

General Assembly 2021 Elections to EFIM Presidency

Candidate: Prof. Ricardo Gómez-Huelgas Spanish Society of Internal Medicine

CV Prof. Ricardo Gómez-Huelgas, MD, PhD

Qualifications:

- Licentiate in Medicine and Surgery (University of Malaga, Spain, 1980)
- Specialist in Internal Medicine (Madrid, 1981-1984)
- PhD in Medicine (University of Malaga, 1990)

Current Positions:

- Professor of Medicine, University of Malaga, 2005-
- Director, Internal Medicine Department, Univ. Hosp. Malaga, 2004-
- Head, Cardiometabolic Research Group, Malaga Biomedical Research Institute (IBIMA), Spain 2004-
- Past Coordinator of WG Diabetes, Obesity and Nutrition of SEMI
- Past President of the Spanish Society of Internal Medicine (SEMI)
- Chairman of ECIM 2022, Malaga, Spain

Publications:

- More than 200 papers in international indexed journals
- Reviewer: NEJM, BMJ, Arch Int Med, Diabetes Care, JAGS, EJIM, etc
- Co-Editor in Chief of the Spanish Journal of Internal Medicine





The beginning of EFIM in 1996 (from AEMI)







Ugo Carcassi 1921 – 2016 Italy

Founder of EFIM 1996

Founder and Editor EJIM 1989 - 1998



1996 – 1998 Y. Le Tallec -France



1998–2001 P. Jaeger -Switzerland



2001–2003 J. Merino -Spain



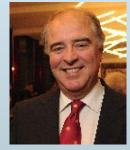




2006 – 2008 Stefan Lindgren – Sweden



2008 – 2010 Werner Bauer – Switzerland



2010 – 2012 Ramon Pujol – Spain



2012 – 2014 Maria Domenica Cappellini – Italy



2014 – 2016 Frank Bosch – the Netherlands



France

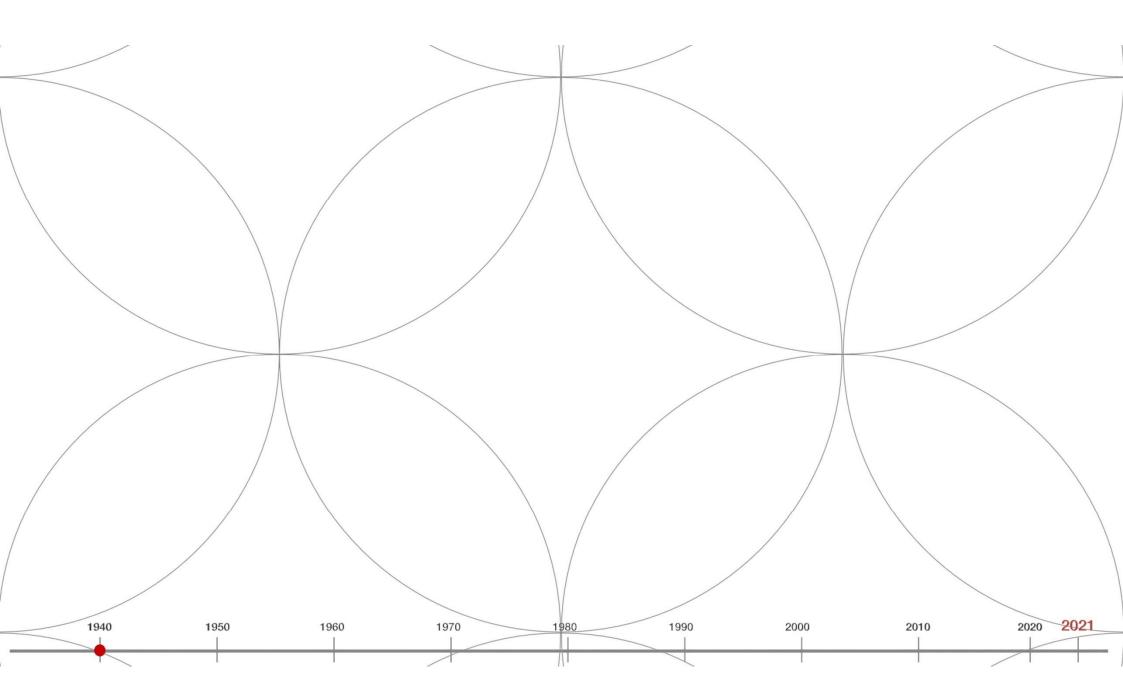
2016 – 2018 Runolfur Palsson – Iceland

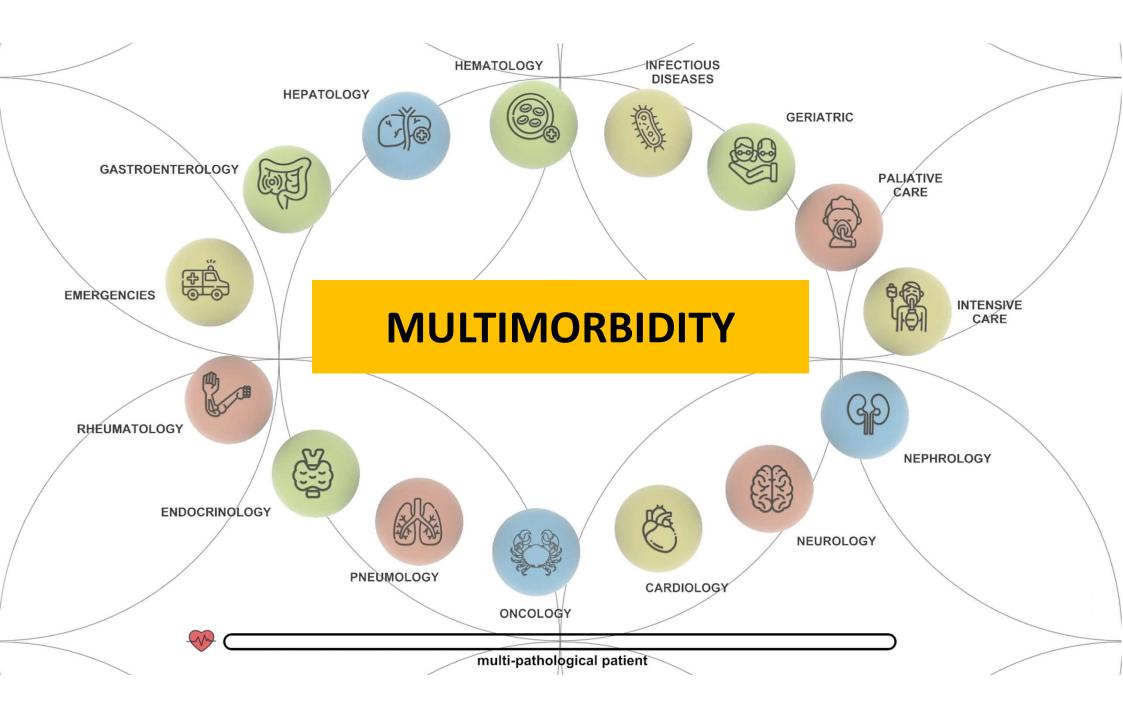


2018 – 2021 Nicola Montano – Italy



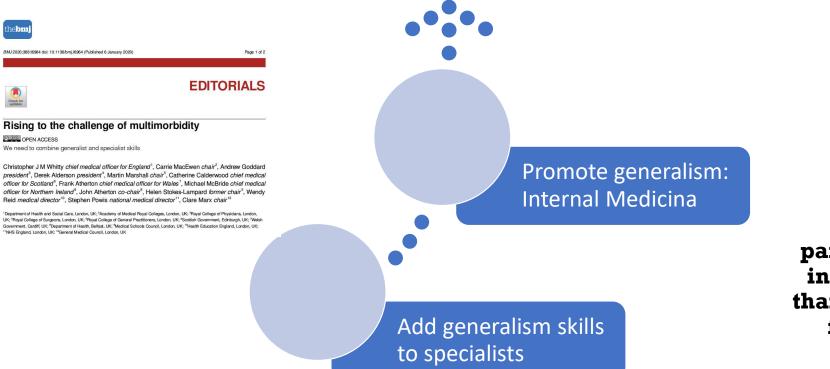
2021 – 2023 Dror Dicker– Israel







The challenge of multimorbidity



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William Osler (1849-1919)

"Care more particularly for the individual patient than for the especial features of the disease"



>40,000 members 35 countries

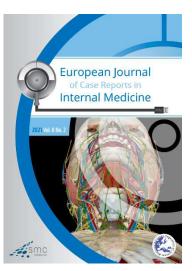


Young Internists Assembly



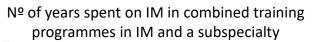
Early Career Subcommitteee

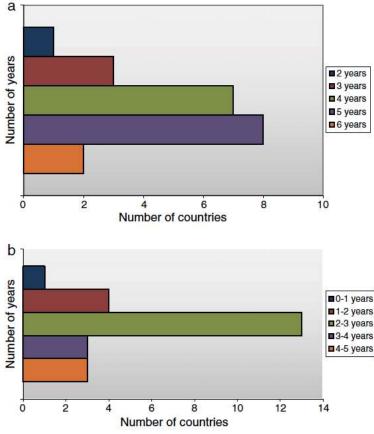




Postgraduate education in internal medicine in Europe







N^o of years spent on a subspecialty in combined training programmes in IM and a subspecialty

Table 1

Learning environment in internal medicine training programmes.

Clinical setting and assignments	Percent or number of countries (%)
Proportion of time spent on inpatient care	86% ^a
Proportion of ward patients classified as acute admissions	75% ^b
Rotation in the intensive care unit required	21 countries (100%) ^c
Rotation in the emergency ward required	18 countries (86%) ^c
On-call duties required	24 countries (89%) ^a

^a All 27 countries responded to this item.

^b 26 of 27 countries responded to this item.

^c 21 of 27 countries responded to this item.

Table 3

Methods of assessment in internal medicine training programmes.

Type of assessment	Number of countries (%)
Report from supervisors	24 (89%) ^a
Formal examinations during training	21 (78%) ^a
Ascertainment of competence in performing procedures	23 (89%) ^b
Certifying examination at completion of training	14 (67%) ^c

^a All 27 countries responded to this item.

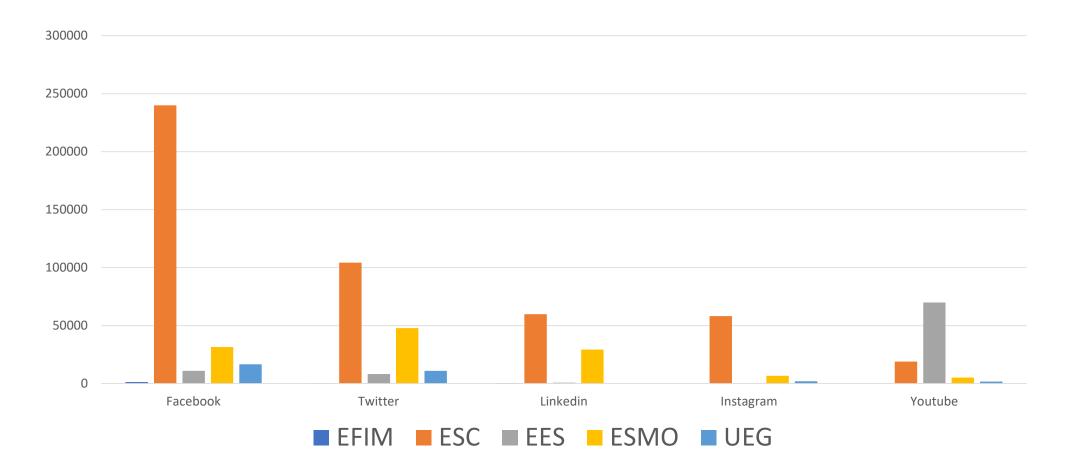
^b 26 of 27 countries responded to this item.

^c 21 of 27 countries responded to this item.

M. Cranston et al. / European Journal of Internal Medicine 24 (2013) 633-638

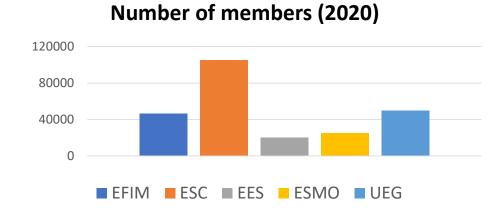


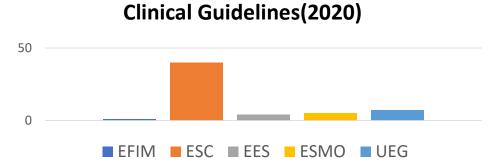
Social media presence of European Medical Societies



Number of followers, 1st March 2021

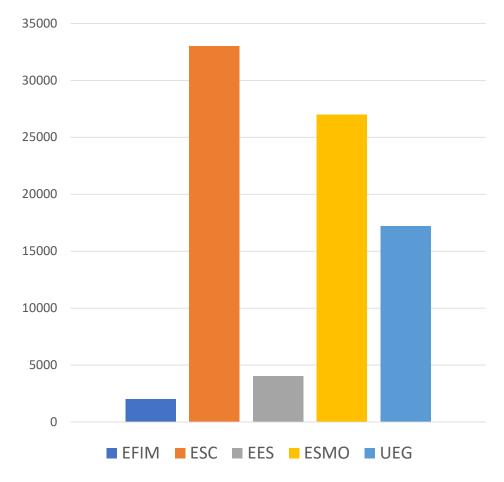
Comparative of European Medical Societies

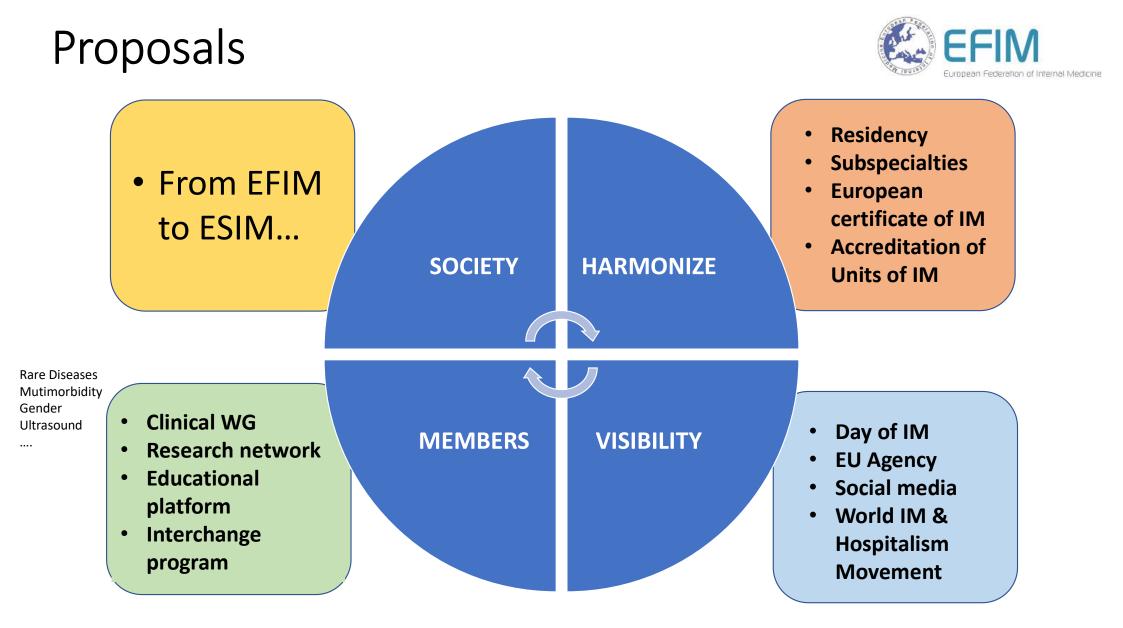


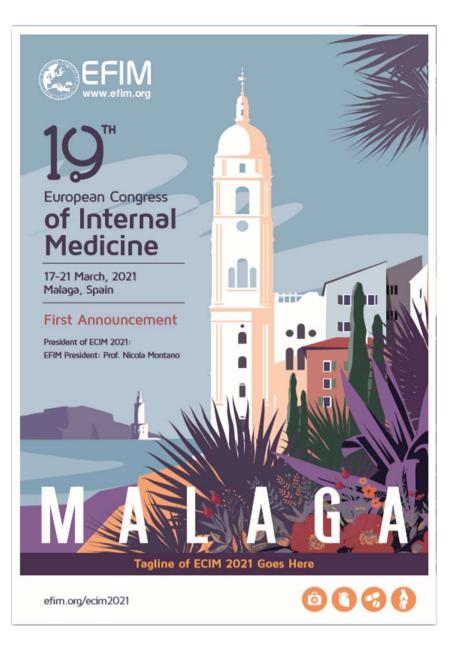




Congress attendees (2020)









Thank you very much for your attention