

INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND



2003 ANNUAL REPORT



Annual Report for the year ended 31 December 2003

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PREAMBLE

The Internal Medicine Society of Australia and New Zealand (IMSANZ) is the professional specialist society that supports and advances the consultant practice of general internal medicine (GIM) in Australia and New Zealand. IMSANZ currently represents more than 400 physicians and trainees practising GIM, including general physicians with a subspecialty interest as well as subspecialists who practice GIM. The mission statement of the Society is to promote the co-ordinated, compassionate and cost-effective delivery of comprehensive, evidence-based, specialist care in GIM to populations in need.

Since its inception in 1992, IMSANZ has expended considerable effort in defining and publicising the role and attributes of the general physician, and acting as advocate for specialist practitioners of GIM within both government and college circles.

In recent years the society has been very active on several fronts including:

- rural physician workforce and training issues;
- health policy making with respect to GIM;
- Royal Australian College of Physicians (RACP) Clinical Support Systems Program and Better Practice Initiative;
- continuing medical education with organisational involvement in international, national and state/regional scientific meetings and reviewing various national clinical guidelines;
- health service research and clinical epidemiology, with publications in international and national peer-reviewed journals;
- the role of hospitalists and hospitalism;
- collaboration between GIM and geriatric medicine in providing optimal elderly care;
- representation of GIM on the editorial board of the college journal;
- revision of the RACP Maintenance of Professional Standards program;
- participation in the college Educational Strategy Taskforce review of the current physician training program;
- health consultancies to health ministries of Laos and Nauru.

IMSANZ also produces a number of services to its members including a free quarterly newsletter, directory of training positions for advanced trainees in GIM and practice positions for fellows, Travelling Scholarships and Research Awards, and website access to various forms of decision support covering a range of clinical specialties.



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It is with pleasure that I recount the activities of IMSANZ over the last 12 months. It has been a year of major change within the college and a year in which IMSANZ has been able to forge a new agenda in general medicine. Let me first thank all members of council for their efforts during this time and to you our members for your thoughts and comments on the various initiatives we have undertaken.

Strategic Plan 2003-2007

In August 2003, IMSANZ Council ratified a 5 year strategic plan for the Society which included a major restructuring of Council operations and functions in the form of a new committee structure. The aim was to make Council policy-making more inclusive, to share the increasing workload of the Council more evenly among its members, and to allow councillors to select the areas of work best suited to their interests and skills. Each committee was to address specific issues and aims to achieve various objectives using a number of strategies outlined in the August 2003 newsletter. More recently, Council decided that portfolios may function better than committees and that the original list of 7 committees could be further consolidated to four. The current portfolios comprise Resources (comprising Members and Expenditure) chaired by Les Bolitho, Education and Training chaired by Phillippa Poole, Communications and Health Policy chaired by Justin LaBrooy, and Research chaired by myself. It is of interest that in the new college organizational structure proposed by the college CEO, departments similar to the portfolio structure now existing within IMSANZ are planned which, we hope, will make our interactions with the college more efficient. The portfolios are engaged in various activities and outcomes will be reported in the newsletter from time to time. I encourage members to forward any thoughts or comments they have to the relevant portfolio chair.

Report and Recommendations from the 2003 General Medicine Forum

The official college report on the General Medicine Forum held in March 2003 was released a year later in March this year and it has been summarised in the April 2004 newsletter. To briefly recap, the Forum was a response to the concern of the college to the decline in general medicine services and the diminishing number of general physicians and general medicine trainees. The key issues confronting general medicine in Australia and New Zealand were discussed along with strategies that the RACP could implement, or recommend to other bodies, to strengthen general medicine. Training programs relevant to general physician trainees were also discussed and are now part of the review of the entire college training program being undertaken by the Education Strategy Taskforce.

The Forum was attended by Fellows and trainees from Australia and New Zealand and representatives of the federal and NSW, Queensland and Victorian health departments, AMWAC, the Medical Training Education Council of NSW, and the Hunter Area

Health Services. It is worth restating the Forum recommendations developed and endorsed by both the Adult Medicine Division Committee and IMSANZ:

1. The College affirms its support for general medicine training at both basic and advanced training levels, as well as the continued existence of general medicine as a subspecialty of internal medicine.
2. The College affirms its support for the concept that general medicine plays an important, cost-effective role in the provision of internal medicine health services in the Australasian environment, both in metropolitan and in regional and rural areas.
3. The College believes that academic general medicine units have an important role in sustaining and promoting the discipline of general medicine and the future training of specialists in general medicine.
4. In an environment in which all Fellows and trainees are being encouraged to acquire and maintain skills outside their subspecialty area, the specialty of general medicine should be recognised as being a provider of such skills.
5. The College will work with relevant external agencies, particularly the Commonwealth Department of Health and Ageing, State Health Departments and area health authorities, to address issues which are seen to impact negatively on the future of general medicine. These include issues such as rebates for cognitive work, the maintenance of general medicine units in tertiary hospitals, maintenance of and support for medical registrar positions in regional hospitals, and working conditions in rural and regional sites.
6. In relation to advanced training, the College will work with the SACs and specialty societies to ensure that:
 - a) trainees in general medicine have access to a range of rotations, including those that include procedural skills that are appropriate and necessary for general physicians, particularly those in regional and rural areas; and
 - b) trainees in other subspecialties are made aware of the benefits of elective training being undertaken outside the primary subspecialty area.

The Forum also heard support for the concept of dual training which is extensively practised in New Zealand and the United Kingdom. IMSANZ Council has proposed that the entire training program remain at the current duration of six years but instead comprise a '2+2+2' format. The first 2 years (PGY2 & 3) would comprise basic training followed by 4 years of advanced training comprising 2 years in a 'general medicine' curriculum (which could include rotations through general medicine units, subspecialty units, and other disciplines such as public health or occupational health) and 2 years in a designated subspecialty. The four years of advanced training could be undertaken in any order. This change in training would lead to dual certification in general medicine and a subspecialty.

There was also support, though by no means unanimous, for the mandatory rotation of basic trainees to regional and rural training posts for periods of no more than 6 months. Advanced trainees interested in pursuing careers as general physicians would also be strongly encouraged to undertake such rotations. Trainees at the Forum spoke of the educational and experiential benefits of rotating through regional hospitals which provided appropriate levels of supervision and training support. In the Hunter region of NSW a new model of trainee appointment has emerged whereby funding follows the trainee not the position, and in this way allows trainees to devise in liaison with others how they want to spend their time across a range of specialty rotations in both tertiary and regional hospitals. Aidan Foy and Julia Lowe have pioneered these new approaches as was discussed in the April 2004 newsletter.

In the months since March, Council has been working on developing a blueprint by which the Forum recommendations can be put into action, and I will refer to this later in my report.

Developing a Training Curriculum in General Medicine

This leads on to the major task undertaken by the IMSANZ Curriculum Writing Group (CWG) led by Phillippa Poole and Andrew Bowers and comprising 12 councillors and members. As many would be aware, the college is subjecting its training program to external review by the Australian Medical Council later this year in order to continue to be accredited as the college for physician training. For the first time in its history, and with the help of colleagues from the UK college, the RACP is asking every specialty society to develop a curriculum which will guide and underpin their individual training programs. As you would expect, writing a curriculum for general medicine is a challenge given the breadth of our discipline and the CWG was keen to define the distinctive characteristics of the general physician and orientate the curriculum towards developing these. More than 25 separate characteristics were listed for which learning objectives and sets of knowledge, skills and attitudes had to be written. The IMSANZ CWG began work with the attendance of myself, Les Bolitho, Briar Peat and Andrew Bowers at a CWG workshop in Sydney in mid-March this year. The penultimate draft of the curriculum was released to all members of Council and the SAC in General Medicine for comment on the 31/7/04, and it is hoped that release to all members will occur during August. This has been a major effort within a period of 4 months and I would like to acknowledge the efforts of all those involved.

Regional and Rural Services in General Medicine

A major focus of attention for IMSANZ Council in recent times has been on how to improve the lot of general physicians working in regional and rural areas. Particular emphasis has centered on workforce needs and shortages in rural areas and access to physician trainees. Last August, David Russell from

Victoria was instrumental in bringing these issues to a head in that state. Tertiary hospitals in Melbourne had threatened to terminate registrar rotations to the rural hospitals of Horsham and Wodonga on the basis that such rotations were perceived as a disincentive to attracting registrars in filling tertiary posts. In response, David wrote to the Victorian Minister of Human Services outlining the need for an equitable system of registrar secondment from Melbourne hospitals if closure of beds at regional hospitals was to be avoided. As a result, the CEOs of the relevant Melbourne hospitals, government officials and members of the Victorian state committee of the RACP met to work out a mutually agreed plan of secondment which stipulated, as from January this year, mandatory rotations to rural centres of basic physician trainees for a period of at least 3 months.

IMSAMZ is presently awaiting the college to mandate similar rotations for all basic trainees in all states. We have also proposed a regionalised system of registrar recruitment and rotation by which all geographic areas in Australia would be covered by a 'hub-and-spoke' model comprising a tertiary hospital and affiliated provincial and rural hospitals.

Diane Howard and Kenneth Ng have formed a network of rural physicians throughout NT, SA and WA with the aim of providing professional and social support. This complements networks already existing in Victoria, NSW, and north Queensland. In NSW, Mike Kennedy and Kerry Goulston have been active within the Greater Metropolitan Transition Taskforce in promoting the return to Sydney teaching hospitals of general medical units staffed with full-time general physicians. Earlier this year I wrote to the NSW Director General of Health indicating our concern over the appointment of subspecialists with minimal skills in general medicine to general physician positions in outer Sydney hospitals. To date I have received no reply but we continue to monitor the situation. Finally we continue to support our colleagues who perform outreach services to remote communities by lobbying for more funding for the Medical Specialists Outreach Assistance Program and encouraging more of our metropolitan colleagues to consider locums and other forms of relief for our hard pressed rural colleagues.

Directory of advanced training positions in general medicine

Recently, IMSANZ has compiled an inventory of advanced training positions in general medicine in 33 metropolitan and regional hospitals in Australia and New Zealand. Training guides and copies of the first issue of the database on CD were distributed to trainees yesterday at the Trainees Skill Day and will be advertised through our website and through offices of Directors of Medicine and Directors of Physician Training. This will allow all our advanced trainees who may be considering, or working towards, a career as a general physician to see the opportunities and special interests that hospitals, both tertiary and regional, have to offer.



Advancing General Medicine: An Agenda for Change

In response to the General Medicine Forum recommendations, to resolutions about new working relationships between the college and the specialty societies, and to developments in the RACP Educational Strategy, IMSANZ has released a draft action plan for achieving a number of key objectives related to services and training in general medicine. This document with the above mentioned title has been reviewed by Council and has received contributions from Rick McLean, chair of the RACP Rural Taskforce and new chair of the AMDC, and Sue Morey, former Chief Health Officer of NSW. The plan comprises 4 domains comprising training, general medical units in teaching hospitals, rural and regional services, and professional development. For each domain, specific actions, timelines and performance criteria have been enunciated. As this will be discussed in more detail later in the meeting, I will not dwell on it here, except to say that we ask all members to endorse the final document and do what they can within their local areas to implement the proposed actions.

Awards and Scholarships

In 2003 the IMSANZ Council establishment of a set of awards and scholarships worth up to \$18,000 per year for promoting excellence in research, teaching and professional development in general medicine, with emphasis given to trainees and fellows of less than 5 years standing. These sponsorships are in addition to the IMSANZ award, sponsored by Roche pharmaceuticals, given for best paper at the IMSANZ free paper session tomorrow. Our travelling scholarship and research fellowship were included in the 2004 college listing of awards and grants.

Communication Media

In the last few months the Society has subjected its website to a full makeover, modernising its style and adding new features which were outlined in the April newsletter. I wish to thank Anne Kovach for her assistance in website design. The newsletter has also seen change with more content and an increase in the number of issues to 3 per year. I thank Michelle Levinson and Tom Thompson for all their editorial assistance in producing a first-class product. The Society has also introduced a monthly e-mail service to all members who have internet summarising recent developments in college and IMSANZ affairs that are of interest to our members. All these media improvements are designed to keep our members informed of news and aware of the efforts being made by the Society to represent their interests.

Consultancies and Representations

Over the last 12 months, IMSANZ was invited to review and provide formal endorsement of a number of clinical practice guidelines released by national bodies. These included the stroke guidelines from the National Stroke Foundation, the

revised hypertension guidelines from the National Heart Foundation, and the secondary prevention guidelines for heart disease from the Cardiac Society of Australia and New Zealand. IMSANZ also received and made responses to a discussion document dealing with avoidable admissions in older people commissioned by the federal health department, and Gerard Carroll represented IMSANZ at a meeting discussing pre-hospital management of myocardial infarction convened by the Cardiac Society. Les Bolitho attended the Australian Health Care Summit in September last year as a representative of both IMSANZ and the RACP Rural Taskforce. Michael Kennedy assists Australian Prescriber and serves on a New Drugs Working Group of the National Prescribing Service, and I serve as a member of the National Institute of Clinical Studies Heart Failure Advisory Group. Our New Zealand colleagues have been involved in making submissions to their government on issues such as medical misadventure, pharmacy tenders, workforce strategies, and response plans to major disease outbreaks.

RACP Annual Scientific Meeting

The 2004 college ASM in Canberra is the second for which the Adult Medicine program has been organised more or less entirely by a committee of IMSANZ councillors. Les Bolitho and Mary-Ann Ryall are to be particularly congratulated for their work in producing a very interesting scientific program. However this has not been without some struggle against disco-ordinated interactions with central college office and the absence, until recently, of reimbursement of costs incurred by IMSANZ in organising the 2003 and 2004 meetings. There was also dissatisfaction at the unilateral decision by the college in March this year to reconsider the host site for the 2005 meeting which originally had been Wellington but was proposed to be Auckland. I am pleased to say that following discussions involving myself, Les Bolitho, Craig Patterson (CEO) and Geoffrey Metz that a more streamlined ASM organising structure has been introduced, IMSANZ will be paid \$10,000 for costs incurred in organising the 2004 meeting, and an inspection of facilities at the two NZ sites has led to reinstatement of Wellington as the host city for 2005. As a consequence, IMSANZ has accepted the invitation from the college to assist in organising the 2005 meeting.

Other Scientific Meetings and Presentations

IMSANZ was pleased to sponsor two advanced trainees, Drs Sarah Lynn and Andrew Wesseldine to attend the European School of Internal Medicine in Alicante, Spain in October last year. In addition to the RACP ASM, other scientific meetings involving IMSANZ have been the combined NZ Rheumatology Association/RACP/IMSANZ meeting in Rotorua in August last year, the very successful NZ IMSANZ meeting in Nelson last month organised by Bruce King, and the forthcoming RACP NZ/TSANZ/IMSANZ meeting in Christchurch in August. I have

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1. Auditor's Report year ending December 2003

- Comments made regarding keeping track of credit card expenditures and stocks of clothing, and these recommendations have been followed.
- All other accounting is satisfactory
- Recommend continuing with the same auditor Spooner Tinworth & Co (rotating staff)

2. Income and Expenditure year ended 31 December 2003

- Negligible income from sale of clothing noted
- 70% increase in income from subscriptions
- Decreased sponsorship (Withdrawal of Glaxo sponsorship from the NZ meeting)
- Major increase in expenditure related to wages – changeover of staff/training, secretarial time in organising of meeting needs to be recouped.

- Newsletter costs have been contained.
- Loss for year over all of \$1,364
- Membership was stable

3. Areas requiring attention

- Reimbursement of costs incurred in organisation of RACP ASM
- Increasing sponsorship
- Increasing membership
- The level of sponsorship of advanced trainees provided from IMSANZ funds versus drug company sponsorship.
- Investing proportion of assets in interest-bearing trusts

MARY-ANN RYALL

Honorary Treasurer

(This report was delivered at the IMSANZ Annual General Meeting at the National Convention Centre on May 17, 2004)

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been involved in organising a national heart forum sponsored by NICS to be held in Canberra in June. Also, IMSANZ represented by Les Bolitho is assisting the RACP in its bid in Granada later this year for Melbourne to be anointed host city for the 2010 International Congress of Internal Medicine. This meeting attracts more than 3,000 delegates from around the world and is the annual forum of the International Society of Internal Medicine of which the RACP became a member 2 years ago. We are very fortunate in having both its president and secretary-general as keynote speakers at a plenary session at the Canberra ASM talking to the issue of the need for more generalists.

IMSANZ Council at its meeting yesterday endorsed the idea of having an IMSANZ scientific meeting in the latter half of 2005 in Alice Springs to be conducted from 1st to 4th September. Stephen Brady and Diane Howard will comprise the local organising committee and the meeting content will comprise multiple presentations covering the spectrum of clinical practice, with special emphasis on the needs of the rural and remote physician.

New Members and Councillors

On behalf of the Society I welcome the 35 new members who have joined us over the last year. I would also like to express the gratitude of council to the efforts over the last 2 years of Rob Nightingale, Kenneth Ng, Thein Htut and Graeme Dickson who today have completed their terms as councillors. We wish them well and know they will continue their ongoing interest in society affairs. I also regret the need for David Russell to stand down for personal reasons and look forward to his being able to rejoin council in the near future. As their replacements on Council I welcome Nicole Hancock from Tasmania, Peter

Nolan from Queensland, Christian de Chanéet from WA, Michele Levinson from Victoria, and Patrick Gladding from NZ. It is also my pleasure to announce that Phillippa Poole has accepted nomination as president elect for 2005 and will become our first female president. Finally I would like to give special thanks to the Society's secretariat, Mary Fitzgerald. Mary took over from Cherie McCune after last year's AGM and has had a baptism of fire, having to cope with a surge in workload and a complete relocation of her office back to 145 Macquarie Street. She has managed to execute all the tasks we have handed to her with both efficiency and remarkable affability and she deserves our appreciation for a difficult job well done.

In closing I hope this report gives an indication of the level of activity that IMSANZ is presently engaged in. This Society has come a long way since its beginnings in 1992 but there are new challenges that we will all need to grapple with over the next few years. There are three certainties in life: death, taxes and change; and if we are to take full advantage of the opportunities that change provides us in shaping the agenda of college and government policy in a way that allows general medicine to flourish, then we must be prepared as a community of physicians to be actively involved and be the engineers of that change. Our society and our discipline can only have influence if those who practise within it stand united and committed to a vision of progress and the means for achieving it. I thank all members for their support.

IAN SCOTT

President, IMSANZ

(This report was delivered at the IMSANZ Annual General Meeting at the National Convention Centre on May 17, 2004).



INCOME AND EXPENDITURE STATEMENT

For The Year Ended 31 December 2003

	2003	2002
	\$	\$
INCOME		
Subscriptions received	69,438	41,081
Conference & ASM receipts	600	8,714
New Zealand receipts	-	13,289
Interest Received	1,490	915
Pamphlet income	500	50
Sale of clothing	81	488
Sponsorships received	<u>6,636</u>	<u>9,000</u>
	<u>78,745</u>	<u>73,537</u>
EXPENDITURE		
Auditor's remuneration	2,249	2,303
Bank charges & duties	1,804	1,101
Clothing expenses	2,927	1,093
Computer expenses	2,988	1,353
Conference expenses	346	2,861
Council meetings	2,776	2,592
Depreciation	913	913
Filing fees	89	89
General office expenses	972	558
Honorarium – President	1,000	1,000
Insurance	2,266	1,619
Meeting expenses – AGM	190	314
Meeting expenses – SCM	4,004	9,985
Newsletter & directory expenses	9,940	11,085
Photocopying	68	1,007
Postage and couriers	1,525	1,352
Printing and stationery	689	1,323
Superannuation	2,653	1,449
Telephone and facsimile	1,045	1,130
Trainee prizes and scholarships	12,183	6,054
Wages	<u>29,482</u>	<u>18,125</u>
	<u>80,109</u>	<u>67,306</u>
(Loss) Profit from ordinary activities before income tax	(1,364)	6,231
Income tax expenses	<u>-</u>	<u>-</u>
(Loss) Profit from ordinary activities after income tax	(1,364)	6,231
Retained profits at the beginning of the financial year	<u>45,133</u>	<u>38,902</u>
Retained profits at the end of the financial year	<u>43,769</u>	<u>45,133</u>



BALANCE SHEET

As at 31 December 2003

	2003	2002
	\$	\$
CURRENT ASSETS		
Cash	47,174	42,646
Receivables	877	600
Inventories	-	2,927
Prepayments	<u>436</u>	<u>452</u>
TOTAL CURRENT ASSETS	<u>48,487</u>	<u>46,625</u>
NON-CURRENT ASSETS		
Fixed Assets	<u>2,004</u>	<u>2,917</u>
TOTAL NON-CURRENT ASSETS	<u>2,004</u>	<u>2,917</u>
TOTAL ASSETS	<u>50,491</u>	<u>49,452</u>
CURRENT LIABILITIES		
Creditors & accruals	6,722	4,409
TOTAL CURRENT LIABILITIES	<u>6,722</u>	<u>4,409</u>
NET ASSETS	<u>43,769</u>	<u>45,133</u>
MEMBERS' FUNDS		
Retained profits	<u>43,769</u>	<u>45,133</u>
TOTAL MEMBERS' FUNDS	<u>43,769</u>	<u>45,133</u>



IMSANZ Travelling Scholarship

Purpose: To contribute towards the cost of airfares, registration and expenses to attend a major international meeting relevant to the discipline of Internal Medicine. Examples include: 1) annual scientific meetings or schools of the European Federation of Internal Medicine, Canadian Society of Internal Medicine and Society of General Internal Medicine (US); 2) Asia-Pacific or European Forum on Quality Improvement in Healthcare; 3) Scientific Basis of Health Services Meeting or Cochrane Colloquium; 4) annual meetings of the International Society of Health Technology Assessment or Association of Health Services Research.

Value: \$A5,000

Eligibility: Advanced trainee or fellow of less than 5 years duration of the Royal Australasian College of Physicians, who is a member of IMSANZ. Successful applicants will be required to explain how attendance at this meeting will be used to enhance the practice of Internal Medicine and to provide a 1000 word summary of the meeting attended for publication in the IMSANZ newsletter.

IMSANZ Research Fellowship

Purpose: To provide support for an advanced trainee or younger fellow to undertake a higher research degree (Masters, MD or PhD) in clinical epidemiology, health services research, quality improvement science, or a related field.

Value: \$A10,000

The fellowship is a total amount that is paid on a pro rata basis for the duration of enrolment in the research degree.

Eligibility: Advanced trainee or fellow of less than 5 years duration of the Royal Australasian College of Physicians; membership of IMSANZ; and enrolment in a higher research degree at a University in Australia or New Zealand.

IMSANZ Award for Best Scientific Publication in Internal Medicine

Purpose: To recognise and promote the undertaking and publication in a peer-reviewed journal of original research relevant to the practice of Internal Medicine.

Value: \$A2,000

Eligibility: Advanced trainee or fellow of the Royal Australasian College of Physicians; membership of IMSANZ; and publication of research in one of a list of selected peer-reviewed clinical journals.

IMSANZ Advanced Trainees Award for Best Paper presentation at Annual Scientific Meeting (sponsored by Roche Pharmaceuticals)

Purpose: To recognize and promote oral presentations on scientific research at the Annual Scientific Meeting of the society.

Value: \$A1,000

Eligibility: Advanced trainees of the Royal Australasian College of Physicians currently undergoing, or having undertaken, or planning to undertake, training in general medicine; selection by panel of judges at conclusion of paper presentations.

IMSANZ Excellence in Clinical Education Award

Purpose: To recognise and promote excellence in clinical teaching and education.

Value: \$A1,000

Eligibility: Advanced trainee or fellow of the Royal Australasian College of Physicians; membership of IMSANZ; and nominated by peers to receive award.

Application Process

Applications or nominations for these awards will be sought 6 months prior to the annual general meeting of IMSANZ in the year the awards are to be granted. Whether any particular award will be offered in any particular year will be at the discretion of IMSANZ Council in terms of quality of applications and/or availability of funds. Guidelines for applications will be available from the IMSANZ secretary and will be in accordance with those issued by the RACP Research Advisory Committee. All applicants will be required to: have IMSANZ membership; provide referee contact details; be available for interview if required; and list relevant academic record, publications and appointments.

The portfolios represent groups of IMSanz councillors who share a particular interest in specific functions of the Society and who act to generate new ideas and policy to present to the IMSanz executive and council for consideration.

IMSanz Executive

President:	Dr Ian Scott
Vice Presidents -	
Australia	Dr Diane Howard
NZ	Dr Phillipa Poole
Treasurer	Dr Mary-Ann Ryall
Secretary	Dr Simon Dimmitt
Immediate Past President	Dr Les Bolitho

Portfolio	Resources	Policy & Communications	Education & Training	Research
Chief functions	Review and manage membership, expenditure, sponsorship, grants, and revenue-raising Oversee issues relating to the marketing of the Society's functions and activities	Formulate statements on health policy and public health issues relevant to general physicians Formulate policy regarding the Society's interactions with RACP and other external relations Assist with production of the newsletter Oversee development of the website	Review and formulate policy in regards to basic and advanced training, mentorship, and trainee affairs Oversee the activities of the Curriculum Writing Group and the Assessment Review Group Assist in the organisation of scientific meetings and other CPD activities of the Society	Promote the conduct of original research among the Society membership Procure sponsorship for research Provide consultancy support for researchers Market the research profile of the Society
Nominated chair	Les Bolitho	Justin La Brooy	Phillippa Poole	Ian Scott

1. Resources

Objective #1:

To increase IMSanz membership by 25% within 12 months, by 50% within 2 years, by 75% within 4 years.

Strategies:

- 1.1 Mount comprehensive membership campaign at national, state and local levels
- 1.2 Develop a package of membership services for IMSanz members (which will be posted on website) including directory of vacancies for general physicians throughout Australia and New Zealand; directory of training positions for advanced trainees in general medicine, with focus on regional appointments with mapped out 2-3 year training programs; directory of advanced trainees or fellows who are willing to provide locum services to regional centres; and directory of

education and skill development resources of special interest to general physicians (CME courses, upskilling workshops, scientific meetings, etc).

Objective #2

To increase income flow into IMSanz accounts so as to ensure adequate cash reserves in the event of extraordinary one-off outlays and granting of awards and scholarships.

Strategies:

- 2.1 Increase membership subscription fees in line with inflation and trends in operating costs, if necessary on a biennial basis.
- 2.2 Quarterly asset/liabilities statements and monthly cash flows to be perused by treasurer.
- 2.3 Revenue raising activities to be scaled up at all IMSanz functions, and advertised in IMSanz communications.

- 2.4 Consider charging nominal consultancy fees for any official request to IMSANZ for analysis or commentary on policies, guidelines or other public documents.
- 2.5 Members who receive honorariums or other fees for giving presentations or lectures be asked to consider donating some or all of this money to an IMSANZ account of their choice.
- 2.6 To seek professional advice in how monies in special-purpose accounts can be invested in ways that maximise return without incurring undue risk.
- 2.7 To attract more unrestricted grants from pharmaceutical companies in regards to education and research awards and grants.
- 2.8 To invite IMSANZ members to directly donate money to specific accounts (such as Education and Training or Research).
- 2.9 To publish in the newsletters names of IMSANZ members that have donated \$500 or more to IMSANZ accounts, to issue them with a letter of gratitude signed by president, and to award them a free registration at the next IMSANZ-sponsored regional scientific meeting.

2. Policy and Communications

Objective #1

To develop a number of key health care and public health policies and statements that confer a public and medicopolitical voice to issues of direct concern to general internal medicine.

Strategies:

- 1.1 Continue to revise and disseminate public documents (such as the “General Medicine – The Way Forward” publication) that articulate the workforce and health care delivery problems confronting general internal medicine.
- 1.2 Identify, on an annual basis, one central policy issue relevant to GIM to which IMSANZ commits to undertake detailed research (with assistance as needed from external bodies eg RACP Health Policy Unit) and produce a policy statement to be presented to RACP council for endorsement after ratification by IMSANZ council.
- 1.3 To request councillors who have an interest in particular public health issues (eg environmental health, occupational health, biodiversity, bioterrorism, etc) to contribute to the debate by submitting articles on specific subjects for publication in the newsletter.

Objective #2

To raise the profile of IMSANZ as the representative body for GIM which specialist societies and healthcare organisations should consult in seeking endorsement of guidelines, service frameworks, policy statements and other public documents that are relevant to the practice of general physicians.

Strategies:

- 2.1 IMSANZ to issue a letter of notification to all specialist societies, medical colleges, government health departments and NHMRC informing them of the role and constituency of IMSANZ and inviting them to seek official IMSANZ endorsement (with IMSANZ logo on all documents) in regards to any guideline or health policy document that they intend to publicly release and which is of relevance to GIM.
- 2.2 IMSANZ to maintain a directory of guidelines and other documents to which it has given endorsement, to note their intended review dates, and ensure that these documents are reviewed and updated as appropriate.

Objective #3

To engage the RACP and its agencies (eg Health Policy Unit) in contributing to, and supporting, an agenda for reform in meeting the needs of GIM in Australasia.

Strategies:

- 3.1 To convene workshops and forums of relevant stakeholders as appropriate to discuss issues of importance to GIM practice and training.
- 3.2 To liaise with colleagues from other international GIM societies in seeking their advice and views on key GIM issues.

Objective #4

To build alliances with other colleges and societies and to engage the AMA in mounting initiatives that address the need for more general physicians, especially in rural and remote areas of Australia and New Zealand.

Strategies:

- 4.1 To open a dialogue with societies representing emergency physicians, intensivists and geriatricians in regards to how the specialist healthcare needs of people in rural and remote areas can be better addressed by a more appropriate and flexible sharing of skills and expertise between general physicians and other specialists who demonstrate a ‘generalist’ model of care.

- 4.2 To engage the Royal Australian College of General Practitioners (and its NZ counterpart) in discussion on how the needs of general practitioners in terms of consultant advice and service for patients with less severe, multiple or undifferentiated illness may be better served by referring such patients to general physicians.

Objective #5

To strengthen the IMSANZ newsletter as the chief organ of news and communication for IMSANZ members.

Strategies:

- 5.1 To increase frequency of publication to 3 times a year as from the July 2003 issue, with the aim of increasing to 4 times a year if feasible.
- 5.2 To introduce a roster of contributions from IMSANZ councillors which ensures there is adequate content for each issue, and which relieves newsletter editors and other IMSANZ councillors of the need to spend time and effort soliciting material 'at the last minute.'
- 5.3 To aim for a minimum of 12 pages per issue
- 5.4 To further enhance reader interest in the newsletter by having a more regular features eg: Kiwi News (short report from NZ vice-president), What's in the Journals? (Peter Greenberg), Physicians in Training (Leonie Callaway), Innovations (profile of a public or private general medical unit or practice undertaking innovative work or research or teaching; Conference Highlights (summaries from conferences or meetings organised by, or involving, IMSANZ members), Membership Services (any news item relevant to vacancies, CME, etc), Letters to the Editor, Critically Appraised Article (rostered), Clinical Practice Review (rostered to solicit a specialist review [or in some cases general physician review] of topics common to GIM), Travelogue (interesting story on a holiday trip), Supplements or thematic issues; and Cover Story (long article on a particular theme or issue which is flagged on front page)
- 5.5 To continue the policy of non-acceptance of pharmaceutical advertising in, or sponsorship of, the newsletter.

Objective #6

To revamp the IMSANZ website and improve its appeal and interest to potential users.

Strategies:

- 6.1 To have the following departments included on the website: Home page with mission statement and contact details; Membership Services; Professional Development Resources; Policy and Position Statements; Research, awards and scholarships; Feedback and comments
- 6.2 To update website and delete redundant material
- 6.3 To post the newsletter on the website as pdf file.

Objective #7

To encourage IMSANZ members to submit articles describing their experiences as general physicians to both IMSANZ newsletter and RACP News.

Strategies:

- 7.1 To consider submitting particularly good articles from the Newsletter to RACP News.

3. Education and Training

Objective #1:

To continue to raise the profile and influence of IMSANZ in organising the RACP annual scientific meeting.

Strategies:

- 1.1 Expand the IMSANZ advanced trainee presentation session to one of presentations from all fellows and advanced trainees in general medicine with two separate categories: Advanced Trainees and Fellows.
- 1.2 Continue to lobby college for: 1) discounted registration for basic and advanced trainees; 2) dedicated sessions to discuss issues of particular concern to trainees eg "It's your future, its your career: choose wisely"; "Starting up in practice – what you need to know"; "What to look for in an advanced training program", etc.

Objective #2

To lobby for, and assist in the establishment of, tertiary hospital based skill augmentation courses for regional general physicians.

Strategies:

- 2.1 Metropolitan councillors to consult with specialists in tertiary hospitals in their state/area and develop an annual skill augmentation program in the major specialties (Cardiology, Respiratory, Gastroenterology, Neurology, Endocrinology, Geriatrics, Intensive Care, Renal). These programs do not need to be didactic lectures or coursework; may be logistically easier to present them as 'sit-in' observation of ward rounds, outpatient clinics, usual educational program of specialty units with some one-on-one tutoring and specific learning sessions that focus on the particular interests of attendees.
- 2.2 IMSANZ would attempt to assist in providing locum cover for attendees if program is of more than a weeks duration.
- 2.3 Programs would be supplemented with folders of useful references and sentinel articles and any desirable pre-reading.
- 2.4 IMSANZ to lobby College MOPS program to have this program accredited with appropriate number of MOPS credits.
- 2.5 IMSANZ to advertise these programs in IMSANZ newsletter and RACP News and direct interested parties to the relevant state councillor.

Objective #3

To develop an annual calendar of IMSANZ scientific meetings comprising three major events: 1) the RACP ASM; 2) the New Zealand college ASM; and 3) an IMSANZ meeting in both Australia and New Zealand (and which might include an off-shore Asia-Pacific destination).

Strategies:

- 3.1 The regional meetings are designed to profile practice of, and foster attention on CME needs of, rural/regional physicians.
- 3.2 The location of meetings should consider ease and cost of travel and accommodation, add-on holiday or tourist interest, general physician profile, availability of local general physician sponsor.
- 3.3 Scientific program might include regional initiatives in service delivery or health care research in which general physicians have played a role, and to which state health officials, parliamentarians and other dignitaries would be invited to attend and even speak.

- 3.4 Sponsorship might be sought from non-pharmaceutical sources such as state government health departments, local hospitals, local non-government health organisations (eg Divisions of General Practice) and IMSANZ itself.

Objective #4

To establish an Education Account within IMSANZ for the purposes of raising funds with which to support IMSANZ-sponsored educational and professional development activities, including activities undertaken in partnership with other societies, government departments, non-government organisations, Universities, or NHMRC.

Strategies:

- 4.1 To set up an Account which receives raised funds as well as an agreed portion of annual budget to be spent specifically on educational and professional development initiatives.
- 4.2 To raise funds for the Account from fund raising drives and from donations received from sponsoring agencies for consultant advice or other work provided to them on the part of IMSANZ members.
- 4.3 To deposit funds in an interest bearing account as determined by accountant/financial planner advice to maximise fund returns.

Objective #5

To implement a structure of regionally based educational meetings and forums for local groups of fellows and advanced trainees in general medicine.

Strategies:

- 5.1 At a metropolitan or provincial level, state councillors to encourage formation of local groups of physicians and trainees that regularly meet (either face to face or by teleconference) to discuss both practice and professional development issues.
- 5.2 Encourage such networks to sponsor monthly or bimonthly case presentations or clinical workshops, with fellows and trainees rostered to present.
- 5.3 Invite local/regional groups to contribute to IMSANZ newsletter and to inform state councillors of issues that warrant consideration by IMSANZ council.



Objective #6

To establish an annual Travelling Scholarship to the value of \$5000 for advanced trainees in general medicine to attend international meetings relevant to our discipline.

Strategies:

- 6.1 Scholarship applications would be advertised in July the previous year (contained in the letter from President to newly admitted advanced trainees) and granting of the scholarship would be based on the current ESIM guidelines.
- 6.2 Sponsorship for the Travelling Scholarship would be sought from both pharmaceutical and non-pharmaceutical sources.

Objective #7

To continue active support to RACP in procuring ICIM meeting in 2010 and to assist in the organisation of the scientific program.

Objective #8

To maintain an active IMSANZ input into the Education Strategy Taskforce activities of developing curricula and assessment methods for basic and advanced training, especially as they relate to training of general medicine trainees.

Strategies:

- 8.1 To convene an IMSANZ Curriculum Writing Group which has responsibility for developing key learning objectives in knowledge, skills and attitudes for advanced training in general medicine.
- 8.2 To seek IMSANZ representation on the Basic and Generic Curriculum Writing Group of the RACP.
- 8.3 To seek IMSANZ representation on the various Working Groups and Implementation Action Group of the Education Strategy Taskforce.

Objective #9

To ensure provision of an appropriate and accredited training program that meets the needs of trainees wishing to practice as general physicians in regional areas.

Strategies:

- 9.1 To explicitly define the training needs of physician trainees in general medicine in college training manual and IMSANZ related publications.
- 9.2 To explicitly define the attributes of a general medical service necessary for hospitals to be accredited by the college and AMC as being a training institution for general physician trainees.
- 9.3 To lobby state health departments for strengthening or creation of general medical units in tertiary hospitals.
- 9.4 To establish integrated models of trainee appointments which provide 2-3 year career paths which network large teaching hospitals with affiliated regional/district hospitals and health services.
- 9.5 To establish access to subspecialty training in procedures and clinical skills for trainees wishing to practice as a general physician with specialty interest in regional areas.
- 9.6 To request SAC in General Medicine to inform IMSANZ council of key issues and developments arising in training matters, and to invite Chair of SAC in General Medicine to join council teleconferences and meetings as appropriate.

Objective #10

To strengthen professional development and mentoring processes for advanced trainees in general medicine.

Strategies:

- 10.1 To implement, at a regional level, regular general medicine meetings or seminars for advanced trainees.
- 10.2 To assign every advanced trainee in general medicine with a geographically proximate fellow as mentor.
- 10.3 To further development of training curriculum in college-auspiced forums attended by IMSANZ, advanced trainees, and college representatives (eg proposed Forum in General Medicine Training).
- 10.4 IMSANZ, in association with SAC in General Medicine and the Medical Education Unit of the college, establish a Working Group to investigate issues in physician training, including hospital accreditation, and make recommendations to Committee for Physician Training and AMDC re reform in general medicine training.

4. Research

Objective #1

To establish the inaugural IMSANZ Research Fellowship worth \$10,000 to be awarded to an advanced trainee or fellow (of less than 5 years duration) in general medicine who wishes to pursue research qualifications (at Masters or PhD level) in clinical epidemiology, health services research or a related field.

Strategies:

- 1.1 Establish a Research Foundation account within IMSANZ for the purposes of raising and investing funds for the purposes of supporting IMSANZ-sponsored research activities in evidence-based medicine, quality improvement, health services research and clinical education.
- 1.2 Initiate fund raising with requests to members to consider donating to this account, perhaps in lieu of, or as a share of, the donation they normally make to the RACP Research Foundation.
- 1.3 IMSANZ to explore potential collaboration with National Institute of Clinical Studies, Australian Council for Safety and Quality in Health Care, Monash Institute of Public Health, Rural Clinical Schools and other academic and research bodies on a user-pays principle in regards to research projects involving general physicians.

Objective #2

To establish an IMSANZ Excellence in Clinical Education award to be bestowed on any IMSANZ member nominated by his/her peers and trainees as being a clinical teacher in general medicine with exceptional skills or as being a gifted researcher and pioneer in clinical education.

Strategies:

- 2.1 Nominations would be called 6 months before the annual AGM and selection of the recipient would be by recommended by the president and two vice-presidents and ratified by majority vote of Council.
- 2.2 Award to consist of \$1000 prize and certificate of commendation to be presented at annual AGM. (Option to allow non-IMSANZ members to be eligible and include 1 year's free membership to entice recipient to join up).

Objective #3

To profile the involvement of IMSANZ members in health services research and clinical trials.

Strategies:

- 3.1 To maintain an inventory of published and unpublished research studies that have been led by, or feature key involvement of, IMSANZ members.
- 3.2 To archive citations of published articles, both research and non-research related, that have been published by general physicians in Australia and New Zealand and mount these on IMSANZ websites (with hotlinks to Medline if considered feasible).

Objective #4

To advocate for, and support, the conduct of clinical research by general physicians in routine clinical settings.

Strategies:

- 4.1 To provide logistical support and advice in research design, analysis and reporting to general physicians through web-site resources, newsletter articles and clinical research networks.
- 4.2 To establish regional and state clinical research networks whereby general physicians undertaking research can access peer advice and support in undertaking specific trials.
- 4.3 To promote clinical research through the provision of special IMSANZ grants, or to assist general physicians in applying for grants from NHMRC, ARC and other state and national funding sources.
- 4.4 To assist in the publication and dissemination of research undertaken by general physicians via IMSANZ website, newsletter and Internal Medicine editor of Internal Medicine Journal.