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A new era for Assembly 1

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Meet the Assemblies

A new era for Assembly 1: general pneumology

Over the past year, Assembly 1 has undergone substantial changes to better reflect clinical issues in general pneumology. It remains the largest assembly of the European Respiratory Society (ERS), with >6000 members from diverse clinical and research backgrounds across four groups. The assembly is very active during the ERS International Congress and beyond: at the 2018 Congress alone, the assembly contributed to ~1000 presentations across 60 sessions along with 25 educational and scientific sessions.

The officers of the assembly are Hilary Pinnock (Head) and Ioannis Vogiatzis (Secretary). The main activities of the four groups are detailed below.

Group 1.1: clinical problems

Group 1.1 gathers together all pulmonary physicians who have a broad interest in clinical respiratory medicine as a whole. Laura Fregonese (Chair) and Nicholas Kahn (Secretary) are the officers in this group, which exceeds 5000 members. Contrasting with specialised groups that focus on a disease or technique, the group is dedicated to all aspects of respiratory medicine. This includes interstitial lung disease, lung manifestations of systemic diseases, lung problems induced by drugs, disorders of the pleura, chronic obstructive pulmonary disease (COPD), orphan lung disorders, emerging lung diseases, *etc.*

The group focuses on clinical questions that will help respiratory physicians make better decisions

in their clinical everyday practice based on the best available scientific evidence and plays an active role in the ERS, and organising many symposia, postgraduate courses and clinical grand rounds during the Congress as well as contributing to the organisation of ERS courses.

The group intends to further develop the collaboration with other assemblies and groups, and to promote links between clinicians in respiratory medicine, physicians involved in clinical research and scientists involved in lung biology. The priority is to raise the most relevant questions for all pulmonary physicians.

Group 1.2: rehabilitation and chronic care

Frits Franssen (Chair) and Guido Vaghegini (Secretary) are the officers in this group, which includes ~700 members. A growing number of members has joined this group, which has doubled in size in the last 4 years. Multidisciplinarity is a key feature of the group, and all medical specialties are involved in this international network that aims to share the latest developments in the rehabilitation and chronic care of people suffering from chronic lung disease.

There is a strong interest in the different aspects of rehabilitation in COPD and other pulmonary diseases, including exercise training, management of comorbidities and extrapulmonary consequences, nutritional counselling, psychological intervention, occupational therapy, and aftercare following

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rehabilitation. The other main interest of the group, chronic care, covers many key topics, including palliative care, advanced life directives, end-of-life communication, home care, telemedicine, self-management, physical inactivity and integrated care.

In the 2018 International Congress in Paris, France, the group was involved in 111 presentations in several sessions, together with a large number of symposia, challenging clinical cases, sessions and courses. A monthly literature update of clinically relevant English-language articles is sent to all group members, and many efforts are aimed at enhancing the involvement of members through monthly ERS blogs and e-learning. Everybody who is involved and/or interested in pulmonary rehabilitation and chronic care (*e.g.* respiratory physicians, geriatricians, physiotherapists, occupational therapists, psychologists, nurses, social workers, dieticians, respiratory function technologists, movement scientists, epidemiologists, enhanced art therapists and behavioural scientists) is welcome to contribute to the activities of the group, and encouraged to submit Congress abstracts to stimulate discussion and interest on the aforementioned topics.

Group 1.3: primary care

From small beginnings, the Primary Care Group now has nearly 600 members including general practitioners, nurses and other allied health professionals in primary care, chest physicians with an interest in what happens outside hospital, and primary care researchers. The group's activities and influence within the ERS have grown considerably since it joined the Clinical Assembly in 2000.

Perhaps this substantial increase in numbers reflects growing awareness of the central role that primary care can play in providing universal access to front-line care for people with a broad range of respiratory problems and, increasingly, with multiple interacting problems. There are few more complex challenges than integrating specialist expertise with holistic, locally available primary care underpinned by supported self-management.

It is no coincidence that some of the most popular sessions at the Primary Care Day are given to understanding organisation of care. The first Primary Care Day was in Glasgow, UK in 2004 and they have now become an annual event on the Saturday of the Congress. They are free to Congress delegates, well attended (and not just by primary care colleagues) and typically take a practical look at new evidence or topical challenges. The primary care research presented at our sessions focuses on health service innovation, the implementation of evidence-based practice and the impact of interventions when they are translated into routine clinical practice.

The group cooperates with national and international bodies interested in respiratory disease research in primary care (*e.g.* the International Primary Care Respiratory Group, the World Organisation of Family Doctors and the European Lung Foundation).

The group is managed by Janwillem Kocks (Chair) and Miguel Román Rodríguez (Secretary).

Group 1.4: m-health/e-health

This brand new group initiates an era of new technologies in medicine. These show a lot of advantages over traditional diagnostic and healthcare procedures; for example, interactive techniques for survey completion, telemedicine consultations, dynamic patient control and many others. We are only at the start of e-health implementation in clinical practice, and many difficulties and problems need solving. ERS, as a widespread medical society, is in a position to lead the discussion of the many ethical and practical questions.

The group plans future activities to choose the best practices in e-health technology implementation. Plenty of experience in patient distant control, electronic clinical register formation and telemedicine consultations has been discussed during the last 3 years and will be presented by experts from different countries.

The new elected officers are Vitalii Poberezhets (Chair) and Vitaly Mishlanov (Secretary).

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Conflict of interest

None declared.