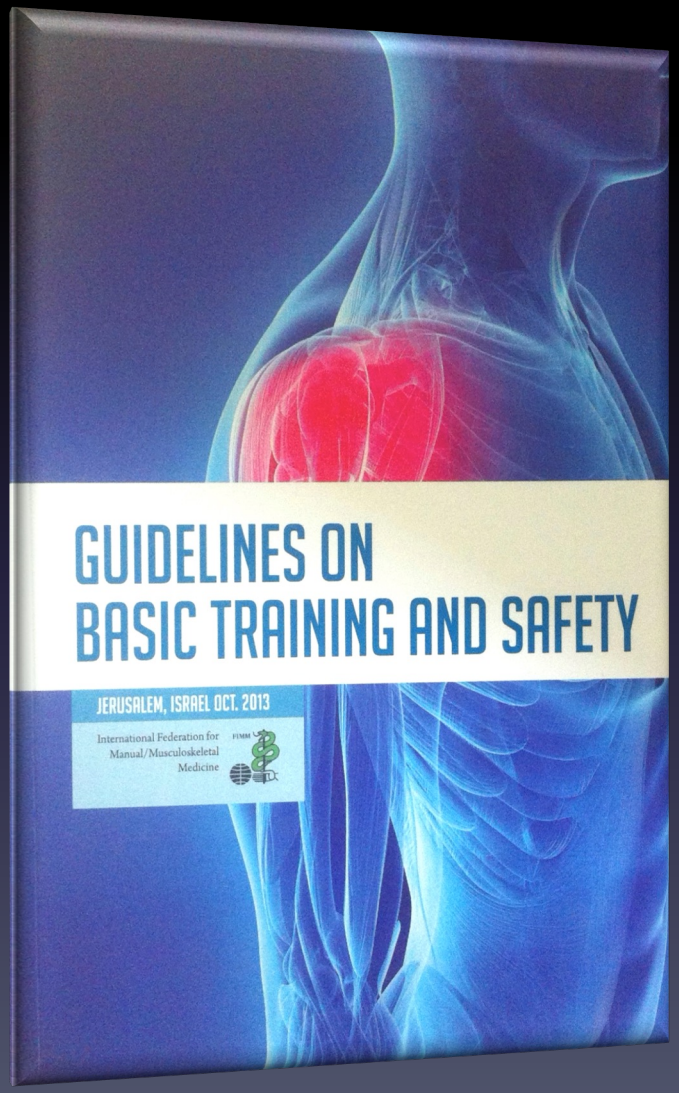
16th HPB Report 2022

FIMM Health Policy Board

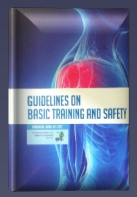
FIMM Guidelines^{2013} need revision – why ?



FIMM Statutes: Article 3

…

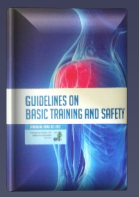
2.3 After 2025 Ordinary members are obliged to identify and present an educational curriculum which fulfils the 300 hours of training in Manual/Musculoskeletal Medicine criteria of the valid version of the FIMM Guidelines for Education and Safety.



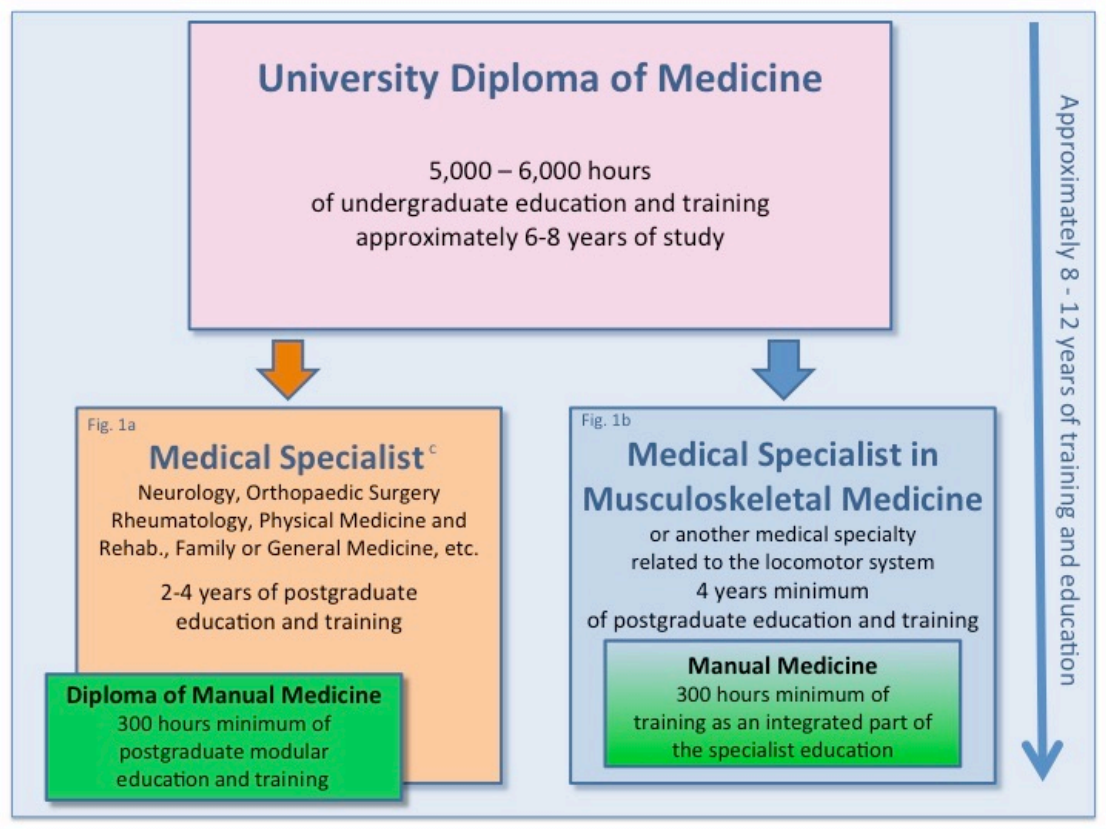
Consultations by the Education Board

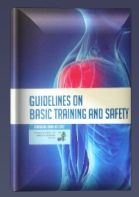
- Education programs of the society members
- Some society members did not apply for consultation
- Their structure did not fit with FIMM Guidelines

Ass. Prof. Ilia Todoroff
Education Board Director

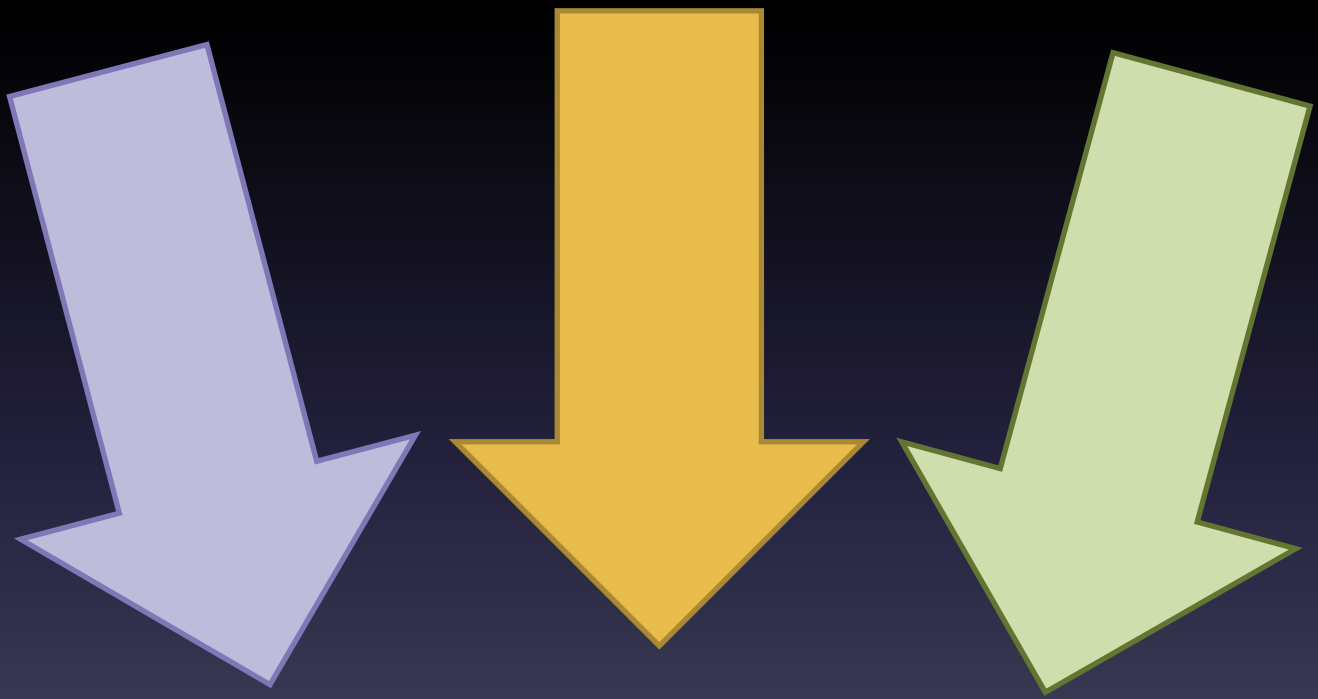


Pathway to diploma

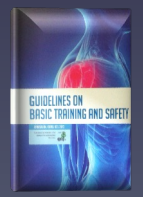




There are more ways to to reach diploma

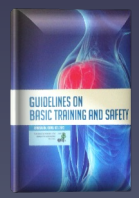


300 hours of training



Need for revision

1	• Introduction	√ some revision
2	• General considerations	√√ enhanced revision
3	• Glossary	√√ enhanced revision
4	• Basic training in MM	√√√ maximum revision
5	• Core topics and Syllabus	√√√ maximum revision
6	• Guidelines on Safety of MM Medicine	√ some revision
7	• Annexes	√ some revision
8	• References	√ some revision



HPB Members 2022 (approved 2020, adopted later)

(according to a decision of the FIMM General Assembly 2020)

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FIMM Executive Board

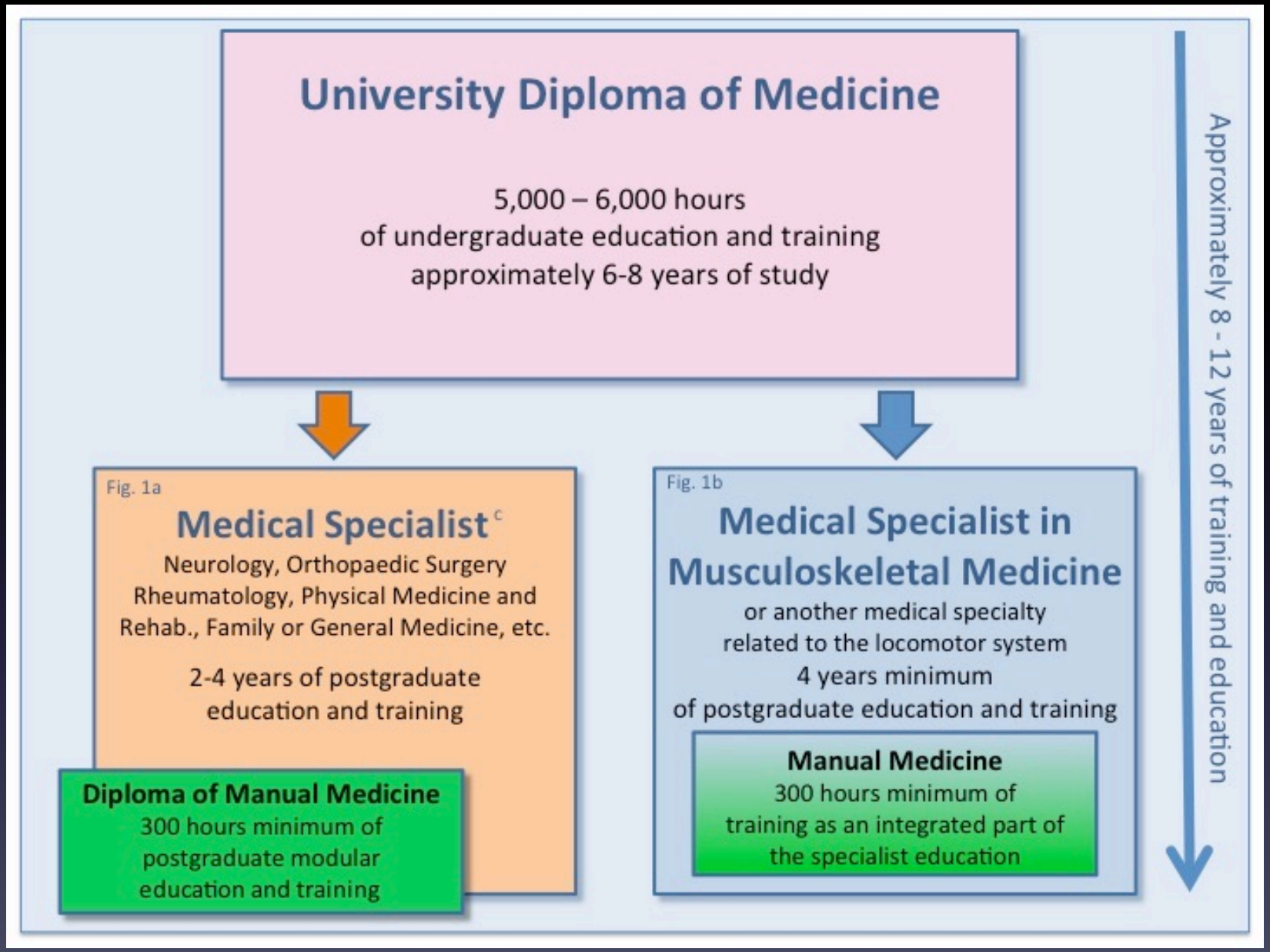
* replaces Prof. Berit Schiøttz-Christensen, Denmark

Agenda October 26th, 2022

No	Time slots	Chapter	Reference
0	08:00 – 08:05	Welcome	FIMM Guidelines 2013 e HPB report 2021
1	08:06 – 08:44	Introduction	Introduction pp 6 - 11 Models 2013
2	08:45 – 09:14	General Consideration	General considerations pp 12 - 13
3	09:15 – 09:59	Glossary	Glossary pp 14 - 16
4	10:00 – 10:59	Basic training in MM	Basic training in MM pp 18 - 28
6	11:00 – 11:29	Core topics and syllabus	Core topics and syllabus pp 29 - 35
7	11:30 – 11:59	Safety	Safety pp 36 - 48 ESSOMM Safety chapter 2021
8	12:00 – 12:19	Quality	Introduced by Bernard Terrier
9	12:20 – 12:30	Annexes / End of the meeting	Annexes pp 49 - 77

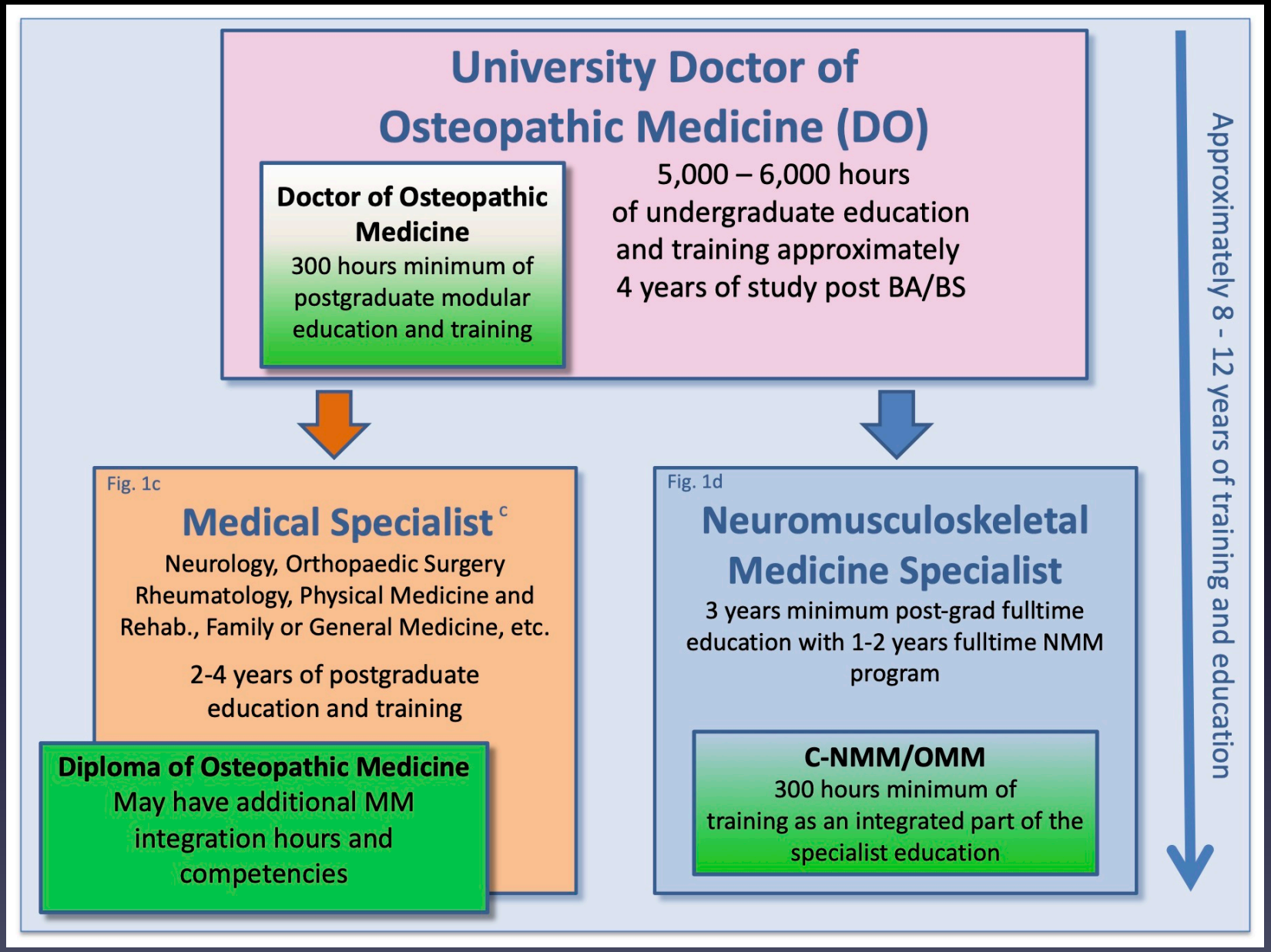
Chapter 2: Introduction

1	• Introduction	√ some revision
2	• General considerations	√√ enhanced revision
3	• Glossary	√√ enhanced revision
4	• Basic training in MM	√√√ maximum revision
5	• Core topics and Syllabus	√√√ maximum revision
6	• Guidelines on Safety of MM Medicine	√ some revision
7	• Annexes	√ some revision
8	• References	√ some revision



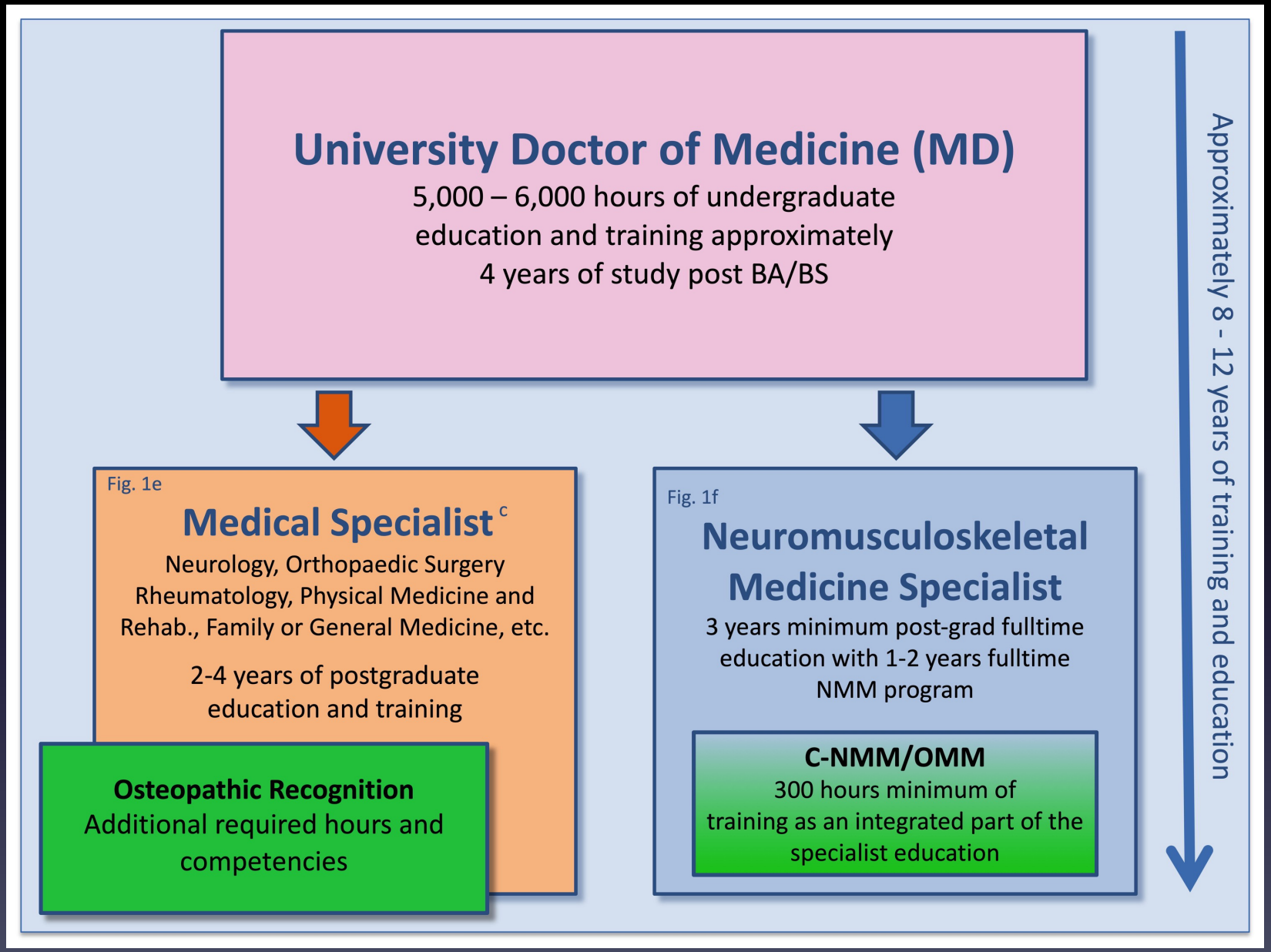
Capacity model

Component model



Capacity model

Component model


University Doctor of Medicine (MD)
5,000 – 6,000 hours of undergraduate education and training approximately 4 years of study post BA/BS
Approximately 8 - 12 years of training and education
Fig. 1e
Medical Specialist [c]
Neurology, Orthopaedic Surgery Rheumatology, Physical Medicine and Rehab., Family or General Medicine, etc.
2-4 years of postgraduate education and training
Osteopathic Recognition
Additional required hours and competencies
Fig. 1f
Neuromusculoskeletal Medicine Specialist
3 years minimum post-grad fulltime education with 1-2 years fulltime NMM program
C-NMM/OMM
300 hours minimum of training as an integrated part of the specialist education
Capacity model
Component model

6. Glossary

Most of the terms used in these guidelines are defined in the FIMM-Glossary v7.2, published on the website in three languages (http://fimm-online.com).

The English version of the terms is given hereby.

Only terms used in this document are given.

arthrokinematics Arthrokinematics is the field of kinematics that is a study of the interrelation between the surfaces of synovial joint.

articular neurology The branch of neurology that involves the study of the anatomical, physiological, and clinical features of the nerve supply of the joint systems in various parts of the body [21].

capacity-model The term capacity is part of nomenclature of the Bologna process, which is a series of ministerial meetings and agreements between European countries designed to ensure comparability in the standards and quality of higher education qualifications. The capacity-model describes Manual Medicine as a subspecialty or a capacity in relation with any medical specialty dealing with clinical medicine. It presupposes at least a level of training which continues in the post-graduate, including an exam based on specialty level.

component-model The component-model describes Manual Medicine as an integrated component of the curriculum of the medical specialty of Musculoskeletal Medicine or another medical specialty related to the locomotor system.

PART I, chapters 3-7

3. Categories of education in MM medicine

- **3.1. Category 1, Undergraduate Level**
- **3.2. Category 2, Facility Level**
- **3.3. Category 3, Specialty Level**
- **3.4. Category 4, Master or Doctorate Level**

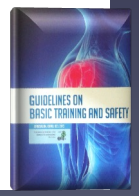
- New designations
- Shift from "300 hours" to levels of competences and expertiese

4. Education and Training Category 1 – Undergraduate Level

5. Education and Training Category 2 – Facility Level

6. Education and Training Category 3 – Specialty Level

7. Education and Training Category 4 – Master or Doctorate Level



PART I, chapter 8

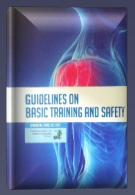
8. Core topics and Syllabus[3]

Core topics, competencies, and potential syllabi

8.1. Basic knowledge

8.1.1. Essential knowledge

	category			
- functional anatomy and biomechanics of the locomotor system	1	2	3	4
- physiology and pathophysiology of the locomotor system	1	2	3	4
- principles of MM medicine and major postulated mechanisms of action	1	2	3	4
- anatomy, physiology and pathophysiology of the nervous system in relation to pain and dysfunction		2	3	4
- specific postulated mechanisms of MM medicine diagnostic and therapeutic techniques		2	3	4
- clinical syndromes and differential diagnostics of the locomotor system			3	4
- relevant ancillary diagnostics (e.g. laboratory, imaging, electro-diagnostics) to MM medicine		2	3	4
- risks and benefits of other relevant therapeutic modalities		2	3	4



PART 2

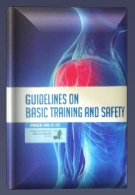
Part 2: GUIDELINES ON SAFETY OF MM MEDICINE

1. Introduction

In general MM procedures are safe and effective. Safety is, or should be, the prime concern of all medical practice. *Primum non nocere* – First do no harm.

Harm includes both physical and psychological aspects. It is equally important to support and repair psychological damage as it is to help heal physical damage. This is done by affirming wellness and independence rather than encouraging the concept of disease and creating dependence.

In order to help the patient heal, it is necessary to make a diagnosis or create a working hypothesis (model understandable to the patient) that allows safe application of MM medicine treatment modalities, be they pharmacological, physical or interventional. This requires taking an appropriate history and undertaking adequate examination and investigation.



Quality in MM training

WHO: https://www.who.int/health-topics/quality-of-care - tab=tab_1

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes.

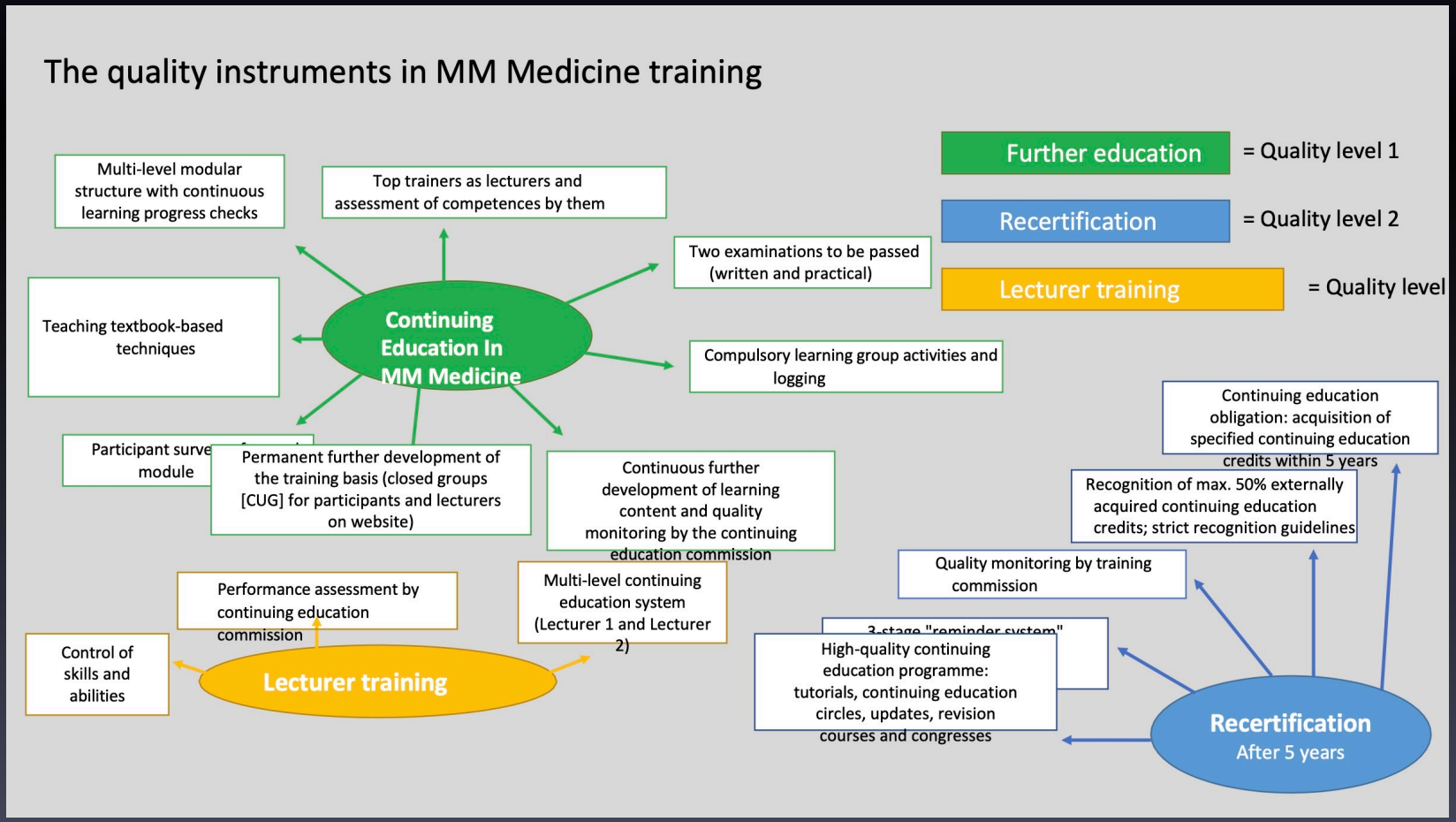
It is based on evidence-based professional knowledge and is critical for achieving universal health coverage. As countries commit to achieving Health for All, it is imperative to carefully consider the quality of care and health services. Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:

effective

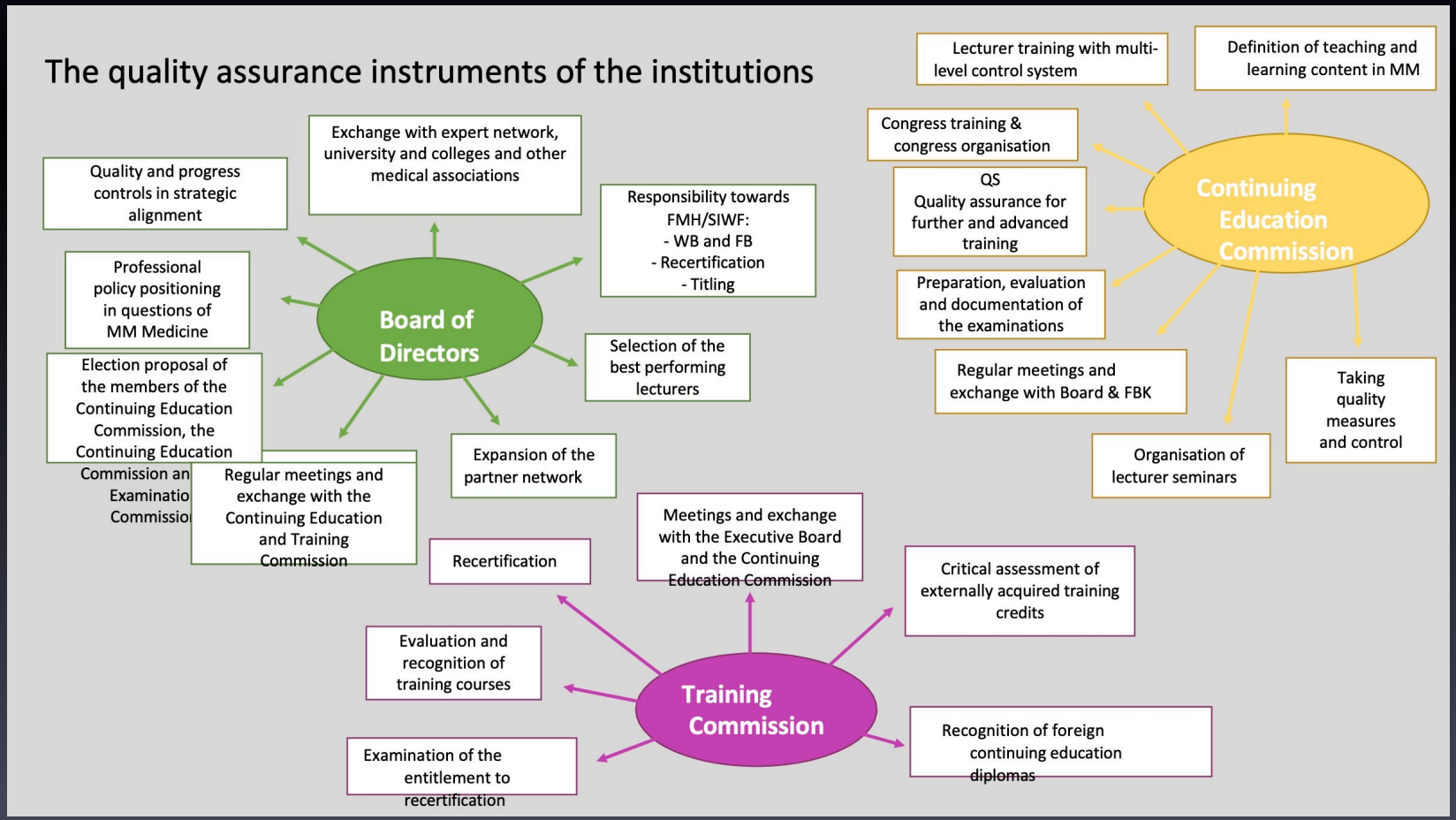
safe

people-centred

Quality in MM training: Vision sketches

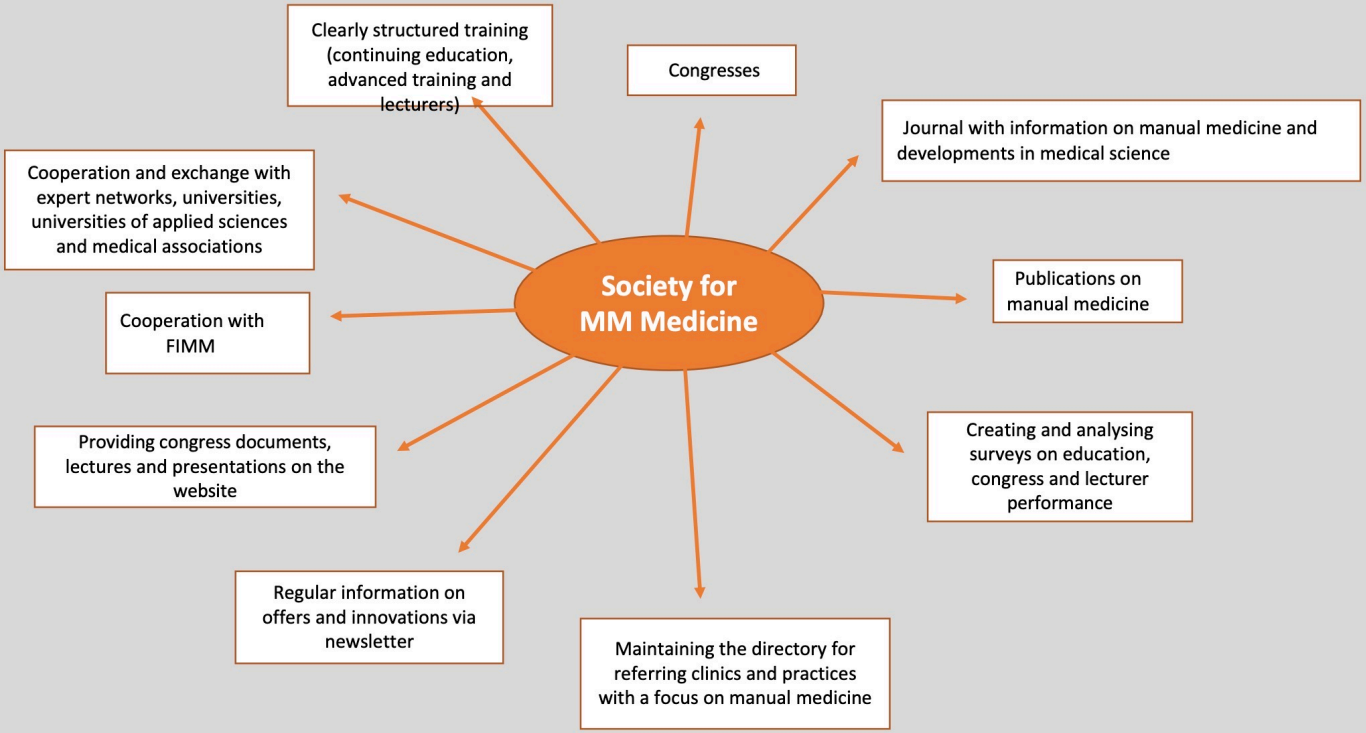


Quality in MM training: Vision sketches



Quality in MM training: Vision sketches

Further quality assurance instruments



Do you feel reflected in these guidelines ?

Thank you.