

INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND



2005 ANNUAL REPORT



Annual Report for the year ended 31 December 2005

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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 420 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 the inception of the two national sister bodies in 1992, followed by their amalgamation in 1997, 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:




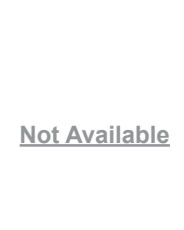






- rural physician workforce and training issues;
- input into health policy making with respect to GIM;
- representations to states regarding health services;
- leadership roles in the RACP Educational Strategy to develop curricula for physician training;
- definition of acceptable pathways to becoming a general physician;
- The 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;
- health consultancies to health ministries of Laos and Nauru.






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

IMSANZ Council Changes

IMSANZ would like to express its gratitude to the efforts of Leonie Callaway, Jaye Martin, Justin La Brooy, Michele Levinson, Patrick Gladding and Christian De Chanéet for their terms as councillors. Special thanks go to Michele who also worked as newsletter editor for several years and to Leonie for her untiring work on the curriculum. We wish them all well and know they will continue their ongoing interest in society affairs.

During 2005 we welcomed Dawn DeWitt (Shepparton Vic), Josephine Thomas (Adelaide SA) and more recently David Taverner (Adelaide SA), Richard King (Melbourne Vic), Tony Ryan (Perth WA) and Ingrid Naden (NZ) as advanced trainee representative on council.

EXECUTIVE COUNCIL MEMBERS		COUNCIL MEMBERS	
	<p>A/Prof Phillipa Poole <i>President, IMSANZ</i> <i>Associate Dean (Medical Programme)</i></p> <p>University of Auckland Private Bag 92019 Auckland, New Zealand Tel: +64 9 373 7599 ext 86747 Fax: +64 9 373 7555 p.poole@auckland.ac.nz</p>		<p>Dr Michele Levinson <i>Victorian Metropolitan</i></p> <p>Suite 50 Cabrini Medical Centre Isabella Street Malvern Vic 3144 Tel: +61 3 9500 0390 Fax: +61 3 9507 5700 michelel@bigpond.com.au</p>
	<p>Assoc/Prof Ian Scott <i>Vice-President, IMSANZ</i> <i>Director of General Medicine</i></p> <p>Princess Alexandra Hospital Ipswich Road Woolloongabba QLD 4102 Tel: +61 7 3240 7355 Fax: +61 7 3240 7131 ian_scott@health.qld.gov.au</p>		<p>Prof Dawn DeWitt <i>Victorian Rural</i></p> <p>School of Rural Health University of Melbourne Graham Street Shepparton VIC 3630 Tel: +61 3 5823 4500 Fax: +61 3 5831 3081 ddewitt@unimelb.edu.au</p>
	<p>Dr Mary-Ann Ryall <i>Honorary Treasurer and ACT</i></p> <p>The Canberra Hospital Canberra ACT 2600 Tel: +61 2 6244 2577 Fax: +61 2 6244 4036 mary-ann.ryall@act.gov.au</p>		<p>Dr Peter Nolan <i>Queensland Rural</i></p> <p>PO Box 4804 Toowoomba Qld 4350 Tel: +61 7 4688 5482 Fax: +61 7 4688 5481 nolan8@bigpond.com.au</p>
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	<p>Dr Aidan Foy <i>NSW Metropolitan</i></p> <p>Mater Misericordiae Hospital Newcastle Mail Centre NSW 2310 Tel: +61 2 4921 1211 Fax: +61 2 4921 1870 aidf@idl.net.au</p>		<p>Prof Justin La Brooy <i>South Australian Metropolitan/Rural</i></p> <p>Royal Adelaide Hospital North Terrace Adelaide SA 5000 Tel: +61 8 8222 5684 Fax: +61 8 8222 5900 rgiamos@mail.rah.sa.gov.au</p>
	<p>Dr Gabriel Shannon Orange Base Hospital ORANGE NSW 2800 Tel: +61 2 6393 3718 Fax: +61 2 6393 3711 gabriel.shannon@gwahs.health.nsw.gov.au</p>		<p>Dr Christian de Chanéet <i>Western Australian Rural</i></p> <p>Bunbury Regional Hospital Cnr Bussell Hwy & Robertson Drive Bunbury WA 6230 Tel: +61 8 9791 5122 Fax: +61 8 9791 5111 dechaneet@highway1.com.au</p>

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	<p>Dr Nicole Hancock <i>Tasmanian Metropolitan</i></p> <p>Royal Hobart Hospital Liverpool Street Hobart Tas 7000 Tel: +61 3 6222 7022 Fax: +61 3 6222 8028 nicole.hancock@dhhs.tas.gov.au</p>
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<u>Not Available</u>	<p>Dr Emma Spencer</p> <p>PO Box 40796 Casuarina NT 0811 Tel: +61 8 8922 8888 marmeee@hotmail.com</p>
	<p>Dr Briar Peat <i>New Zealand Metropolitan</i></p> <p>Middlemore Hospital Private Bag Otahuhu Auckland, New Zealand Tel: +64 9 276 0076 Fax: +64 9 276 0282 briarpeat@middlemore.co.nz</p>
	<p>Dr Andrew Bowers <i>New Zealand Rural</i></p> <p>Internal Medicine Service Dunedin Hospital Great King Street Dunedin, New Zealand Tel: +64 3 474 0999 Fax: +64 3 474 7877 AndrewB@HealthOtago.co.nz</p>
	<p>Dr Josephine Thomas <i>Advanced Trainee Representative – Australia (from Nov'05)</i></p> <p>Royal Adelaide Hospital Adelaide SA 5000 Tel: +61 8 8222 4000 jthomas@mail.rah.sa.gov.au</p> <p><i>Elected Nov'05</i></p>

COUNCIL MEMBERS	
	<p>Dr Leonie Callaway <i>Advanced Trainee Representative – Australia (retired Nov'05)</i></p> <p>leonie_callaway@bigpond.com</p> <p><i>Retired Nov'05</i></p>
	<p>Dr Patrick Gladding <i>Advanced Trainee Representative – New Zealand</i></p> <p>Auckland Hospital Park Road Auckland NZ Tel: +64 9 379 7440 patrickg@world-net.co.nz</p>
CO-OPTED COUNCILLORS SAC REPRESENTATIVES	
<u>Not Available</u>	<p>Dr Michael Kennedy</p> <p>Level 4 22 Darley Road MANLY NSW 2095 Tel: +61 2 9977 8265 Fax: +61 2 9977 4426 drmken@ozemail.com.au</p>
<u>Not Available</u>	<p>Dr D James Williamson <i>Department of General Medicine</i></p> <p>Sir Charles Gairdner Hospital Hospital Avenue Nedlands WA 6009 Tel: +61 8 9346 3172 Fax: +61 8 9346 3204 james.williamson@health.wa.gov.au</p>
<u>Not Available</u>	<p>Dr Denise Aitken</p> <p>Rotorua, New Zealand Ph: +64 7 348 1199 Fax: +64 7 348 7952 denise.aitken@lakesdhb.govt.nz</p>

This report was presented by the President at the IMSANZ AGM on Monday 8th May 2006 at the RACP Congress in Cairns. It is also available from the IMSANZ website <http://www.imsanz.org.au>.

It is my pleasure to report on the activities and achievements during IMSANZ's 9th year. IMSANZ as a society is maturing and going from strength to strength. We are presenting a cohesive approach externally regarding the issues facing general medicine and general physicians, despite being a group that is, by its very nature, heterogeneous. Councillors and many members contribute to key IMSANZ deliberations. Through consideration of multiple viewpoints has come an even better understanding of ourselves, and resulted in some significant achievements, making this a very positive year for IMSANZ.

Restoring the Balance (RtB) Action Plan

The IMSANZ position statement 'Restoring the Balance: An Action Plan for Ensuring the Equitable Delivery of Specialist Services in General Internal Medicine in Australia and New Zealand 2005-2008' was launched at the Alice Springs meeting in October. In the months leading up to this launch, RACP President, Jill Sewell, and CEO, Craig Patterson, lent considerable support, including resources, to ensure this was successful. We are very grateful to Jill and Craig for their continued advocacy of general medicine.

RACP support has continued through the establishment of a joint RACP / IMSANZ RtB Implementation Committee initiative led by Gerard Carroll from Wagga Wagga. Others who have made major contributions towards implementation of specific recommendations include the chairs of the AMDC, Rick McLean, and Specialties Board, John Kolbe. RtB continues to act as a strategic blueprint for IMSANZ and the RACP for advancing general medicine as a specialist discipline throughout Australasia.

The recommendations in RtB fall under 4 headings –

- 1) strengthening hospital departments of general medicine
- 2) increasing the opportunities for physician training in general medicine
- 3) enhancing services in general medicine in regional, rural and remote areas
- 4) improving conditions of remuneration and support in both public and private practice

Specific progress has been made towards each of these this year. Under the strategic leadership of Ian Scott, Council will continue to work where it can on implementing the recommendations, however much depends on your local advocacy. Please continue to use this document framework in your areas (The Secretariat has more copies available).

Rural and Regional Services

While issues involving general medicine in Sydney may dominate discourses at times, IMSANZ Council remains committed to advancing general medicine and physicians in non - metropolitan settings. This is being achieved in several ways:

- Effective voices on Council of non-metropolitan representatives;
- Joint sponsorship of the rural and remote forum prior to the IMSANZ meeting in Alice Springs in Sept 2005;
- Support of rural health fora at RACP meetings. The rural health session at this Cairns meeting will feature Stephen Brady, Martin Brigden, Graeme Maguire and Les Bolitho;
- An informal policy of holding IMSANZ meetings in non-metropolitan settings with topics germane to practice in regional and rural settings;
- Involvement of IMSANZ members in RACP workforce groups on both sides of the Tasman;
- Development of an IMSANZ working document predicting general physician numbers / 100,000 (IMSANZ Newsletter December 2005). This confirmed a necessary variation in rates depending on local service configurations;
- A locum posting function on IMSANZ website;

At the College Ceremony last evening, Les Bolitho was awarded an RACP Medal for services to rural and remote medicine, in Victoria and the wider region. Congratulations and very well deserved, Les.

Links are developing with our Pacific neighbours. Shortly, I shall be spending 2 weeks with IMSANZ member Rob Moulds at the Fiji School of Medicine working with Pacific medical graduates who are training as physicians. Dialogue is also underway with another member, Satu Viali, in Samoa. Topics for exploration include ways that IMSANZ may support general medicine and general physicians in the Pacific region.

RACP Educational Strategy

IMSANZ members remain heavily involved in all areas of strategy development, because of both their expertise and their commitment to development of the future physician workforce.

Advanced training in General Internal Medicine curriculum

The Curriculum Writing Group (CWG) has reconvened and seeks to finalise this curriculum this year. There had been a pause while the RACP worked on other areas such as the basic and professional qualities curricula, and assessment. Now that these are nearing final stage it seems timely to draw everything together. Feedback from IMSANZ members and wider stakeholders has been sought and this is very supportive of the approach being taken.

At a recent meeting in Auckland, the CWG and members of the two SACs agreed to expand the curriculum domains to five, namely: hospital care; ambulatory and community care; consultation and liaison medicine; health systems, and evidence - based practice. A paper expanding on both the curriculum and 'Restoring the Balance' documents by describing acceptable 'Pathways in General Medicine Training' is in draft form. This is another essential piece of work towards raising stakeholder awareness of learning opportunities that must be available if we are to train sufficient numbers of general physicians and



subspecialists with general skills. Council and CWG are aware of the need for the curriculum to be flexible enough to train the diverse group of practitioners in terms of type of practice and location. The RACP with our support is asking the SACs to consider making the elective year more flexible. We are also keen to see formal recognition by the RACP of general medicine training.

Basic training curriculum

This writing group is very ably led by IMSANZ member Leonie Callaway. Mary-Ann Ryall has also put considerable skill and energy into this curriculum along with the Professional Qualities curriculum, ensuring a smooth linkage between the two. Leonie was invited to present the curriculum to the RCP in London early in 2006. The pragmatic approach taken, namely, to identify the attributes of a competent basic general medical registrar in a busy general medical unit, has been very positively received.

Assessments

IMSANZ members continue to assist in developing the new RACP system of assessment. The approach being taken under the leadership of Tim Wilkinson is sound and should ensure validity, reliability and, of concern to all, feasibility. There will still be some form of written and clinical exam but this will be supplemented by a range of brief 'in training' assessments. Paul Reeve continues as the sole general physician on the RACP Written Examination Committee, but many of you examine in the Clinical Examinations.

Continuing Professional Development

This RACP group is stating to get going in earnest. IMSANZ members who responded to a request from the RACP for volunteers are Wilton Braund, Ed Janus and Briar Peat. We look forward to receiving updates on developments in RACP CPD policies and processes.

Modular courses

As mentioned in Ian Scott's report last year, consideration is being given to IMSANZ developing a number of certifiable short curricula in particular aspects of practice relevant to general physician trainees. Potential topics for development include peri-operative care, health economics, obstetric medicine, complex evidence-based decision-making, and indigenous health.

Scientific Meetings

RACP ASM

The success of the changed format of the 2006 RACP Congress in Cairns, as far as general physicians and IMSANZ are concerned, is yet to be judged. Around 65 IMSANZ members have registered for this meeting. For the RACP Melbourne meeting in May 2007, IMSANZ is not in the same formal arrangement with the Adult Division of RACP as in the past few years. IMSANZ's main scientific meeting will be in Adelaide from 5 - 8 September 2007 with the newly-formed Australasian Society of Geriatric Medicine.

Council has discussed IMSANZ's involvement with the RACP ASM on several occasions. The main reasons for not meeting with the College in **2007** are:

- A meeting with ASGM, another generalist society, offers considerable opportunities to advance clinical understanding, service delivery and training requirements to meet the needs of an aging population. Many of our members are dual training and / or deliver geriatric care.
- The expressed view of many that IMSANZ have its own meeting where it may continue to develop its own identity and vision. This has proved very difficult within the larger RACP meeting.
- Many general physicians have another subspecialty interest and attend that subspecialty's ASM. Most general physicians are not able to attend three medical meetings in a year. Fewer than expected IMSANZ members attend the RACP ASM.
- The work required of key IMSANZ personnel and our part time secretariat to coordinate with the multiple levels in the RACP is very onerous, and detracts from other important IMSANZ activities.

Although RACP and Council have not yet discussed IMSANZ involvement in RACP meetings for 2008 and beyond, we remain committed to helping find the best ASM model(s) to suit the needs of all relevant parties.

IMSANZ ASM Alice Springs ~ 1-4 September 2005

This three - day meeting was a terrific success. Nearly 100 members met and participated actively in the educational program specifically designed to meet the needs of the general physician practising in regional and rural areas. RACP President Jill Sewell was present for the meeting, generously giving time and supporting our activities. We thank you, Jill, for giving us this time. For the many New Zealanders who attended it was revealing in terms of the difficulties in care provision over such vast areas, made all the more poignant by the magnified disparities in indigenous health than in NZ. IMSANZ thanks Steve Brady and Diane Howard, along with Ian Scott and Mary Fitzgerald for putting such an excellent and memorable meeting together.

IMSANZ Palmerston North ~ 23-25 March 2006:

Tantalised by the thought of sleeping in beds used by All Blacks, 25 or so NZ IMSANZ members, with Les Boliitho, enjoyed time at the NZ Institute of Rugby. Kirsten Holst and Andrew Herbert hosted a deliberately provocative programme. Although numbers might have been higher, the enthusiasm was palpable including at the late night North Island versus South Island touch rugby match. The NZ autumn meeting will happen again next year, tentatively at beautiful Waiheke Island near Auckland.

RACP(NZ) / IMSANZ / ANZ Society of Nephrology Queenstown ~ 20-22 September 2006

This meeting will take place in NZ in September. We are hoping for around 150 attendees, including some from Australia. There will be a Trainees' Day on the 19th during which issues of training, career choice and other topics will be discussed. Promoted as a



family - friendly meeting, there will be time to enjoy Queenstown's considerable attractions. More information is available on the IMSANZ website.

IMSANZ / ASGM Adelaide ~ 5-8 September 2007

Justin La Brooy, Jo Thomas and Mark Morton are working with geriatricians and the International Society of Nutrition to bring this programme to fruition. It will be IMSANZ's main meeting next year, and will afford us the opportunity to explore with our geriatrician colleagues the optimal medical care of older people. The IMSANZ AGM will be held at this meeting.

WCIM Melbourne ~ March 2010

IMSANZ members Les Bolitho, Alasdair McDonald and Jo Thomas are on the RACP steering committee for this world congress at which over 4,000 delegates are expected. In preparation, several RACP / IMSANZ members will be attending the congress in Taiwan this year. IMSANZ is fully behind Les and the RACP group to ensure the success of this meeting in advancing health care globally.

IMSANZ Website

The IMSANZ website continues to expand and improve. There are now over 80 Critically Appraised Topics (CATs), along with several talks, resources in teaching evidence-based medicine, position papers, guidelines, links to other societies' websites etc. We have received some suggestions through the membership survey as to how the website might better meet CPD and other needs of our members. If you have other suggestions, please contact IMSANZ or Andrew Bowers. Thanks to Mary and her team for the effort put into making this a professional and user - friendly site.

Scholarships and Fellowships

Travelling Scholarship. Trainees Paul Huggan (NZ) and Leon Fisher (Aust) were recipients of the 2005 IMSANZ Travelling Scholarships (\$5,000) to attend the 8th European School of Internal Medicine meeting in Alicante, Spain in October 2005. IMSANZ also provided a travel grant to Dr Richard Luke from Hawkes Bay, NZ, to attend this meeting. The ESIM meeting will be held near Lisbon this year in late August and we hope to send one or two trainees and possibly one consultant physician faculty member.

To date there have been two nominees for the travel awards but none for IMSANZ's other awards in 2006. Please consider nominations for:

- Best Scientific Publication in Internal Medicine \$2,000
- Excellence in Clinical Education \$1,000
- Research Fellowship \$10,000

Advanced Trainees Award for Best Paper presentations

These awards continue to be given at the RACP / IMSANZ meetings. The IMSANZ free papers session at this meeting will be held on Tuesday 9 May. Please support those presenting and consider how we might encourage more research presentations,

including from trainees, at our meetings. Thanks are due to Roche Pharmaceuticals for their continued generous sponsorship.

In New Zealand, the trainee awards are generously sponsored by the De Zoysa Family Trust.

Newsletter

The newsletter continues to go from strength to strength and once again many thanks are due to our hard-working editor, Michele Levinson, and her support crew Mary Fitzgerald and Arnold Espinola. The newsletter is circulated to our sister societies, and looks polished in comparison. Although the range of articles from a relatively small society is excellent, we would welcome more articles in the areas of CPD, initiatives in workforce development and service delivery, especially in non - metropolitan areas. More articles from New Zealand would be good too!

In writing this I have just received word from Michele that she wishes to resign from the Editor role. Naturally we are very sorry to see her step down, but take this opportunity to formally thank her for her excellent contribution to the society.

Membership Survey

This was sent out with your annual subscription notices. Around 50% of you have returned these. This feedback will allow us to be more responsive to you, the membership. The findings will be discussed by Council and summarised in an upcoming issue of the IMSANZ newsletter.

Consultancies and Representations

Over the last 12 months, IMSANZ Council has provided input, feedback or endorsement to discussion papers and policy documents. Some of these are:

- NZ Institute Economic Research paper on Workforce to meet the needs of the ageing population
- NZ National Health Committee Discussion Document on People with Chronic Conditions
- NZ Health Workforce Advisory Committee "Fit for purpose and for practice"
- NZ Rural Hospital Doctors' proposal to become a vocationally - registered scope of practice in NZ
- Australian Asthma Objectives for Health Professionals Curriculum
- RACP Ethics of Relationship with pharmaceutical industry
- RACP Alcohol Policy
- RACP response to the Draft Productivity Commission Report
- RACP governance review

Les Bolitho chairs the revitalised AACCP, with primary roles in addressing physician remuneration and workforce issues in Australia.

Many members of IMSANZ have been involved in a range of other activities. This representation is so valuable in ensuring that



the generalist perspective is added when important decisions are made. I'd like to thank all of you who do represent IMSANZ and general medicine on RACP committees and other stakeholder bodies.

Links with other GIM societies

IMSANZ continues links with European societies through our long-standing involvement with the European School of Internal Medicine and now, through the lead up to the 2010 WCIM congress, with ISIM. However, these societies have both generalist and subspecialty members and there is no truly international GIM forum. Ian Scott attended the US SGIM meeting in New Orleans in 2005 to participate in a forum on 'The Globalisation of Internal Medicine'. I have been fortunate to represent IMSANZ at subsequent fora at the Canadian Society meeting in Toronto and SGIM in LA in April 2006. The discussions with respect to globalisation of GIM are proceeding along two lines

- (i) learning from and supporting sister societies in fostering general medicine
- (ii) considering ways that such a federation of societies might contribute to efforts to reduce global health disparities.

GIM representatives from several countries have agreed to organise a forum and an 'internationalisation of general medicine' programme thread through an opportunity provided at next year's SGIM meeting in Toronto from 25-27 April. Thereafter it is anticipated a biennial globalisation congress will 'piggy-back' with another major GIM meeting.

A paper co-authored by Peter Greenberg comparing the evolution of GIM in Australasia, the US, Canada, Argentina, Japan, and Switzerland was published in JGIM 2006;21:197-200.

Membership and Councillors

IMSANZ members currently number 416, with around 50 of these being trainees in general medicine. This is an increase on last year and is very heartening. We aim to reach 500- please encourage all your colleagues and trainees to join.

The direction of IMSANZ is overseen by Council with representation from all Australian states and territories, and New Zealand. Council members are elected as metropolitan or non metropolitan representatives, and two are trainees. This year we farewell from Council Leonie Callaway (Qld), Justin La Brooy (SA), Christian de Chaneet (WA), Patrick Gladding (NZ AT) and Jaye Martin (WA). Michele Levinson (Vic) has also tendered her resignation from her Victoria metropolitan Councillor role and as Newsletter editor. Our grateful thanks are due to all these Councillors for their inputs, and their continued advocacy for general medicine.

New Councillors are Jo Thomas (Australian AT), Dawn DeWitt (Vic), and Ingrid Naden (NZ AT). We welcome them warmly to the table. This year we also coopted the chairs of the two general medicine SACs, James Williamson and Denise Aitken. Already this closer relationship is strengthening our respective

approaches to development of the general medical workforce, and our thinking around what constitutes acceptable general medical training.

There are still some significant vacancies on Council - the Australian Vice - President / 2007 President Elect, and any representation from Western Australia. The newsletter editor role is also now vacant. Council will be addressing these as a matter of urgency.

Council is committed to looking for opportunities to contribute to, and influence, RACP, health board and government policies around health systems and workforce, so that general medicine continues to flourish. Many of you are doing this very effectively at local level. Please consider taking on a Council role for two years to ensure the momentum continues.

Special Thanks

Our special thanks are due to Ian Scott. During his term as President, Ian worked extremely hard and with vision to provide IMSANZ with a strong endowment of policies, processes and resources. This year, Ian has continued to lead implementation of the Restoring the Balance recommendations and has acted for you as the Australian Vice President. Ian, your support and advice have been sincerely appreciated.

Mary Fitzgerald has provided unstintingly warm and professional support to Council, the membership and me, this year. I appreciate it has been particularly difficult for her in terms of distance, yet communications are managed regularly and effectively. Thanks Mary, most sincerely for your efforts on our behalf.

I've thoroughly enjoyed working with Council, over this year, and look forward to further constructive deliberations in 2006/7. Thanks for your efforts and your personal support.

Finally, thanks to all of you, the members. Our society IS an exceptional group of doctors, all motivated by a willingness to care for anyone who needs it. This extends to colleagues too. Proof of this may be found in the essence of IMSANZ meetings, where true fellowship and refreshment of one's spirit reside.

I'm honoured to lead IMSANZ until its 10th birthday next year towards its key goals, but assured of friendship and fun along the way.

PHILLIPPA POOLE

President, IMSANZ
8th May 2006



APPENDIX COUNCILLOR ACTIVITIES

COUNCILLOR	COMMITTEE/WORKING GROUP/TASKFORCE/OTHER
Phillippa Poole	Chair, IMSANZ Curriculum Writing Group RACP Basic Curriculum Writing Group RACP IAG Working Group #1 - Curriculum and Assessment RACP (NZ) ASM Organising Committee 2006 IMSANZ NZ executive RACP Specialties Board RACP (NZ) Specialties Board
Justin La Brooy	RACP Council RACP Board of Continuing Professional Development RACP Ethics Committee considering interaction with Industry RACP South Australian Committee RACP ASM Organising Committee RACP Adult Medicine Division Committee Member of Joint Executive Committee Adult Medicine & Paediatric Divisions
Ian Scott	RACP Better Practice Co-ordinating Committee RACP Specialties Board IMSANZ Curriculum Writing Group RACP IAG Working Group #1 – Curriculum and Assessment RACP IAG Working Group #5 – Physicians as Educators RACP Interim Adolescent Health Committee RACP ASM Organising Committee RACP Clinical Indicators Working Group RACP Qld College Lecture Series Committee
Peter Nolan	Rural and Remote Special Interest Group, TSANZ
Mary-Ann Ryall	IMSANZ Curriculum Writing Group RACP Curriculum Writing Groups- Basic Training and Professional Qualities Curricula
Nicole Hancock	SAC in General Medicine
James Williamson	Chair, SAC in General Medicine (Australia)
Andrew Bowers	RACP CPT (New Zealand) SAC in General Medicine (New Zealand) IMSANZ NZ Executive RACP IAG Working Group #1 Curriculum and Assessment RACP IAG Working Group #2 Selection of Trainees RACP Working Group, Basic Training Curriculum IMSANZ / RACP Working Group, Advanced Training Curriculum (IM) RACP / IMSANZ ASM Organising Committee (Queenstown 2006) RACP NZ Committee (retire 2006)
Alasdair MacDonald	IMSANZ representative on WCIM 2010 steering committee



Year in focus

2005 was a year of significantly increased activity for our society in general which has clearly led to increased financial movement. After a number of years where our education efforts were focused almost entirely on the RACP ASM, we again ran our own stand alone meeting in September 2005 in Alice Springs. Our strategic policy document "Restoring the Balance" was launched at this meeting. We again organized the adult medicine component of the RACP ASM for 2006. Our president has been busy strengthening international ties and we have gradually been increasing our support for trainees and new fellows in the form of scholarships. Communication in the form of newsletter and website has continued to strengthen over the last two years.

Financial standing

At the end of December 2005 we had sustained a net loss of \$11,111 for the year.

Major sources of Income

Major sources of income remain subscriptions, conference receipts and sponsorships. An increased level of sponsorship was obtained in 2005 in association with the IMSANZ ASM in September.

We retain a steady membership of just over 400 members (409 at 1st January 2006), with very few members resigning or retiring (13) and new trainees and fellows continuing to join up (30).

We have retained the majority of retained profits in a short term account with AMP (\$48705 at end December 2005) and this continues to earn a steady rate of interest (~5.5%) while remaining accessible.

Major expenditure

Our largest expenditure for 2005 occurred as a result of the IMSANZ ASM. This was however offset by registration and sponsorship so that the meeting essentially ran as slightly better than "break-even" financially.

Computer expenses of \$7,591 for the year largely reflect the cost of setting up and maintaining the IMSANZ website over the last two years.

The other major area of increased expenditure has been in the area of trainee sponsorship and awards (\$21,011). Two trainees were sponsored to attend the ESIM summer school and a new fellow received a \$10,000 scholarship to enable her to continue her health systems research.

Employee wages have steadily increased in line with the increased society activity in particular meeting organisation.

Conclusion

Despite a recorded loss for this financial year, the society remains in a solid financial position with retained profits of \$57,262. This would not be possible without the hard work of our secretary, Mary Fitzgerald, and I wish to again congratulate and thank her for her efforts on behalf of our society.

MARY-ANN RYALL

Honorary Treasurer
May 2006

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FINANCIAL REPORT FOR THE YEAR ENDED 31 DECEMBER 2005



INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND

A.B.N. 69 712 253 450

COUNCIL'S REPORT

The council presents their report on the Society for the year ended 31 December 2005.

COUNCIL MEMBERS

The names of the councillors throughout the year and at the date of this report are:

Dr L Bolitho	Dr C de Chaneet
Dr L Callaway (resigned 9 May 2005)	Dr D Hammill (resigned 9 May 2005)
Dr N Hancock	Dr M Ryall
Dr P Nolan	Dr M Levinson
Dr D Howard (resigned 9 May 2005)	Dr G Shannon (appointed 9 May 2005)
Dr E Spencer (appointed 9 May 2005)	Dr B King (resigned 9 May 2005)
Dr A Foy	A/Prof I Scott
Dr A Bowers (appointed 9 May 2005)	A/Prof P Poole
Prof D DeWitt (appointed 10 November 2005)	Dr B Peat
Dr J Thomas (appointed 10 November 2005)	Dr P Gladding
Dr J Martin (elected & resigned May 2005)	Prof J La Brooy

PRINCIPAL ACTIVITIES

The principal activities of the Society during the financial year were to provide higher standards of training, practice, teaching and research in the field of general internal medicine.

In May 1997 the Australian Society of Consultant Physicians in General Medicine amalgamated with the New Zealand Society of Consultant Physicians in Internal Medicine to form the Internal Medicine Society of Australia & New Zealand.

SIGNIFICANT CHANGES

No significant change in the nature of these activities occurred during the year.

OPERATING RESULT

The Society derived a loss from ordinary activities for the financial year amounting to \$11,111. There was no requirement to provide for income tax.

Signed in accordance with a resolution of the council members of the Society.

Councillor:

Councillor:

Dated this

23rd

day of

March

2006



**INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF**

INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND

Scope

We have audited the financial report, being a special purpose financial report of the Internal Medicine Society of Australia & New Zealand for the year ended 31 December 2005, as set out in pages 4 to 8.

The Society's councillors are responsible for the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the Associations Incorporation Act New South Wales and are appropriate to meet the needs of the members. We have conducted an independent audit of the financial report in order to express an opinion on it to the members of the Internal Medicine Society of Australia & New Zealand. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial report has been prepared for the purpose of fulfilling the reporting requirements of the Associations Incorporation Act New South Wales. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

Our audit has been conducted in accordance with Australian Auditing Standards. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1 so as to present a view which is consistent with our understanding of the Society's financial position, and performance as represented by the results of its operations. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

The audit opinion expressed in this report has been formed on the above basis.

Qualification

As is common for organisations of this type, it is not practicable for the Society to maintain an effective system of internal control over subscriptions, conference receipts and other fundraising activities until their initial entry in the accounting records. Accordingly, our audit in relation to these items was limited to the amounts recorded.

Audit Opinion

In our opinion, except for the effects on the financial report of the matter referred to in the qualification paragraph, the financial report of the Internal Medicine Society of Australia and New Zealand Inc. presents a true and fair view of the financial position of the Internal Medicine Society of Australia & New Zealand as at 31 December 2005 and the results of its operations for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

A handwritten signature in cursive script, appearing to read 'Spooner Tinworth & Co'.

**SPOONER TINWORTH & CO
CHARTERED ACCOUNTANT**

A handwritten signature in cursive script, appearing to read 'Mark Tinworth'.

MARK TINWORTH
North Sydney, 23rd March 2006

Level 5, 66 Berry Street
North Sydney NSW 2060
Tel: (02) 9922 4644
Fax: (02) 9959 3642

**INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND
A.B.N. 69 712 253 450**

STATEMENT BY MEMBERS OF THE COUNCIL

The Councillors have determined that the Society is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in note 1 to the financial statements.

In the opinion of the Councillors of the Society the financial report, as set out on pages 5 to 8:

1. Presents a true and fair view of the financial position of the Australian segment of the Internal Medicine Society of Australia & New Zealand as at 31 December 2005 and its performance for the year ended on that date. A separate financial report is prepared in respect of the New Zealand segment of the Society. The Councillors do not consider the preparation of a consolidated financial report of the Society to be necessary.
2. At the date of this statement, there are reasonable grounds to believe that the Internal Medicine Society of Australia & New Zealand will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Council and is signed for and on behalf of the Council by:

Councillor: 

Councillor: 

Dated this 23rd day of March 2006

INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND
A.B.N. 69 712 253 450

INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2005

	Note	2005	2004
INCOME		\$	\$
Subscriptions received		71,975	72,551
Conference & ASM receipts		52,076	14,289
Interest received		4,245	3,034
Sponsorships received		<u>22,091</u>	<u>5,909</u>
		<u>150,387</u>	<u>95,783</u>
EXPENDITURE			
Auditor's remuneration		2,190	2,151
Bank charges & duties		2,117	1,709
Computer expenses		7,591	1,596
Conference expenses		66,132	2,430
Council meetings		1,086	1,534
Depreciation		661	781
Filing fees		76	40
General expenses		-	55
Honorarium – President		1,000	1,000
Insurance		1,732	1,718
Meeting expenses – AGM		-	724
Meeting expenses – ASC		1,906	822
Newsletter & directory expenses		10,094	14,886
Photocopying		420	156
Postage & couriers		2,665	1,296
Printing & stationery		4,290	1,504
Scrapped fixed assets		-	1,220
Superannuation		3,147	2,515
Telephone & facsimile		418	885
Trainee prizes & sponsorship		21,011	6,215
Wages		<u>34,962</u>	<u>27,942</u>
		<u>161,498</u>	<u>71,179</u>
Profit (Loss) from ordinary activities before income tax		(11,111)	24,604
Income tax expense	1	<u>-</u>	<u>-</u>
Profit (Loss) from ordinary activities after income tax		(11,111)	24,604
Retained profits at the beginning of the financial year		<u>63,373</u>	<u>43,769</u>
Retained profits at the end of the financial year		<u>\$ 57,262</u>	<u>\$ 68,373</u>

The accompanying notes form part of this financial report.

INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND
A.B.N. 69 712 253 450

BALANCE SHEET
AS AT 31 DECEMBER 2005

	Note	2005 \$	2004 \$
CURRENT ASSETS			
Cash	2	70,079	71,547
Receivables	3	2,412	845
Other	4	<u>230</u>	<u>1,186</u>
TOTAL CURRENT ASSETS		<u>72,721</u>	<u>73,578</u>
NON-CURRENT ASSETS			
Fixed assets	5	<u>1,785</u>	<u>2,447</u>
TOTAL NON-CURRENT ASSETS		<u>1,785</u>	<u>2,447</u>
TOTAL ASSETS		<u>74,506</u>	<u>76,025</u>
CURRENT LIABILITIES			
Creditors & accruals	6	<u>17,244</u>	<u>7,652</u>
TOTAL CURRENT LIABILITIES		<u>17,244</u>	<u>7,652</u>
NET ASSETS		<u>\$ 57,262</u>	<u>\$ 68,373</u>
MEMBERS' FUNDS			
Retained profits		<u>57,262</u>	<u>68,373</u>
TOTAL MEMBERS' FUNDS		<u>\$ 57,262</u>	<u>\$ 68,373</u>

The accompanying notes form part of this financial report.

INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND
A.B.N. 69 712 253 450

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2005

1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1984 - New South Wales. The council has determined that the Society is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1984 - New South Wales and the following Australian Accounting Standards:

AAS 3	Accounting for Income Tax
AAS 5	Materiality
AAS 8	Events Occurring After Reporting Date

No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous year unless otherwise stated, have been adopted in the preparation of this financial report:

Income Tax

The Society is exempt from income tax under Section 50-5 of the Income Tax Assessment Act, 1997, as a non-profit association established for the encouragement of science.

Fixed Assets

Office furniture and equipment are carried at cost less, where applicable, any accumulated depreciation. The depreciable amount of all fixed assets are depreciated over the useful lives of the assets to the Society commencing from the time the asset is held ready for use.

Depreciation rates using the prime cost method are as follows:

Office Furniture and Equipment	10% – 25%
--------------------------------	-----------

Employee Entitlements

The Society has no permanent full time employees who are entitled to a pro-rata entitlement to annual leave, long service leave or sick leave, accordingly no liability exists at balance date for employee entitlements.

Contributions are made by the Society to employee superannuation funds and are charged as expenses when incurred.

Conferences

If a conference is to be held after the end of the financial year then costs incurred for the conference prior to the end of the financial year are brought to account as prepayments. While registration monies and sponsorships received prior to the end of the financial year are brought to account as income received in advance.

INTERNAL MEDICINE SOCIETY OF AUSTRALIA & NEW ZEALAND
A.B.N. 69 712 253 450

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2005

STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Members Liability

The Society was incorporated in New South Wales on 4 May 1978, under the Associations Incorporation Act 1984. Rule 5 of the Society provides that the liability of a member of the Society to contribute toward the payment of the debts and liabilities of the Society or the costs, charges and expenses of the winding up of the Society is limited to the amount, if any, unpaid by the member in respect of membership of the Society.

	2005	2004
	\$	\$
2 CASH		
Petty cash	209	200
Term deposit	48,705	36,013
Cash at bank	21,165	35,334
	<u>\$ 70,079</u>	<u>\$ 71,547</u>
3 RECEIVABLES		
Sundry debtors	<u>\$ 2,412</u>	<u>\$ 845</u>
4 OTHER		
Interest receivable	22	89
Prepaid expenses	208	1,097
	<u>\$ 230</u>	<u>\$ 1,186</u>
5 FIXED ASSETS		
Office furniture and equipment - at cost	2,944	2,944
Less accumulated depreciation	<u>(1,159)</u>	<u>(497)</u>
	<u>\$ 1,785</u>	<u>\$ 2,447</u>
6 CREDITORS & ACCRUALS		
Sundry creditors	15,144	5,552
Accrued expenses	2,100	2,100
	<u>\$ 17,244</u>	<u>\$ 7,652</u>

AWARDS AND SCHOLARSHIPS 2005

IMSANZ 2005 ASM Free Papers



Dr Andrew Wesseldine was the recipient of the IMSANZ/Roche Award for free papers award at the 2005 ASM held in Alice Springs in September 2005.

Travelling Scholarship



Paul Huggan, Jaime Merino (Director 8th ESIM), Leon Fisher at Alicante

Drs Paul Huggan, advanced trainee in general medicine from NZ and Leon Fisher, an advanced trainee for Australia were the recipients of the 2005 IMSANZ Travelling Scholarship to attend the 8th European School of Internal Medicine meeting in Alicante Spain in October.

Advanced Trainees Award for Best Paper presentations



Leon Fisher

Congratulations to this year's recipient of the IMSANZ/Roche Award for Advanced Trainees Dr Leon Fisher. Leon presented an excellent presentation titled "Prophylactic Proton-Pump Inhibitor (PIP) Reduces Risk of Perioperative Gastrointestinal Haemorrhage (GIH) in Older Patients with Hip Fracture (HF)"

We wish to thank Roche Pharmaceuticals for their continued sponsorship.

TRAVEL SCHOLARSHIPS 2006



Vignakumar Ganaseamoorthy

The IMSANZ Travel Scholarship for 2006 was once again shared by two advanced trainees.

The recipients of the awards are Anne Maloney from Sydney, New South Wales and Vignakumar Ganaseamoorthy from Rotorua, New Zealand.

Anne has chosen to attend the Canadian Society of Internal Medicine in Alberta Canada in November.

Vigna has chosen the 9th European School of Internal Medicine being held in Sintra Portugal in September.

Congratulations to both Anne and Vigna.



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