



RMSANZ

Rehabilitation Medicine Society of Australia and New Zealand

RMSANZ President's Report

Executive Summary

The Society and Board have been operating well and have accomplished a number of achievements in the last 12 months, including holding the first ISPRM international congress in Australia, developing a process for a binational strategy for the development of rehabilitation medicine with AFRM and AROC, and the growth of membership, including trainee members.

Financially we are strong, such that we are planning on ways for better using our resources to promote rehabilitation medicine to government and amongst our colleagues and the public

Our board is diverse and our SIGs and Branches are active which has led to improved relations with RACP/AFRM, The Canadian Society of Rehabilitation Medicine and the public. We have made submissions on health financing to Government and continue to work with Private Health Insurers and Hospitals to develop Rehab in the Home programs where rehab physicians are central in offering governance and need to be remunerated.

The next 12 months will focus on our development of advocacy and policy so that we can promote the discipline and become more visible to our colleagues and the public.

Introduction

It has been a privilege to be able to lead the Society in the last 12 months. It has been an easy transition because of the work of the RMSANZ Past President, A/Prof Zoe Adey Wakeling who deserves our thanks. Her presidency was not without challenges (COVID, a hybrid conference and the challenges of telehealth and the impact on our profession) and she managed all of them with grace and a cool head and as a result the Society has benefitted. She has commenced the work of the rehab strategy and has attracted a large number of women and young Board members to the Society through her promotion of diversity.

Membership

Type	Jul 23	Sep 23	Jan 24	Mar 24	Jun 24
Ordinary	361	374	376	361	371
Trainee	95	100	106	94	109
Associate	9	9	8	10	12
Retired	20	20	20	20	20
Total	486	504	511	486	513

Our numbers have slowly risen and the numbers of people requesting to be associate members has also risen. Our trainees are being lured to attend our ASMs and to gain information from our Facebook page and website. There has been some notable reduction in memberships from the rural sector and efforts will be going into resurrecting the Rural and Remote SIG so that increased value for membership of rural practitioners can be realised.

ASMs

Thanks go to those from the Victorian and Tasmanian branch who organised an exciting ASM in Hobart and followed on from the hybrid/F2F congress on the Gold Coast with a post COVID full F2F ASM. It laid the work for the ISPRM Congress in Sydney in June which had over 1600 registrants.

The ISPRM Congress attendee breakdown is as follows –

- i. 1,678 participants from 85 countries
- ii. 387,000 congress website views, 132,000 website users and 800 congress app downloads
- iii. >280 AH, 192 RMSANZ, 175 non-members, 250 ISPRM, 140 Low/Middle Income Countries, 230 trainees
- iv. Less than 40% of RMSANZ members but over 75% trainee members
- v. Highest number of trainees ever to attend an Australian Congress
- vi. Attendees from Australia, Japan, China, USA, Indonesia, South Korea, Taiwan, Canada, NZ, Philippines
- vii. 31 workshops, 109 conference sessions, 14 plenaries
- viii. 1088 submissions, 102 workshops, 200 oral presentations, 450 posters, 591 individual speakers

The Australian and New Zealand registrants were mostly made up of trainees and allied health members and students, with disappointingly less than 40% of our fellow members attending.

A number of other successes followed the Congress including the upskilling of members of the Pain & MSK SIG in ultrasound teaching and training, and promotion of the international reputation of our spasticity workshops and certifications programs, as well as our first ever Cochrane workshops which are now being copied by other ISPRM congress organisers.

Board structure

Board meetings now dedicate 15minutes to discuss matters related to developing the profession – topics covered include whether the training program is preparing rehab physicians sufficiently, what

opportunities are there for transitional care of adolescents with disabilities, the need for a strategic plan for the RMSANZ, and the relationship with AFRM/RACP.

Anne Winkler resigned half way through her term, having made significant contributions to the board including promoting topics for discussion related to the NDIA and we thank her for her energetic contributions. We welcomed Dr Alaeldin Elmalik from Victoria who utilised the Board orientation program to become familiar with the responsibilities and activities of the Board.

Photos and biographies of all board members are now available on the website for the first time in RMSANZ recent history. The board comprises of 4 women, 6 men and 2 members under the age of 45.

The Board is currently developing a written acknowledgement of First Nation's people as traditional owners of Australia and New Zealand which is being done with Maori and Aboriginal members of the RMSANZ. It will be available in the next few months.

The Board also managed a cybersecurity breach of its Facebook page on the day before the opening of the ISPRM Congress. This was done by following cyber risk policy and protocols that had been put in place prior to the incident.

The Board has also developed an orientation pack for new members which was released in December 2023 with documents on a memory stick and logos for stationary.

Board members have attended the Association Forum's on line workshop in board governance and efficient processes of board management.

Members of the board

Prof Steven Faux – President

A/Prof Zoe Adey-Wakeling – Immediate Past President

Dr Richard Seemann – Vice President

Dr Ben Chen – Treasurer

Dr Gaj Panagoda

Dr Sumitha Gounden

Dr Kelly Dungey

Dr Brian Zeman

Prof Fary Khan

Dr Alaeldin Elmalik

Finances

The financial situation of the Society is robust and options now arise for use of some of the finances to further the objects in our constitution, including advocacy, visibility and policy development.

The Finance Committee was also able to remove any exposure of RMSANZ's investment portfolio to the oil and gas industry.

Relationships

Formal letters were sent to other medical societies and allied health associations inviting them to our congress and now we are sending relevant articles from our newsletters with permission from RMSANZ for them to republish in their newsletters if they wish.

Follow-up letters were also written to RACS, AAO and the ASA regarding the Honeysuckle Health Competition Tribunal decision of 2022, preventing surgeons from signing contracts with NIB/ Honeysuckle Health that put clinical targets on their referral to inpatient rehab.

Public lectures at the ISPRM took place regarding healthy living for people living with disabilities and those wishing to learn about healthy aging.

A meeting with RACP and societies took place and the RMSANZ has signed an agreement with RACP/AFRM to pass on the names and contacts for consenting rehab medicine fellows and trainees and RMSANZ has arranged security for the information

Collaboration has also taken place with Qld Paralympic development centre - National Centre for Rehabilitation and Disability Sport (NCRDS) and the 2032 Paralympic Games engagement office at the University of Queensland for the development of a memorandum of understanding to offer members a referral pathway for patients to participate in community sports for the disabled.

The Spasticity SIG has developed a partnership with a physiotherapy SIG in spasticity and has attracted an associate member to develop the academic relationship.

We are holding webinars with Canadian Society of Rehab Medicine and the Australian Faculty of Occupation and Environmental Medicine AFOEM.

Advisory Council, Board Subcommittees, Branches and Special Interest groups

Thanks goes to all the members that lead and participate in our Committees, SIGs and Branches

The following represents the current list of SIGs and their Chairs:

Disaster Rehabilitation – Dr Sumitha Gounden – 40 members

Neuro Rehabilitation – Dr Ros Avery – 84 members

Pain & MSK – Dr Chiaki Kojima – 92 members

Prosthetics & Orthotics – Dr Nidhi Gupta – 48 members

Private Practice – Dr Stephanie Lam – 54 members

Spasticity Management – Dr Steve De Graaff – 39 members

The following are the current Branches and their Chairs:

NSW/ACT - Dr Myles Kwa

QLD - Dr Brett Avocaat (Dr Teresa Boyle just stepped down)

VIC/TAS - Dr Kavitha Muthukrishnan

SA/NT - Dr Vyv Wong

NZ - Dr Kellie Nichol, Dr Bensy Mathew

The following are the current Board subcommittees and their Chairs

Finance Committee – Dr Ben Chen

Governance Committee – Dr Gaj Panagoda

Scientific Committee – Prof Ian Cameron

Communication Committee – Prof Steven Faux

Leadership work

RMSANZ have been promoting the development of leadership activities to develop leadership skills in early career of fellows and senior trainees, with the following activities;

- a. Alex Ganora award in leadership for early career and senior registrars – Winner of 2024 Award - Dr Jessica Smith (SA)
- b. 2 members - one trainee and one fellow - elected on the ISPRM youth forum – Dr Laura Goodwin-Dyst and Dr Cassie Cook
- c. Congratulations to Prof Fary Khan AM, the vice president of the ISPRM, who will take up the presidency of ISPRM in 2025/2026

RMSANZ has accepted a generous offer by Dr Jane Wu to manage and distribute the rehabilitation medicine exam preparation course and is offering a hefty discount to trainee member of \$150. The usual cost for non-members remains \$1,000. This will attract trainees to the RMSANZ who will then be able to access this leadership workshop.

A leadership workshop will be held at the ASM in Christchurch in 2025.

Position Statement submissions and advocacy

A submission was presented to NSW Government's special commission into healthcare funding representing the views of the RMSANZ in March 2024.

We have developed a workshop to brainstorm our binational Strategy program and have engaged a consultancy company specialised in lobbying and strategy based in Canberra - Salus Advisory. They were able to develop a strategy report based on our workshop at the ISPRM Congress and produced a document to assist the RACP led Bi-National Strategy Plan. This company now has detailed understanding of rehabilitation medicine and its capacities and are well positioned to assist RMSANZ, if required.

Three of the RMSANZ board members attended a meeting with AMA and Mark Butler (Minister for Health) in November 2023 with approaches by and focus on RITH for Joint replacements and we made the following contributions:

- a. The need to tie subacute funding to subacute expenditure,
- b. The concept of Egress block,
- c. The importance of rehabilitation in the community,
- d. The importance of legislative change in the private sector, re hospital substitution programs

It has been noted that the work of the RMSANZ in the area of advocacy and policy is increasing as the RACP has a duty to represent all physicians including the AFRM. As such, most submissions from the RACP are not exclusively in matters of importance to Rehabilitation Medicine. In fact RACP is duty bound to represent the largest number of its members. Therefore, the RMSANZ may be required to utilise resources to develop a policy and advocacy service for our membership.

Looking Ahead

The RMSANZ will focus in the next year on developing an advocacy and policy capacity, and will be aiming to increase the visibility of the profession.

We will also develop leadership programs for the fostering of leadership skills and talent in early career physicians and senior registrars.

We aim to introduce a consumer position on the Board and encourage further relationships with medical and allied health colleagues.

Overall we will aim to increase the value of membership for all RMSANZ fellow, trainee and associate members.



Prof Steven Faux AM
7th November 2024