Visit imsanzconference.co.nz to register.

NZ College News
The NZ Adult Medicine Division Committee of the College continues to represent the views of NZ Physicians and Trainnees within the RACP and has a strong advocacy role within the NZ health system and politics. Position papers under development or topics under review include NZ AMD views on Organ Donation, Physicians in Isolation, Training, Antimicrobial Resistance, College Reforms, Resources for Overseas trained Physicians and feedback on various Pharmac, National health Committee and other submissions. We will need to find another IMSANZ member to represent our Society on this committee before the end of 2015, as I am the chair-elect and will need to avoid any potential conflict of interest between the Chair and Society representation roles. This usually requires two one day face to face meetings per year and the occasional teleconference or email exchange.

Looking Ahead
I thank all members for their support over the last year and wish you and your families and loved ones a safe and happy holiday season. Leave allowances are there to provide us with opportunities for both rest and recreation – I trust you will all make the best of these opportunities over the summer and return, refreshed for 2015!

DR JOHN GOMMANS FRACP
Immediate Past President, IMSANZ

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SAC Report - Australia

The Australian and New Zealand Training Committees held their final face-to-face meetings recently. Following the review of the College Governance Structure, both committees remain separate bodies with reciprocal representation. The sheer numbers of trainees in General and Acute Care Medicine meant that amalgamation of the committees was simply not practical (smaller specialties have had training committees amalgamated into 1 trans-Tasman committee). In Australia at last count there were 468 trainees undertaking General Medicine training, making us easily the largest group in the Adult Medicine Division. A total of 32 trainees were admitted to Fellowship in General and Acute Care Medicine between December 2013 and November 2014, with a further 24 being admitted to Fellowship in December 2014 alone, giving a total of 56 admissions for the year! This is graphic evidence that trainees are indeed completing General Medicine training – whilst I don't have the figures, the total number achieving fellowship in prior years has been around 10 per year. Taken together with figures from the Medical Board of Australia (Medical Practitioner Registrant data September 2014) which shows that there are 1789 physicians registered as General Physicians (compared to 1208 cardiologists), the future of General Medicine in Australia is looking bright!

The SAC will be preparing a response to the College's Selection into Training Consultation, as well as the Capacity to Train Consultation – I would urge all interested members to consider reading and responding to the consultation packages which are available on the College website as these issues affect all of us involved in physician training.

Additionally training site issues were discussed. In Australia, with a very large number of training sites, we are trying to streamline the process of site accreditation so that it is clear to both the site (supervisor and trainee) and the SAC, exactly what terms are offered by each site. In this way we can try to ensure consistency in certification from term to term – at present the process relies on what the trainee puts on the form. Our experience with this is that the same term can be described very differently on the application form – SAC members at present can only certify or approve things as they are written. This can result in both an unhappy trainee and supervisor when certification is not as expected. Hopefully with a greater degree of clarity at the outset we can avoid this situation.

2015 sees the start of the review of the Advanced Training Curriculum and Training Guidelines – it is hoped to run a forum for interested IMSANZ members to discuss the Training Guidelines at the Annual Scientific Meeting which is to be held on the Gold Coast in Queensland from 17-19 September. We look forward to seeing many of you there!

Best wishes to all for the Festive Season – the committee would particularly like to thank Ms Bev Bucalon and Ms Kat Gardiner for their able administrative support throughout the year!

DR ROB PICKLES FRACP
SAC Chair (Australia)

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Article: Why hospitals need more generalist doctors and specialist nurses

This article was first published on 9th October 2014 in The Conversation.
Click the logo below to view the original article.

THE CONVERSATION

New medical technologies and treatments over the past few decades have led to remarkable improvements in treating older patients. The annual death rate for an 80-year-old male in 2011 was just 5.6%, compared with 10% thirty years earlier.

But health-care costs are rising inexorably due to our ageing population. The elderly use hospitals at three times the rate of middle-aged Australians. Costs of hospitalisation rise steeply with age as sicker patients need to stay longer in hospital.

Hospital resources can only be stretched so far. As more and more patients arrive in emergency departments and need admission, the capacity to perform elective surgery is reduced, and waiting times increase.

So, how will our hospitals cope with the inevitable influx of large numbers of elderly patients and their increasingly complex needs?

Hospital reforms have focused on efficiency gains and “doing more with less”. But this alone won’t enable hospitals to respond to these new challenges. We need to redesign the workforce so hospitals are staffed by general physicians and nurses who take on more complex roles.

Medical generalists

As we age, our risk of developing chronic diseases – such as heart disease, cancer, diabetes, osteoporosis, depression and dementia – increases. And because we’re living longer, we’re more likely to have multiple chronic diseases; in fact, this is becoming the norm, rather than the exception.

Hospitals traditionally treated patients with one disease who were seen by doctors who specialised in a particular part of the body or type of treatment. But patients with multiple illnesses need a generalist to manage their care.

This is also the case in the United Kingdom, where the Royal College of Physicians recently recommended a radical overhaul of the purpose and role of hospitals. The college argues that in future, hospital will need more generalists and fewer specialists.

The same is true for Australia. While general physicians are assuming a more prominent role in acute inpatient care, there is a shortage of experienced generalists and training positions.

Luckily, with an anticipated oversupply of medical graduates in Australia over the next few years, there is an opportunity to alter the structure of medical training to promote flexibility and generalism for medical careers.

State governments, however, need to actively support training programs for general physicians and include rotations through specialties. This will create the cadre of outstanding clinicians who can reduce the need for over-investigation and promote timely, holistic hospital care.

Specialist nurses

The increasing pressure of chronic diseases on hospitals and increased demand for beds will require nurses and doctors to work very differently to the way they have in the past.

Nurses will need to be better utilised, in more specialist roles. With the right support and development pathways, for instance, nurses can safely perform medial procedures such as endoscopies and colonoscopies, which use a long tube with a video camera and light on one end to examine the inside of the body. Nurses can also oversee patients' chronic disease management programs for illnesses such as diabetes and heart disease.

Grattan Institute health economist Stephen Duckett has previously proposed up-skilling hospital-based nurses to ease the pressure on hospitals. By employing nursing assistants to undertake more administrative tasks, nurses would be free to take on more complex roles. This could help create more rewarding jobs and a more sustainable health-care system.

Nursing researcher Stacey Leidel agrees. She argues that the way forward is to reinvigorate the role of the clinical nurse consultant, rather than up-skill specialist nurses (nurse practitioners, who focus on a specific area of clinical care). These clinical nurse consultants would be educated according to a generalist framework, based on national priorities.

However, the cultural barriers to nurses increasing their scope of practice span legislative, administrative, professional and societal domains. The argument for change will require attention to fear as much as logic and evidence.

What progress is being made?

Disruptive innovation will need to challenge professional silos built around specialisation, as well as stereotypes.

This fresh approach is starting to appear in a diverse range of settings, such as the Mayo Clinic, where the Center for Innovation's mission is to transform the experience and delivery of health care through the application of design thinking.

In New Zealand, the Ko Awatea Centre at Counties Manukau DHB in Auckland is changing the stance and perspective taken by health-care workers as a first step to co-design of services.

Locally, Monash Health in Melbourne has reorganised its general medicine model of care across three acute hospital sites. Senior nurse nurses and allied health practitioners now work in specified roles to coordinate integrated care. And general physicians focus on providing timely appropriate care across the hospital.

The increase in patient admissions under general medicine over the last five years has been accompanied by a reduction in length of stay which would otherwise have required an additional 120 beds to be opened. In other words, the operating efficiency gain is equivalent to 120 beds.

Towards more integrated care

In order to create the radically different hospital to meet the needs of the rapidly ageing population over the next 20 years, we need to create new roles for health-care workers and challenge traditional siloed professional practice.

Health services must bring design thinking and systems thinking together to create truly innovative health care services that make patient and front-line team experience the priority. In doing so, we must see the patient journey as an integrated whole and focus on providing effective care for our patients.

This, of course, will require effective care teams and clinical leadership. To achieve this vision, enlightened hospital decision-making boards will need to challenge service providers to take this radical design approach. And governments will need to support a more strategic approach to workforce training for doctors, nurses and other health providers.

This article was originally published on The Conversation. Read the original article.

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IMSANZ Conference Review - Adelaide

The IMSANZ annual scientific meeting in Adelaide was my first IMSANZ conference and first trip to Adelaide. I enjoyed a few days break at the palindromically named Glenelg beach prior to the 3 day conference. The seminars were not only educational but also, in the main, quite enjoyable. However the organisers did not predict the interest of the attenders cramming the audience of some popular speakers into the smaller rooms!
Highlights and presentations of note included:

Dr Paul Chin on Dabigatran in Atrial Fibrillation. He presented a informative graph comparing trough dabigatran concentrations with stroke rates and bleeding rates, the former reaching a nadir at lower concentrations but the bleeding rates continuing to increase. Notably patients on the same dose had a range of concentrations. While more data is needed this looks like a useful test to optimise dabigatran dosing and minimise bleeding risk, as long as ongoing blood monitoring is not required.

Dr David Spriggs presented interesting data on population life expectancy, the incremental increase each year, and the increasing number of years left of life after retirement. This is clearly of interest for politicians setting retirement ages! but also to doctors when considering the aims of treatment in the elderly. It seems that there is a reasonable amount of work being done at the population level, and although there are some validated questionnaires for estimating individual life-expectancy, it would be would be useful to established actuarial tables based on specific diseases (and degree of morbidity) to better estimate remaining life-expectancy. Goals for a 75 year old expected to live 2 years versus 20 years are quite different.

Another couple of talks along this theme were notable: deprescribing, and dialysis in the elderly. Associate Professor Ian Scott discussed some of the barriers to deprescribing. Barriers such as time constraints and unwillingness to cease medications started other prescribers. It seems that my local colleagues are less reserved about stopping drugs that other doctors have started in the distant past than physicians in other centres; which I took as a positive trait. Dr Susan Crail informed us that while dialysis is clearly life prolonging in the younger age group, it becomes less so as one ages; and conservative management of end-stage renal disease may give similar outcomes without being on a machine several hours a day 3 days a week.

The bone disease talks covered material that I was already familiar with, however they were very good and hopefully were helpful to other generalists.

All and all a useful conference and well worth the trip. I will await with interest the programme of future Meetings.

Dion Astwood
Dunedin, New Zealand

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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.

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

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The Royal Australasian College of Physicians would like to invite you to attend Practical Skills for Supervisors, a supervisor Professional Development Program Workshop. This is workshop two, the second of three supervisor workshops. The session will be 3 hours in length and will cover the following topics:

- Challenges facing educators in the healthcare setting
- Strategies for teaching in a complex environment
- Confronting underlying and systems issues

We encourage anyone who is currently serving as a supervisor, new supervisors and those who have not previously attended a supervisor workshop to attend. Attendance can be counted towards your MyCPD program.

When: Wednesday 25 February 2015 2.00-5.00 pm
Where: War Memorial Conference Centre, Napier

Refreshments on arrival from 1.30 pm
Afternoon Tea@ 4.00pm

Workshop facilitator: Dr Matthew Farrant and Dr Raewyn Gavin

RSVP: 28/01/2014

Please contact: Tamzyn.Luafalealo@racp.org.nz

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From the Executive Officer

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Membership renewals
You may have noticed that your membership renewal notice hit your inbox last week. This is the third year we will be using the online payment system. I hope you're finding the website easy to navigate and the payment system a convenient way of paying your membership fees.

Do you prefer to pay by cheque or direct transfer?
There are still quite a few people who prefer to pay via cheque or direct transfer. We're happy to facilitate this! The process is the same - simply log into the site to renew your membership and select direct transfer or cheque as your payment method. You will receive an invoice for your membership showing the outstanding balance, along with our bank account details. When paying by direct transfer, please make sure you include your name in the transaction. Once your payment has been received, we will update our records and send you your receipt to show that payment has been made.

I would really like to acknowledge those members who just seem to pay on time every year without fail. It frees up my time to work on some of the more exciting initiatives we would like to implement in 2015, such as the:

Passions, Interests and Expertise Register
We are constantly being asked to contribute to policy and position statements from the RACP, other specialty societies, as well as government and non governments organisations at a state and federal level. In 2015 we will be looking to the members to find out your passions, interests and expertise, so that when we are called upon to contribute, we are contacting the most appropriate and interested person. More information will follow on this in the new year.

IMSANZ Conferences
Ian Scott, former IMSANZ President, is chairing the 2015 IMSANZ Conference Organising Committee. The conference will be held in sunny Queensland on the beautiful Gold Coast at the Marriott, Surfers Paradise. We are planning a comprehensive range of topics and keynote speakers with the conference already shaping up to be **big**, **bright** and **beautiful**!

The NZ branch meeting is another favourite on the IMSANZ calendar, scheduled for the end of February in Hawke's Bay. If you're yet to experience one of the NZ conferences, you're definitely missing out! The record number of registrations at this time is testament to the quality conference our NZ team put on each and every year.

With so much to look forward to in 2015, I'll spend my last moments acknowledging the Executive Team - John, Don, Tony, Rob and Nick - for their unwavering support, as well as the outstanding job they do (voluntarily) for the Society and general medicine as a whole. I also thank the IMSANZ council (past and present) and the 2014 conference committees in NZ and Australia for their huge contribution. A huge thanks also to Annabel Game, our lovely admin assistant, who has worked tirelessly this year to bring the accounts up to date and assist with the website. And thanks to the members who make my job so rewarding! Shall I end with a wish for world peace?!

Wishing you a very happy holiday and all the very best for 2015.

Leigh-anne Shannon
Executive Officer

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

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