



General Assembly 1997
Sydney, Australia

Agenda and Reports

Version: July 30, 1997

AGENDA

IMIA General Assembly, Sydney, Australia
Novotel Conference Center (1st floor)
Darling Harbour, Sydney, Australia
August 10, 9.00 a.m. - 6.00 p.m.



Reporting Section 9.00 a.m. - 1.00 p.m.

July 30, 1997

1. OPENING

- 1.1 Welcome by the President of IMIA (5 minutes)
- 1.2 Welcome by the Australian hosts (10)
- 1.3 Approval of agenda (5) *(vote)*

2. THE IMIA PRESIDENT'S REPORT - Rienhoff (10) *(attached)*

3. SPECIAL INTEREST and WORKING GROUPS

Vice President for SIGs/WGs - Takahashi (30) *(attached)*

SIG/WG chairpersons to answer questions based on their reports:

- SIG Nursing Informatics - Gerdin
- WG-1 Health and Medical Informatics Education - Haux *(attached)*
- WG-4 Data Protection in Health Informatics - Bakker *(attached)*
- WG-5 Primary Health Care Informatics - Hayes *(attached)*
- WG-6 Coding and Classification of Health Data - Chute *(attached)*
- WG-7 Biomedical Pattern Interpretation - van Bommel
- WG-9 Informatics for Development - Oliveri *(attached)*
- WG-10 Hospital Information Systems - Clayton
- WG-11 Dental Informatics - Piehslinger/Eisner
- WG-13 Organizational Impact of Medical Informatics - Lorenzi *(attached)*
- WG-15 Technology Assessment and Quality Development in Health Informatics - van Gennip *(attached)*
- WG-16 Standards in Health Care Informatics - de Moor
- WG-17 Computerised Patient Records - van der Lei
- WG-18 Telematics in Health - Degoulet *(attached)*

4. REGIONAL GROUP ACTIVITIES

- 4.1 APAMI - Lun (10) *(attached)*
- 4.2 EFMI - Bryant (10) *(attached)*
- 4.3 IMIA-LAC - Espinosa (10)
- 4.4 Helina / African Regional Group - Isaacs (10) *(attached)*

Site selection for Helina 99

5. SERVICES

Vice President for Services - McCray (5)

- **5.1 IMIA Yearbook**
 - Collaboration with Olive Tree - v.Bemmel (10)**
- **5.2 IMIA Newsletter - Rienhoff (5) (attached)**
- **5.3 IMIA Electronic Services - Kleinoeder (10) (attached)**
- **5.4 Other Publications - relations with publishing houses McCray(10) (attached)**

6. MEMBERSHIP

Vice President for Membership - Roberts (20) (attached)

- **6.2 National Membership**
- **6.3 Institutional Membership**
 - **Corporate Membership**
 - **Academic/Research or Health Institutional Membership**
- **6.4 Honorary Membership**

7. MEDINFO

Vice President for Medinfo - Kaihara (5)

- **7.1 Medinfo 98 - Cho (10)**
- **7.2 Medinfo 2001, site selection committee (15) (attached)**
 - **UK Bid & Australian Bid (attached)**

General Assembly, IMIA Business 2.30 p.m. - 6.00 p.m.

8. THE SECRETARY'S AND THE TREASURER'S REPORTS

- **8.1 The Secretary's Report - Solheim (15) (attached)**
 - **8.1.1 Proxies and apologies presented**
 - **8.1.2 Participants called up and voting cards handed out.**
 - **8.1.3 Minutes from the IMIA General Assembly 1996 presented for approval (vote)**
- **8.2 The Treasurer's Report - Tresling (15) (attached)**
 - **8.2.1 Financial report for 1996**
 - **8.2.2 Budget for 1997/98 presented for approval (vote)**

9. IMIA CONSTITUTIONAL ISSUES

- **9.1 Report, Vice President for Special Activities -Bakker (10)**
 - **Standing Orders, Report and decision (15) (attached); (vote)**
- **9.2 IMIA Web Site, Report and decision (15) (vote)**
- **9.3 Executive Director, Report and decision (15) (vote)**
 - **Proposal by S. Huesing (attached)**
 - **Proposal J.R. Scherrer (attached)**
- **9.4 Nominations for the IMIA Board - Peterson (15) (attached); (vote)**

- 9.5 Elections (30)

- Election of IMIA Secretary 1997 - 2000 *(vote)*
- Election of IMIA VP. Medinfo 1997 - 2000 *(vote)*
- Election of IMIA VP Special Activities 1998 - 2001 *(vote)*
- Election of IMIA President 1998 - 2001 *(vote)*

10. PROFESSIONAL ASSOCIATION (Decisions - if necessary)

11. SPECIAL INTEREST and WORKING GROUPS (15)

- 11.1 Vote on new Working Conferences *(vote)*
- 11.2 Vote on new WG-persons *(vote)*
- 11.3 Vote on the formation of new SIGs/WGs or changes in existing ones *(vote)*

12. REGIONAL GROUP ACTIVITIES (10)

- 12.1 Vote on the formation of an African Regional IMIA Group *(vote)*

13. MEMBERSHIP (10)

- 13.1 Vote on new members *(vote)*

14. MEDINFO 2001 (10)

- 14.1 Vote on site selection *(vote)*

15. UPCOMING MEETINGS (15)

- 15.1 Vote on various conferences *(vote)*

16. OUTSTANDING ISSUES

17. ADJOURNMENT

- The IMIA President Rienhoff closes the GA.

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 - Report WG 9, Report WG 13, Report WG 15, Report WG 18
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- 4.2 EFMI Report
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- 5.2 Report on IMIA'S Newsletter
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 - Medinfo 2001 Bid United Kingdom
 - Medinfo 2001 Bid Australia
- 8.1 IMIA Secretary's Report
- 8.2 IMIA Treasurer's Report
- 9.1 Update on IMIA Standard Operating Procedures
- 9.3 Executive Director
 - Proposal by S. Huesing, CA
 - Proposal by JR. Scherrer, CH
- 9.4 IMIA Nominations Committee's Report
 - IMIA Statutes

Invitation (dated June 19th, 1997)

**IMIA General Assembly, Sydney, Australia
Novotel Conference Center (1st floor)
Darling Harbour, Sydney, Australia**



August 10, 9.00 a.m. - 6.00 p.m.

Dear IMIA members,
Dear Representatives,
Dear Board Members, Regional Presidents, IMIA Officers
Dear Chairpersons of WGs and SIGs,
Dear IMIA Liaison Officers,
Dear Australian Hosts: Members of the HISA Management Board
Dear Liaison Persons to WHO, specifically Dear Dr. Mandil.

Herewith I invite you to the General Assembly 1998 to Sydney, Australia as decided in Copenhagen 1996. The venue will be at the Novotel Conference Centre (1st Floor). It will be an important GA, with - amongst other decisions - the election of the incoming president, the decision on IMIA's first Executive Director and the selection of the site of MEDINFO 2001.

Enclosed, please find the tentative agenda. Due to the many professional and scientific meetings in Australia the GA will be held on one day, the 10th of August. The Board will prepare the GA as much as possible on the day before (9th). On the evening of the 9th we will have a social function so that we can meet each other in a relaxed atmosphere.

Please, make your bookings through the Australian Organizers:
Tel: +61-3-9388 0555
Fax: +61-3-9388 2086
email: hisa@hisa.org.au
<http://www.hisa.org.au/hic97>

Please take also part in the Working Conference of WG 1 (Reinhold Haux) and in the APAMI Conference (K.C.Lun) after the IMIA GA.

The tentative agenda will be updated four weeks prior to the GA when the documents will be loaded on IMIA's web-server, so that they can be accessed in due course by the members using their password.

The nominations of the Nominations Committee will also be presented four weeks prior to the GA - in case members want to introduce alternative candidates. In the latter case, please

inform the Chairperson of the Committee about the nomination, so that he can include it into his report.

In the meantime, the site selection process for MEDINFO 2001 will start. The criteria list will be sent out starting this week to all national members which want to bid. Those interested in bidding please express your interest via email to the IMIA President. The selection will be prepared by a selection committee for decision by the GA on the 10th of August.

So far, MEDINFOs have taken place in:

1974: Stockholm, Europe;
1977: Toronto, North America;
1980: Tokyo, Asia;
1983: Amsterdam, Europe;
1986: Washington, North America;
1989: Beijing/Singapore, Asia;
1992: Geneva, Europe;
1995: Vancouver, North America;
1998: Seoul, Asia;
2001: ???.

All reports to the GA shall be available to IMIAs members four weeks prior to the GA. Therefore all reports have to be available at the IMIA web-site in Goettingen by: 6th of July 1997.

All reports should be about one page long and contain in the following three sections:

1. Name, objectives of activity, responsible persons and their coordinates
2. Activities last year
3. Activities in the year to come

Board members, please collect and - if necessary - edit the reports in your portfolio.

We are looking forward to see many of IMIAs VIPs in Australia. Many thanks to the Australian organizers. Please send back the reply form in this email. Those representatives, who cannot come: Please, give your proxy to somebody else, so that the important decisions to be taken can be based on as many votes as possible.

Kind regards

The Executive Board

Otto Rienhoff Bjarte Solheim John Tresling
IMIA President IMIA Secretary IMIA Treasurer

Confirmed Attendance List (July 30, 1997)

IMIA INVITATIONLIST					GA 1997
Member Organization	Name	Participation (Y/es / (N)o	Deputy	Full Voting Rights	Proxy
Ext. BOARD					(to be added)
	Otto Rienhoff	Y			
	Bjarte G. Solheim	Y			
	John Tresling	Y			
	Shigekoto Kaihara	N			
	Jean Roberts	Y			
	Alexa T. McCray	Y			
	A. R. Bakker	N			
	Takashi Takahashi	N			
EFMI	John Bryant	Y			
IMIA-LAC	A. Espinosa	N			
APAMI	KC Lun	Y			
African Region	S. Isaacs	N			
	S. Huesing	Y			
National Representatives					
Asociation Argentina de Informatica Medica	Nora Oliveri	Y			
Health Informatics Society of Australia (HISA)	Branko Cesnik	Y			
Österreichische Computergesellschaft	Günther Gell	N			
Belgian Society for Medical Informatics (MIM)	Georges J.E. De Moor				
Society of Medical Informatics	Izet Masic				
Brasilian Society of Health Informatics: SBIS	Beatriz de Faria Leao	N	Tachinardi		
Canadian Organization for Advancement of Computers in Health (COACH)	Brian Shorter	Y			
China Medical Informatics Association (CMIA)	Lieping, Wu				
Croatian Society for Medical Informatics (CSMI)	Josipa Kern	N			G. Gell
Cuban Medical Informatic Association (ACIM)	Jorge Ibarra				
Czech Society of Biomedical Engineering and Medical Informatics of the Association of Czechoslovak Medical Societies J.E. Purkyne	Jana Zvárová	Y			
Danish Society for Medical Informatics	Knut Bernstein	N			B. Solheim
Terveidenhuollon Tietojenkasittelyyhdistys (The Finnish Society for Medical Informatics)	Martti Virtanen Stakes	Y			
Association pour les Applications de	Patrice Degoulet	N			

l'Informatique a la Medecine					
Georgian Association of Medical Informatics and Biomedical Ingeneering (GAMIBE)	G. Sh. Vasadze				
Deutsche Gesellschaft für Medizinische Informatik, Biometrie und Epidemiologie (GMDS)	Reinhold Haux	Y			
Hong Kong Society of Medical Informatics	C. P. Wong				
Biomedical Section of John von Neumann Society	Attila Naszlady				
Health Care Group Irish Computer Society	Diarmuid UaConaill				
Israel Society for Medical Informatics	Batami Sadan	N			
Italian Medical Informatics Society	A. Serio				
Japan Association for Medical Informatics	Takashi Takahashi	N	Kimura		
The Korean Society of Medical Informatics (KOSMI)	Youngsoo Shin				
Assucion Mexicana de Informatica Medica (AMIM)	Espinosa	N			
Society for Medical and Biological Information Processing (Vereniging voor Medische en Biologische Informatie-verwerking, VMBI)	A.R. Bakker	N			
New Zealand Computer Society	Ian H. Symonds				
The Nigerian Health Infrmatcs Society	F. Agbalajobi				
The Norwegian Society for Medical Informatics	Bjarte G. Solheim	Y			
Polish Society of Medical Informatic	Edward Kacki				
Romanian Society for Medical Informatics	George I. Mihalas	N			
Association of Informatics in Medicine (AIMS)	Kwok Chan Lun	Y			
Slovak Society for Biomedical Engineering and Medical Informatics	Jan Hanzel				
Slovenian Society for Medical Informatics	Marjan Premik				
South African Medical Informatics Group (SAMIG)	John Tresling	Y			
Sociedad Espanola de Informatica de la Salud (SEIS)	Salvador Arribas Valiente				
Swedish Society for Medical Information Processing	Stellan Bengtsson	Y			
Swiss Society for Medical Informatics	Jean-Raoul Scherrer	Y			
The Ukraine Association for "Computer Medicine" (UACM)	Oleg Yu. Mayorov				
British Computer Society: Health Informatics Specialist Group	Jean Roberts	Y			
American Medical Informatics Association (AMIA)	Marion J. Ball, Ed.D	N			Peterson

Honorary Members					
	William C. Abbott	N			Roberts
	Marion J. Ball	N			Peterson
	Morris F. Collen				
	Malcolm Forsythe				
	F. Grémy				
	Shigekoto Kaihara	N			
	Donald A.B. Lindberg				
	Hans. E. Peterson	Y			
	Jan Roukens				
	V. Yacubsohn				
	David B. Shires	N			
Working Group Chairs					
WG 1	Reinhold Haux	Y			
WG 2	Ab R. Bakker	N			
WG 5	Glyn M. Hayes				
WG 6	Christopher G. Chute				
WG 7	Jan. H. van Bommel				
WG 9	Nora Oliveri	Y			
WG 10 + 14	Paul D. Clayton				
WG 11	Eva Piehslinger				
WG 13	Nancy M. Lorenzi	Y			
WG 15	Elisabeth M.S.J. van Gennip				
WG 16	Georges de Moor				
WG 17	Johann van der Lei				
WG 18	Patrice Degoulet	Y			
SIG 1	Ms. Ulla Gerdin				
MEDINFO					
EC	Branko Cesnik	Y			
SPC	Charles Safran	Y			
SPC	Patrice Degoulet	Y			
OC	Han-Ik Cho	N			
OC	Taiwoo Yoo	Y			

Institutional Academic Members					
Monash University, Victoria, Australia	Branko Cesnik	Y			
University of Victoria, Victoria B.C., Canada	Paul D. Fisher				
Royal Norwegian Dept. of Health and Social Affairs, Oslo, Norway	Tarald Rohde				
Baylor College of Medicine, Houston, USA	J. Robert Beck				
Brigham and Women's Hospital, Boston, USA	Jonathan Teich				
Stanford University School of Medicine, Stanford, USA	Edward H Shortliffe	N			
University of Maryland at Baltimore, USA	Paul Petroski				
University of Missouri, Columbia, USA	Joyce A Mitchell				
University of Texas, Houston, USA	John L. Phelps				

2) Report of the IMIA President

1. State of the Organization

For my presidency, the main objectives were set: (1) the establishment of an electronic infrastructure for IMIA, (2) the change from the pioneer generation to a younger generation of professionals, and (3) the extension of IMIA membership to a global representation of Health Informatics Societies in the world.

After two thirds of my term, I can report to the General Assembly that we have achieved major progress on this way.

1.1 Members

The number of national members is slowly but constantly increasing. New members are coming from all regions. Our corresponding membership base is also undergoing a generation change. Some of the pioneer colleagues from IFIP times are in the retirement process and we have to find new relevant personalities who are in the centre of Medical Informatics activities in their countries. The Vice-President Membership and all Regional Presidents are eager to establish a renewed corresponding membership base. Regarding institutional membership, two years of intensive work with IMIA's electronic services have now given into IMIA's hand the infrastructure which is necessary to offer institutional members substantially attractive value for their membership. Together with the fact that international competition in the university sector as well as the market appearance of more and more global system providers in the Medical Informatics scene give us hope, that the institutional membership base will grow substantially in the coming year.

1.2 Services to Members

During the Board Meeting in Rotterdam, a mixed media approach has been formulated for IMIA's service to members. The harmonization of print, electronic media, conferences, and books is on its way. I am sure that the electronic services system which has been set up at Goettingen, will facilitate all activities of IMIA and its chairpersons to a major degree. Other scientific international organizations are asking for support from IMIA's site, IMIA could achieve this level with a rather limited cost involvement and a model which is financially stable for several years.

1.3 Executive Director

A final agreement could be found during the Board Meeting in Rotterdam in spring 1997. The major element of this decision is to ask the General Assembly in Sydney for approval to contract Steve Huesing as IMIA's first Executive Director for the period from 1997 to the end of 1998 with a major focus on supporting the organization of MEDINFO '98 and the transformation of knowledge from recent MEDINFOS to the MEDINFO organizers of 2001 and later. After 1998 a tendering process will invite four organizations to offer their support for IMIA. The Directorates will be limited in time. It will not include IMIA's electronic services which because of cost reasons have been established in a mixed IMIA/University setting at Goettingen and will be available for every Chairperson and the Executive Director within IMIA.

1.4 Electronic Services

The electronic services have been built up in Goettingen to a major degree and will reach the first level of maturity at the end of 1997 when WGs and SIGs can directly be supported through the electronic services. This level will then allow to further activate and modernize the work of the international WGs of IMIA. WG 4 has volunteered to serve as test example for the new WG concept. For more details see special report of Thomas Kleinoeder.

1.5 Regions

All IMIA regions are expanding. A new African region is proposed to be established. The African countries have special difficulties in forming national societies because of the very limited financial funds which are available in that region. However, many individuals from countries have documented interest in forming such a region and in several countries the preparation for national organizations has proceeded. To support this development the next Board Meeting in spring 1998 will be in the French-speaking West-African region to motivate countries there to form national societies and to link to IMIA.

1.6 Finances

IMIA's finances are stable and allow the start the office of an Executive Director now. Because of the mixed mode of funding IMIA can also be assured that the electronic service concept can be realized and maintained through the years to come with a rather limited financial involvement.

Thus we have enough resources to intensify the work of the WGs and SIGs as well as the internal communication between our members.

However, IMIA has to be very aware that it very much lives on the success of the MEDINFO in Vancouver and that the outcome of the MEDINFO in Korea will be an important factor for the mid-term planning of IMIA's treasurer. In addition, the institutional membership base needs to be reorganized in 1997 and 1998, after we are now able to offer attractive information facilities to our institutional members.

2. MEDINFO 1998 and 2001

The Scientific Program Committee, the Editorial Committee and specifically the Organizing Committee of MEDINFO 1998 in Korea are working as much as possible to guarantee IMIA a successful MEDINFO event in Korea. I am thanking all the distinctive personalities for their commitment in the preparation process. It is my impression that IMIA will again be able to offer the most attractive event of this kind, in 1998.

The bidding process for 2001 is on its way and the site can be selected by the General Assembly in Sydney. Two bids have been received by the President in standardized form and are now evaluated by the Site-Selection Committee to be presented to the General Assembly in Sydney later.

3. Change of Generations

The new generation of IMIA officers has found its way into the IMIA ranks. This process will need a little bit more time, specifically for the activation of more WGs and SIGs. As I have described in several papers, it is extremely important for the livelihood of our organization to have young professionals as well as senior professionals represented in our Committees and WGs with some type of a career flow from the younger professionals in the WGs to the more senior colleagues in the Regional- and in the IMIA Board.

However, it is necessary to establish the office of an Executive Director now. Less and less professional personalities have the amount of resources available as IMIA Presidents and IMIA Board Members had access to in the past.

Special thanks from the IMIA President to Hans Peterson who organized successfully the IMIA Senior Member Club which will meet the next time during the AMIA Conference in Nashville/ Tennessee.

4. Update of Statutes, Bylaws, Standing Orders, etc.

The Vice-President for Special Affairs and the President and the incoming Executive Director have started a process to harmonize the statutes, bylaws, standing orders, etc., following the organizational developments of the last 1 to 2 years. A harmonized set of rules will be presented to the General Assembly in Seoul to accomplish the modernization and restructuring process of IMIA at the end of my term.

5. Relations with WHO

IMIA regions had close and intense working connections with the various WHO regions. IMIA representatives have attended the meetings and regional conferences of WHO and its sub-institutions. Currently we are reporting to WHO for prolongation of our status as NGO to WHO. IMIA is very happy that the Executive Council of WHO has addressed the matter of Health Informatics for development in its sessions in 1996 and 1997 and that the matter will be followed by the Director General and his office in Geneva.

6. Outlook into Third Year of Term

My third year will be devoted to support the preparation of the MEDINFO in Korea, to finalize the electronic services and to establish the office of an IMIA Executive Director. All this will be the basis for further growths of the membership base and a stabilization of IMIA's finances. With this in mind, I hope to be able to hand over IMIA to my successor in a modernized, and transparent, electronically operating international scientific and professional organization. I am looking forward to seeing as many professionals and scientists as possible the next global conference on Medical Informatics: MEDINFO 1998.

Otto Rienhoff

Report to IMIA General Assembly 1997 3) Vice President Working Groups and SIGs

Prof Takashi Takahashi
Dept of Medical Informatics
Kyoto University Hospital
54 Shogoin Kawaharacho
Sakyo-ku, Kyoto 606, Japan
Tel: +81 75 751 3646
Fax: +81 75 751 3076
Email: **Fehler! Verweisquelle konnte nicht gefunden werden.**

1. Status of IMIA Yearly WGs/SIGs reports in the IMIA www homepage

Almost all WGs/SIGs reports have not been updated since July 1996 except only a few WGs/SIGs. One of the most good example to be referred is WG 9.

2. Shortage and uneven distribution of countries and regions in WG/SIGs

Some WG/SIGs are concerning with shortage and uneven distribution of countries in members structure shown like in the report of WG 5(see the report attached).

Uneven distribution of regions are often seen in the structure of WG/SIGs as well. Particularly members from APAMI and HELINA seems to be low in a lot of WG/SIGs.

A campaign to have more explicit representations of IMIA national societies with WG/SIGs is necessary as Prof. J-R Scherrer, a former VP, did a few years ago.

3. Review of IMIA WG/SIGs: Present status

Five WG/SIGs make reports for this meeting. Some points of them are summarized below. In regard to other WG/SIGs' activities please refer each WWW site.

WG 1-(Reinhold HAUX):

A 6th WG1 conference on „Health and Medical Informatics Education“ is taking place from August 14 - 16, 1997, in Newcastle, Australia, immediate after the APAMI-HIC 97 Conference in Sydney, Australia. More than 20 different countries are expected to participate. Details are available on the conference web site(www.health.newcastle.edu.au/wg1/imiaawg.htm).

WG 4-(Ab BAKKER):

A working conference will take place from November 22 - 25, 1997, Osaka and Kobe, Japan, as a satellite conference prior to the 17th Joint Conference on Medical Informatics in Japan to be held on November 25 - 27 in Kobe. Practical solutions for securities and privacy protections in Medical Information System will be discussed.

WG 5-(Glyn HAYES):

A two days conference is to be held prior to the 1997 AMIA Fall Symposium. Topics on Behavioural Informatics, Case studies on the implementation of Electronic Medical Records in the Primary Care environment, the Use of Internet in Primary Care, Interfacing Primary Care Systems with Secondary Care Systems and Standardization will be discussed.

The WG has submitted proposals for a workshop and discussions at MEDINFO 98.

WG 6-(Christopher CHUTE):

The WG has held a working conference on January 19 - 22, 1997 at Jacksonville, Florida, USA and is going to publish the result of it.

The WG is coordinating a panel and possible paper tract on Medical Concept Representation, Coding, Classification, and Natural Language for MEDINFO 98.

WG 9-(Nora OLIVERI):

A second WG 9 workshop is going to take place during the APAMI-HIC 97 Conference, August 11. Discussion will be focused on future Proposals for the INCO DC(International Cooperation - Developing Countries).

It also plans a workshop for MEDINFO 98.

WG 13-(Nancy LORENZI)

The WG in conjunction with WG 15 is planning a joint working conference on Impact of Information System in Health Organizations and Health Care. It is scheduled for Lapland, Finland, on February 26 - March 1, 1998. Topics will be on State of the Art, New Evaluation Tools, New Opportunities, and Conditions for Success.

At MEDINFO 98 it will plan a tutorial and other sessions that focus on the People and Organizational Issues of Medical Informatics.

It publishes the WG 13 Newsletter on a regular basis since two years ago.

WG 15-(Elisabeth van GENNIP)

The WG is organizing together with WG 13 the same working conference mentioned above, which will be held in Lapland, February 26 - March 1, 1998.

WG 16-(Georges De MOOR):

The WG is going to hold a working conference on Standardization in Medical Informatics on September 11 - 13, 1997 at Bermuda.

Report to IMIA General Assembly 1997

3) WG 1: Health and Medical Informatics Education

Chair: Reinhold Haux, University of Heidelberg, Germany

1 OBJECTIVES

Health and medical informatics education has become an integral part of education and training, e.g. for physicians, nurses and for administrators in the field of health care in a variety of countries all over the world. In addition there exist health and medical informatics courses for informatics students and even dedicated programs for specialists in health and medical informatics.

In accordance with the aims of IMIA, its working group 1 (WG1) seeks to advance the knowledge of

- how informatics is taught in the education of health care professionals around the world,
- how in particular health and medical informatics is taught to students of computer science / informatics and
- how it is taught within dedicated curricula in health and medical informatics.

2 PAST INTERNATIONAL MEETINGS / WORKING CONFERENCES

IMIA WG1 and its predecessor IFIP WG4 (IFIP: International Federation of Information Processing), were at an early stage perceptive to the need of education in the then new field of health and medical informatics. Basic responses to this need were published in 1974 on the basis of the first IMIA working conference on education held in Lyon in 1970.

Meanwhile five working conferences have been organised by WG1:

- 1 Lyon, France 1970
- 2 Chamonix, France 1983
- 3 Victoria, Canada 1989
- 4 Prague, Czech Republic 1990
- 5 Heidelberg/Heilbronn, Germany 1992

Many other meetings, sessions and workshops have also been organised by members of the working group, e.g., during MEDINFO 95 at Vancouver, a workshop panel titled "Political, Philosophical, and Pragmatic Issues in Health/Medical Informatics Education" was presented. During MIE 96 in Copenhagen, Denmark, together with EFMI WG6, a workshop on Health and Medical Informatics Education took place.

3 FUTURE INTERNATIONAL WORKING CONFERENCE / OTHER ACTIVITIES

3.1 AIMS

At its meetings in Vancouver during MEDINFO 95 and in Copenhagen during MIE 96, IMIA WG1 members discussed future plans for WG1 to be accomplished during 1995-1998. Four aims were presented:

- 1 to disseminate and exchange information on health and medical informatics programs and courses;
- 2 to promote the IMIA WG1 database on programs and courses in health medical informatics;
- 3 to produce international recommendations on health and medical informatics programs and courses;
- 4 to support health and medical informatics courses and exchange of students and teachers.

It was decided

- to organize another conference on health and medical informatics education (in accordance with aim 1);
- to provide an up-to-date database on programs and courses in health and medical informatics, that is tied to a WWW server and to install a list server of WG1 (aims 1, 2 and 4);
- to work out international recommendations on health and medical informatics education (aim 3).

3.2 6TH INT. CONFERENCE ON HEALTH AND MEDICAL INFORMATICS EDUCATION

The 6th International Conference on Health and Medical Informatics Education of IMIA WG1 is taking place from August 14-16, 1997, in Newcastle, Australia, immediately following the HIC/APAMI97 Conference in Sydney, Australia. During this conference there will be the 1997 meeting of WG1. We are looking forward to a very interesting and exciting conference. Many delegates have already registered and abstracts have been accepted from over 20 different countries. There is a wide range of topics and issues covered in the papers to be presented at the conference. Details are available on the conference web pages (<http://www.health.newcastle.edu.au/~wg1/imiawg.htm>).

3.3 IMIA WG1 DATABASE ON HEALTH AND MEDICAL INFORMATICS PROGRAMS AND COURSES, IMIA WG1 MAILING LIST

At MEDINFO 95 the future of the database on health and medical informatics programs and courses, until 1995 housed at the University of Maryland at Baltimore, was discussed. It was decided to reestablish the database at the University of Heidelberg.

WG1 has now established a WWW site (<http://ix.urz.uni-heidelberg.de/~d16>) to provide up to date information about its work. The core of the site is an underlying database providing information on health and medical informatics programs and courses worldwide. To be able to have a database of high quality and value we encourage all teachers and institutions to submit information about courses and programs on health and medical informatics education offered and to set pointers to their own WWW sites.

In addition a mailing list was installed to facilitate communication between all persons interested in health and medical informatics education. For subscription a message has to be sent to "listserv@listserv.net". The body of the message should read "SUBSCRIBE IMIA-WG1". Messages to the IMIA WG1 list have to be sent to "imia-wg1@urzinfo.urz.uni-heidelberg.de".

3.4 INTERNATIONAL RECOMMENDATIONS ON HEALTH AND MEDICAL INFORMATICS PROGRAMS AND COURSES

In its 1996 meeting WG1 members felt that it would be of great help to have framework of recommendations for health and medical informatics programs and courses from IMIA. It was agreed upon that such a framework could be one of the outcomes of the 1997 IMIA WG1 conference. These recommendations should consider the various levels of health and medical informatics education:

- courses within educational programmes (e.g. medicine, nursing, computer science),
- educational programmes of its own (e.g. bachelor, master, Ph.D. programs in health and medical informatics),
- courses and/or programmes at universities, but also e.g.
- at professional schools (e.g. medical records administration),
- courses for continuing education of health care professionals.

The recommendations may serve for giving an IMIA certificate for courses and/or programmes in health and medical informatics and may help national and international institutions to set up and run health and medical informatics courses and programs on a high standard.

4 PROCEEDINGS AND PUBLICATIONS

Results of the five IMIA WG1 working conferences have been published in the following proceedings and special issues:

- Anderson J, Gremy F, Pages JC, eds: Education in Informatics of Health Personnel. Amsterdam: North Holland Publ Comp, 1974.
- Pages JC, Levy A H, Gremy F, Anderson J, eds: Meeting the Challenge: Informatics and Medical Education. Amsterdam: North Holland Publ Comp, 1983.
- Salamon R, Moehr JR, Protti DJ, eds. Medical Informatics & Education. Victoria: University of Victoria Press, 1989.
- Van Bemmel JH, Zvarova J, eds: Knowledge, Information and Medical Education. Amsterdam: North Holland Publ Comp, 1991.
- Haux R, Leven FJ, Moehr JR, Protti DJ, eds: Special Issue (3/94) on Health and Medical Informatics Education. Meth Inform Med 33 (1994) 246-331.

Besides these publications papers on health and medical informatics education did appear in conference proceedings, e.g. in those of MEDINFO.

5 LIST OF MEMBERS

A list of WG1 members with addresses can be found at the WWW-server of IMIA WG1 (<http://ix.urz.uni-heidelberg.de/~d16>).

Reinhold Haux, Chairperson of IMIA WG1 on Health and Medical Informatics Education

Report to IMIA General Assembly 1997

3) WG 4: Data Protection in Health Informatics

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The proceedings of the Helsinki Working Conference on the subject 'Communicating Health Information in an Insecure World' were published as a special issue of the International Journal of Biomedical Computing (Vol 43, October 1996). Also a hardcover edition was printed and sent to all participants. A limited number of copies of this hardcover edition is available at the price of Dfl. 130,00 and can be ordered through the chairman.

Working Group 4 focuses its activities now on the next Working Conference that will take place at Osaka/Kobe Japan, November 21 - 25 1997. The theme is '**Common Security Solutions for Communicating Patient Data**'.

The Conference will start with key-note addresses on major developments in medical informatics, followed by sessions on:

1. The Electronic Patient Record; the management of access
2. Patient Data and the Internet; security issues
3. Availability of Health Data; requirements and solutions
4. Promoting a Security Culture

The fifth session will be in conjunction with the JCFI Conference and will apart from a key-note address on Security in Health Information Systems in general consist of reports of the discussion group sessions during the Working Conference and the overall recommendations and conclusions.

As usual with Working Group 4 Working Conferences papers will be on invitation and will be distributed as pre-prints to all participants in the Conference. Only the highlights of the papers will be presented in the plenary sessions of the Conference because emphasis in the Conference is on discussion group sessions on statements/questions formulated by the chairmen of the session concerned.

Proceedings will be published as:

1. Special issue of the International Journal of Medical Informatics
2. A hardcover edition
3. A CD-rom containing both English text and their Japanese translation

The 1997 Working Conference is the first Working Group 4 Working Conference outside of Europe. Participants from all over the world are cordially invited. The registration fee will be Yen 35,000 (about US\$ 350). The detailed programme of the Working Conference will be available at the IMIA GA in Australia.

The current list of members is attached to this report, the national representatives are asked to review the list, to change the representative if appropriate or nominate new candidates. At the moment participation from non-European countries is too limited.

Ab Bakker
June 25th 1997

Report to IMIA General Assembly 1997

3) WG 5: Primary Health Care Informatics

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Working Group 5 continues in its aims to promoting primary care computing by:

1. Acting as a forum for exchange of ideas between its members
2. Providing information to its members to assist them in progressing primary care computing in their own country
3. Increasing the understanding of primary care computing issues with a view to publishing the results of these discussions.

Activities 1997

The Working Group 5 has developed a close liaison with the WONCA (Academic Network of GP's) Working Group on IT. This is chaired by Prof. Michael Kidd of Sydney University. Very active discussions are taking place within this collaborative group using GP Wonca list server at the University of Newcastle in the UK, which was enabled by the members of IMIA WG5. Discussions have ranged from the use of Multi-Lingual Medical Coding systems to the need for structured records for medical care.

Collaboration with European AIM project continues, as described in my last report.

Work is progressing to develop closer collaboration between Working Group 5 and Working Group 9 (Health Informatics for Development).

Conferences

1) A 2 day conference is to be held prior to the 1997 AMIA Fall Symposium. This is being organised in conjunction with Working Group for Family Practice. It will deal with the issues that face primary care medical informatics, and included will be topics on Behavioural Informatics, Case Studies on the Implementation of Electronic Medical Records in the Primary Care environment, the Use of Internet in Primary Care, Interfacing Primary Care systems with Secondary Care Systems and Standardisation.

This is a reminder that Proceedings on the Collaboration held at SCAMC95 can be obtained from:
<http://www.ahcpr.gov:80/research/pcinform/>

2) Medinfo98 - The Working Group has submitted proposals for Workshops and discussions at Medinfo98.

Membership

The Working Group is still very short of membership from many countries. Members currently exist for Australia, Argentina, USA, Canada, Holland, UK, Israel and New Zealand. I am always looking for workers for Primary Care who would be willing to work in the activities of the Working Group.

Report to IMIA General Assembly 1997

3) WG 6: Coding and Classification of Health Data

Chair:

Christopher G. Chute,
Department of Health Sciences Research
Mayo Foundation
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1. Introduction

Formed in 1981 by the IMIA General Assembly, WG 6 was charged: (1) to review health data nomenclature and classification needs for the world community; (2) to evaluate information processing technology in meeting these defined needs; (3) to recommend methods for future classification and nomenclature systems. Dr. Roger A. Cote, the primary author of SNOMED, was founder and first chair.

Natural language processing and medical concept representation were added to the working group's domain under the leadership of Professor Jean-Raoul Scherrer. These traditions are continued under the present chair, as affirmed by the last working meeting in Vancouver. WG 6 presently focuses upon being a forum for the international discussion of: (1) health care classification systems; (2) language and terminology issues; (3) concept representation models; and (4) the cognitive issues surrounding the navigation, presentation, and selection of terminology elements in the course of patient care.

The forum seeks to draw together the works ongoing by its member countries and regions, and to identify the commonalities and differences within them. The overall goal is to serve as a catalyst toward the cooperative evolution to common and similar representations within the biomedical information processing community.

2. Past International Working Conferences

1. Ottawa, Canada - September, 1984
2. Geneva, Switzerland - September, 1988
3. Vevey, Switzerland - May, 1994
4. Jacksonville, Florida - January, 1997

Members of the working group have published important summaries of these conferences, cited below. These works represent state of the art descriptions about methods, techniques, developments, and evaluations of classifications, medical concepts, language, and cognitive challenges.

Planning sessions of working group committees have met more frequently, notably at the 1993 SCAMC, 1995 Medinfo, and the 1996 TEPR.

3. Next International Working Conference/Plans

Publication of the 1997 Jacksonville meeting is being coordinated by the Program Committee, members include:

Christopher G. Chute (USA) - Chair
Robert Baud (Switzerland) - Natural Language
James Cimino (USA) - Classifications
Vimla Patel (Canada) - Cognitive Psychology
Alan Rector (UK) - Concept Models

The working group is coordinating a panel and possible paper tract on Medical Concept Representation, Coding, Classification, and Natural Language for Medinfo '98 in Seoul.

Additionally, a closed mailing list for working group members has been established: imia-wg6@mayo.edu

4. Proceedings and Publications (IMIA WG6)

Cote RA, Protti DJ, Scherrer J-R, eds. The Role of Informatics in Health Data Coding and Classification Systems. Amsterdam: Elsevier Science Publications, 1985.

Scherrer J-R, Cote RA, Mandil SH, eds. Computerized Natural Medical Language Processing for Knowledge Representation. Elsevier Science Publications, 1989.

McCray AT, Safran C, Chute C, Scherrer J-R, eds. Natural Language and Medical Concept Representation. Methods of Information in Medicine 1995;34(1/2). Special Issue

Chute, C, et al. Natural Language and Medical Concept Representation. Methods of Information in Medicine 1998 (planned) (Special Issue) Submitted.

5. Relationships with other Working Groups

During the first meeting of Working Group 14 (Clinical Workstations) in Washington during June of 1993, the natural relationship between Working Group 6 and the Clinical Workstation challenge was commonly assented. Since that time, the chairs have kept in careful contact, and there is some cross membership.

The creation of a new working group on clinical information standards, chaired by Georg De Moor, will also provide a strong, natural liaison with the final products of Working Group 6.

The interest of the Primary Care Working (WG5) on the problems of clinical classification in primary care, also provide a natural association for working group challenges.

Finally, the Nursing Informatics Working Group (WG8) can make important contributions in this area of concept representation.

6. List of Members

Can be obtained directly from WG6 Chair.

IMIA WG6 Homepage: **Fehler! Verweisquelle konnte nicht gefunden werden.**

Report to IMIA General Assembly 1997

3) WG 9: Health Informatics for Development

Chair:

Nora Oliveri

Fundacion de Informatica Medica

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<http://www.fim.org.ar/wg9/>

1. Introduction

In the last few years we have witnessed an incredible growth in a new field which is being considered as an independent area. I refer to the development of the resources available in information sciences and communications applied to health.

Together with this explosion of technologies, we have also observed an increase of human resources applied to this new area of the scientific knowledge. University basic courses, post-graduate studies, a growth of specialized publications and government regulations of these applications based on new technology, are part of this scenario.

Developing countries have not been excluded from this process. In a certain sense, one of the most positive consequences of these new means, is the formidable expansion of the communication facilities. The health science, like no other science profiting from the possibility of having constant access to scientific findings and to cooperation between colleagues. Although information has become easily accessible, cultural barriers must be crossed for professionals to have complete access to the existing facilities. Only a cooperative action among universities, government and non-government organizations (within multilateral agreements) with a practical sense of cooperation, could take advantage of the new technologies, in benefit of our countries.

2. Objectives of IMIA WG-9

IMIA WG-9 was inaugurated in 1983 by the IMIA GA in The Neederlands.

Prof. Otto Rienhoff, first IMIA WG-9 Chairperson said: "WG-9 aims at Third World conditions. It may well be that ultramodern technology is just appropriate to serve populations in these regions". Following this spirit, main goals of WG-9 are as follow:

1. To explore how health informatics could help to improve the existing conditions in developing regions and implement programs in that direction.
2. To offer a forum that would make possible the exchange of experiences of colleagues working in the field of health informatics around the world.
3. To elaborate a list of the needs and resources in health informatics for each country.
4. To organize educational activities in developing regions , specially through the exchange of professors and other types of professionals visits.
5. To organize workshops and seminars with international experts participation for human resource training and development in each country.
6. To cooperate with IMIA Newsletter Office in the translation of IMIA Newsletters and relevant information to Spanish.
8. To elaborate and propose projects to receive funding and support from international bodies such as the World Health Organization, the European Union, the World Bank, etc.

3. Work Plan and Future Activities

Communications and Education for Developing are our main goals for 1997.

Two Workshops were planning for this year:

* A second IMIA WG-9 Workshop will take place during the APAMI 97 Conference in Sydney, Australia. August 11, from 13:30 to 15:00, Room 2.

* Discussion of future Proposals for the INCO DC (International Cooperation - Developing Countries) programme of the European Union.

If you are interested please send your ideas to inco-dc@fim.sld.ar

* Training in Medical Informatics by means of exchange of professors and professionals:

* To analyse the grounds for close collaboration with other Working Groups, such as IMIA WG-5, EFMI WG-10, IMIA WG-1, etc

* Working on consolidate our group by means of a deeper knowledge of interest and activities of the WG-9 members for a better and richer exchange.

For 1998:

* A Workshop is planning with the occasion of the World Congress on Medical Informatics, MEDINFO 98, in Seoul, Korea, 18-22 August, 1998.

4. Publications

1.-Previous collaboration involving many of the promoters of IMIA WG-9 and EFMI WG-10 are presented in the following book, which shows a handful of Case Studies on the up-take of information technology by medical workers in Latin America and Africa:

Marcelo Sosa-Iudicissa, Jeffrey Levett, Salah Mandil, Peter F. Beales:

Health, Information Society and Developing Countries.

European Commission - World Health Organization.

IOS Press, Amsterdam, Oxford, Tokyo, Washington; series on Technology and Informatics, Ne.23; 1995. 500 p. ISBN: 90 5199 226 2

Table of Contents and Excerpts are available at:

<http://www.ispo.cec.be/infosoc/health/00cover.html>

2.-Many experts from Latin America, Europe and North America have contributed to an up coming book, which analyses the rise of the Internet and other telematics tools in the health sector. This book is being published with the auspices of:

The Pan American Health Organization-World Health Organization (PAHO/WHO), Washington.

The International Medical Informatics Association - IMIA

It is published in English and Spanish. The English edition is:

N. Oliveri, M. Sosa-Iudicissa, C. Gamboa:

Internet, Telemática y Salud

Editorial Médica Panamericana

Buenos Aires - Bogotá - Caracas - Madrid - Santiago de Chile - Sao Paulo.

May, 1997. 588 p.

Marcelo Sosa-Iudicissa, Nora Oliveri, Carlos Gamboa, Jean Roberts

Internet, Telematics and Health

IOS Press OHM Ohmsha

Amsterdam - Berlin - Oxford - Tokyo - Washington, DC

May 1997. 530 p.

The Spanish edition is:

This book presents a comprehensive view on how information technology and the Internet are opening new avenues for medicine and the health sciences. From education through practice and from management to self care, the new information age is heralding a true revolution. The new tools now emerging can enhance the way in which doctors, nurses, and other health care professionals, as well as patients and the public at large, can share data and access relevant knowledge. Thus, the information society of the twenty first century will make possible a new health paradigm which is now emerging. The interesting aspect about this publication, is the combination of authors, views and experiences from the industrialised world and those from developing countries, therefore presenting a very comprehensive scenario of the Internet advent on a global perspective. It will surely contribute to the objectives of IMIA WG 9 and EFMI WG-10, and assist in exploring the frontiers of this new world. A CD ROM with a directory of WEB Sites of Medicine and Health is enclosed.

5. Past Activities and Meetings Participation

Meetings and Congress

During 1996, we have participated of the following Meetings:

- * Workshop 4: EFMI WG-10 "North-South & West-East Cooperation in Health Informatics"
August 19, 1996, Copenhagen.
- * AMIA Annual Fall Symposium: Beyond the Superhighway: Exploiting the Internet
October 26-30, 1996, Washington DC.
- * II Congreso Internacional Salud: Crisis y Reforma
November 6-9, 1996, Buenos Aires.
- * PAHO and Koop Foundation Meeting: Telecommunications in Health and Healthcare for Latin America and the Caribbean.
November 12-15, 1996, Washington DC.
- * 1st. Argentine Symposium of Nursing Informatics
December 4-6, 1996, Buenos Aires.
- *First Join Workshop IMIA WG 9 - EFMI WG 10: "Exploring the New World of Health Information"
April 10, 1997, Buenos Aires, Argentina
- * May 1997, Dr. Birgitt Wiese from Hannover University, Germany, visit Buenos Aires where establish collaboration work contacts with Buenos Aires University. An Intensive Course took place during May 15 -16 at Fundacion de Informatica Medica, Buenos Aires, Argentina.
- *Workshop of EFMI WG 10 in collaboration with IMIA WG 9 during MIE 97 Conference "Health care in the information highway"
May 29, 1997, Porto Carras, Greece

Educational Activities:

- * First Postgraduate Program of Medical Informatics and New Technologies at Buenos Aires University.

6. Press Office

IMIA WG9 Press office is oriented to inform people of developing regions about recent results of important research and development programs in the world.

For this purpose, you can send papers for evaluation to: press@fim.sld.ar

7. Other Information

WG-9 has its Home Page at <http://www.fim.org.ar/wg9/> . In this site, information about our future activities, next meetings planning , publications, press office, list of members, how to join IMIA WG-9, our collaboration with our mirror group of the European Federation of Medical Informatics (EFMI WG-10), chaired by Dr. Marcelo Sosa-Iudicissa and links to related web sites.

8. List of Members

Can be obtained directly from WG-9 Chair.

Report to IMIA General Assembly 1997

3) WG 13: Organizational Impact of Medical Informatics

Chair: Nancy M. Lorenzi
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1. Introduction

It has become obvious in recent years that successfully introducing major new systems into complex organizations requires an effective blend of good technical and good organizational skills. The technically best system may be woefully inadequate if its implementation is resisted by people who have low psychological ownership in that system. On the other hand, people with high ownership can make a technically mediocre system function fairly well.

IMIA recognized the need to address the human and organizational issues of technology implementation and the management of the altered organization, once the technology is implemented. The IMIA Board approved the proposal for a new Working Group in September 1993.

The first meeting of IMIA WG 13 members occurred during MEDINFO 95 in Vancouver, Canada. Working Group members discussed the key conceptual statements for the application of this area including applying the knowledge of human behaviors towards the use of information or information technology within a health care environment. The concepts revolve around human technologies, cultural issues, cultural change, organizational and human engineering. Several key functional statements include:

- using change management theory and practices to effectively link the people and the information management or information technology;
- understanding and use of communication strategies, the adoption and diffusion of technology and/or ideas;
- involving and empowering people in order to actively participate in the process;
- determining and facilitating the behavioral changes that are necessary;
- clarifying the role changes and definitions and developing collaborative and political strategies to effectively facilitate the use of information, information technologies within a healthcare environment;
- the effective use of a variety of strategies, ranging from those in project management and change management for an easier transformation process.

2. Past International Working Conferences

The first working conference in this area was held in Cincinnati, Ohio, USA in March 1993. Four major goals were established by the Working Conference Steering Committee.

1. More effective strategies for introducing technological change into today's complex medical organizations;
2. Effective strategies for determining strategic informatics directions for individual organizations;
3. A practical definition of the leadership characteristics necessary for successful informatics programs;
4. Strategies for effectively managing the altered organizations that emerge as the result of implementing new systems.

3. Future International Working Conferences/Plans

Working Group 13 in conjunction with Working Group 15 (Technology Assessment and Quality Development in Health Informatics) is planning a joint working conference on Impact of Information Systems in Health Organisations and Health Care: State of the Art, New Evaluation Tools, New Opportunities, Conditions for Success. The conference is scheduled for Lapland, Finland, February 26 - March 1, 1998. This joint conference will explore opportunities for the effective application of information technology, today and in the future.

4. Proceedings and Publications

At the Medinfo '98 meeting Working Group 13 will plan a tutorial and other sessions that focus on the people and organizational issues of medical informatics. Bonnie Kaplan became the editor of the WG 13 newsletter two years ago and has continued to publish the newsletter on a regular basis.

5. Other involvements, projects and relationships

During the past year, two official working groups were created as a direct result of IMIA WG 13. The first, WG 9, as part of the European Federation for Medical Informatics, and the second, The People and Organizational Issues Working Group, as part of the American Medical Informatics Association. The list server continues to be offered to any interested members at the Baylor College of Medicine at the Texas Medical Center in Houston, Texas.

6. List of Members

Can be obtained directly from the WG 13 Chair.

Report to IMIA General Assembly 1997

3) WG 15: Technology Assessment & Quality Development in Health Informatics

Dr Elisabeth M.S.J. van Gennip
TNO Prevention and Health
2301 CE Leiden, NL
Tel: 0031715181818
Fax: 0031715181902
E.mail: **Fehler! Verweisquelle konnte nicht gefunden werden.**

1. Introduction

The working group on technology assessment & quality development in health informatics was established as a follow-up to the recommendations made at the IMIA-ISTAHC working conference in 1990. The working group was fully approved by the IMIA General Assembly at Kyoto, September 1993. The working group aims to further develop the field of technology assessment and quality development in health informatics, by:

- promoting consensus development on methodological issues;
- promoting comprehensive assessment of health care information technologies, for instance by providing expertise;
- demonstrating the value and importance of assessment of health care information technologies, to health care decision makers, health care providers and developers of information technologies.

2. Past International meetings

Earlier meetings on WG 15 issues were:

- the joint ISTAHC-IMIA working conference in Montpellier in 1990. The conclusion of this working conference was that a Working Group should be established;
- a workshop during MEDINFO 92 in Geneva discussed the goals of a future Working Group;
- a workshop during MIE 96 addressed the issues and priorities to be addressed. During this workshop the preliminary plans for a joint working conference of IMIA WG 15 with IMIA WG 13 were presented.

3. Future International Working Conference/plans

IMIA WG 15 organizes together with IMIA WG 13 (on organizational issues) a working conference which will be held in Lapland, 26 February - 1st March 1998.

The purpose of the working conference "Impact of Information Systems in Health Organisations and Health Care" is to broaden our understanding of the complex environment (i.e. stakeholders and their roles, pressures both from inside and outside the organisation for change and improvement, human relations and interactions, potential of IT and telematics) and the role of technology assessment in this. During the working conference it will be investigated what is the state of the art, what are the new tools, the new opportunities and the conditions for success. In this working conference, IMIA WG 13 and IMIA WG 15 have joined forces in order to explore what they can contribute together in this area.

4. List of members (included in the web version)

Report to IMIA General Assembly 1997

3) WG 18: Telematics in Healthcare

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Fax:+33-1-43959209
E.mail:degoulet@hbroussais.fr

1. Introduction

WG18 was established at the IMIA AGM in Copenhagen in August 1996 under the chairmanship of Patrice Degoulet.

Telematics is the combined use of telecommunication and informatics that, if properly exploited, could well become a new universal tool which could help in the move towards higher quality care. At the same time and in a situation of high competition for resources, health telematics claims to provide two main benefits: a reduction in the cost of health care and increased competitiveness of the telematics industry. Reduction of cost come from better circulation of information and increased competitiveness from the opening of a new high-added value market for telematics products and services.

Within that framework, the objectives of WG 18 are to:

- explore the rationale and perspectives of health telematics
- promote the design and development of open architectures and interoperability tools
- promote the analysis, design, and development of methodologies and tools to support collaborative work in healthcare information systems.
- create awareness and disseminate best results achieved.

The activities of WG 18 will include:

- theme specific workshops
- tutorials
- and publications

2. Past International Working Conferences

As WG 18 was initiated only in 1996 no working conference has yet been held.

3. Future International Working Conferences/Plan

The first conference is planned in August 1998 in Seoul in conjunction with MEDINFO 98. Propositions for participation are welcome.

4. List of members

Can be obtained from the WG16 Chair.

4.1) ASIA PACIFIC ASSOCIATION FOR MEDICAL INFORMATICS

President's Report to be delivered at the APAMI 1997 AGM Sydney Convention Centre Meeting Room 2 12 August 1997, 1600-1830 hrs

As I complete the last year of my three-year term as APAMI President, I am happy to present to you my President's Report on the activities of the Association for the year 1997.

1. APAMI 1996 Annual General Meeting at Cha'am, Bangkok

The 1996 APAMI Annual General Meeting was successfully held on 22 January 1997 at the Cha-am Hotel, Prachuabkirikhan, Thailand. The AGM meeting had to be extended into 1997 because of the change in date of the national meeting of the Society of Thai Medical Informatics. APAMI members represented at the AGM comprised Singapore, Hong Kong, Thailand and Korea. Apologies were received from Japan, Australia and New Zealand. In addition to participating in the AGM, APAMI members also gave scientific presentations at the TMI national meeting. I take this opportunity to express my sincere gratitude to the Society of Thai Medical Informatics for so kindly hosting the APAMI AGM during their national conference and for their warm hospitality and friendship in providing complimentary hotel accommodation for the APAMI National Representatives at the Regent Cha-am Hotel.

2. APAMI-HIC 97 Joint Conference

Foremost on the activities of APAMI for 1997 was the planning and preparation for the APAMI-HIC 97 Joint Conference which will be held at the Darling Harbour Convention Center from 11-13 August 1997. As the outgoing APAMI President, it gives me immense satisfaction to witness yet again another successful APAMI Conference following its Inaugural Conference in Singapore in November 1994. I am indeed grateful to the Health Informatics Society of Australia (HISA) for accepting the responsibility of organising the Conference and congratulate them on what I am sure will be a resoundingly successful meeting. Success, of course, can only come with hard work and I must, therefore, acknowledge the many individuals who have worked tirelessly to make the Conference happen, in particular, Professor Michael Kidd, Chair of Conference Organising Committee and Ms Joan Edgecumbe, Conference Manager who have both done a marvellous job in putting together an outstanding Conference, Dr Evelyn Hovenga and Professor Takashi Takahashi of the Scientific Programme Committee who have planned a knowledge intensive and scientifically stimulating Conference Programme, Dr Terry Hannan, Dr Sarah McGhee and Mr Ian Symonds of the Editorial Committee who have undertaken the onerous task of producing the conference proceedings and Dr Don Walker, HISA Chair, for giving APAMI the opportunity to work with HISA and his colleagues to offer the APAMI-HIC '97 Conference as an outstanding health informatics event for 1997.

To further support the APAMI-HIC 97 Joint Conference, APAMI has provided to each of its member countries a financial grant of US\$1,000 to sponsor one student from each country to attend the Conference. The grant is expected to be adequate to meet travel expenses and student registration fees.

3. APAMI Web Site

The APAMI website is operational and will be introduced at the APAMI-HIC 97 Joint Conference. Currently the APAMI website, whose URL is <http://www.aims.org.sg/apami>, runs on the Association for Informatics in Medicine, Singapore (AIMS) World Wide Web server and carries, among other things, a resource database of individuals active in informatics in the Asia Pacific region. AIMS has kindly agreed to host the APAMI web site on the AIMS server on a complimentary basis. Once again, we request all APAMI national representatives

to visit the APAMI website and to suggest relevant links, particularly those relating to their respective countries. Member which do not have access to the web are encouraged to send their information to the APAMI secretariat which will assist them to upload the information onto the APAMI website.

4. MEDINFO 98

APAMI is also proud that MEDINFO 98 will be held in Seoul, Korea from 18-22 August 1998. Korea is one of the founding members of APAMI and has been its staunch supporter since the formation of the regional group in 1994. For the world congress, I urge all APAMI countries to close ranks and give their strongest support to our Korean colleagues to ensure a resounding success for MEDINFO 98. Detailed information on the Conference is available from the MEDINFO website at <http://www.medinfo.com>. There is also a link from the APAMI website. All APAMI national representatives and friends are urged to help promote MEDINFO 98 in their respective country.

5. Other reports

Sri Lanka has applied to join APAMI. As the country does not presently have a national health informatics association, its request to join as a corresponding member will be tabled for discussion at the APAMI 1997 AGM in Sydney.

Singapore is currently hosting a medical newsletter called MEDNEWS on the World Wide Web. There is interest to broaden the newsletter to a regional medical newsletter to be hosted under the auspices of APAMI. A proposal will be tabled for discussion at the 1997 AGM.

Dr. Alvin B. Marcelo from the University of the Philippines has written to APAMI to apply for affiliation by the Philippine Medical Informatics Society. As the Philippines is already represented in APAMI by the Philippines Association for Medical Informatics (PAMI), the request will also be discussed at the AGM.

6. Conclusion

Two major medical informatics conferences will be held in the Asia Pacific for 1997 and 1998 consecutively – the APAMI-HIC Conference in 1997 and MEDINFO 98 in Seoul. These two events clearly underscore the coming of age of medical informatics in our region. As I relinquish my term as the first APAMI President, I wish to place on record my sincere thanks to all my colleagues and friends in the APAMI member countries for their unwavering support and commitment to APAMI during the tenure of my Presidency. I am also grateful to our parent organization, the International Medical Informatics Association and in particular its President, Professor Otto Rienhoff, for the unfailing support given to APAMI, from the seed money it funded for the APAMI startup to giving an added boost to the APAMI-HIC Conference by arranging for the IMIA Board and General Assembly to meet in Australia and next year, to staging the next MEDINFO in 1998 in Korea, a pioneer APAMI member country. Over the next three years, APAMI will be in the good hands of Professor Branko Cesnik, who is HISA's representative to Australia. I urge all APAMI national representatives to continue to support the Association under the leadership of Professor Cesnik as the new APAMI President.

Dr K C Lun (Singapore)
APAMI President
31 July 1997

4.2) European Federation for Medical Informatics

Report To IMIA General Assembly – August 1997

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Fax: +44-1-323-430-331
Email: **Fehler! Verweisquelle konnte nicht gefunden werden.**

1. New National Representatives

Gerard Hurl, Ireland
Jose Monteagudo, Spain.

2. New Working Group Chairmen

Patrick Weber, WG-5
Francois Allaert, WG-2.

3. MIE 97 - Report of This Year's Congress

This year's MIE Congress was held in Porto Carras, Greece. About five hundred delegates attended this very successful event which was themed, each of the four days covering a different topic. The first three days covered health care information systems, computer-based patient records, and images and PACS, with education and technology assessment being covered on the final day.

4. EFMI Council Elections

Elections were held for the Council's officers for the period from 1st January 1998 until 31st December 1999. The new officers will be as follows:

President:	Attila Naszlady (Hungary)
Vice-President:	Rolf Engelbrecht (Germany)
Secretary:	Assa Reichert (Israel)
Treasurer:	Camilla Glaso Skifjeld (Norway)
Information Officer:	Jacob Hofdijk (Netherlands)
Executive Officer:	Peter McNair (Denmark)

Plus

Vice-President (IMIA): Jean-Raoul Scherrer (Switzerland)

5. Future Congresses or Meetings

MIE 99

Progress is already being made for MIE 99 which will be held on 22-26 August 1999 in Ljubljana, Slovenia. The theme will be Bridges of Knowledge. Preliminary announcements have already been distributed and a web site

established (<http://www2.mf.uni-lj.si/~mie99>). In 1998 there will be an executive board meeting dealing with all relevant matters. The Programme Committee Meeting in early 1999 will be held in Ljubljana.

MIE 2000

Proposals for MIE 2000 were received from Hungary (Budapest), Ireland (Dublin), a joint bid from Belgium and the Netherlands, Spain (possibly Toledo), and Germany, Hanover. The bid to hold MIE 2000 in Hanover was accepted, noting that this will coincide with Expo 2000 which will also be held in Hanover.

Events which EFMI will be participating in or supporting include:

MEDNET '97 - 3-6 November in Brighton, England

Several members of EFMI Council are members of the Scientific Programme and Organising Committees for this event;

Health Telematics Education, HTE '97 Lisbon

EFMI WG-6 will participate in the organisation.

Medinfo 2001

EFMI actively supports the proposal to hold Medinfo 2001 in Europe. The United Kingdom is already preparing a proposal, and is supported by EFMI as the only European candidate.

7. Communications

The new EFMI-WWW-Server started working in May 97. Council's written communications are largely achieved electronically with eighty per cent of the Council members on e-mail.

EFMI has decided to formerly adopt the medal used on the WWW-Server home page as its logo for use on letterheads and other printed material.

8. Publications

The MIE 97 Proceedings were published by IOS. Selected papers from the Proceedings will be published in the journal Computer Methods and Programs in Biomedicine.

9. Links with IFIP

EFMI is working hard to develop collaboration between its working groups and corresponding IFIP working groups. Three working group chairmen already have existing or planned links.

John Bryant

EFMI Vice-President (IMIA)

July 1997

4.4) African Region Report

S. Isaacs, South Africa

The Africa region has three full members state affiliated to IMIA. These are South Arica, Nigeria and Egypt. Countries which are in the process of becoming members are Kenya and Tanzania. Some Informaticians from Angola and Namibia have chosen to become members of the South African Health Informatics in the meantime.

The Africa Region is not as yet a full Regional member of IMIA but the triannual Africa Regional Conference is on tract. A proposal is hereby made that the Africa Region be accepted as a full member of IMIA

The very successful Helina96 (the second Africa Regional Health Informatics Conference in Africa) was held in South Africa in August 1996 and generously supported by IMIA. The next Africa Regional Health Informatics Conference is scheduled to meet in 1999 as Helina99 and the site selection committee has made the following recommendations for the site selection process:

1. there must be a National Health/ Medical Informatics body in the country
2. is the budget realistic and comprehensive
3. sponsors must be available
4. is a suitable venue with accommodation facilities available
5. language must be taken into consideration
6. the geographic location of the previous Helina conferences be taken into consideration
7. Is the bid been supported by the country's ministry of Health

Approval of the site is normally required by the General Assembly but because of time it is requested that the General Assembly relegate this prerogative to the IMIA Board. Invitation to tender for Helina99 is also been announced and a deadline must be established.

5.4) IMIA PUBLICATIONS

The book Internet, Telematics and Health has been published in 1997 by IOS press. The book was published as Volume 36 of the series Studies in Health Technology and Informatics, edited by Sosa-Iudicissa M, Oliveri N, Gamboa CA, and Roberts J. The book includes contributions from 85 individuals representing 20 countries. A Spanish edition is also available.

IMIA Yearbook of Medical Informatics edited by Jan H. van Bommel (Netherlands) and Alexa T. McCray (USA)

The sixth edition of the IMIA Yearbook of Medical Informatics will be published in August 1997. The theme of this year's Yearbook is "Computing and Collaborative Care". The Yearbook has been published annually since 1992, and approximately 10,000 copies of the Yearbook are distributed worldwide each year through IMIA's member societies. This year, as in all previous years, a broad range of papers was identified from the refereed literature published during the previous year. These papers were then sent to some thirty referees for evaluation and scoring. The referees are asked to judge each paper according to five criteria: significance to the field, quality of scientific and technical content, originality and innovativeness of the work, reference to related work, and organization and clarity of the presentation. Each paper is refereed by at least three experts as well as the Yearbook editors. Based on these evaluations, approximately fifty articles are selected for publication in the Yearbook each year.

Each Yearbook has a theme which reflects current significant activity in the field. Since 1993, the editors have invited experts to write specially commissioned articles on the current theme for publication in the Yearbook. This year's focus is on computing and collaborative care. Previous themes have included knowledge and information sharing, computer-based patient records, and integrated information systems for patient care.

The Yearbook once again contains extensive information on IMIA, its member societies, and its working groups. The section on working groups was prepared by Jean-Raoul Scherrer of Geneva, and Bjarte Solheim from Oslo gave assistance in the preparation of the general IMIA pages. IMIA representatives from most countries offered material on their societies. A full list of the leaders of the member societies is included together with current addresses for each society. A list of IMIA publications and forthcoming events is also included.

Several papers on this year's theme were contributed and will be published for the first time in the Yearbook. Clement McDonald of the Regenstrief Institute for Health Care contributed a paper on health informatics standards. He argues that standards are crucial for the success of modern information systems and that only with

established standards will our hopes for better and more affordable health care be realized. Glyn Hayes of the British Computer Society prepared a paper on the various and disparate information management needs that will be required of electronic medical records to suit all clinical disciplines. Peter Branger of the Erasmus University wrote a paper on the nature of the systems and methods that will enable true collaboration among clinicians in the information age. Ramana Reddy of West Virginia University contributed a paper that outlines the work of a consortium of institutions in West Virginia and reports on their efforts to use telecommunications technology to implement a telemedicine system in that state for the improved care of rural populations.

Education and training activities at several institutions have been included in this year's Yearbook. Stephen Kay and his colleagues describe the medical informatics program at the University of Manchester. Andrew Balas and colleagues outline their approach to health informatics training at the University of Missouri, and George Mihalas and Diane Lungeanu describe medical informatics education and training at the University of Medicine and Pharmacy in Timisoara, Rumania.

This year, as in past years, the editors invited several colleagues in the field to write synopses of the seven major areas covered in the Yearbook. Judy Ozbolt of the University of Virginia contributed a synopsis for the papers found in the Health and Clinical Management section of the Yearbook. Marc Overhage of the Regenstrief Institute for Health Care wrote a synopsis for the papers in the Computer-based Patient Records section. The papers in Information Systems were synopsized by F-C Jean of AT & T Istel, and the papers in Image and Signal Processing were summarized by Kazuo Yana of Hosei University. Giordano Lanzola of the University of Pavia provided the synopsis for Knowledge Processing, and Constantin Aliferis of the University of Pittsburgh wrote the synopsis for Decision Support Systems. The final section of the Yearbook, containing articles related to Education, was synopsized by Joseph Hales of Duke University.

Dr. Morris Collen prepared the preface to this year's Yearbook.

The 1998 IMIA Yearbook will be on the topic "Medical Informatics and the Internet". The 1998 Yearbook expects to offer once again both a broad and in-depth overview of the state of the art in medical informatics around the world.

Alexa McCray

5.2) IMIA Newsletter Report

In 1996, two Volumes of the Newsletter were published before the GA.

In 1997, Volume 21-1 was published in June 1997 and Vol.21-2 as updated IMIA-Flyer in July 1997.

The newsletter is available in Adobe Acrobat Portable Document Format (PDF) for easy downloading and printing. PDF-format is becoming an accepted standard for document delivery. The Acrobat reader is available for free at the Adobe Web-Site "<http://www.adobe.com>".

In the last year, only one issue was published because the IMIA Office in Goettingen concentrated on the realization of IMIA's electronic services. The concept of the IMIA Newsletter is changing. The information on coming events and news from IMIA is available at the web-site and is mailed out as Infomail. These two ways can guarantee a faster distribution of information. The Newsletter is becoming a publication for promotional work, which can be distributed at meetings. This might be the reason why the number of requests for the IMIA Newsletter PDF-files is relatively low in comparison with the number of formerly printed copies. The next volume of the Newsletter will be published in autumn 1997 with reports of the GA.

The changes of the Newsletter concept were discussed at the Board Meeting in Rotterdam early in 1997. It was agreed upon that the promotion of the electronic services shall continue and they will be linked to the Newsletter system. The printed version of the Newsletter shall be produced twice a year with current updates on electronic

services (Coming Events) in order to optimize resources. One edition of the Newsletter shall be printed in a way that it can be used as IMIA flyer.

The General Assembly will be asked for comment, to carry on with the proposed changes in 1997/98. With this concept, the budget of the IMIA Newsletter can be lowered from 10.000 SF to about 7.000 SF per year.

O. Rienhoff / T. Kleinoeder

5.3) IMIA's ELECTRONIC SERVICES Report

The electronic services of IMIA have been restructured and extended during the last year. The major effort was the creation of an infrastructure which can support the special needs of IMIA members.

In January 1996, IMIA's World Wide Web services in Goettingen have been established and have been reorganized in July. In the last year, the following key applications have been realized:

The public part of the Web-Site including:

- IMIA Newsletter: See Newsletter Report
- News: As a bulletin board, news of general interest are posted on this special page
- Coming Events: The list of coming events is continuously updated and members are encouraged to send proposals to the IMIA Webmaster (via email) concerning any upcoming event they would like to add to the list
- Links to IMIA-related sites: A structured list of National Member Societies, Working Groups, Regions and IMIA-related groups and organizations is available as well as links to the topic if the societies, groups, etc. in question have a web-site
- General information on IMIA: IMIA's goals, its membership structure, a short chronology of the organization prepared by Marion Ball, and information on IMIA's current leaders

In late 1996, the main effort was the creation of the member services on the site. The password to these services was mailed out to all IMIA members. At this section, IMIA's member lists (except Working Groups) and reports of the GA (including the reports from the VPs and WG Chairs) can be loaded down.

In January 1997, IMIA's electronic mail services have been established. The basis was the creation of an electronic distribution list containing IMIA's Extended Board, National Representatives, Working Group chairs, Honorary Members, Institutional Members and the MedInfo Group. The "Infomail" is a regular electronic message with IMIA news on events, conferences, and organizational issues. In addition, regular messages of the IMIA President are mailed out using the distribution lists.

Experiences of the last year: After the start in March 1996, the number of regular visitors has constantly increased from 600 to 1500 visits per month, mainly by IMIA members. The coming-events-page and the links-page are the most popular pages with constantly rising numbers of requests. After implementation of the member section with address lists, the number of requests is rising with a peak before the General Assembly. The IMIA Infomail Service started in January 1997 with regular emails on coming events, changes at the web-site and upcoming newsletters as well as other relevant news from the Medical Informatics field. Immediately after these regular emails, the number of web server visitors rose by 30 per cent. More feedback and information from IMIA members is needed to promote the exchange of information. IMIA members are encouraged to set up web-sites of their groups.

The web service has been created and is currently being maintained by Thomas Kleinoeder of Goettingen

University in Germany. Special thanks to Marion Ball and Judy Douglas who began establishing IMIA's electronic services and to Jan van Bommel and Peter Moorman of Erasmus University in Rotterdam for having provided IMIA's electronic services for several years.

IMIA has registered its own domain to advance the electronic services. IMIA's URL which started in the middle of July is <http://www.imia.org> (in the past: <http://www.mi.med.uni-goettingen.de/imia>). In 1997/98 the realization of the Proposal for IMIA's Electronic Services will be the centre of interest.

Thomas Kleinoeder

5.3) Proposal for IMIA's Electronic Services

Structure

The further development of IMIA's electronic services is based on the existing infrastructure and services which were created at the Medical Informatics Department of Goettingen University in the summer of 1996.

Key Applications of IMIA's Electronic Services:

Public Access

- **Web-Site:** The existing structure will be maintained and regularly updated. The updates are performed at least once a week. The web-site will include the topics: electronic newsletter, coming events, links, news, general information about IMIA.

Member Services

- **Database Function:**
Keeping address books and distribution lists up-to-date means a lot of work. IMIA board members, WG Chairs etc. do not have to be charged with this work. IMIA will offer a centralized address database to its members to support their work and communication within the society. The database is maintained by the Medical Informatics Department of Goettingen University as decided during the IMIA Board Meeting in Rotterdam. It runs on the IMIA web-server and is accessible via WWW-pages. The user-interface is based on Microsoft Active-Server-Pages (ASP). The user only needs a web-browser (Netscape or Internet Explorer) to use the forms. There will be an individual search function as well as member lists sorted by category and in alphabetical order. The update is done in Goettingen, the information must be sent to the IMIA Office via web-form at the server or by email (if not possible via fax, letter or phone). The database is available for all IMIA members.
- **IMIA Calendar**
IMIA will prepare a calendar page with infos on IMIA-related dates. A schedule for meetings with deadlines etc. to coordinate the events is planned. In addition, the information flow and the responsible person will be marked. It will be an organizational scheme for IMIA.
- **Mailing Services:** IMIA will realize mailing support facilities. Email has become one of the most important communication channels. Based on the centralized IMIA address database, IMIA will offer mailing support. IMIA intends to send most of the information within the Society by email to reduce costs. All members are encouraged to become active email users. By using the new service it will be possible to send a message to the IMIA Board or to all National Representatives or all members without looking up addresses. These distribution lists are limited to IMIA members. IMIA members are not allowed to distribute commercial information using this channel, it is subject to IMIA-related information. Individual mail is supported by the database function. Clicking on an entry allows to send an email (mailto: function). (the detailed concept will be available at the GA)
- **Communication in closed groups:** As test environment for communication services within closed groups, IMIA WG 4 will be carried out as it was suggested at the Board Meeting in spring 1997. A detailed concept will be developed with representatives from WG 4. The results of the test will produce a communication concept for other WGs and SIGs. In addition, a closed discussion group will be founded for the Board.
- **Evaluation:** The electronic services will constantly be evaluated, using the server log files to identify the most active services and possible problems to improve the services regularly.

- *Password Protection:* The access to the member area is password-protected. Members will receive a User-ID and a Password to get access to the area; there will be different functionalities for the membership categories. The detailed concept will contain the specification.
- *Mirror Sites:* At present, no mirrors are installed. They will be set up after 6 months and an evaluation of the access-files to identify the most active regions for the best location of the mirror.

Realization

Implementation of IMIA's electronic services realized in several steps (some are already completed):

1. Electronic publishing of the IMIA Newsletter (basic step realized in 1990)
2. Creation of a web-site for the distribution of the Newsletter and additional information (coming events and general information on IMIA) was realized in early 1996 and expansion of the web-site in late 1996
3. Password-protected area for IMIA members with address lists and documents and implementation of regular email service for members (IMIA Infomail) to have more up-to-date information was started in early 1997
4. Extension of member services for IMIA internal use as document archive and as preparation for the General Assembly with all relevant documents (instead of mailing reports) was realized in mid 1997
5. Creation of database function, IMIA organizational calendar, closed discussion groups for specialized groups (Board, Working Groups) and database-driven mailing services used by members will be realized in autumn 1997, demonstrator-version available at the GA.

The creation of guidelines for communication and information exchange within IMIA will be forced within the next months. A concept will be available by July 30, 1997. The completion will be done by a group of experts. This concept will describe the information flow and responsibilities within the Society e.g., the preparation of the GA, creation of reports including electronic forms, etc. will be described in detail. Electronic forms will be available at the web-site (the structure of reports results from the workshop preceding the BM'97).

Personnel Requirements

The organization and coordination of the electronic services (Webmaster) is done by Thomas Kleinoeder like in the past. He is a physician and works in the Hematology/Oncology Department and does his scientific work in the Medical Informatics Department of Goettingen University. His work for IMIA is supported by students from the Faculty of Medicine: Werner Scholle, Christian Grazt and Udo Jahn. The students' tasks are the technical realization and programming work as well as the technical server administration. The Group is supported by Wiebke Heinrich, a translator who belongs to the staff of the Department of Medical Informatics.

Hard/Software

IMIA's electronic services are realized in the Medical Informatics Department of Goettingen University.

As Hard- and Software the following equipment is available:

IMIA Server: Pentium Pro 200Mhz PC with 256MB Ram, 2*4 GB SCSI Hard Disk, Windows NT 4.0 + MS Backoffice (including Database and Internet functionality)

Workstations: Two Pentium PCs with (1* Windows 95 and MS Office, 1* Windows NT and MS Office, in addition Graphics, Desktop-Publishing and Web-Editing Tools)

Internet Connection: High Speed Campus Wide Network with Internet connection.

File Formats/Standards:

- HTML: Web pages are in common HTML, no additional tools like Active X
- GIF/JPG: Standard format for graphics in documents and at the web
- PDF: Standard format for document exchange and distribution (except documents that need to be edited like form for reports, reports etc.)
- ASCII-TXT: general Text format, especially emails
- for special needs: Word-processor formats or special application like Newsletter for Translation in Pagemaker format

Thomas Kleinoeder

Report to IMIA General Assembly 1997

6) Vice President Membership

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URL: <http://www.u-net.com/~gcl>

The period since the last report has been one of consolidation. Efforts have been made to confirm the status of membership of all parties named in documentation. This has resulted in a number of changes so far, and more are to follow.

This report covers the following :

- New national members
- Membership changes
- Corresponding Members
- Institutional Members
 - Academic
 - Corporate
- Other actions

1. New national members

Uruguay are in the process of submitting the necessary paperwork.

Peru are considering a submission next year, and will be invited to be a Corresponding member until that time.

Contact has been made with an active member in India; the national status will be explored over the next few months. He will be invited to become a Corresponding member in the interim.

A contact in the Yemen has expressed interest in IMIA; the national position is being determined. He will be invited to Correspond in the interim.

The situation with regard to Mexico is under review, Dr Espinosa has been asked to comment on this approach.

Membership changes

Ireland has notified a change of Society, with the agreement of all parties.

Spain has changed its representation.

Greece, a member of EFMI, is considering its position re IMIA.

China has notified a change to its representative.

Corresponding Members

There are a number of existing Corresponding Members whose status is under review to establish the current status of health informatics in their countries. This process is ongoing and also involves approaches to others who have attended MEDINFO and /or other in other ways declared their involvement in health informatics in countries not yet in the IMIA family. Efforts are being made to make contact and seek national participation in the future.

Institutional Members

Academic

The Foundation for Medical Informatics (FIM) in Argentina is seeking membership and currently preparing the required paperwork.

The European Institute of Health and Medical Sciences at the University of Surrey, UK is considering applying for membership.

Corporate

LOGO 2000, a multi-media company in Rome, Italy has expressed an interest in joining the IMIA family.

Other actions

To date

Presented paper as IMIA officer - European Society of Engineers in Medicine Warsaw, May 97

Future

The attached paper describes an initiative to involve the IMs more closely in the IMIA family. Agreement is sought from the GA to proceed with this activity.

Prepare a short IMIA promotional article to inform the general field about IMIA. To be provided to appropriate IMIA member / national representatives for appropriate placement. Request contact details for journals, web sites and organisations to approach.

Jean Roberts

DISCUSSION PAPER - INVOLVEMENT OF INSTITUTIONAL MEMBERS IN IMIA

Presented by : Jean Roberts, Vice-President (Membership)

In the early 1990s, IMIA introduced the concept of Institutional Membership (IM) in addition to the national representation; albeit with different rights. At that time, the added value from membership was expected to be attractive to corporate bodies (CM) wishing to establish wide direct access to health informatics experts and decision influencers across the world. Thereafter the concept was extended to academic IM membership (AM), yet again broadening the IMIA family.

The participating IMs report varying benefits to their organisations from explicit contacts, through general improved rapport and a heightening awareness of the stages of health informatics (HI) development and implementation. However, it is felt timely to build on the foundations already laid under the leadership of Marion Ball and Kathy Hannah. Actions should be considered to maximise the benefits gained by all parties from participation in the IMIA family. The GA is requested to consider the following model of initiatives which are intended to clarify the opportunities gained by IM participation in IMIA. I am grateful for the considerable input from Kathy Mazuckelli, of Altel - an existing IM, and Steve Heusing, IMIA's current Executive Director to this debate.

If it is the GA's wish, these initiatives will be documented as communications tools (web and paper-based) to be used to inform potential new members about the gains to be made from participation in IMIA. The initiatives agreed will be put in place at the earliest appropriate time.

For information, current IM annual subscriptions are \$2000 (corporate) and \$600 (academic).

GA Meeting attendance

1. All IMs should be invited to use the slots they are given at each GA for promotion or research requests, with the added agreement to circulate with the papers (one sheet) of marketing or communication information to every member of the GA in advance with their GA papers. This should be an integral part of the GA and should also be an opportunity for dialogue on key trans-national issues of health informatics with resultant consensus views being made available on the web for information (where appropriate and not deemed confidential).

National meeting discount

2. The opportunity for IMIA IMs to gain some 'preferential access' to the events of IMIA national members will require further exploration. Especially in the case of multi-nationals, this will have to be expressed as 'n events per year, under the management of the relevant national IMIA member society or IMIA Working Group / SIG'... to avoid misinterpretation such as - that multi-nationals may otherwise feel eligible for discount at every national meeting in all the countries in which they operate.

The position with regard to any exhibition participation will have to be explored separate from any delegate discounts for IM participation.

Research Opportunities - Focus Groups and Strategic Learning Sets

3. Facilities could be offered for participation by IMs in specific topic areas via these mechanisms. The distinct hallmark of a Focus Group is the explicit use of group interaction to produce data and insights that would be less accessible without such group dynamics, IMIA is well-placed to provide such an environment. Strategic Learning Sets - are where questions from vendors, IMIA services or healthcare delivery side, through the national reps, could be explored, regardless of the multi-national applicability of the question. This model has already been utilised by the Board to determine the next stage of the electronic services of IMIA.

For example, if there were standards issues, impact analysis of changes in care delivery, patient numbering, preparation for the run up to the Millennium - then the IMs have the opportunity to input their views at an early stage. A potential prototype to test the viability for this could be, at MEDINFO, on Millennium issues if felt appropriate. Participation in such debate can be face-to-face or via electronic inputs, where appropriate.

4. It is suggested that AMs would welcome the ability to identify potential external academic inputs (referees, external thesis evaluators, reviewers, third party speakers for their meetings) through IMIA. This is not to say that IMIA would commit individuals, just that the AMs can gain access, either by IMIA introductions or via IMIA lists, to approach them from a shared interest point of view, subject to legal issues relating to list management. Direct mailing is another service that can be explored - through circulating FOR an IM (probably a CM), letting them use but not store, rather than selling them (once) lists that they can reuse.

WG / SIG Membership

5. There is nothing at present to exclude any appropriate activist, regardless of who they work for, joining a WG / SIG and playing a full personal role. However there may be occasions where an IM would wish to sponsor or input with regard to its commercial portfolio - this should be clearly and explicitly stated, and the mechanism should be put in place to facilitate these type of arrangements.

6. The discounted fee for participation in WG / SIG activities, such as conferences and workshops, by an IMIA IM representative could only be offered with agreement from the GA. The domain of the eligibility needs well defining. Increasing numbers of WG / SIGs are 'trading' electronically, therefore this would be a differential benefit relative only to the topic area(s) that the IM was interested in. Views are sought on this point.

Board Position

7. It is expected that the IMs will continue to represent a wide spectrum of interests and as such could not be comprehensively represented by a single (non-voting) member on the IMIA Board at this time.

IMIA Publications and Information Repositories

8. Articles by IMs can be accepted into the Yearbook and other IMIA publications on merit via the nomination process, but additional opportunities for advertorial rather than scientific papers could be sought at preferential charges, if clearly marked as such. This connectivity and enhanced communication can be explored with the appropriate IMIA sections if agreed.

7.2.

Procedure for the Selection of MEDINFO Sites (update 1997)



1. Principles

- 1.1 The Site Selection Committee (SSC) prepares for the decision of the IMIA Annual General Meeting (AGM) on the site of the next MEDINFO. It is formed five years prior to the next MEDINFO year.
- 1.2 The SSC investigates in detail the proposals for different sites and makes its recommendation to the IMIA AGM.
- 1.3 Selection is made at the IMIA AGM four years prior to the next MEDINFO year. If the SSC considers more than one proposal as equally appropriate, the AGM will vote on the issue.

2. Site Selection Committee

- 2.1 The Chairperson of the SSC must be a member of the AGM, but not necessarily an IMIA Board member. The Committee Chairperson is nominated by the IMIA President after consultation with the Vice President for MEDINFO and approved by the Board.
- 2.2 Ex officio members of the SSC are the IMIA Treasurer and the Chairperson of the Organizing Committee of the preceding MEDINFO. Two additional members can be appointed by the Chairperson of the SSC if requested.
- 2.3 The members must not be from countries submitting proposals. If the country of the Treasurer is submitting a proposal he/she is ex officio replaced by the IMIA Secretary.
- 2.4 The method for assessing the submitted proposals is to be determined by the SSC. However, the following factors must be considered: a) scientific quality of the proposed layout, b) number and geographical distribution of possible participants, c) financial perspectives from the viewpoint of IMIA, d) the status of the host organization in the host country. Geographical rotation of sites is one of the factors to be considered. Countries in IMIA regions which have not recently hosted MEDINFO are to be given some preference, but must meet other criteria as well.

3. Call for Proposals to Host MEDINFO

The message to invite submissions of proposals for MEDINFO must be sent out by the IMIA President to all IMIA AGM members five years prior to the MEDINFO year. A sample of the message requesting proposals is shown as appendix 1. At the same time the guidelines for submission of proposals must be made available through the Chairperson of the SPC (appendix 2). A table of contents for a proposal is provided as a guide in appendix 3.

4. Documentation of MEDINFOS

Since the 1995 MEDINFO in Vancouver each Organizing Committee (OC) has documented all relevant material of the organizational process in an IMIA confidential document. This collection is kept by the Executive Director and handed over to the OC of the incoming MEDINFO as supporting material.

Appendix 1:

Structure - Call for Proposals

Date

To all IMIA AGM Members

Subject: Submission of MEDINFO Host Proposal

The XXth World congress of Medical Informatics (MEDINFO XX) will be held in the year of XX.

I invite you to submit a proposal to host MEDINFO. If you are interested in submitting, please request and read the Guidelines for the submission of proposals carefully and include all the necessary information in your proposal.

The proposal must be sent

no later than: month, date, year

to the Vice-President MEDINFO:

XXX

IMIA Vice-President

signature

Appendix 2:

Guidelines for the Submission of Proposals

1. What is MEDINFO?

The formal name of MEDINFO is "World Congress of Medical Informatics" and it is the most important activity of the International Medical Informatics Association (IMIA). MEDINFO is held every third year to promote all aspects of medical and health informatics from all over the world.

MEDINFOs have been successfully held in Stockholm (1974), Toronto (1977), Tokyo (1980), Amsterdam (1983), Washington, D.C. (1986), Beijing and Singapore (1989), and Geneva (1992). The 8th MEDINFO will be held in Seoul, Korea in 1998.

In the past, the congresses have been held in Europe, America and Asia in turn. Although it is preferable not to hold two successive congresses in neighboring countries, this is not necessarily a strict rule. The most important aspect for the selection of a MEDINFO site is the likelihood for a successful congress. Accordingly, any country is encouraged to submit a proposal regardless of previous MEDINFO locations.

2. Organizations Qualified to Host MEDINFO

Any IMIA National Member organization or a group of organizations related to medical informatics which includes the IMIA National member can host MEDINFO.

3. Procedures for Submitting a Proposal and Selecting the Site

Proposals to host MEDINFO must be submitted to the Vice-President MEDINFO through the National Member representatives of IMIA. IMIA forms a SSC to investigate the proposals. The SSC makes its recommendation to the IMIA General Assembly (GA) four years prior to the year of the proposed MEDINFO. The IMIA AGM determines the site.

4. Committees

Four committees are usually formed for a MEDINFO congress: namely, the Organizing Committee (OC), the Scientific Program Committee (SPC), the Editorial Committee (EC) and the Steering Committee (SC). The chairpersons of the committees are subject to the approval of the IMIA GA. The members of the committees are appointed by the chairpersons of the respective committees after consulting the IMIA President and the IMIA Vice Presidents for working groups and services (in case of SSC and EC).

4.1 Organizing Committee

The Organizing Committee (OC) makes all the local arrangements for the congress and assumes the administrative and financial responsibility for the congress including the financial impact of the activities of the SPC and the EC. All members are from the host country. It stays in close cooperation with IMIA's Executive Director who is specifically supporting the OC with procedural knowledge and exhibitor's lists etc.

4.2 Scientific Program Committee

The Scientific Program Committee (SPC) is responsible for the scientific part of the congress, soliciting and selecting papers for presentation at the congress and making up the scientific program of the congress. The SPC consists of a decision making group of not more than 5 members and an expert group consisting of up to 20 persons. The members must include scientists from all over the world. IMIA's working groups must be well represented. The SPC Members must be members of IMIA National Member Organizations. However, as an exception, the SPC Chairperson may appoint individual scientists from countries which are not represented through an IMIA National Member either to balance the SPC in its geographical distribution or to include new scientific subjects into the work of IMIA. It stays in close cooperation with IMIA's Executive Director who is specifically supporting the SPC with referee lists etc.

4.3 Editorial Committee

The Editorial Committee (EC) is responsible for preparing the accepted papers for the publication in the proceedings. The proceedings shall follow the tradition of the preceding editions. The EC Chairperson sets standards for publication, the OC identifies a publisher and negotiates together with the EC Chairperson the publishing contract. It stays in close cooperation with IMIA's Executive Director who is specifically supporting the EC with procedural knowledge regarding the edition of the proceedings.

4.4 Steering Committee

The Steering Committee (SC) is formed by the IMIA President and gives advice or makes decisions only when critical problems relating to the MEDINFO arise. The members of the Steering Committee are the IMIA President, the IMIA Treasurer, and the IMIA Vice President for MEDINFO along with the Chairpersons of the Organizing Committee and the Scientific Program Committee.

5. Proceedings

For past congresses, it has been tradition to publish a hard cover volume(s) of proceedings containing full papers, which are distributed to all participants at the time of congress. This tradition can be changed by the IMIA AGM; however, if change is desired, sufficient reasons must be presented to the AGM. The publisher of the proceedings in Korea is IOS, the Netherlands.

6. Publicity

For past congresses, 4 or 5 mailings of publicity related material have been distributed before the congress; namely, preliminary announcement (in years preceding MEDINFO), call for papers (year -2), call for registration (year-1), preliminary program (month -6). This tradition can be modified but organizers should note that publicity is key to the success of the congress. IMIA's electronic services have to be used extensively to promote

the MEDINFO. All IMIA representatives from the member countries are requested to distribute the materials within their own countries.

7. Exhibition, Tutorials, Seminars, etc.

Past MEDINFOs have included exhibitions, tutorials, seminars, etc. although this has not been mandatory. It is the choice of the organizer to determine whether to organize an exhibition, tutorial, seminar, etc. They may become part of the official congress budget or may be organized separate from the congress. However, IMIA expects that activities directly related to MEDINFO also financially contribute to IMIA and are set up in cooperation with its Executive Director.

8. Composition of the Proposal

The proposal to host MEDINFO must include sufficient information about the above issues. An example of a proposal is shown as appendix 1. Proposals should be distributable through IMIA's electronic services and should be about 10-15 pages long.

9. Financial Arrangements

The financial arrangements for all congress activities are completely made by the OC; this means that the financial risk of the congress is taken by the OC or the host organizer(s). IMIA gives a loan to the organizer prior to the congress; this loan has to be returned to IMIA before the congress account is closed. The cost of the committees, except for that of the Steering Committee, must be met by the congress budget.

IMIA will receive a percentage of the registration fees of participants. The percentage may depend on the number of participants but should be about 10 per cent of the attendance fees. If an exhibition, tutorial, seminar, etc. is directly linked to MEDINFO, IMIA will also receive a percentage of the exhibition or attendance fees (e.g. 5 %).

Appendix 3

TABLE OF CONTENTS OF A PROPOSAL

1. The Host Organization and the Organizing Committee

This section includes the name(s) and the description of the host organization(s). It is advisable to describe other related organizations which support the congress. The name of the Chairperson of the organizing committee, his/her relation to the host organization(s) and the composition of the organizing committee must be included.

2. The Status of Medical Informatics in the Host Country

This section describes as background information the professional organization(s) of medical informatics, leading institutions of medical informatics, industries relating to medical informatics, etc. of the host country.

3. The Host City and Conference Facilities

This section describes the host city and in detail the conference facilities. It is advisable to include information on hotel accommodation, transportation, climate, procedures to enter the country, etc. Two important points are how attendants of the conference can reach the host city and what air fares can be expected for IMIA member countries and how many reasonable hotel rooms will be available in close vicinity of the conference site.

4. Scientific Program of the Congress

Although the scientific program is decided by the Scientific Program Committee, the document can propose some characteristic features of the program for that particular MEDINFO and the structure of the congress. This includes information about exhibitions, tutorials, seminars, etc. linked to the conference.

5. Electronic Infrastructure for OC, SPC, and EC

This section shall describe how the workflow will be organized between the OC on the one hand and the SPC, the EC, the Executive Director and IMIA's electronic services on the other hand. This includes electronic bidding, conferencing etc.

6. Finance Arrangements and Budget

The document must contain the budget. The budget must be expressed in Swiss Francs. The budget must include at least the following items.

REVENUE

Attendance Revenue (registration fee according to the various categories of attendants, estimated number of paying participants, etc.)

Exhibition/Tutorial/Seminar/etc. Revenue (if they take place)

Other Revenue (expected contributions from governments, industries etc.)

EXPENSE

OC Expense (secretariat, electronic communication, mailing, printing of call for papers, etc.)

SPC Expense (no. of expected members, no. of meetings, travel, mailing, etc.)

EC Expense (no. of expected members, no. of meetings, travel, mailing, etc. excluding the cost of proceedings)

Proceedings Expense (no. of participants' copies, no. of additional copies, marketing strategy (if applying) unit cost of proceedings etc.)

Conference Expense (rental of conference facilities, conference organizer fee, cost of conference kit, etc.)

Social Program Expense (reception, banquet, etc.)

BALANCE-ACCOUNT

Expected net profit

Break-even analysis

Principles to share Profit between OC and IMIA

Measures to cope with the situation if the congress ends up with a financial deficit.

7.2) Health Informatics Society of Australia, HISA MEDINFO 2001 Bid

Summary

The Health Informatics Society of Australia, HISA, presents this submission to host the 10th International Medical Informatics Congress, MEDINFO 2001.

The submission comprises:

- (a) this document and
- (b) the attached CD-ROM.

Key points are:

- Sydney has widespread appeal. It is one of the most sought after meeting and holiday destinations. A large number of delegates can be expected.
- The Darling Harbour Convention Centre is internationally recognised as an outstanding conference location. It is in the centre of Sydney overlooking the harbour. The highest quality conferences are held there.
- Accommodation choices are wide ranging - from budget to 5 star hotels.
- The climate is likely to be ideal.
- Sydney is a sophisticated, multicultural city with a deserved reputation for friendliness and personal safety.
- Sydney offers something for everyone. Natural and man-made attractions provide a diverse range of activities and experiences.
- Sydney is Australia's largest city, the tourism gateway to the nation and the host city for the 2000 Olympics. We are sure an outstanding and memorable conference will result.

We are proud of our beautiful city Sydney and would very much appreciate the opportunity to share it with our colleagues at MEDINFO 2001 Congress.

1. The host organisation and the organising committee

The Health Informatics Society of Australia (HISA) is the national organisation which represents the health and medical informatics groups of Australia. The HISA Board is the Health Informatics Committee of the Australian Computer Society (ACS).

The Board of the Australian Computer Society strongly supports this bid for MEDINFO 2001.

The MEDINFO 2001 Congress Organisation will be shared with our professional informatics colleagues in New Zealand.

The nominee for the Organising Committee for MEDINFO 2001 is Professor Michael Kidd. Professor Kidd has participated in many MEDINFO Congress meetings. He is the Chairman of the Organising Committee of the forthcoming Asia Pacific Association Medical Informatics Conference (APAMI-HIC'97), and an esteemed member of the HISA Board. Professor Kidd will bring a high degree of professionalism to the committee and its activities. Nominees for the Organising Committee are the current members of the HISA Board and the current Chairman of APAMI:

Professor Michael Kidd
Professor KC Lun
Dr Don Walker
Professor Branko Cesnik
Dr Evelyn Hovenga
Dr Peter Adkins
Mr Beress Brooks
Mr John Johnston
Mr Jon Hilton

The Organising Committee will be formed when Australia is granted the MEDINFO 2001 Congress. Nominations for the Organising Committee will be extended and will include representatives from APAMI nations, New Zealand, and the health and medical informatics world at large.

2. The status of Medical Informatics in the host country

Regional groups and special interest groups are building health and medical informatics in Australia. These groups are represented nationally by the umbrella organisation - HISA.

HISA enjoys a close and successful relationship with many professional bodies, governments, departments and institutions. Included are:

- The Federal Australian Government and Health Departments in Canberra;
- State Health Departments of Queensland, New South Wales, Victoria, Tasmania, South Australia and Western Australia;
- Universities of Australia, and
- the information technology industry.

Health informatics is a maturing entity in Australia. The Health Informatics Society of Australia (HISA) is its national body. Each year HISA hosts a national Health Informatic Conference (HIC). It is the premiere event of its kind. The bi-monthly national publication "*Informatics in Healthcare - Australia*" is produced by HISA.

3. The host city and conference facilities

The enclosed CD-ROM presents Sydney, the host city, the conference facilities at Darling harbour, and offers a glimpse of our nation, Australia.

4. Scientific program of the Congress

The Scientific Program will be determined by the Scientific Program Committee. However HISA would like to propose the inclusion of the following:

- Preconference seminars in Queensland at The Great Barrier Reef,
- Preconference workshops and tutorials,
- Congress “virtual conference” on the Internet,
- Postconference tours.

The Congress will be supported by a large ‘Health and Information Technology Exhibition’. HISA has for many years incorporated the research and development of the IT industry within its conference framework. Industry partners of HISA will support a MEDINFO 2001 Congress in Australia.

5. Electronic infrastructure

For many years the Organising Committee members of the annual Health Informatics Conference of HISA have held meetings utilising electronic-mail and teleconferencing. It is planned that MEDINFO 2001 committee meetings, both national and international, will be held in a like manner.

To highlight the electronic infrastructure proposed for specific committee meetings, (Scientific Program Committee, Executive Committee and Organising Committee) a schedule of sites, dates and venues will be planned and financially supported around the world utilising ISDN video, document and dry-board conferencing. This will increase the efficacy of international meetings, reduce the times spent by members away from their countries, enhance the telecommunication channels and enable an increased number of meetings to be conducted.

6. Financial arrangements and budget

A “break-even” budget is submitted.

6.1 Expected net profit

To enable an understanding of financial expectations regarding MEDINFO 2001 Congress we should highlight previous major activities. In April 1991 members of the Nursing Informatics Association (NIA) very successfully staged the international Nursing Informatics Congress for 1991 (NI'91) in Melbourne, Australia. NI'91 Congress yielded a handsome net profit for the host organisation. A substantial sum of money was also donated to Nursing Working Group 8. These funds have been utilised as seed funding for two subsequent world congresses, NI'94 and NI'97.

NIA and HISA are proud of the financial management of this and all of their subsequent conferences.

A national and international advertising and marketing strategy will be conducted over a three year period. This should results in a net profit ranging from A\$150,000 (ie. 500 delegates above break-even) to A\$300,000 (ie. 1000 delegates above break-even).

6.2 Break-even analysis

Preliminary Conference Budget for MEDINFO 2001

Proposed "Break-Even" Budget

Income:

	Australian \$	Swiss Franc
Income:		
Delegates 1,000 @ A\$700.00	700,000.00	742,240
Students 100 @ A\$350.00	35,000.00	37,142
Conference Guests x 175	0.00	00
Sponsorship	150,000.00	159,180
Exhibitors	200,000.00	212,240
Total Income	<u>1,085,000.00</u>	<u>1,151,402</u>

Expense:

Fixed Costs:	Australian \$	Swiss Franc
Venue (Conference & Exhibition)	170,000.00	180,404
Exhibition build-up	60,000.00	63,672
Audio Visual Equipment	80,000.00	84,896
Graphic desktop publishing & CD	25,000.00	26,530
Printing	35,000.00	37,142
Advertising & Marketing	50,000.00	53,060
Sponsor & Exhibition Folios	4,000.00	4,245
WWW Development	5,000.00	5,306
Office disposable (stationary etc.)	8,000.00	8,490
Postage	15,000.00	15,918
Phone/fax/email	15,000.00	15,918
Software upgrades/support	3,500.00	3,715
Conference Insurance	3,000.00	3,184
Accountant	5,000.00	5,306
Bank Charges	6,000.00	6,367
Chairpersons OOP/marketing	10,000.00	10,612
Conference Transport	5,000.00	5,306
Plenary speakers	30,000.00	31,836
Scientific Program Committee	30,000.00	42,448
Editorial Committee	30,000.00	31,836
Conference staffing x 3 years	120,000.00	127,344
Contingency funding	70,000.00	74,284
Total Fixed Costs:	<u>737,500.00</u>	<u>782,635</u>

Variable Costs:

Variable Costs:	Australian \$	Swiss Franc
Catering @ A\$200.00 ea. x 1275	255,000.00	270,606
Reception @ A\$40.00 ea. x 1275	51,000.00	54,122
Satchel/Badge etc. @ A\$30 x 1275	38,250.00	40,590
Total Variable Costs:	344,250.00	365,318
BALANCE INCOME/REVENUE	<u>3,250.00</u>	<u>3,449</u>
Break-Even	<u>Net Revenue</u>	<u>Net Revenue</u>

6.3 Profit sharing

As set out in the rules of conduct, HISA will participate with IMIA and secure a financial levy from all Congress delegates. In addition, a share of the net profit will be provided in accordance with an agreement between the Executive Director, IMIA Chairman, the International Board and the HISA Board.

6.4 Measures to cope with a financial deficit

All conferences run by HISA have been profitable. The host, IMIA, can be reassured that profitability will continue. The Congress budget is planned on a very conservative break-even financial basis.

7. Marketing Strategy

When granted the MEDINFO 2001 Congress, the Organising Committee will confirm the national and international marketing plans. These plans will involve (a) targeting company managers of the international information technology industry and (b) promotion at major international conferences (including NI'97 in Sweden (September 1997), MIE, HI, HIMSS, AMIA, MEDINFO '98, NI'2000 and APAMI 2000).

HISA's Executive Officer has a highly developed marketing strategy. It is well documented. HISA enjoys a professional relationship with the information technology industry. MEDINFO 2001 Congress will highlight the strengths and bonds already manifest between industry and the APAMI and HIC conferences.

HISA's conference database will be extended in the planning stages to include international industries and delegates. It is hoped the informatics organisations of the IMIA family will assist with disseminating Congress information.

8. Conclusion

MEDINFO 2001 Congress in Australia will be a conference of dynamic interaction and fond memories.

**7.2) British Computer Society (BCS)
Health Informatics Specialist Groups (HISG)**

MEDINFO 2001 Bid

MEDINFO UK Project

PROPOSAL TO THE
INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION
WITH RELATION TO THE HOLDING OF
MEDINFO IN THE UK

Submitted at the 1997 IMIA Board and General Assembly, Sydney, Australia

Executive Summary

The UK, through the national representative body, the British Computer Society (BCS) Health Informatics Specialist Groups Coordinating Committee (HISG) is pleased to submit the following proposal to hold the MEDINFO Congress in 2001 in the UK.

The UK has an unmatched track record in the management of events of the scale of a MEDINFO and has a suitable infrastructure in place to deliver to IMIA a successful event. The financial arrangements proposed by the BCS HISG are attractive and will provide IMIA with the ability to plan for the future with confidence. The major participants in the health and informatics fields in the UK are all in support of this bid.

The designation of the UK as hosts for MEDINFO in 2001 would contribute significantly to the continued development of health informatics world-wide. The following proposal describes our suggestions in some detail. In view of the imminent consideration by the MEDINFO Steering Group, IMIA Board and IMIA General Assembly, some additional information will be elaborated in due course.

INTRODUCTION

This is a proposal from the British Computer Society Health Informatics Specialist Groups Coordinating Committee (HISG) to hold the triennial MEDINFO Congress of the International Medical Informatics Association (IMIA) in the UK in 2001.

The UK team has already indicated their readiness and wish to be considered as the host for a MEDINFO. This proposal describes the commitment, capability and logistics to deliver an effective MEDINFO event in the UK in 2001. The MEDINFO UK Project Team are confident that they can deliver a high quality, financially attractive event, appropriate for IMIA, at that time.

The following proposal outlines the competencies and summary action plan suggested by the UK team.

1.1 THE HOST ORGANISATION

BRITISH COMPUTER SOCIETY

The British Computer Society (BCS) has been the UK representative organisation in international medical informatics since the formation of International Federation of Information Processing (IFIP) Technical Committee TC4, the forerunner of IMIA. Currently the BCS has a Board level Technical Committee which represents the five specialist groups of the Society concerned with the medical / health informatics field and a number of other organisations with similar synergistic activities (listed in Appendix 1).

The BCS was established in 1957 and received its Royal Charter as the Society for Information Science in 1986. Overall there are over 30,000 members at grades from student to Honorary Fellow. The Patron of the BCS is His Royal Highness, the Duke of Kent who is a past-President and takes an active interest in all the activities of the Society.

HEALTH INFORMATICS SPECIALIST GROUPS COORDINATING COMMITTEE

The BCS Health / Medical Informatics Technical Committee will be referred to in this proposal as HISG and has collective objectives addressing :

- the provision of a focus and point of contact for health informatics for and about the UK, both nationally and, increasingly, on an international basis
- the coalition of relevant bodies for the purpose of exchanging ideas, promoting developments, maximising synergy and co-ordinating efforts

- the effective dissemination of the message of sound principles and good practice in health informatics
- the submission of informed comment on topical issues and major initiatives
- the facilitation of communication of UK activity in health informatics on a wider basis
- the management of an annual conference and exhibition (and contribution to similar focused specialist group events) as a recognised national forum for these objectives

The HISG recognise and strive for effective informatics support to healthcare delivery, management and research, facilitating linkage between :

- all health disciplines and specialties
- information scientists, computing technologists and end-users
- operational, academic and research bodies
- the health community and governmental sources
- commercial vendors and the health services in the UK
- specialist press and the healthcare professions
- direct patient care, management and academia

An over-arching principle of the contributors to HISG is the recognition of the benefits of working together, sharing ideas and communicating with colleagues involved in health / medical informatics internationally.

The HISG consists of representatives of all its constituent bodies, and observers from liaison bodies with similar interests, listed in Appendix 1. As relevant new societies are formed addressing informatics in other aspects of healthcare, they are invited to join HISG as observers in the first instance, before deciding what role they wish to play in health informatics activities. Thus the HISG, representing all the major participant organisations in the health informatics field, is able to facilitate a cohesive view on health informatics in and for the UK in a flexible manner.

HISG and its constituent participating organisations have a distinguished track record in the management of key issue conferences, seminars and workshops and the dissemination of the outcomes of such events. The UK is cognisant of the need to schedule events throughout the year to maximise the benefit to the health informatics community, and close attention will be paid to generating positive interaction between all health informatics events in the year of a MEDINFO UK.

HISG has a close and beneficial relationship with the British Journal of Healthcare Computing and Information Management (BJHC&IM) and its sister publication Health Informatics Europe (HIE). The BJHC organisation is a key participant in this MEDINFO UK bid, and their comprehensive production and distribution channels underpin our proposals for the communication of MEDINFO UK.

CREDENTIALS IN HEALTH INFORMATICS INTERNATIONALLY

Members of the BCS HISG have contributed significantly to the IMIA programme of work over the years since its inception, including to IFIP in its earliest days to the present, typically :

Malcolm Forsythe, Secretary IFIP TC4

Mark Abrams, member TC4

Julian Bogod, BCS representative to IFIP

Bud Abbott, Secretary, IMIA

Barry Barber, John Bryant, David Kenny, Brian Manning, Glyn Hayes, Maureen Scholes, Nick Robinson - WG Chairs and Activists

John Bryant, current EFMI President

Dr John Newell, current UK representative to EFMI

Jean Roberts, current UK representative to IMIA and Vice-President (Membership)

Graham Morris, present UK representative to IFIP

The HISG in the UK has also hosted a number of events on behalf of IMIA and its groups including MIE 78 (Cambridge, 1978), MIE 90(Glasgow, 1990), and numerous working conferences, including the first nursing informatics event in London/Harrogate in 1983. Members of HISG have also contributed to the management of various congresses, workshops and MEDINFO programme committees.

1.2 THE ORGANISING COMMITTEE

The MEDINFO UK Project Committee have considerable expertise in all aspects of the management of events of a scale which will contribute to a successful MEDINFO in the UK. The Project Committee is lead, as is the custom for previous MEDINFO events, by Jean Roberts, Vice-Chairman of HISG and Vice-President (Membership) for IMIA, and current UK national representative to IMIA. Should the UK proposal be accepted, she will lead an Organising Committee team which has a considerable track record in event management. The UK Organising Committee will consist of members of the HISG Executive, IMIA activists, the current head of the NHS Executive Information Management Group, Ray Rogers and representatives of a number of other key participants, spanning academic, scientific, policy, operations and commercial sectors of health informatics in the UK. The expressions of support to the HISG in this bid demonstrate an extensive range of commitment and interest in a MEDINFO UK, even at this early stage of preparation.

2. STATUS OF HEALTH / MEDICAL INFORMATICS IN THE UK

The substantive development of health / medical informatics in the UK dates from the early 1960's; the first computer being installed in 1961 at the Manchester Regional Health Board. Since that time the UK has stayed in the forefront of development, both of operational informatics and scientific research disciplines. The UK activity in health / medical informatics is extensive and is exemplified by considerable working together between academic and operational groups. Over the years, the movement of specialists in health informatics has been a two-way process between scientific research and the operational development, implementation and management of systems to the benefit of healthcare delivery. Typically, operational NHS staffs also hold Visiting Lecturer appointments and are involved in the validation of experiential learning. Academic research findings are adopted into the market systems available in the UK, and students are frequently involved in work placements and operational projects as integral parts of their coursework.

The current status of health informatics in the UK is exemplified by some metrics describing the annual national event, the Health Computing Conference and Exhibition (referred to as HC). The 1997 event was of a larger scale than is expected of a MEDINFO in some respects - it was also a multi-disciplinary health informatics event, notably :

- a three day event with related fringe activity over an elapse period of six days
- approximately 1200 conference delegates
- four formal conference streams
- two satellite streams for workshops, demonstrations and key issue briefings
- the selection of 90 papers and 40 posters from 270 submissions
- some 3500 visitors to the exhibition representing nearly 300 vendors in an exhibition area of approaching 5,000 sq. metres
- contemporaneous publication of scientifically refereed Proceedings and a subsequent additional volume with Keynote papers, key issue session documentation(rapportage) and related matter

All the key UK professional, academic, governmental and commercial bodies with an interest in health informatics are actively associated with HISG. Should the proposal from the UK to host MEDINFO be successful, the support, already pledged would be harnessed to ensure the successful furtherance of health informatics internationally. IMIA will note that the support for the MEDINFO UK Bid includes professorial representatives in many of the direct patient care disciplines, and the support of clinical Royal Colleges who set and monitor quality standards for the clinical professions across the UK.

3. HOST CITY AND CONFERENCE FACILITIES

IMIA will be aware that the location of all the recent UK annual HC events has been Harrogate in North Yorkshire, which has a legacy of elegant architecture testifying to its long history, now complemented by conference and exhibition facilities. However, in view of the wider catchment population for MEDINFO delegates, it has been decided to reorientate the experiences gained in running that event to a more central location, namely London Docklands.

LOCATION

Once Britain's greatest port, London Docklands went through a period of decline in the 1970s. Since 1981, new life has been brought to this part of the Capital, making it one of the world's largest and most successful regeneration programmes. This 8.5 square mile area houses a fantastic range of new and old architecture, visitor attractions, waterside pubs and restaurants, museums, churches, urban farms, conservation areas, ecological parks and, of course, the riverfront.

Although the Docklands facilities are still expanding, they have already hosted major international events for :

Microsoft
IBM

Virgin Atlantic
British Gas

The London Docklands complex has the supporting infrastructure to make the location worthy of consideration as the site of international meetings such as MEDINFO, notably :

- ready access from all London airports, including London City for shuttle flights from mainland Europe
- congress facilities of a number and size in one venue, to meet any projected MEDINFO requirements
- space and facilities to accommodate a significant exhibition display, exceeding, in size, that achieved to date in MEDINFO events

FACILITIES : Conference and Exhibition

The proposed base for the MEDINFO Programme will be the London Arena, opened in 1989 at a cost of £40 million and still London's only purpose built multi-functional business and entertainment centre. It has a maximum seating capacity of 12,500 which, at the touch of a button can be retracted to provide an auditorium of any size to meet the requirements of each individual event. The venue also provides extensive fully configured exhibition space and facilities.

Currently (as at June 1997), in the close vicinity are 4,000 beds of varying prices from student budget locations (indicative price per night £21) to five star hotels

(indicative prices around £180 per night). In addition, at least five more new hotels of various grades will open in the area before 2001.

The booking and management of accommodation requirements can be handled by Peregrine Travel Ltd., who have been tour coordinators for the UK delegations to international events for over 15 years, and have handled such arrangements for many international missions both inward and outward from the UK.

Within the London Arena complex, or easy walking distance of the proposed main venue, are facilities to support breakout sessions of up to 250 seats and to provide the more intimate accommodation required for Master Classes, specialist Working Groups and targeted Briefing Sessions. The MEDINFO UK event would look to provide an umbrella framework for :

- working meetings of multi-national projects, such as those under the G7 Industrialised Nations Health Theme, the EC Fourth and Fifth Telematics Application Framework initiatives
- special interest groups who wish to have closed meetings, whilst taking advantage of the wider generic health informatics context of a MEDINFO

TRAVEL : Access

The proposed site is easily accessible at reasonable rates from all parts of the world. The prices listed in Appendix 2 are indicative, derived from local currencies converted at 06/97 rates. In some cases even lower fares , which are not available in the UK, can be obtained at the point of departure. Contemporary guidance will be made available nearer the date.

By Air : Into any of London's airports - namely the City Airport (3miles away), or Heathrow, Gatwick and Stansted - all with fast connections into the centre of London and thence to Docklands

By Sea : Into the Channel ports of Dover, Folkstone and others and thence by road into the centre of London and Docklands

By Rail : Via Eurostar from Brussels and Paris - with connections from all over Europe - into London Waterloo, just 15 minutes from Docklands

By Road : From South East London, Kent, Surrey and the Channel ports, Docklands is accessible from the M25, A2 and the Blackwall Tunnel. From the North - access is via the M1, M11 and North Circular Road

For delegates choosing to travel onward before or after the event, the closeness of the Docklands complex to main line rail stations, the major road network and airports which service the other UK airports with shuttle services, this venue is well-placed for social or site visits throughout the UK.

Co-ordination of Travel

In the light of potential demand, Peregrine Travel Ltd., the company used by the UK delegations to many of the previous MEDINFO / MIE meetings, will explore the opportunities for chartered services and provide guidance and administration of travel arrangements to address the necessary requirements for residence over, for example - Saturday night in the UK, to minimise fare rates.

4. SCIENTIFIC PROGRAMME OF THE CONGRESS

Infrastructure

The MEDINFO UK Project Team have included in their costing for this proposal, a financial allowance to facilitate the effective operation of the Scientific Programme Committee(SPC). The scientific programme is decided by the SPC. However the HISG would welcome discussion on any further support and expertise that it could provide to the SPC in certain specific ways, notably developed from the management of our national events, covering :

- a network of specialists in the range of health informatics disciplines who are experienced in refereeing to a consistent brief
- a proven methodology and process for the consistent scoring of submissions of papers and poster contributions for the Congress, as a backup to the mechanism used at previous MEDINFOS
- an effective management system for the receipt, transmission and management of submitted material
- well-proven competent Proceedings production management procedures and processes. The MEDINFO UK Project Team has included the indicative costing of Proceedings production available from the MEDINFO 95 proposal in its considerations, but would explore ways of producing the Proceedings in-house to minimise the outlay whilst retaining quality and any possible citations for the materials

The UK has demonstrable capabilities in the areas of the coordination of workshops, the management of fringe synergistic initiatives, the provision of software demonstration areas, the facilitation of interactive key topic debates and master classes. In addition, the UK has considerable experience through previous HC events and other initiatives relating to the synthesis of meeting issues and the documentation of rapportage for subsequent publication. The co-ordination and

management of large scale exhibitions is provided in the main in the UK for health-related topics, by BJHC in close conjunction with the HISG.

Programme Innovations Proposed

In addition to the usual successful formal presentations and satellite sessions, the MEDINFO UK Project Team would propose to stimulate an enhanced utilisation of the Poster Discourse concept and to explore mechanisms for virtual attendance. The enhanced Poster Discourse is expected to provide :

- early exposure for the discussion of developmental project work
- an opportunity for those with limited English to share their research findings without the pressure of a timed formal verbal presentation format
- a forum for specialist targeted topics which are of focused interest
- a platform for students, and those new to the health informatics field, to seek support and gain confidence, develop their communication skills and outline their work
- a mechanism for communication the state of the art in rapidly developing research topics and operational developments

MEDINFO UK will include structured Discourse Sessions within the Poster Area to stimulate debate in the poster topic areas and to gain maximum exposure for the contributions made. Posters are considered an integral part of the programme, and where the material is available at the appropriate time for publication, the abstracts and summaries will be incorporated into the published Proceedings.

In addition, it has been found useful to accommodate the innovative, immature and volatile emerging topics in a 'soapbox' type session format within the programme, so that leading edge and focused subject matter can be considered without the constraint of an early formal publication. Documentation of this material is achieved by retrospective publication in conjunction with transcripts and rapportage from the plenaries and workshops. This is recommended to the Scientific Programme Editorial Committee for consideration, but has not yet been costed into the proposal.

Electronic Participation

The UK MEDINFO will capitalise on the facilities available in 2001 relating to electronic communication (enquiries, registrations of interest and as delegates, scientific submissions). Discussion and virtual attendance at the event, bearing in mind the need to handle personally identifiable and clinical data sensitively, respect the legislative requirements of participating countries, the intellectual property rights of authors and participants, and to achieve quality interaction in a robust manner.

Best efforts will be made not to disadvantage any potential participants in MEDINFO 2001 whatever their access to electronic capacity.

Taped Transcripts and Rapporteurship

The locations proposed for the MEDINFO UK sessions all have facilities for simultaneous tape recording for subsequent transcription / reference / translation if required. The UK would propose to have skilled rapporteurs assigned to all the interactive sessions to produce evaluative material for a post-Congress report. This report could then be communicated via traditional means or by international networking as an adjunct (for information or income-generating purposes) to the Congress, for attendees and non-delegates, potentially on a subscription basis.

OUTLINE PROGRAMME SHELL

i) Descriptive

Throughout the MEDINFO UK Congress, specific opportunities will be made available for innovation and flexibility in the Programme. For example, the satellite sessions throughout the programme will reflect the interests of attendees and will probably include:

- Master Classes on key specialties
- student Briefings
- Working Group facilitated seminars
- Special Interest Group sessions
- debates on contemporary topics and perspectives, utilising remote conferencing where necessary
- multi-national project Update sessions and briefings
- Governmental Panel sessions

Organisations, focused research groups and individuals will be invited to consider holding their specialist seminars integrally to the MEDINFO UK Programme. The satellite sessions are integral to the event but have a more flexible structure than the formal presentations. They will be subject to bid, review assessment and invitation in a similar manner to contributions for the formal scientific sessions evaluated by the SPC.

It is envisaged that, in addition to the ongoing debate of topics already high on the health informatics agenda today, there will be additional scrutiny of :

- holistic clinical records to support international human migration and mobility
- virtual reality techniques - their utilisation for professional training and education
- trans-national networking and multi-media case conferencing

- emergency clinical support networks, world-wide
- accreditation of shared health data and images banks
- empowerment of citizens in their health maintenance and lifestyle issues
- harmonisation of clinical coding and classification systems
- system development methodologies and philosophies
- involving the general public in health maintenance via health informatics
- facilitating multi-national synergy through common standards
- practical usage of Information Superhighways and the Information Society
- wide area training, clinical evaluation and distance-based specialist interventions

DAY1

The Welcome will be followed by a Keynote Plenary Session with prominent speakers including an international speaker invited by the SPC. The Duke of Kent and the a UK Secretary of State for Health will be approached for this session.

The Exhibition will be formally opened by the Keynote platform party who will then tour the exhibition before lunch.

The Congress will restart after the lunch break with two leading edge presentations (semi-Plenaries) to lead into the usual mix of 4 formal presentation sessions, 4 satellite focused briefings / workshop sessions and 2 demonstration streams. There will be an ongoing Poster Discourse opportunity in parallel to all non-Plenary sessions.

The first day of MEDINFO will be concluded with a formal Reception followed by informal Buffet Supper to allow delegates opportunities to mix with each other.

DAY 2

A Plenary Paper will be immediately followed by the Congress addressing 10 stream topics in the mix as described above, until the lunch break.

The afternoon is identified for local sightseeing tours and supported site visits to local health informatics developments, dependent on demand.

The evening of Day 2 is free to enjoy the local area, take up entertainment opportunities in the centre of London and perhaps to enjoy the hospitality of the exhibitors. It also provides an opportunity for Special Interest and Working Groups to address their particular activities, and the MEDINFO UK Project Team envisage supporting the administration of such events, if notified in advance.

DAY 3

The format of the whole of Day 3 will mirror the morning of Day 2, a model which was first successfully implemented at MEDINFO 92 in Geneva. The day will culminate with a Gala Social Event, reflecting the diversity of IMIA delegates to MEDINFO, following the memorable HC Themed Soirees. However the MEDINFO UK Project Team would not wish to detail this element of MEDINFO at this early stage!.

DAY 4

Follows the prescribed format, culminating in a Closing Plenary in late morning. In-depth study tours and site visits can be arranged for the afternoon subject to demand.

ii) INDICATIVE LAYOUT OF PROGRAMME (suggestion, subject to SPC requirements, sessions = formal presentation: satellite: workshop)

	DAY 1	DAY 2	DAY 3	DAY 4
	REGISTRATION	PLENARY	PLENARY	PLENARY
	WELCOME / KEYNOTE	4 : 4 : 2 sessions	4:4:2 sessions	4 : 4 : 2 sessions
Lunch Period --->	EXHIBITION OPENING	EXHIBITION	EXHIBITION	CLOSING CEREMONY
	4 : 4 : 2 sessions	VISITS	4 : 4 : 2 sessions	
REGISTRATION	RECEPTION	FREE	GALA EVENT	Travel / VISITS etc

5. ELECTRONIC INFRASTRUCTURE : MEDINFO Committees, Marketing and Communication

In addition, the UK will build on the examples from the IMIA Secretariat and Executive Office, MEDINFO 98 and our own experience of marketing and diffusing event information and discussion briefings by up to date electronic means. The involvement of virtual participants at the event will be maximised to facilitate a wide audience base from gaining benefits from the MEDINFO 2001 topics. Committees will be served, wherever possible, by electronic means in such a way as to ensure consistent, timely information for all members.

SCHEDULES (all dates are shown relative to MEDINFO UK in 2001)

It is assumed for the purposes of this proposal that it is the wish of IMIA to hold MEDINFO in the Autumn of 2001. The MEDINFO UK Project Team have identified available dates in that period. All dates are estimated.

Action	Time in months	Projected dates
Bid Proposal	MEDINFO minus 48	September 1997
Preliminary announcement	MEDINFO minus 47	October 1997
Registration of Interest (initially at MEDINFO 98 Korea)	MEDINFO minus 36	September 1998
Call for Papers (1 & 2)	MEDINFO minus 36 to minus 16	Sept. 98 - June 99
Invitations to delegates (incl. preliminary program	MEDINFO minus 15 to day 00	July 99 - Autumn 2001
Submission of final papers	MEDINFO minus 10	December 2000
Final programme	MEDINFO minus 08	February 2001
Proceedings available	MEDINFO 00	Autumn 2001
Retrospective rapportage	MEDINFO plus 06	(estimated)

6. FINANCE

6.1 GENERAL

The financial arrangements and budgets are based on current costs and estimates as available to us (August 1997). It is proposed that these costs would be updated and fixed on the date MEDINFO minus 18 months (April 2000), firstly in order to ensure that potential future fluctuations in the economy can be managed properly, and secondly, to take into account the actual experience of MEDINFO 1998. All costs in this document are shown in £ sterling (Swiss Francs (at a 7/97 exchange rate)). We propose that for practical reasons, the MEDINFO official working currency for a UK MEDINFO would be £ sterling.

There will be **NO requirement for a 'pump-priming' pre-event loan from IMIA** for a MEDINFO UK. The BCS HISG will accept complete financial responsibility for the event and the accounts will be arranged within the normal BCS procedures for events of this nature. John Bryant is currently Treasurer of the HISG events.

The fee structure suggested in the MEDINFO UK Proposal is comparable in relative price terms to those of previous MEDINFOS.

Delegate Registration includes a copy of the Proceedings, refreshments during the Congress sessions, and many of the events in the suggested Programme (as itemised following). Accommodation costs in the proposed Congress area of London, coupled with competitive fare rates for travel, make the MEDINFO UK Bid viable for all delegates. The bursary subsidies proposed for delegates from (re)emerging nations and realistic student rates make the UK an attractive opportunity for those of our colleagues in limited circumstances.

6.2 PROPOSED RETURN TO IMIA

It is proposed that the HISG will pay to IMIA a royalty based on the revenue arising from the attendance of delegates. This would be a percentage of the attendance revenue (not including VAT / local taxation) with an absolute guarantee that this figure would be not less than £20,000.

It is also proposed that the HISG will allocate agreed fixed committee budgets, that can be used as required within the period leading up to MEDINFO. These budgets are set out following. It is envisaged that if there is any surplus on these budgets then IMIA will benefit directly. Conversely, any shortfall must be accepted as the responsibility of IMIA.

6.3 DELEGATE FEE STRUCTURE AND ATTENDANCE ESTIMATES

A framework of delegate fees, including normal, earlybird, late registrations, student and day registrations, plus an accompanying persons package, will be available at prices commensurate with previous MEDINFO congresses. Note : The support of a number of Bursary places at MEDINFO UK will be costed in at student rates.

Indicative Delegate Mix

It is anticipated that MEDINFO UK will attract a comparable number of delegates to previous similar events. This bid is based on a break-even number of 900 full delegates.

6.4 COMMITTEE BUDGETS (exchange rate at 17/7/97)

Steering Committee

Costs of this committee are the responsibility of IMIA, although the cost of attendance of the Chairman of the Organising Committee at meetings will be met by the Organising Committee. A total of four meetings have been budgeted for in our

calculations. It is envisaged that wherever possible such meetings will be scheduled to be in parallel to other IMIA meetings or the UK Health Computing (HC) event to minimise expenses.

Programme Committee

It is assumed that this group will consist of a core of five members who will meet twice, and a broader group of twenty members who will meet only once, possibly in conjunction with the Steering Committee. The indicative average travel costs for each member are assumed to be £500 and average expenses per meeting to be £300 per attendee. The costs of administration, communication and circulation of papers related to the MEDINFO Programme are outlined below.

Members travel costs and expenses (25*)	£20,000 (49,600 Swiss Francs)
Administrative costs for PC (includes circulation of papers etc)	£20,000 (49,600 Swiss Francs)
TOTAL PROGRAMME BUDGET (est.)	£40,000 (99,200 Swiss Francs)

Editorial Committee

It is assumed that this committee will consist of three additional members (not members of the SPC) who will meet twice, in conjunction with the Programme Committee meetings. The following are estimated expenses for this Committee.

Members travel costs and expenses	£4,800 (11,904 Swiss Francs)
Administration costs for EC	£8,000 (19,840 Swiss Francs)
Production of Proceedings	£60,000 (148,800 Swiss Francs)
TOTAL EDITORIAL BUDGET (est.)	£72,800 (180,544 Swiss Francs)

Organising Committee

The costs of this committee will be a local responsibility. The UK Team expect to work closely with IMIA's Executive Director in matters relating to the organising of a MEDINFO.

Cost Allocations Summary

Steering Committee IMIA responsibility

Programme Committee	£40,000 (99,200 Swiss Francs)
Editorial Committee	£72,800 (180544 Swiss Francs)
Organising Committee	Local responsibility

TOTAL INDICATIVE BUDGET FOR COMMITTEES £112,800

(279,744 Swiss Francs)

6.5 LOCAL RESPONSIBILITIES

The following consequent costs are assumed to be the responsibility of BCS HISG.

Publicity :

- First Announcement
- Call for Papers (2)
- Preliminary Programme
- Final Programme
- Advertising in appropriate media (including Web Site management)
- Attendance and Promotion at appropriate meetings
- Press Liaison (intra-event)

Facilities :

- Space / Room Hire (as per proposed schedule)
- Audio-visual requirements (as agreed in advance with SPC)
- Technical support (to scheduled programme)

Catering :

- Tea / Coffee refreshment breaks as indicated in proposal

Special / Social Programme :

- Opening Ceremony
- Welcome Reception (Day 1)
- Afternoon event (Day 2)
- Gala Event (Day 3) (** Additional cost to delegate)
- Accompanying Persons Programme (** Additional cost)
- Pre and Post-Congress Tours (through agency arrangements)

** Financially self-supporting but underwritten locally.

Administration :

Delegate Accommodation management
Pre-conference Administration of Delegate Requirements
Conference Administration
Speaker Management
VIP Hospitality
Proceedings production and post-event marketing negotiations
BCS Promotional Sales and Merchandising (incl. IMIA publications)
Key Personnel Conference Communication System
Transport intra-Congress
Insurance of event
Press Liaison

Bursaries :

BCS HISG will allocate £10,000 (24,800 Swiss Francs) to assist delegates from the emerging and (re) emerging nations to participate in MEDINFO UK. This sum will be allocated as Bursaries, as a result of competitive evaluation, the criteria for selection will be agreed in advance with the Chairman of the SPC.

Not Included in Proposal at this stage

Cost of Keynote Plenary Speaker (s)
Delegate Lunches (facilities available throughout location)
Non-standard presentation media
Cost of a Post-Mortem / Hand-over to MEDINFO plus 3
Cost of additional copies of Proceedings (non-delegates and post-Congress)
Costs of post-Congress rapportage documents and tapes
Contribution from Exhibition to Delegate Income

Appendix 1 : CONSTITUENT GROUPS IN BCS HISG**Medical - London****Nursing****Medical - Scotland****Primary Healthcare****Medical - North**

Liaison Groups

ASSIST - Society of IM&T Specialists	Institute of Health Information and Records Management
Institute of Physics & Engineers in Med	British Association of Medical Managers
BCS Disabled Group	British Journal of Healthcare Computing & Information Management
British Medical Association	British Medical Informatics Society
British Psychological Society	British Obstetrics Computing Society
Institute of Health Services Management	Intensive Care Computing Group
Renal Society Computing Group	Royal College of Radiography
Royal College of Nursing Computing Group	Society of Internet in Medicine
Speech Therapists Computing Group	College of Physiotherapy

Appendix 2 : TRAVEL ROUTES - Examples

The following are approximate, as they have been derived from local currencies, converted at the rate as at 07/97. In some cases, even lower fares, which are not available in the UK, can be obtained at the point of departure.

COUNTRY	LOCATION	£ estimated
Australia	Sydney	1650
Austria	Vienna	184
Belgium	Brussels	68
Brazil	Rio	1776
Canada	Toronto	436
	Vancouver	532
China	Beijing	989
Czech Republic	Prague	203
Denmark	Copenhagen	159
Egypt	Cairo	507

Finland	Helsinki	253
France	Paris	84
	Nice	165
Germany	Frankfurt	131
Greece	Athens	306
Hong Kong		975
Hungary	Budapest	126
India	Delhi	843
Ireland	Dublin	100
Israel	Tel Aviv	400
Italy	Rome	221
	Milan	205
Japan	Tokyo	1289
Netherlands	Amsterdam	75
New Zealand	Auckland	1401
Norway	Oslo	184
Poland	Warsaw	283
Portugal	Lisbon	189
South Africa	Johannesburg	962
Spain	Madrid	227
Sweden	Stockholm	152
Switzerland	Basle	159
	Geneva	138
USA	New York	566
	Miami	623
	Los Angeles	715

Please note : the MEDINFO UK Project Team are in discussion with various carriers with respect to negotiating preferential rates for delegates to MEDINFO UK.

8.1) The IMIA Secretary's Report

The Secretary has participated actively in IMIA's transition to electronic communication, and has as a consequence of the transition experienced marked changes in his activities. Ordinary correspondence by mail/fax has been reduced from several hundred letters a year to less than 20, and only in part substituted by e-mail. Many inquiries now seem to be made directly to the IMIA server in Heidelberg, thus reducing the Secretary's secretarial work burden and allowing for more time for strategic work and the establishment of an IMIA executive office.

Oslo July 13, 1997

Bjarte G. Solheim
IMIA Secretary

Report to IMIA General Assembly 1997

8.2) Treasurers Report

Attached please find the financial report for 1996 and the budget for 1997 as at 97.03.08, presented to the IMIA Board Meeting in Rotterdam. As can be seen the actual results for 1996 were more favorable than anticipated. This was due to the postponement of the institution of the IMIA office and electronic services.

An updated statement reflecting the collection of membership fees for 1996, for both National and Institutional Members, as of 1 August 1997 will be presented to the General Assembly in Sydney.

There is great concern relating to the attraction and retention of Institutional Members. This is reflected in the fees collected.

I am pleased to advise the Assembly, that through the efforts of our immediate past President Dr Marion Ball, that the First Consulting Group have indicated that they wish to apply for Corporate Institutional Membership.

The invoicing of members for 1997 has been withheld pending the ratification of the appointment of the IMIA Executive Director as this, as well as the debt collection, be the responsibility of the incumbent officer.

I would like to propose to the General Assembly that the contingent liability reserve portion of IMIA's funds (i.e. CHF 200 000) be invested in a Blue Chip European or Swiss investment which would yield considerably higher capital growth and returns than that being realised at present.

IMIA Budget 1996 - 1997

-- As at
97/03/08 --

Stated in Swiss Francs

	1996 BUDGET	1996 ACTUAL	1997 BUDGET	Note
BENEFITS				
Interest on investments	10,000.00	6,943.00	10,000.00	
Membership fees - Institutional	25,000.00	7,300.00	10,000.00	1
Membership fees - National	16,000.00	12,012.00	16,000.00	
Proceeds from Conferences				
Proceeds from Working Groups	5,000.00	6,000.00	5,000.00	
Royalties	3,500.00	1,056.00	1,000.00	
Total Benefits	59,500.00	33,311.00	42,000.00	
DISBURSEMENTS				
Annual meetings	3,000.00	0.00	3,000.00	
Auditors remuneration	3,000.00	0.00	600.00	
Bank charges	1,000.00	806.00	1,000.00	
Board Expenses	6,000.00	6,000.00	6,000.00	
Publications - Yearbook	20,000.00	16,000.00	16,000.00	
- Newsletter	6,000.00	3,196.00	4,000.00	
- other	9,000.00	0.00	5,000.00	
Legal expenses	2,000.00	0.00	1,000.00	
Secretarial and Electronic Services	20,000.00	12,366.00	60,000.00	
Subsistence&Travel	3,000.00	1,441.00	3,000.00	
Working groups/SIGs/Regions	25,000.00	26,000.00	10,000.00	2
Total Costs	98,000.00	65,809.00	109,600.00	
Nett Surplus / (Deficit)	-38,500.00	-32,498.00	(67,600.00)	
CASH STATEMENT				
Balance brought forward	396,500.00	396,500.00	364,002.00	
Contingent Liability Reserve	-200,000.00	-200,000.00	(200,000.00)	
Secretariate	-60,000.00	0.00	0.00	
Loans made to conferences	-24,325.00	-24,325.00	(12,000.00)	
Loans repaid from conferences	24,325.00	24,325.00	12,000.00	
Profit / (loss) for current year	-38,500.00	-32,498.00	(67,600.00)	
Nett cash balance	98,000.00	164,002.00	96,402.00	

1 Corporate and Academic Institutional members

2 1996 Support for HELINA 96 US \$20000.00

IMIA National Members

1996

	Fee	Invoice #	Invoice Date	Received
Argentina	630.00	96/001	May-96	630.00
Australia	630.00	96/002	May-96	630.00
Austria	630.00	96/003	May-96	630.00
Belgium	630.00	96/004	May-96	630.00
Bosnia	393.00	96/005	May-96	393.00
Brazil	630.00	96/006	May-96	630.00
Canada	1,023.00	96/007	May-96	1,023.00
China	630.00	96/008	May-96	
Croatia	393.00	96/009	May-96	
Cuba	157.00	96/010	May-96	
Czechia	157.00	96/011	May-96	157.00
Denmark	630.00	96/012	May-96	630.00
Finland	630.00	96/013	May-96	
France	1,023.00	96/014	May-96	
Georgia	630.00	96/015	May-96	
Greece	630.00	96/039	May-96	
Germany	1,023.00	96/016	May-96	994.00
Hong Kong	157.00	96/017	May-96	
Hungary	393.00	96/018	May-96	
Ireland	393.00	96/019	May-96	
Israel	393.00	96/020	May-96	
Japan	1,417.00	96/021	May-96	1,417.00
Korea	393.00	96/022	May-96	
Mexico	393.00	96/023	May-96	
Netherlands	630.00	96/024	May-96	
New Zealand	157.00	96/040	May-96	157.00
Nigeria	157.00	96/025	May-96	
Norway	630.00	96/026	May-96	630.00
Poland	157.00	96/027	May-96	157.00
Romania	157.00	96/028	May-96	157.00
Singapore	157.00	96/029	May-96	157.00
Slovakia	157.00	96/030	May-96	157.00
Slovenia	393.00	96/031	May-96	393.00
South Africa	393.00	96/032	May-96	393.00
Spain	393.00	96/033	May-96	
Sweden	630.00	96/034	May-96	630.00
Switzerland	630.00	96/035	May-96	
Ukraine	630.00	96/036	May-96	
United Kingdom	1,023.00	96/037	May-96	
USA	1,417.00	96/038	May-96	1,417.00

Total	21,719.00
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12,012.00

IMIA Institutional Members

1996

Fee US\$	Invoice #	Invoice Date	Received
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Corporate

AHIMA	2,000.00	96/041	Nov-96	
Alltel Information Services	2,000.00	96/042	Nov-96	2,000.00
Ernest & Young	2,000.00	96/043	Nov-96	
Frey computersysteme HMBH	2,000.00	96/044	Nov-96	
HIMSS	2,000.00	96/045	Nov-96	
MEDOS Beratundsdesellschaft MBH	2,000.00	96/047	Nov-96	2,000.00
PHAMIS Incorporated	2,000.00	96/048	Nov-96	2,000.00
SAP AG	2,000.00	96/049	Nov-96	
SIEMENS AG	2,000.00	95/050	Nov-96	
Total US \$	18,000.00			6,000.00
Total CHF	21,902.40			7,300.80

Fee CHF	Invoice #	Invoice Date	Received
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Accademic

Brigham & Women's Hospital	600.00	96/061	Dec-96	
Emory Clinic	600.00	96/062	Dec-96	
Kaiser Permanente	600.00	96/063	Dec-96	
Monash University	600.00	96/064	Dec-96	
Nytt Rikshospital	600.00	96/065	Dec-96	
University of Maryland	600.00	96/066	Dec-96	
University of Texas	600.00	96/067	Dec-96	
University of Victoria - Canada	600.00	96/068	Dec-96	
Stanford University	600.00	96/069	Dec-96	
Total CHF	5,400.00			-

Total CHF	27,302.40			7,300.80
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9.1) IMIA Standard Operating Procedures

Introduction

IMIA is governed by its bylaws which were updated and approved by the General Assembly (GA) in Kyoto, October 11, 1993. On the basis of these bylaws IMIA became an independent association under Swiss law. The bylaws can be viewed at the IMIA homepage at Göttingen (<http://www.imia.ch>). To organize the everyday operations, Standard Operating Procedures were set up and are continuously updated by the Vice President (VP Special Activities) and approved by the GA.

All IMIA representatives use the standard IMIA letter head and the IMIA logo (appendix 1). Labelling, filing and archiving of all official IMIA documents, letters, etc. are following guidelines specified at the Board Meeting in Korea, January 28-30, 1996 (appendix 2).

General Assembly

Date and place of a General Assembly should be decided latest at the preceding GA. The Executive Committee should present a plan, tentative schedule and location for the next two or three meetings. If an extra meeting is necessary all members have to be notified three months before.

The secretary on behalf of the Executive Committee has to circulate a tentative agenda two months before each meeting. Necessary documentation for the meeting should be in the hands of the delegates one month before the meeting.

At the beginning of each meeting, a roll-call should be made and all present members with full voting rights should be given a voting card of one colour. All other members or persons present with restricted voting rights should be given a voting card with a different colour, indicating their voting rights.

All proxies must be presented at this time. No person can carry more than three proxies in addition to their own voting right. VPs and Chairpersons of Special Interest Groups who are not national representatives have full voting rights. Based on this the Secretary checks the quorum which check becomes part of the minutes.

The secretary prepares the minutes of the GA following the guidelines and disseminates them to all members within a month after the meeting.

In case that a member has a different opinion than expressed in a decision, he/she has the right of documentation of his/her opinion in the minutes.

Besides deciding on all major business of IMIA on the basis of reports given by officers and chairpersons, the GA can set up Working Teams (WT) for issues of strategic importance in the fields of the responsibility of a VP (constitutional WT). Their chairs need GA approval. Examples are the WTs for the Newsletter and the Yearbook.

Board

Board Meetings are only attended by Board Members and by the Presidents of the IMIA regions. Upon special invitation by the President, representatives for organizations in close relation to IMIA and individuals can be invited to attend.

Reasonable administrative cost of the Board Members are covered by IMIA and are budgeted for by the Treasurer. All activities that are the responsibility of a Board Member exceeding 1000 SF/year must explicitly be budgeted.

President

Besides all responsibilities defined in the IMIA bylaws, the President has the right to set up Committees with the task to propose possible solutions for a specific problem that is not naturally handled by one of the VPs. The

chairperson and the members are appointed by the President and the Committee is given a date by which the results should be presented.

Past President

The Past President advises the Board in all affairs. His/her specific task is to serve as the chair of the Nomination Committee.

President Elect

The tasks of the President Elect are set by the Board. He/she should be especially involved in strategic planning processes for IMIA to prepare for his/her presidency.

Secretary

The Secretary is responsible for preparing the agenda of Board Meetings and GAs in accordance with the IMIA Board Members. The Secretary also collects the written reports for the Board Meeting and GA meeting. In addition, the Secretary prepares minutes of the Board Meetings and GA meetings. He updates the IMIA Flyer prior to the GA meetings.

Treasurer

The Treasurer proposes to the Board and to the General Assembly the budget for the coming year. He reports to the Board and the General Assembly on income and expenses (as compared to the budget and the previous year) and on the state of the bank accounts.

Vice Presidents (VPs)

Besides their main duties, it is an important role of all VPs to involve young professionals and scientists into IMIA. One way to achieve this is to set up Working Teams for different tasks within the field of responsibility of the VP. The chairpersons of such Working Teams are nominated by the VPs and have to be approved by the Executive Committee. A Working Team is established by a VP to handle a specific task within the responsibility of that VP. There is a responsibility to continuously report progress to the VP on results achieved at the time agreed upon. It is not necessary that the Working Team chairpersons are national representatives.

All VPs can sign agreements within their respective area of responsibility as long as the agreements entail no cost to IMIA. The agreement must be reported at the next Board Meeting.

The VPs are responsible for their part of the agenda of Board and GA meetings and deliver a report on the activities undertaken since the previous meeting (from Board Meeting to Board Meeting and from GA to GA).

VP MEDINFO

The VP responsible for MEDINFO has to encourage countries to make a proposal to the GA for hosting the MEDINFO. To facilitate the process for the countries who prepare a proposal the VP provides guidelines and a master plan. The decision must be made by the GA at latest four years before the event. At the same time the VP for MEDINFO must propose the chairperson for the Scientific Programme Committee and the Editery Committee. The proposal for the chairperson for the Organizing Committee is made by the country who is making the proposal. Proposals for the core team and extended team of the Scientific Programme Committee should be made by the national representatives and the SIG/WG chairpersons either through the VP or directly at the meeting.

The VP has to support the Organizing Committee (OC) of a MEDINFO by providing documentation from previous MEDINFOS and other supporting material (e.g. software).

The VP has to help the OC to use this material and to make sure that an updated version of all material is redelivered to IMIA within a year after the MEDINFO.

VP Services

The VP Services has to constantly develop, maintain, and extend IMIA's services for its members. Special attention has to be directed toward the (constitutional) Working Teams of:

- the IMIA Yearbook
- the IMIA Newsletter and
- the IMIA Electronic Services.

VP members

The VP for Members is responsible for all categories of memberships. He/she has to propose the acceptance of new national members and the termination of membership to the GA. He/she decides on acceptance of other membership categories following the guidelines approved by the GA. Any other membership business is also handled by the VP.

All matters dealing with sponsorship are handled by the VP for Members.

The VP is responsible for harmonizing applications of Institutional Members with the Presidents of national members and IMIA regions.

The VP will supply an updated membership list to the IMIA Treasurer three months prior to the GA as to guarantee correct information for invitations and invoicing.

VP SIGs/WGs

The VP for the SIGs/WGs is responsible for the scientific content of the work IMIA is doing in the SIGs and WGs. In this aspect he/she relates directly with members of all categories. According to the Statutes all proposals for chairpersons for the SIGs and WGs have to be made by this VP. It is also his/her responsibility to make sure that all SIGs/WGs report annually to the GA. If a chairperson cannot be present another representative for the group can make this presentation. A written version of that report must be available with the documents for the meeting.

VP Special Activities

The VP for special activities supports the IMIA president, especially on strategic issues and issues that do not fall within the domain of another VP. The VP for special activities monitors whether IMIA's evolution leads to a need for an update of the bylaws or these Standard Operating Procedures.

9.4) IMIA Nominations Committee Report

Nominations committee:

Hans Peterson chair
Evelyn Hovenga
George Mihalas

To IMIA General Assembly 1997.

Proposals from the Nominations Committee

Already elected Board members:

President:	Otto Rienhoff	95 - 98
Secretary	Bjarte Solheim	92.-.97
Treasurer	John Tresling	95 - 98
V. President Medinfo	S. Kaihara	93.-.97
V. President Services	Alexa McCray	96 - 99
V. President Members	Jean Roberts	96 - 99
V. President SIG/WG	Takashi Takahashi	96 - 99
V. President Spec. Act.	A. Bakker	95 - 98
Liaison Officer to CEN	Jean-Raoul Scherrer	95.-.97
Liaison Officer to NLM	Marion Ball	96 - 99
Liaison Officer to EU	Patrice Degoulet	96 - 99
Liaison Officer to HON	Jean-Raoul Scherrer	96 - 99
Liaison Officer to IFIP	Jean-Raoul Scherrer	96 - 99

Nomination Committee:

Chair	Hans Peterson	96 - 97
Member	Evelyn Hovenga	96 - 98
Member	George Mihalas	96 - 99

Proposals for new Board Members:

President Elect	Jan van Bommel	97 - 98
President	Jan van Bommel	98 - 01
Secretary	Bjarte Solheim	97 - 98
V. President Medinfo	K.C. Lun	97 - 00
V. President Special Activities	Donald Lindberg	98 - 01

Hans Peterson

9.3)

POTENTIAL DUTIES & RESPONSIBILITIES

IMIA Executive Director

Preamble:

The position of Executive Director has been established to provide limited support to IMIA activities and to provide continuity to its goals and objectives. The position, together with the establishment of IMIA electronic services, is the first phase in the long term establishment of a Secretariat function. The Secretariat function is anticipated to be put in place subsequent to MedInfo'98 to be held in Seoul, Korea. The transition to a Secretariat function is projected to take place on the 1st of January, 1999. A number of firms have been identified who will be invited to submit proposals.

Specific functions which might be carried out by the Executive Director were the subject of a workgroup discussion held on March 8 and 9, 1997 at the Board's meeting in Rotterdam. The Netherlands. Members of this workgroup included John Tressling, IMIA Treasurer; Thomas Kleinoeder, Editor of IMIA Electronic Services and Otto Rienhoff, IMIA President.

Funding:

The position of Executive Director has been funded to an amount of 30,000 SF per annum for 1997 and for 1998 inclusive of fees, travel and other expenses. There is an expectation that the Executive Director will generate revenue.

Duties and Responsibilities:

1. The Executive Director shall report to the President of IMIA.
2. Conduct a review of IMIA's by-laws (constitution) and recommend changes to the President for consideration by the Board.
3. Review and, where necessary, modify and supplement IMIA's policies and procedures (standing orders) for consideration by the President and Board.
4. Provide assistance to the Organizing Committee and Scientific Program Committee of MedInfo'98 where such assistance is requested.
5. Assist the vice-president of Member services in the publication of promotional literature to encourage the recruitment of both academic and commercial Institutional Members. To assist in the direct recruitment of Institutional Members.
6. To devise programs and services designed to enhance IMIA services to its current and potential national and institutional members. For example, a student

exchange program; a Consultant's directory, etc. and provide the necessary administrative support for those programs.

7. To provide administrative support to the organization by:
 - a. providing an executive office address and responding to correspondence (regular and E-Mail);
 - b. maintain the books of account and the preparing periodic financial statements;
 - c. maintaining the receivables, billings, and collections for membership dues etc.
 - d. in conjunction with the Director of Electronic Services, developing and maintaining a data base of :
 - I. potential commercial institutional members and exhibitors,
 - ii. Universities (for calls for papers),
 - iii. National Member organizations.
 - iv. Potential referees for MedInfo's and other congresses and meetings.
 - e. ensuring that the MedInfo attendance and contact data base is transferred to IMIA electronic services for use in future MedInfos.
8. To provide such other services as may be required by the President from time to time.

Renumeration:

Within the confines of the budgetary restrictions, the following method of Renumeration is proposed:

1. A monthly stipend of \$ 1,000.00 (US) for work done at the Executive Director's home office - inclusive of incidental secretarial and clerical support, office supplies etc.
2. Where the Executive Director is required to travel, a sum of \$350.00(US) per day, exclusive of travel days and reimbursement of expenses on the level of economy or comparable fares..

20.5.97

Steve Huesing

9.3)

The board has decided in a joint meeting with the chairman of the committee for a permanent secretariat to follow a detailed procedure for the establishment of an IMIA Executive Director. (See Minutes from the Board Meeting 1997) In consequence of this decision it will be recommended to the GA to contract Steve Huesing, Canada, up to the End of 1998 as IMIA's first Executive Director and to go through a tendering process with companies to decide on the successor.

The Swiss delegate, Jean-Raoul Scherrer has offered an alternative Proposal which is enclosed.

Otto Rienhoff
IMIA President

A PERMANENT OFFICE PROPOSAL

SUBMITTED TO THE

INTERNATIONAL

MEDICAL INFORMATICS ASSOCIATION

(IMIA)

by Jean-Raoul Scherrer MD
June 1, 1997

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- 2. IMIA Permanent Office organisational relationships with IMIA**
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- 4. Prospective cost of services and income: first year and second to third year plans**
 - Option 1**
 - Option 2**
- 5. Proposed staff : description of personnel**

1. Advantages of having an IMIA Permanent Office located in Geneva

The international vocation of Geneva is well known and besides being the second seat after New York for the United Nations (UN), the World Health Organization (WHO), the International Labor Office (ILO), the World Organisation of Commerce (WOC), the International Telecommunications Union (ITU), and many others, are also located there. It is not meaningless to mention that the European Center for Nuclear Research (CERN), based on the French/Geneva border, is also where the World-Wide Web was created in 1992.

Geneva is also the seat of quite a few major international companies and societies amongst them several multinational computer manufacturers: companies like the European Headquarters for Hewlett-Packard International and Digital Equipment Corporation. It is in Geneva that IFIP was founded under the auspices of UNESCO. IMIA is an offspring of IFIP. In addition, there are also several international foundations of public interest: i.e. Aga Khan Foundation, Louis Jeantet Foundation for Medicine, Health On the Net Foundation (HON).

Geneva is easy to reach being in the geographical middle of Europe just one to two hours flight from the major capitals of Europe.

The proposed IMIA Permanent Office staff have already well established links on several levels with WHO Headquarters in Geneva, with the CERN's DD Division (DD = Data and Documents, that is in charge of all the computer science promotions and services) as well as with the ITU, the Internet Society and HON.

Finally, the proposed IMIA Permanent Office staff are already acquainted and experienced in IMIA business: MEDINFO organisation and associated to several working conference organisations, etc.

2. IMIA Permanent Office organisational relationships with IMIA

The IMIA Permanent Office in Geneva is created under Swiss law by IMIA initiative and is launched by a three year contract with the nominated Director of the Office. The IMIA Permanent Office is

recognised as being a part of IMIA that implicitly means that all copyrights, patents and ownership of records, belong to IMIA.

The IMIA Permanent Office nominated Director is subordinated to the IMIA Executive Board and to the IMIA Executive President between the meetings of the Board. Any official notice for action initiated either at the Board level or at the President's level, will be sent to the IMIA Permanent Office Director by registered or certified mail or hand-to-hand, by the IMIA Executive President, with a request for acknowledgement. Any associated request i.e. for extra support if necessary, from the IMIA Permanent Office Director to be sent without delay, in the same way, to the IMIA Executive President.

The IMIA Permanent Office will issue on a quarterly basis a feedback report of on-going activities for getting a periodical agreement and approval regarding management services as well as separate on-going actions initiated from the Board and/or the President. Every report will include a pending list of expected actions and the corresponding updated « To Do List ».

3. Scope of Management Services for IMIA

Routine Management Services

These services can be described in the following way: provision of general office space, office furniture and office equipment (telephone, fax-machine, photocopy machine, computer (PC) equipped with general purpose office automation software, the appropriate peripherals, mailing systems, internet /WWW page generators and accesses), in order to support the personnel that will provide services according to the IMIA contract as defined and signed between IMIA and the IMIA Permanent Office nominated Director. The IMIA Permanent Office shall have full control and direction over the methods by which it performs such work, duties and obligations.

Services from the staff (as defined in Section 5)

The daily affairs to be conducted are related to IMIA - societies' membership processing and all the IMIA financial services:

- conference organisation (registration, exhibits and possibly trade shows, international public relations);
- conference marketing services (clerical tasks, fund raising, special travel arrangements, publicity);
- yearly IMIA publications: the IMIA Yearbook (to be made in close coordination with the IMIA Publications Officer and the IMIA-VP in charge of services);
- miscellaneous office expenses to be billed to the IMIA Board on a monthly basis. Those are commonly: costs for telephones and fax transmissions, photocopies, office supplies, postage and printing costs;
- transportation expenses outside Switzerland will have to be forecast on a yearly basis and approved within a section of the IMIA yearly budget by successively the IMIA Board and the General Assembly.

Additional Costs

In addition, the IMIA Permanent Office will bill IMIA for the services of an experienced and neutral Account Executive, based upon a separate contract (ATAG and YOUNG, their Geneva office representative is Mr. Rochat). These services will include the completion of Swiss income tax returns and Geneva government yearly reporting.

These costs are estimated to amount up to 2'500 SF p/year.

Personnel Management

- The IMIA Permanent Office Director will have to present a yearly personnel budget proposal for IMIA acceptance, successively IMIA Board and General Assembly.
- The IMIA Permanent Office Director will be responsible for the payment of all expenses related to employment as defined in Section 5 : salaries, social charges (the employer's part for obligatory accident and disability insurance and unemployment and retirement programmes) and Swiss governmental payroll taxes.
- The IMIA Permanent Office Director will have the responsibility to handle any legal action relating to employment according to Swiss law in order to be harmless for IMIA.
- Confidential information and non-disclosure: the IMIA Permanent Office Director will be responsible and liable to see that proprietary and confidential information, accessed or acquired directly or indirectly in

the course of the office activities, will not be imparted to anyone outside the office.

Commission Fees

It is agreed between IMIA - Board and IMIA Permanent Office that all the revenues generated above the agreed budget for that year, by the activities of the Permanent Office, will be in favour of IMIA with the reservation of a fixed commission fee percentage (to be negotiated with IMIA Board) of these revenues to be deposited as prospective investment money for developing the size and the scope of activities at the Permanent Office.

Amendments

Any change or modification in the agreements between IMIA and its Permanent Office will have to be formally handled by letter exchange between IMIA Board and the Director of the IMIA Permanent Office, as set out in Section 2.

4. Prospective cost of services: First year and second to third year plans

OPTION I

First Year Transition Costs

4.1	Set-up of the IMIA Permanent Office		
	- Installation costs (minimum)		20'000 SF
	- Computer connections to Network		<u>15'000 SF</u>
			35'000 SF
			=====
4.2	Running Costs of the Office		
	a) <u>Renting of space</u> in a well placed Geneva lake area	- p/annum (p/month 1'000 SF)	12'000 SF
	b) <u>Routine costs</u>	- p/annum (p/month 1'500 SF)	18'000 SF
	c) <u>Personnel Charges</u>		
	- An Executive Director	- 20% of time	42'000 SF
	- A full time Office Manager	- incl.soc.charges	76'800 SF
	- Extra clerical support	- hourly basis	<u>20'000 SF</u>
			168'800 SF
			=====
	Total of (4.1) + (4.2) =		
		35'000 SF	
		<u>168'800 SF</u>	
		203'800 SF	
			=====

<u>Second Year (Option 1)</u>		
4.3	Running Costs of the Office (4.2)	168'800 SF
4.4	Expected Income (commission fee based)	<u>50'000 SF</u>
	Total of (4.3) - (4.4)	168'800 SF
		<u>50'000 SF</u>
		118'800 SF - p/annum
		=====
<u>Third Year (Option 1)</u>		
4.5	Running costs of the Office (4.2)	168'800 SF
4.6	Expected income (commision fee based)	<u>100'000 SF</u>
	Total of (4.5) - (4.6)	168'800 SF
		<u>100'000 SF</u>
		68'800 SF - p/annum
		=====

OPTION 2

Instead of the installation of an office, rental of an office with the infrastructure (based upon proposal of 24 October 96 to IMIA Board).

(1) An Office with Infrastructure:
(The « Regus Link » Services Overview - a Regus / Omni Corp.)

These services are offered in order to allow a society or a new company to be implanted at a new site avoiding the full cost of a brand new office. The principal is to allow the setting up of a complete domiciliation.

In Switzerland there are two sites: Geneva and Zurich. For Geneva, the exact postal and office address is:

(Regus Business Center)
14 rue du Rhone, 1204 Geneva, Switzerland
Tel: +4122 819 1919 / Fax: +4122 819 1900

Advantages offered:

- Office(s) fully furnished and equipped - immediately available;
- Conference room(s) equipped with all the latest audiovisual and high technology equipment;
- Qualified professional personnel;
- All the facilities of top technology in the area of telecommunications;
- Fully serviced and specialised secretariat with general assistance;

- No initial costs and tailor-made location with no responsibility for personnel;
- Maintenance services, house cleaning and security are included.

The domiciliation includes:

A postal address, telephonists, a reception, expedition of mail, telecopies and messages (at running cost), including all the other office services, room(s), work space, conference room(s), secretariat, photocopies (at running cost).

Estimated cost per month: 6'600 SF
 (details can be given upon request).

(2) An IMIA Permanent Office Director
(Executive Director) - appointed from outside of Regus

Costs could be initially fixed at 20 p.cent with a growth capability increasing to 50 p.cent.

The areas of responsibility are the following:

- Account Executive;
- Conducting of IMIA daily affairs / supervision of the IMIA Secretariat;
- Promotion of IMIA business all over the world regarding the MEDINFOS, the IMIA Working Conferences;
- Expertise to be given upon request to external organisations like WHO, EU, Health On the Net (HON), IFIP, CEN/TC251, ASTM,
- The Executive Director is subordinated to the IMIA Board and hence is reporting on a monthly basis.

(3) Estimated Costs of Option 2

Secretariat costs with Regus:

- Use of its infrastructure
 - Cost of office supplies / postage 6'600 SF

Executive Director: - p/month at 20% 3'142 SF

Miscellaneous Expenses - p/month 258 SF

Total cost per month 10'000 SF

Total cost per year 120'000 SF
 (if Exec. Dir. at 20%)

Total cost per year 180'000 SF
 (if Exec. Dir. at 50%)

Now if the income from Option 2 is expected to be 50'000 the second year and 100'000 the third year, total costs for the three years are set out in the following way (with an Executive Director at 20%):

First year	:	120'000 SF
Second year	:	70'000 SF
Third year	:	20'000 SF

Option 2: Final Comment

Option 2 would miss the extra service of an Office Manager. Long range planning would be much more effective with Option 1.

5. Proposed Staff : description of personnel

- **An Executive Director (20%)**
(An extension of activity of up to 30% could be considered).

The proposed person is:

Jean-Raoul Scherrer, MD, Professor of Medicine and Medical Informatics and presently Director, Division of Medical Informatics at Geneva University Hospital and expected Honorary Professor from October 1998.

(See additional biography)

- **An Office Manager (full-time)**

The proposed person is:

Ms. Sandra Horne, Head of the Secretariat, Division of Medical Informatics, Geneva University Hospital and since 1990 very well acquainted with IMIA business.

(See additional biography)

- **A Secretary (activity up to 50%) paid by the hour.**
(Person to be appointed)

Biographies of Proposed Staff:

Jean-Raoul Scherrer M.D.

Professor Scherrer is a certified internist who received his M.D. from the Geneva University Medical School in 1959. He became laureate of the Geneva Medical School for his doctorate thesis in 1965. From 1967 to 1969, he collaborated in research in physics at Brookhaven National Laboratory in New York. He became lecturer on medical informatics at the Geneva University Medical School in 1971 and a full Professor at the same medical school in 1979. He is the Director of the Division of Medical Informatics at Geneva University Hospital. He has participated in the development of DIOGENE, Geneva Hospital's Information System, since the design stage in the 1970's. Dr. Scherrer is also interested in mathematical modelling and automatic encoding of clinical narratives. He is the author of more than 300 publications.

Dr. Scherrer was Executive Vice-President of IMIA for Working Groups and Special Interest Groups from 1993 to 1996. However, he has been an active IMIA Board member since 1984 and also set up the SSIM (Swiss Society for Medical Informatics), IMIA's representative in Switzerland based in Geneva, in the same year. He has been involved in many IMIA working conferences, as well as co-organising IMIA WG 6, Working Conference in Geneva in 1988 and in Vevey/Geneva in 1994. The MEDINFO 92 conference, in which he was Organising Committee Chair, was held in Geneva in September 1992. He has been IMIA Liaison Officer to WHO since 1994. In January 1996 he became President of EFMI (European Federation of Medical Informatics).

Sandra M. Horne

Ms. Sandra Horne is British, born in London, and has worked in Switzerland as a Secretary, Editor/Translator and Conference Organiser since 1974. Before coming to Geneva she held freelance secretarial positions in London, Paris, Dusseldorf, Munich and Rome while studying languages, the fine arts and art history. She is widely travelled and bilingual in French with a working knowledge of German and Italian. She has unrestricted work and residency status for Geneva. At the Geneva University Hospital, where Ms. Horne has worked since 1990 within the Secretariat of the Medical Informatics Department, her main responsibilities have been assisting in the preparation of conferences and editing texts in English. Later, she has been increasingly involved in Faculty and Hospital Administration with the various Geneva-based Foundations and handles the bookkeeping for HON - Health On the Net.

Ms. Horne was involved in the organisation of the MEDINFO 92 Congress in Geneva, and the IMIA WG 6 Working Conference in Vevey/Geneva in 1994. Since 1993 she has assisted Dr. Jean-Raoul Scherrer in the preparation of the yearly reports for the Working Group / Special Interest Group Section of the IMIA Year Book. The IMIA office was registered in Geneva in 1992 and Ms. Horne was actively involved in all aspects of the legal set up of the Geneva office and presently handles the forwarding of IMIA Geneva Secretariat mail or any other administrative details necessary to ensure that IMIA's Geneva contact address is maintained.

WHO Report To IMIA GA

Prof Jean-Raoul Scherrer, M.D.
Informatics Department
Geneva University Hospital
24, rue Micheli-du-Crest
1211 Geneva 14
Switzerland
Tel: +41 22 37 26 250/201
Fax: +41 22 37 26 255
E-mail: **Fehler! Verweisquelle konnte nicht gefunden werden.**

IMIA was represented by Dr Vincent GRIESSER at the following sessions:

1. WHO 99th Executive Board, Geneva, 13 May 1997
2. WHO 50th World Health Assembly, Geneva, 5 May 1997
3. WHO 100th Executive Board, Geneva, 14 May 1997.

WHO 99th Executive Board, Geneva, 13 May 1997

For the 99th Executive Board, a note was written by Prof J.-R. Scherrer on "Telemedicine and telematics in healthcare : the challenge of the Information Society at WHO" (see annexe).

WHO 50th World Health Assembly, Geneva, 5 May 1997(see press Release 5 May 97)

The World Health Report 1997: "Conquering suffering-Enriching humanity".

It is a concise yet comprehensive report giving an analytical overview of the global health situation and WHO's contributions for improving health in the world and outlining priorities for international health action – all in a reader-friendly style.

The critical financial situation of WHO.

Like many international organisations, WHO suffers from financial difficulties, especially as several countries have long delayed in paying their Membership dues. WHO also faces several restructuring problems and will have to reprioritise its action plan. After long discussion, the financial restriction plan -5 % reduction- presented by the United States of America was not accepted by the delegates.

A resolution on the sale of medical products through the INTERNET.

The Fiftieth World Health Assembly has expressed its concern at the advertising, promotion and uncontrolled sale of medical products by electronic communication. This phenomenon, which is developing rapidly, may present a hazard for the public health as well as a risk for the individual patient,

The delegates were particularly concerned that advertising, promotion and sale through the Internet might result in uncontrolled across-the-border trade of medical products or fraudulent imitations that may be undervalued, unapproved, unsafe or ineffective, or used inappropriately. They asked the Director-General of WHO to collaborate with the drug regulatory authorities to collect all necessary information on the subject.

Resolutions for control and elimination of major tropical diseases.

This control is possible but greater commitment is needed. WHO recognized that individual Member States had to supplement WHO's actions with financial and human resources to improve national prevention and control mechanisms.

Election of new Director General.

Evoking the election of new Director General of WHO next year, Dr Nakajima declared that his successor "should be committed to the renewed health-for-all strategy and to the achievement of its goals, particularly universal access to primary healthcare based on equity and social justice". He added: "The next Director General must also be committed to the reform of WHO as a continuous process in the light of a changing world political, economic and social situation"

IMIA - Statutes

1. ARTICLE 1

Name

1.1. The Name of the Association

The name of the Association shall be International Medical Informatics Association (hereafter IMIA).

1.2. Legal Form and Location

IMIA shall be organized under Swiss law in the form of an association, as defined in the Swiss Civil Code, article 60. The seat of the association shall be located in the Canton of Geneva, Switzerland. Its first address shall be in the premises of the International Federation for Information Processing (hereafter IFIP) at 16, Place Longemalle, 1204 Geneva.

1.3. Relation with IFIP

IFIP is an association organized under Swiss law located in Geneva. Before its formal constitution, IMIA was active as a Special Interest Group of IFIP. In agreement with IFIP, IMIA shall continue to cooperate with IFIP as an Affiliate Member of IFIP.

1.4. Objectives and Purposes

Since 1978, a group of professionals has been active within the framework of IFIP and under the name of IMIA, with the objective of serving the specific needs of the application of information technology in the field of health care and biomedical research. IMIA, under the form of a Swiss Association shall continue to pursue this activity. In particular, the basic aims of IMIA shall be: a) to promote informatics in health care and biomedical research; b) to advance international cooperation; c) to stimulate research, development and routine application; d) to move informatics from theory into practice in a full range of settings, from physician's office to acute and long term care; e) to further the dissemination and exchange of knowledge, information and technology; f) to promote education and responsible behavior; g) to seek and maintain formal channels of communication with any relevant professional or governmental organization.

1.5. Language

English shall be IMIA's working language.

2. ARTICLE 2

Membership

2.1. National IMIA Members

In each country, one society or a group of societies or an appropriate body which is representative of the national activities within the field of medical informatics, may become the National Member. The legal status of a National Member shall allow its representative to vote on all matters of concern to IMIA and the National Member; proxies shall not be restricted in the execution of decisions within IMIA.

2.2. Regional IMIA Members

Where a functional Regional Group of National Members exists, it may be accepted by the IMIA General Assembly as a Regional Member. The Regional Member is allowed to elect a representative to act as a Liaison Officer to the IMIA Board.

2.3. Associate Members

The Chairpersons of Special Interest Groups, Scientific or Technical Committees or Working Groups shall be Associate Members for the duration of their terms of office as chairpersons.

2.4. Affiliate IMIA Members

Any international organization, professional or governmental, professionally engaged within the field covered by IMIA or closely related fields, may become an Affiliate Member.

2.5. Honorary Fellows

Honorary fellows are persons who have earned exceptional merit in furthering the aims and interests of the IMIA. Honorary fellowship is conferred for life.

2.6. Institutional Members

Any institution, company, hospital or other organization working in the field covered by IMIA or closely related fields may become an Institutional Member.

3. ARTICLE 3

Admission and Termination of Membership

3.1. Admission

The General Assembly shall decide on the admission of National Members, Regional Members, Affiliate Members, Honorary Fellows and Institutional Members upon recommendation of the Admissions Committee. All admissions must be accepted by a two-thirds majority vote of the IMIA General Assembly.

3.2. Observers

Representatives from countries which are not Members of IMIA, and who are engaged in or planning significant medical informatics activities, may, by a majority vote of the General Assembly, be accepted as Observers at IMIA meetings for a maximum period of three years.

3.3. Application for Membership from a Country Already Represented

If an application is received from a country already represented by a Full Member, the Admissions Committee shall attempt to solve the difficulties by contacting the organizations involved. If the negotiations are not successful, the Committee shall prepare a report to the General Assembly recommending one of the following alternatives: a) to reject the new application, b) to propose to the General Assembly that the applying organization is more representative than the existing Full Member, c) to suggest to the organization a mechanism for merging their interests and then to re-examine the matter one year later. The General Assembly shall then decide on the Membership arrangements for the country concerned.

3.4. Corresponding IMIA Members

If a country has an appropriate body eligible for National IMIA Membership, it may apply for Corresponding IMIA Membership for the time of the application process. It may retain this name until approval of the National Membership, or when this fails, up to a maximum period of three years.

3.5. Correspondents

Individuals residing in a country that does not have an appropriate body eligible for National IMIA Membership may apply to become a Correspondent.

3.6. Termination

A Member may withdraw from IMIA at the end of any calendar year, provided he gives timely notice in writing to the President of the Board. If a Member has not paid the fees for the two preceding years, the question of terminating the Membership has to be brought to the General Assembly by the Board.

4. ARTICLE 4

4.1. Operation

The governing and advisory bodies of the IMIA shall be: a) the General Assembly (GA), b) the IMIA Board, c) the Executive Committee, d) Standing and Ad Hoc Advisory Committees. The scientific activities of IMIA will be channelled through: a) Special Interest Groups, b) Scientific and Technical Committees, c) Working Groups.

IMIA does not take into any account the political or social aspects of its Member organizations, because IMIA is totally dedicated to the transfer of scientific and technical information and experience.

4.2. The General Assembly

4.2.1. Composition

The General Assembly shall be composed of one representative or an alternate from each National and Regional Member, the Affiliate and Associate Members, the Honorary Fellows, the Institutional Members and a representative of IFIP. The President has the right to appoint a permanent alternate during his term of office. Members of the IMIA General Assembly should be encouraged to appoint a representative for a period of three years.

4.2.2. Voting Rights

Only National members of IMIA have full voting rights in the General Assembly and they have only one vote, irrespective of the number of representatives. Only Members who have paid the fees up to the preceding year have the right to vote. All other Members have the voting rights on all matters except the following: a) changes of the IMIA statutes, b) the admission and exclusion of Members, c) the election of Officers, d) the adoption of the budget.

The General Assembly shall be able to conduct business if at least half of the National Members are present or represented by proxy. On a particular issue addressed by the General Assembly, a National Member may waive his voting right; however, the abstention shall be noted and the National Member shall be counted for the quorum.

4.2.3. Quorum

If a quorum is not achieved, the General Assembly shall be convened again within six months and only after such a time that all Members can be notified at least one month in advance. This General Assembly shall operate without any quorum restriction. In the meantime, the Board shall conduct the business of the Association. Decisions of the General Assembly shall be taken by a simple majority of those Members present or represented by proxy who have the right to vote, unless provided otherwise in these Statutes. In a case where a two-thirds majority of all National Members is required and there are less than two-thirds of those Members present or represented by proxy, the General Assembly shall be convened within six months for the same purpose, and at this meeting a majority of two-thirds of the National Members present or represented by proxy shall be required. Such a General Assembly shall be convened only after a time such that all Members can be notified at least a month in advance. This notification shall state precisely the questions at issue to which the special vote conditions, specified above, shall be applicable.

4.2.4. Authority

Within IMIA, the General Assembly shall be the supreme authority. The General Assembly shall determine fundamental policy, adopt the program of activity, hear and approve reports of any subordinate body it may have established, decide on admission and exclusion of Members, elect Officers and Trustees, adopt the budget, review the expenditures, accept the audit reports and adopt official documents. Of these responsibilities, the following cannot be delegated to the Board: a) changes of the IMIA statutes, b) the admission and exclusion of Members, c) the election of Officers, d) the adoption of the budget. The General Assembly is responsible for the implementation of the program of IMIA. The General Assembly may create Advisory Committees, Scientific and Technical Committees, Special Interest Groups and Working Groups.

4.2.5. Meetings

The General Assembly shall meet at least once a year. The General Assembly shall decide on the dates and places of its meetings. Furthermore, the General Assembly may be convened at any time if the President deems it necessary. It may also be convened at the request of the Board or the Executive Committee or of at least one-fifth of the National Members who are eligible to vote. In these cases, the meeting shall be convened within six months.

4.2.6. Notice of the Meeting

The secretary shall give not less than three months' notice of any General Assembly meeting, enclosing a statement of the purposes of the meeting. A Member may have a matter included on the agenda for a meeting provided the request is received in writing five months in advance of the meeting and has the support of at least one other National Member.

4.2.7. Waiver of Notice

No business other than that included in the agenda for the meeting shall be transacted at any such meeting except if by a two-thirds majority vote, the meeting waives this restriction.

4.2.8. Minutes of the General Assembly

The minutes of one meeting of the General Assembly as submitted by the secretary shall be approved by the General Assembly at its next meeting.

5. ARTICLE 5

5.1. Board

5.1.1. Composition

The Board shall be composed of the President (who will act as chairman), the President-Elect, the Secretary, the Treasurer and the Past-President during the year following the end of his/her term. All shall be elected by the General Assembly from among its National Members. There shall be five Vice-Presidents each one responsible for one specific part of IMIA activities. In addition, each Regional Member has the right to nominate a Liaison Officer to the Board. One year before the end of term for the President, the new President can be elected and during that year have the title President Elect. The outgoing President will be Member of the Board for one year after the term of office and the title will be Past-President.

5.1.2. Term of the Members of the Board

The term of office shall be three years. If a person who was elected to the Board resigns or dies while in office, the General Assembly may elect a successor for the unexpired portion of the term. Board Members can be discharged for a misdemeanor by a two-thirds majority vote of National Members of the General Assembly present or represented by proxy. A Board Member who has not attended two consecutive Board Meetings may be deemed to have resigned and a successor may be elected.

5.1.3. Authority

The authority of the Board shall be to administer and to make decisions for IMIA, with the exception of those decisions specially reserved for the General Assembly as defined in 4.2.4. The Board will review and revise program and budget, if needed, between General Assembly meetings. The General Assembly may delegate to the Board a decision which normally falls within the competence of the General Assembly except for those decisions defined in 4.2.4.

5.1.4. Quorum and Majority

The Board shall be able to conduct business if at least half of its Members are present. Decisions of the Board shall be made by a simple majority of the Members present. The chairman has an additional vote which may be used to break a tie vote.

5.1.5. Meetings

The Board shall decide on the dates and places of its meetings. It may convene at any time the President deems necessary; it shall also convene within two months, following the request of a majority of its Members.

5.1.6. Minutes

The Board will approve the minutes of each Board meeting at its next Board meeting.

5.2. Executive Committee

5.2.1. Composition and Election

The President, the President-Elect, the Secretary, the Treasurer and the Past-President during the year following the end of his term shall form the Executive Committee of IMIA. These persons shall be the Officers of IMIA. The term of an Officer is three years. An Officer may not be elected to the identical office for more than two consecutive terms. Incomplete terms shall not count. If an Officer resigns or dies while in office, a successor shall be elected for the unexpired portion of the term. In case of emergency, the Board shall be entitled to elect a temporary successor for the period until the General Assembly meets again. A Member of the Executive Committee can be discharged for misdemeanor by a two-thirds majority vote of the General Assembly Members present or represented by proxy.

5.2.2. Authority

The Executive Committee conducts the day-to-day operations of IMIA. The President shall convene and conduct the General Assembly, the Board and the Executive Committee. During the absence or incapacity of the President, the President-Elect shall act in his stead in all matters. In the case that he too is absent, the Officer longest in office shall act in his stead.

5.2.3. Meetings

The Executive Committee shall decide on the dates and places of its meetings. The Minutes of the Executive Committee meetings shall be approved by the Executive Committee.

5.3. Standing and Ad Hoc Advisory Committees

These Committees advise the General Assembly in policy matters that require detailed analysis. The term of office of Committee Members is not more than three years. These Committees are composed of one to three Members elected from the National Membership.

5.4. Special Interest Groups

A Special Interest Group (SIG) is established by the General Assembly upon the submission of a relevant proposal containing: scope, aims and composition. A Special Interest Group differs from a Working Group in the sense that it is not required to achieve a concrete goal within a restricted period of time. Rather, it is the expression of the continuous interest of IMIA in certain areas or activities falling within the scope of IMIA. In selecting Members both expertise and international distribution shall be considered. The scope of a Special Interest Group shall be attached to these Statutes, in the form of specific Bylaws for the SIG. The Chairman of a Special Interest Group is elected by the General Assembly upon recommendation of the Board. The Members of a Special Interest Group are appointed by the IMIA President upon recommendation of the National Members or by the Special Interest Group Chairman, who shall in advance consult the National IMIA Representative for the appropriate country. Membership is restricted to those persons who are from a Member country of IMIA. The Chairman of a Special Interest Group may designate a Vice-Chairman (SIG/VC) and a Secretary from the Committee Membership, with the approval of the SIG Membership. The term of office of all Committee Officers shall be three years and will be reviewed by the General Assembly every three years. The Special Interest Group can organize the work in "internal" Working Groups (SIG/WG). The Chairman of a SIG Working Group is appointed by the SIG Chairman. Termination of a Special Interest Group can be made only by the General Assembly after notice from a national representative, the Chairman of the SIG or the IMIA Board.

5.5. Working Groups

A Working Group is established by the General Assembly upon the submission of the proposed scope of the Working Group and shall deliver whatever result is decided at a specific time. A Working Group consists of experts selected and assigned, without consideration of nationality, to work in a specified area. The Chairman of a Working Group is elected by the General Assembly upon recommendation of the Executive Committee. The term of office of the Chairman and the Members is three years but can be renewed several times. The term of office for the Members is three years but can be renewed several times. The Members of a Working Group are appointed by the IMIA President upon recommendation of the National Members and the Working Group Chairman.

Membership is not restricted to IMIA Member countries.

The Chairman of the Working Group may designate a Vice-Chairman and a Secretary with the approval of the Working Group Membership. The Chairman of the Working Group shall report to the General Assembly once a year and to the Board or the Executive Committee once a year between the General Assembly meetings. If no

report has been delivered in one calendar year the Working Group shall automatically be dissolved. Publication by a Working Group may be made only after authorization of the Publications Committee. After approval the publication becomes an official IMIA publication.

6. ARTICLE 6

Finances

The Association shall be financed by dues from National, Corresponding and Institutional Members, by royalties from publications, interest on funds, contributions and surpluses from events such as congresses, conferences and symposia, including funds arising from activities of subordinate bodies. The General Assembly shall decide on the scale of annual dues for National, Corresponding and Institutional Members. It may accept donations and subsidies. The IMIA Treasurer on behalf of the Executive Committee submits the annual budget to the IMIA General Assembly, having collected and reviewed the budgets of all subordinate bodies. The General Assembly adopts the budget for the next year with a simple majority vote of all National Members present or represented by proxy. In case of rejection of an IMIA budget, the IMIA General Assembly shall decide upon limits within which the Treasurer can draw up a revised budget which is to be adopted at the subsequent IMIA Board meeting. When IMIA has to be operated temporarily without an approved budget, the regular expenditures may be continued, but no new commitments shall be made unless explicit approval of the IMIA General Assembly has been obtained. The IMIA books shall be audited once a year by an Audit Committee, and a report given to the General Assembly. The Treasurer reviews for the IMIA Board the financial outcome of the preceding year as comprehensively as possible. His subsequent report to the General Assembly is to be accompanied by a statement of the Audit Committee. Each National Member pays annual dues in the currency in which the IMIA books are kept. The amounts to be paid by each Member and the procedure of payment is determined by the General Assembly and may be revised annually. If the annual dues are increased by more than 80%, every Member has the right to immediately withdraw its Membership.

7. ARTICLE 7

Commitments

Any document committing IMIA, except in the case of special proxies, shall be signed by a Member of the Executive Committee who does not have to justify his position of authority. All legal actions, whether IMIA is the plaintiff or the defendant, shall be the responsibility of the Executive Committee, represented by the President or one of its Members designated for this purpose.

8. ARTICLE 8

Statutes and Amendments

All proposals for modification of these Statutes or dissolution of the Association must be submitted by at least one National Member. Any such proposal shall be brought to the notice of all Members of the Association at least one month in advance of the meeting of the General Assembly at which it will be discussed. Approval of such proposals shall require a two-thirds majority of all National Members. In the case of dissolution, the Association shall decide by the same majority on the method of liquidation of the Association and the disposal of its assets. In case of the dissolution of the Association, its assets will be transferred to an Institution pursuing the same basic aims. In no case will those assets be returned to Members or to Donees of the Association, and in no case will they be utilised wholly, in part, or in any way to the financial gain of the Association. These rules shall also apply to proposals for modification of Articles in the Statutes which provide that a decision of the General Assembly requires a qualified two-thirds majority vote.