

# EUROPEAN FEDERATION OF INTERNAL MEDICINE

## ADMINISTRATIVE COUNCIL

Venue: Amsterdam Netherlands

On: Saturday 31<sup>st</sup> October 9am-5pm

### Minutes

**Presents:** Patrick Lacor BELGIUM, Lenka Bosanska CZECH REPUBLIC, Richard Ceska CZECH REPUBLIC, Karel Horky CZECH REPUBLIC, Lubos Kotik CZECH REPUBLIC, Colm Quigley IRELAND, Roger Duckitt UK, Christopher Davidson UK, Raza Tanzeem UK, Margus Lember ESTONIA, Kim Pettersson-Fernholm FINLAND, Loïc Guillevin FRANCE, Daniel Sereni FRANCE, Johannes Koeberling GERMANY, Sotirios Raptis GREECE, Moshe Vardi ISRAEL, Haim Bitterman ISRAEL, Lorenzo Dagna ITALY, Maria Domenica Cappellini ITALY, Knut Lundin NORWAY, Anna Teresa Kotulska POLAND, Eugene Joseph Kucharz POLAND, Antonio Martins Baptista PORTUGAL, Faustino Ferreira PORTUGAL, Ion Bruckner ROMANIA, Andrej Dukat SLOVAKIA, Ramón Pujol Farriols SPAIN, Melchor Alvarez de Mon Soto SPAIN, Pedro Conthe SPAIN, Thomas Kjellström SWEDEN, Stefan Lindgren SWEDEN, Werner Bauer SWITZERLAND, Verena Briner SWITZERLAND, Harry van Hulsteijn THE NETHERLANDS, Mark Kramer THE NETHERLANDS, Jan Willem Elte THE NETHERLANDS, Nel Geelhoed-Duijvestijn THE NETHERLANDS, Mine Durusu Tanriover TURKEY, Erdal Akalin TURKEY, Serhat Unal TURKEY, Dyer Philip UK, Colin Semple UEMS, Caroline Hayen Gutierrez, EFIM Secretariat (Minutes)

### **Apologies and Welcome (W Bauer)**

Werner Bauer welcomed Patrick Lacor from Belgium, and Philip Dyer from the UK

#### **1. Draft Minutes of General Assembly, Istanbul 27/05/2009 for approval (W Bauer)**

The minutes were approved. Professor Raptis requested a new copy of the enclosed documents.

#### **2. EFIM-7, Istanbul, retrospect**

With 1250 participants, including 900 international participants the Congress in Turkey was **a success, given the difficult economical situation**. The world day of internal medicine worked very well, and so did the first nurse day. Werner Bauer congratulated the Turkish organisers for their work and their **fantastic financial generosity** on behalf of EFIM.

*Question: would there have been more participants if the National Congress had been held at the same time?*  
S Unal is confident that not holding the congress in conjunction with the National Congress was a good decision, as a joint event would not have attracted as many participants and benefits as two separate ones. It allowed the Turkish Society to offer a 50,000 euro contribution to EFIM despite a loss on the Congress budget.

#### **3. Upcoming Congresses: EFIM-8 (Stockholm) EFIM-9 (Athens) EFIM-10 (Madrid)**

EFIM-8 Stockholm: See enclosed presentation 1

The Congress is entitled 'Updates, Priorities and Quality control' in Internal Medicine.

The programme features a first day on venous thromboembolism.

The second day is divided in three tracks: quality control, chronic inflammation, young internists. On Thursday, the programme will divide into a symposium, a nurses day, and professional issues. Friday will feature updates on diabetes, as the EASD Congress will be held at the same time in the same city.

T Kjellstrom invited AC members to promote the congress in their countries, suggest speakers, and abstracts. Oral presentations will be part of the general programme to attract higher level presentations.

*Question from Spain: Is it not a problem that the diabetes congress is at the same time?*

No, there is a possibility to participate in both meetings and we should make the most of the advantage of being able to combine both.

*Question from Slovakia: It is important that all national societies link their website to the ones of the future EFIM Congresses. When should the abstracts be submitted?*

The dates for abstracts submission will be 1 February until 15 May.

EFIM 9 Athens: the Congress will take place during the second week of October. A planning committee meeting is scheduled for February.

Efim 10 Madrid: see enclosed presentation (2)

The dates of the Congress have now been fixed. The Congress will take place between June 20 to 23 2012.

#### **4. Re-election of Secretary General**

Jan Willem Elte was unanimously re-elected and re-nominated in the position of Secretary General.

#### **5. Election of a new EC Officer**

Following a short presentation from both candidates (Ion Bruckner from Romania and Nica Cappellini from Italy) Nica Cappellini was elected and nominated in the position of EC Officer.

#### **6. Future of EFIM: new strategic impulse**

As part of a new tradition, the EFIM Executive Committee met in Switzerland last August to discuss strategic issues. As a result, Werner Bauer presented the following priorities that have been defined:

- Increase visibility and contacts with national societies
- Increase contacts with subspecialties
- Create a panel workshop per year
- Start a high level update course 2011 100 to 200 participants
- View EJIM as a platform for internal medicine; P Mannucci, EJIM Editor in Chief, is enthusiastic about new items for the journal, such as in duplo editorials, (general internist / specialist) or a debate section
- ESIM will run a second school per year as the limit of participants has been reached
- Define new Fellowship criteria: External individuals would have the possibility to join EFIM as fellows and get some benefits out of their new fellowship
- Create an award: awards are a mean to give publicity and promote people; An award could be created to acknowledge scientific work, or/and for young internist, or/and for the promotion of internal medicine (opened to a non-scientific person)
- Increase the representation of young internists
- Restructure the website
- Offer the members of the national societies to get emails from EFIM

Comments were opened to the Administrative council in order to add some suggestions. The following were given:

Dr. Razeem: We would like to see some kind of qualification given to Young Internists in Europe. It would be a certificate for people who have achieved a certain level.

N Cappellini: These certificates need to be recognised by higher bodies such as the European Union otherwise the value is not enough.

S Lindgren: This is what we have seen with the European diploma, because the recognition was not high enough it was difficult to motivate applicants.

E Kuchartz: it is a good idea to continue cooperation with subspecialties societies.

A Baptista: EFIM needs to increase its influence towards the EU. It needs to increase lobbying.

M Kramer: EFIM should invest more in the congresses; The high level course should be attached to the congress, and we should insist that congresses are always held together with national congresses.

J Koeberling: EFIM should always be represented in sub-specialties congresses, by giving an address.

N Cappellini: EFIM could hold joint symposia with another society, and EFIM should be the mother society of all subspecialties societies.

Werner Bauer however underlined that all these projects needed funding. Currently, EFIM is in a difficult situation as it receives fewer contributions from the institutional members, and a lot of countries do not pay their dues. As from next year, EFIM will enforce its rule of excluding non paying countries from votes.

F Ferreira presented the table of unpaid dues.

D Sereni underlined that this could not last forever and that a decision has to be taken. It is for example impossible to send people to the school and not pay membership fees.

J Koebberling suggested sending a reminder of consequences along with the invoices this year.

S Unal pushed for late payment sanctions.

W Bauer suggested operating a restart: from now countries are warned that if dues remain unpaid, there would be consequences.

C Davidson stated that each society is responsible for activating contacts that could lead to new institutional members. The website would be a good tool to bring more companies on board.

## **7. Communication issues (Website; e-mail link individuals)**

The website is currently being reviewed and different options have been looked at. More will be communicated in Oslo.

National Societies are also invited to forward a message to their members to join the mailing lists of EFIM.

## **8. Working groups reports**

### Research Group:

L. Guillevin, the chairman of the research working group, stated that the group does not function very well, because it does not receive enough proposals. He would like to organise it differently.

The lack of interest in the group can be attributed to different reasons: the group does not give research grants, the fields of interests are different from one society to the other, and there is no access to individual members...

On this ground, it was decided to merge the working group with the scientific committee of the foundation. Projects have already been defined: the Alchimie study, the study on normal physiology that will require the participation of 3000 individuals, with the collaboration of different societies.

Loic Guillevin also mentioned other projects such as a study on orphan diseases.

EFIM receives more and more demands of support on guidelines. This Committee would deal with such questions.

### Action points:

- All societies to send to their members an email than encourages participation in EFIM programmes
- All AC members to remind their societies to pay dues on time, and verify unpaid dues
- All AC members to promote EFIM membership to their industry contacts
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### Competencies working group:

It was decided **to merge the group with the European board of Internal Medicine** as they are both examining the same questions.

The group is conducting a major project to define the competencies of internists in 20 main points. The projected outcome of this study, based on extensive surveys and data collection, will be a political statement on how to organise the structure of internal medicine to best serve the population.

Medical problems will form the core competencies for education and CPD. The document will help define the procedures that are common to all and the ones that an internist should be able to perform.

The certification aspects are also quite important. Unfortunately the certification that was developed is not recognised at national level. In order to be re-initiated, the countries should launch the demand, to instigate a bottom up process.

Regarding postgraduate training, one of the roles of the group could be to look into the CPD activities. This could be done through a survey and the publication of a position paper.

### Comments:

L. Guillevin: this would need to be published in many journals.

T. Ranzeem: EFIM shouldn't reinvent the wheel. This work has been done in the UK.

S Lindgren: Saluted the UK initiative that indeed is excellent, but underlined that EFIM needs a pan-european vision.

C Davidson wondered whether when there is an overlap with subspecialties, these should be discussed

S Lindgren answered that there are different levels of a medical problem: one is for internist, one is for sub-specialist. EFIM can not go too much in to details.

Exchange working group: The process is slightly delayed, but it will be presented soon.

Professional issues working group:

M. Kramer explained that the paper will be published with a preamble in the EJIM, and will be further discussed with the ACP and the RCP. A power point presentation will be also prepared for everyone to use in their national society, as well as a flyer.

Questions and Comments:

*A Baptista: is the document still open for modification? Will it be an open text?*

The document is not opened for modification and will be an open text. It could be translated and published in national journals, and this was already done by Germany.

P Dyer said that EFIM must take a stand on emergency and acute medicine. A curriculum was brought to Brussels by the Society for Acute Medicine

M. Kramer announced that next year the group will put efforts in formulating a proposal about the relationship with pharmaceutical companies, as well as formulate a position of internal medicine in the care delivery of the future.

Quality of care Working Group:

H van Huljstein presented two new members, Lenka Bosanska and Hub Wollersheim before informing the Assembly of the current project the group is working on (see presentation).

Following the presentation a discussion started on the exclusion criteria of the study proposed. Some members were surprised at the suggestion of excluding minorities of the study, fearing that this would send a politically incorrect message on behalf of EFIM, whilst others justified it by the fact that this was only a pilot study, aiming at developing a tool.

The group offered to review the exclusion criteria based on this discussion.

#### **9. Young Internists: proposal for a YI Assembly (Enc 3) (R Duckitt / M Durusu)**

R Duckitt made a presentation (enclosed) to change the byelaws in order to create an assembly of Young Internists.

The Administrative Council approved the changes unanimously.

#### **10. ESIM: Report on ESIM London and potential for a second school (C Davidson)**

C Davidson presented on the ESIM 2009 in Greenwich. (see attached presentation)

The school was successful and blessed with excellent weather. Unfortunately the high number of residents (73) made it difficult to manage. Therefore the possibility of a second school was called upon.

V Briner presented the project for a second school in Switzerland, starting in January 2011. (see enclosed presentation). The discussion that followed retained the idea that the school is a trademark and the initial structure should be kept, but giving enough way to the opportunity of experimenting new things.

#### **11. Alchimie project (R Pujol) (Enc 4)**

R Pujol presented the Alchimie project to the Administrative Council.

(see enclosed presentation)

A discussion followed about the practicalities of the study. The AC requested more information in a letter to be able to gauge the feasibility of this study in their hospitals (time the study would take, type of patients included in the study....)

Comments:

H Bitterman suggested centralising ethical approval file. As the process is different in each country it will have to be dealt at national level, but it would still be useful to have a reference document.

M Vardi noted that it might be very difficult to recruit people for this study and the project should include a budget for incentives.

**12. Foundation (D Sereni)**

The foundation is the fundraising arm of EFIM; Its year is running from October until September. D Sereni presented the activities of 2009.

The first major achievement is the association with the Pierre Bergé foundation. The foundation, which is a big sponsor of research and care of HIV patients, has recently raised 35 million euros in an auction. One of the outcomes of this revenue will be dedicated to help EFIM with a research or rare diseases.

A donation was also made to finance educational activities.

A 10.000 euros grant was received from Servier.

The foundation has give bursories for ESIM, helped the exchange programme (5000 euros) and supported the Alchimie programme (10000 euros).

The foundation will organise a musical event on the 22 or 24 October 2010 at the Salle Pleyel in Paris, featuring classical music and opera. It is foreseen to welcome 1200 participants, but the concert hall has a potential for 1800 guests. The price for this charity concert would be 100 euros per seat.

The Pierre Bergé Foundation will pay for the venue and will also use its network to promote the event.

D Sereni would also like to acknowledge the fantastic work of Imad Hatem. Imad Hatem is a very important person for the Foundation and has been very dedicated to internal medicine working for the foundation on his free time. EFIM is very grateful to him.

**13. Next Meeting**

The next meeting will be organised by the Norwegian Society of Internal Medicine in the Leangskollen Hotel in Asker, Norway, on the 6<sup>th</sup> of March.

**14. Any other business**

No other business was raised.

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