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Bologna

The Bologna process and the European higher education area

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A. General Information

Introduction

The purpose of the **Bologna process**^{1 2 3} (or Bologna accords) is to create the European higher education area by making academic degree standards and quality assurance standards more comparable and compatible throughout Europe. It is named after the place it was proposed, the University of Bologna, with the signing in 1999 of the Bologna declaration by Ministers of Education from 29 European countries in the Italian city of Bologna. This was opened up to other countries signatory to the European Cultural Convention of the Council of Europe, and further governmental meetings have been held in Prague (2001), Berlin (2003), Bergen (2005) and London in Spring 2007.

By 2010 higher education systems in European countries should be organised in such a way that:

- it is easy to move from one country to the other (within the European Higher Education Area) – for the purpose of further study or employment;
- the attractiveness of European higher education is increased so many people from non-European countries also come to study and/or work in Europe;
- the European Higher Education Area provides Europe with a broad, high

quality and advanced knowledge base, and ensures the further development of Europe as a stable, peaceful and tolerant community.

This goal is rather ambitious and it is not connected only to the Bologna Process. However, within the Process, the necessary tools for achieving these goals are being developed and implemented.

Decision-making in the Bologna Process is not based on an intergovernmental treaty. The European Commission does not administer it. Decisions are reached by the consensus of the Ministers for higher education of the 46 participating countries involved. This approach acknowledges the diversity in Europe's higher education systems.

There are several documents that have been adopted by the ministers responsible for higher education of the countries participating in the Process, but these are not legally binding documents (as international treaties usually are). Therefore, it is the free will of every country and its higher education community to endorse or reject the principles of the Bologna Process, although the effect of "international peer pressure" should not be underestimated.

The developments within the Bologna Process should serve to facilitate "translation" of one system to the other and therefore contribute to the increase of mobility of students and academics and to the increase of employability throughout Europe.

* Assistance by Dr. Ulrich Böhn

¹ www.ond.vlaanderen.be/hogeronderwijs/bologna

² www.europeunit.ac.uk/bologna_process/index.cfm

³ www.ond.vlaanderen.be/hogeronderwijs/bologna/documents

The 10 Bologna Process action lines

Established in the Bologna Declaration of 1999:

1. Adoption of a system of easily readable and comparable degrees
2. Adoption of a system essentially based on two cycles
3. Establishment of a system of credits
4. Promotion of mobility
5. Promotion of European co-operation in quality assurance
6. Promotion of the European dimension in higher education

Added after the Prague Ministerial summit of 2001:

7. Focus on lifelong learning
8. Inclusion of higher education institutions and students
9. Promotion of the attractiveness of the European Higher Education Area

Added after the Berlin Ministerial summit of 2003:

10. Doctoral studies and the synergy between the European Higher Education Area and the European Research Area

Prague 2001⁴

Two years after signing the Bologna Declaration European Ministers in charge of higher education, representing 32 signatories, met in Prague in order to review the progress achieved and to set directions and priorities for the coming years of the process. The Ministers reaffirmed their commitment to the objective of establishing the European Higher Education Area by 2010.

1. Adoption of a system of easily readable and comparable degrees

The Ministers strongly encouraged universities and other higher education institutions to take full advantage of existing national legislation and European tools aimed at facilitating academic and professional recognition of course units, degrees and other awards, so that citizens can effectively use their qualifications, competencies and skills throughout the European Higher Education Area.

2. Adoption of a system essentially based on two main cycles

Ministers noted with satisfaction that the objective of a degree structure based on two main cycles, articulating higher education in undergraduate and graduate studies, has been tackled and discussed. It was important to note that in many countries *bachelor's* and *master's* degrees, or comparable two cycle degrees, can be obtained at universities as well as at other higher education institutions.

3. Establishment of a system of credits

The Ministers emphasized that for greater flexibility in learning and qualification processes the adoption of common cornerstones of qualifications, supported by a credit system such as the *ECTS* (European Credit Transfer and Accumulation System⁵) or one that is ECTS-compatible, providing both transferability and accumulation functions, is necessary. Together

⁴ www.bologna.msmt.cz/PragueSummit/Fcommuniqué.html

⁵ ec.europa.eu/education/programmes/socrates/ects/_index_en.html

Participating countries (2007)

Albania	Latvia
Andorra	Liechtenstein
Armenia	Lithuania
Austria*	Luxembourg
Azerbaijan	Malta
Belgium*	Moldova
Bosnia and Herzegovina	Montenegro
Bulgaria*	The former Yugoslav Republic of Macedonia
Croatia	Netherlands*
Cyprus	Norway
Czech Republic*	Poland*
Denmark*	Portugal
Estonia*	Romania
Finland*	Russian Federation*
France*	Serbia
Georgia	Slovak Republic*
Germany*	Slovenia
Greece	Spain*
Holy See	Sweden
Hungary*	Switzerland*
Iceland	Turkey
Ireland	Ukraine
Italy*	United Kingdom

* FIMM member

Additional full member:

[European Commission](#)

Consultative members:

[Council of Europe](#)

[The European Students' Union \(ESU\)](#)

[European Association of Institutions in Higher Education \(EURASHE\)](#)

[UNESCO-CEPES](#)

[European University Association \(EUA\)](#)

[BUSINESSEUROPE - The Confederation of European Business](#)

[Education International Pan-European Structure](#)

[European Association for Quality Assurance in Higher Education \(ENQA\)](#)

with mutually recognized quality assurance systems such arrangements will facilitate students' access to the European labour market and enhance the compatibility, attractiveness and competitiveness of European higher education.

4. Promotion of mobility

Ministers reaffirmed that the objective of improving the *mobility* of students, teachers, researchers and administrative staff as set out in the Bologna Declaration is of the utmost importance.

5. Promotion of European cooperation in quality assurance

The Ministers recognized the vital role that *quality assurance systems* play in ensuring high quality standards and in facilitating the comparability of qualifications throughout Europe. The Ministers called upon the universities and other higher education institutions, national agencies and the ENQA (European Network of Quality Assurance in Higher Education ⁶), in cooperation with corresponding bodies from countries which are not members of ENQA, to collaborate in establishing a common framework of reference and to disseminate best practice.

6. Promotion of the European dimensions in higher education

In order to further strengthen the important European dimensions of higher education and graduate employability the Ministers called upon the higher education sector to increase the development of *modules, courses and curricula* at all levels with "European" content, orientation or organisation. This concerns particularly modules, courses and degree curricula offered in partnership by institutions from different countries and leading to a recognized joint degree.

7. Lifelong learning

Lifelong learning is an essential element of the European Higher Education Area. In

the future Europe, built upon a knowledge-based society and economy, *lifelong learning strategies* are necessary to face the challenges of competitiveness and the use of new technologies and to improve social cohesion, equal opportunities and the quality of life.

8. Higher education institutions and students

The Ministers stressed that the involvement of universities and other higher education institutions and of *students as competent, active and constructive partners* in the establishment and shaping of a European Higher Education Area is needed and welcomed.

9. Promoting the attractiveness of the European Higher Education Area

The readability and comparability of European higher education degrees worldwide should be enhanced by the development of a *common framework of qualifications*, as well as by coherent quality assurance and accreditation/certification. The Ministers called for increased collaboration between the European countries concerning the possible implications and perspectives of *transnational education*.

Berlin 2003 ⁷

To give the Process further momentum, the Ministers committed themselves to intermediate priorities for the next two years. They decided to strengthen their efforts to promote effective quality assurance systems, to step up effective use of the system based on two cycles and to improve the recognition system of degrees and periods of studies.

1. Quality Assurance

The quality of higher education has proven to be at the heart of the setting up of a European Higher Education Area. The

⁶ www.enqa.eu

⁷ www.bologna-berlin2003.de

Ministers committed themselves to supporting further *development of quality assurance* at institutional, national and European level. They stress that consistent with the principle of institutional autonomy, the primary responsibility for quality assurance in higher education lies with each institution itself and this provides the basis for real accountability of the academic system within the national quality framework.

2. Adoption of a system essentially based on two main cycles

The two-cycle system, a comprehensive restructuring of the European landscape of higher education, is now under way. All Ministers commit themselves to having started the implementation of *the two-cycle system by 2005*.

3. Promotion of mobility

Mobility of students and academic and administrative staff is the basis for establishing a European Higher Education Area. Ministers emphasise its importance for academic and cultural as well as political, social and economic spheres.

4. Establishment of a system of credits

The Ministers stress the important role played by the ECTS (European Credit Transfer System) in facilitating student mobility and international curriculum development. They note that ECTS is increasingly becoming a *generalised basis for the national credit systems*.

5. Recognition of degrees

The Ministers underline the importance of the Lisbon Recognition Convention (1997)⁸, which should be ratified by all countries participating in the Bologna Process, aiming at the adoption of a *system of easily readable and comparable degrees*. They set the objective that every student graduating as from 2005 should receive

the Diploma Supplement automatically and free of charge. It should be issued in a widely spoken European language.

5. Higher education institutions and students

The Ministers note the constructive participation of student organisations in the Bologna Process and underline the necessity to include the students continuously and at an early stage in further activities. Students are *full partners in higher education governance*.

6. Promotion of the European dimension in higher education

The Ministers agree to engage at the national level to remove legal obstacles to the establishment and recognition of such degrees and to actively support the development and adequate quality assurance of integrated curricula leading to joint degrees.

7. Promoting the attractiveness of the European Higher Education Area

The Ministers agree that the attractiveness and openness of the European higher education should be reinforced.

8. Lifelong learning

The Ministers underline the important contribution of higher education in *making lifelong learning a reality*. They are taking steps to align their national policies to realise this goal and urge Higher Education Institutions and all concerned to enhance the possibilities for lifelong learning at higher education level including the recognition of prior learning.

9. European Higher Education Area and European Research Area

The Ministers state that *networks at doctoral level* should be given support to stimulate the development of excellence and to become one of the hallmarks of the European Higher Education Area.

⁸ www.coe.int/t/dg4/highereducation/Recognition/default_en.asp

Bergen 2005 ⁹

At their meeting in Berlin, the Ministers asked the Follow-up Group for a mid-term analysis, focusing on three priorities – the degree system, quality assurance and the recognition of degrees and periods of study. From this report the Ministers noted that substantial progress has been made in these three priority areas.

1. The degree system

The Ministers noted that the *two-cycle degree system* is being implemented on a large scale, with more than half of the students being enrolled in it in most countries. However, there were still some obstacles to access between cycles. Furthermore, there is a need for greater dialogue.

2. Quality assurance

Almost all countries have made provision for a *quality assurance system* based on the criteria set out in the Berlin Communiqué and with a high degree of cooperation and networking. However, there is still progress to be made, in particular as regards student involvement and international co-operation. Furthermore, the Ministers urge higher education institutions to continue their efforts to enhance the quality of their activities through the systematic introduction of internal mechanisms and their direct correlation to external quality assurance. The Ministers underline the importance of cooperation between nationally recognised agencies with a view to enhancing the mutual recognition of accreditation or quality assurance decisions.

3. Recognition of degrees and study periods

The Ministers noted that 36 of the 45 participating countries have now ratified the Lisbon Recognition Convention. The Ministers see the development of national and European frameworks for qualifications as an opportunity to further embed lifelong learning in higher education.

4. Cooperation with other parts of the world

The European Higher Education Area shall be open and shall be attractive to other parts of the world. The contribution to achieving education for all should be based on the principle of *sustainable development* and be in accordance with the ongoing international work on developing guidelines for quality provision of *cross-border higher education*. The Ministers reiterate that in international academic cooperation, academic values should prevail. The Ministers underline the importance of intercultural understanding and respect.

London 2007 ¹⁰

Developments over the last two years have enhanced the realisation of the European Higher Education Area. As the Ministers look ahead, they recognise that, in a changing world, there will be a continuing need to adapt the higher education systems, to ensure that the European Higher Education Area remains competitive and can respond effectively to the challenges of globalisation. The Ministers reaffirm their commitment to increasing the compatibility and comparability of the higher education systems, whilst at the same time respecting their diversity. They recognise the important influence higher education institutions exert on developing societies, based on their traditions as centres of learning, research, creativity and knowledge transfer as well as their key role in defining and transmitting the values on which our societies are built. The aim is to ensure that the higher education institutions have the necessary resources to continue to fulfil their full range of purposes. Those purposes include: preparing students for life as active citizens in a democratic society; preparing students for their future careers and enabling their personal development; creating and maintaining a broad, advanced knowledge base; and stimulating research and innovation.

⁹ www.bologna-bergen2005.no

¹⁰ www.dfes.gov.uk/londonbologna/

1. Mobility

Mobility of staff, students and graduates is one of the core elements of the Bologna Process, creating opportunities for personal growth, developing international cooperation between individuals and institutions, enhancing the quality of higher education and research, and giving substance to the European dimension. Some progress has been made since 1999, but many challenges remain. Among the obstacles to mobility, issues relating to immigration, recognition, insufficient financial incentives and inflexible pension arrangements feature prominently.

2. Degree structure

Good progress is being made at national and institutional levels towards the goal of an European Higher Education Area based on a three-cycle degree system. The number of students enrolled on courses in the first two-cycles has increased significantly and there has been a reduction in structural barriers between cycles. Similarly, there has been an increase in the number of structured doctoral programmes.

3. Recognition

Fair recognition of higher education qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning, are essential components of the European Higher Education Area, both internally and in a global context. Easily readable and comparable degrees and accessible information on educational systems and qualifications frameworks are prerequisites for citizens' mobility.

4. Qualifications Frameworks

Qualifications frameworks are important instruments in achieving comparability and transparency within the European Higher Education Area and facilitating the movement of learners within, as well as between, higher education systems. They should also help higher education institutions to develop modules and study pro-

grammes based on learning outcomes and credits, and improve the recognition of qualifications as well as all forms of prior learning.

5. Lifelong Learning

The analysis report shows that some elements of flexible learning exist in most countries, but a more systematic development of flexible learning paths to support lifelong learning is at an early stage.

6. Quality Assurance and a European Register of Quality Assurance Agencies

The Standards and Guidelines for Quality Assurance in the European Higher Education Area adopted in Bergen have been a powerful driver of change in relation to quality assurance. All countries have started to implement them and some have made substantial progress. External quality assurance in particular is much better developed than before. The extent of student involvement at all levels has increased since 2005, although improvement is still necessary. Since the main responsibility for quality lies with high education institutions, they should continue to develop their systems of quality assurance.

7. Doctoral candidates

Closer alignment of the European Higher Education Area with the European Research Area ¹¹ remains an important objective. The Ministers recognise the value of developing and maintaining a wide variety of doctoral programmes linked to the overarching qualifications framework for the European Higher Education Area, whilst avoiding overregulation. At the same time, they appreciate that enhancing provision in the third cycle and improving the status, career prospects and funding for early stage researchers are essential preconditions for meeting Europe's objectives of strengthening research capacity and improving the quality and competitiveness of European higher education.

¹¹ ec.europa.eu/research/era/index_en.html

8. The European Higher Education Area in a global context

The Ministers are pleased that in many parts of the world, the Bologna reforms have created considerable interest and stimulated discussion between European and international partners on a range of issues. These include the recognition of qualifications, the benefits of cooperation based upon partnership, mutual trust and understanding, and the underlying values of the Bologna Process. Moreover, they acknowledge that efforts have been made in some countries in other parts of the world to bring their higher education systems more closely into line with the Bologna framework.

B. Specific Information

Legal status of the specialist titles and diplomas

Originally in most European countries the medical *specialist titles* have been introduced by national specialist societies under private law and have reached in all European Union member countries acknowledgement and protection by public law. Within the European Union the specialties are defined and coordinated by the *Union Européenne des Médecins Spécialistes*.

In contrast in most European countries the medical *subtitles* and *diplomas of competence* remain under private law and are not acknowledged nor protected by public law. With very few exceptions (e.g. France, Italy) such medical diplomas have no link to university educational programmes or structures.

This leads to the fact that such medical diplomas including most of the diplomas for Manual/Musculoskeletal Medicine including their regulations of charging diagnostic or treatment procedures are not guaranteed. Once charging will have become difficult or impossible Manual/Musculoskeletal Medicine as an entity is in danger as a whole.

Such a development is unwanted. To diminish the probability that Manual/Musculoskeletal Medicine will disappear it must reach a status of acknowledgement and protection by public law. This has become a leading goal of FIMM after its General Assembly has passed the establishment of the FIMM Health Policy Board in 2007.

Levels of degree within the Bologna Process

Since the signing of the Bologna Declaration in 1999, Europe has gradually been moving toward a two-tiered system of higher education based on separate bachelor's and master's degrees. Countries that have the traditional long first degrees plan to phase them out by 2010, when the Bologna Process is scheduled for completion.

The reasons for this transition are fairly straightforward. First and foremost, the new degrees are more flexible, both in terms of their curricular content and exit points. The long first degrees, which were primarily designed to prepare students for scholarly work, can last up to seven years in some countries forcing many students to abandon their studies before graduation. It is anticipated that the new (shorter) bachelor degrees will make university education more relevant to the demands of the labour market and enhance comparability between the disparate systems of higher education that exist in Europe.

By adopting the new bachelor/master's degree structure, European countries also hope to boost the global competitiveness of their institutions of higher education. Many countries began introducing the new bachelor's programs in 2001/2002, and the first of the new degrees will be awarded in 2005.

One of the main benefits of the new bachelor's degree is that it allows students to pursue graduate studies or employment

anywhere within Europe depending on the type of program they completed. However, gaining recognition for the new degrees beyond Europe is also among the stated objectives of the Bologna Declaration.

Framework

The basic framework adopted is of three cycles of higher education qualification:

1. Bachelors
2. Masters
3. Doctoral Degrees (= Ph.D.s)

In most cases, these will take 3, 2, and 3 years respectively to complete, but the framework is moving to defining qualifications in terms of learning outcomes. Employability of graduates should be ensured already after the first cycle.

ECTS

A credit system is a systematic way of describing an educational programme by attaching credits to its components. The definition of credits in higher education systems may be based on different parameters, such as student workload, learning outcomes and contact hours.

The European Credit Transfer and Accumulation System (ECTS) is part of the Bologna Process. It is a method used to compare credits and marks given in higher education programmes across the European Union, facilitating transfer and progression throughout the Union. It is used for credit accumulation, for credit transfer after spending a study period at another institution, and it also provides possibilities to gain credits within informal and non-formal education (lifelong learning). One academic year corresponds to 60 ECTS-credits in all countries irrespective of standard or qualification type.

ECTS was introduced in 1989 within the framework of the Erasmus Socrates programme and was set up initially for credit transfer. The system facilitated the recog-

nition of periods of study abroad and thus enhanced the quality and volume of student mobility in Europe. Recently ECTS is developing into an accumulation system to be implemented at institutional, regional, national and European level. This is one of the key objectives of the Bologna Process.

ECTS makes study programmes easy to read and compare for all students, local and foreign. ECTS facilitates mobility and academic recognition. ECTS helps universities to organise and revise their study programmes. ECTS can be used across a variety of programmes and modes of delivery. ECTS makes European higher education more attractive for students from abroad.¹²

The key features of ECTS^{13 14 15}

- ECTS is based on the principle that 60 credits measure the workload of a full-time student during one academic year. The student workload of a full-time study programme in Europe amounts in most cases to around 1500-1800 hours per year and in those cases one credit stands for around 25 to 30 working hours.
- Credits in ECTS can only be obtained after successful completion of the work required and appropriate assessment of the learning outcomes achieved. Learning outcomes are sets of competences, expressing what the student will know, understand or be able to do after completion of a process of learning, long or short.
- Student workload in ECTS consists of the time required to complete all planned learning activities such as attending lectures, seminars, independent and private study, preparation of projects and examinations.

¹² www.mc.manchester.ac.uk/eunis2005/medialibrary/papers/paper_172.pdf

¹³ www.unibz.it/inf/students/prospective/ects/index.html?LanguageID=EN

¹⁴ www.cruj.it/CRUI/ECTS/english/doc/En/Key_features_en.pdf

¹⁵ www.aic.lv/ace/ace_disk/ECTS/Abo_ECTS.htm

- Credits are allocated to all educational components of a study programme (such as modules, courses, placements, dissertation work, etc.) and reflect the quantity of work each component requires to achieve its specific objectives or learning outcomes in relation to the total quantity of work necessary to complete a full year of study successfully.
- The performance of the student is documented by a local/national grade. It is good practice to add an ECTS grade, in particular in case of credit transfer.

Bachelor degree

A Bachelor degree is a higher education qualification the extent of which is 180 to 240 credits (ECTS). It normally takes three to four years of full-time study to complete the degree. Bachelor degrees play an important role in the life-long learning paradigm and learning to learn skills should be an essential part of any bachelor degree.

It is important to note that the bachelor degrees, often referred to as first degrees can be taken at either traditional universities or at professionally-oriented higher education institutions. Programmes leading to the degree may, and indeed should have different orientations and various profiles in order to accommodate a diversity of individual, academic and labour market needs.

In order to increase transparency it is important that the specific orientation and profile and learning outcomes of a given qualification are included in its title and explained on the Diploma Supplement issued to the student. Information on different study programmes should be transparent to enable the students make informed choices.

Even bachelor degrees, which serve as an intermediate qualification preparing students for further study, should be based on a proper curriculum. They should not only be seen as a part of a longer curricu-

lum, as some students may wish to change direction or to choose a graduate programme or specialisation offered at another institution.¹⁶

Master degree¹⁷

A master degree is a second-cycle higher education qualification. The entry to a master's programme usually requires a completed bachelor degree at a recognised higher education institution. Bachelor and master degrees should have different defined outcomes and should be awarded at different levels. Students awarded a master degree must have achieved the level of knowledge and understanding, or high level in artistic competence when appropriate, which allows them to integrate knowledge, and handle complexity, formulate judgements and communicate their conclusions to an expert and to a non-expert audience. Students with a master degree will have the learning skills needed to pursue further studies or research in a largely self-directed, autonomous manner.

All bachelor degrees should open access to master studies and all master degrees should give access to doctoral studies. A transition from master level to doctoral studies without the formal award of a master's degree should be considered possible if the student demonstrates that he/she has the necessary abilities. Differences in orientation or profile of programmes should not affect the civil effect of the master degrees. Bachelor and master programmes should be described on the basis of content, quality and learning outcomes, not only according to the duration of programmes or other formal characteristics.

There are several ongoing international projects related to developing coherent quality assurance mechanisms. This work

¹⁶ The Bologna Process Seminar on Bachelor-level Degrees
Helsinki, Finland February 16-17, 2001

¹⁷ The Bologna Process Final, Conference on Master-level
Degrees, Helsinki, Finland, March 14 - 15, 2003

should be continued, and international aspects of national and regional quality assurance systems should be further developed.

While master degree programmes normally carry 90 - 120 ECTS credits, the minimum requirements should amount to 60 ECTS credits at master level. As the length and the content of bachelor degrees vary, there is a need to have similar flexibility at the master level. Credits awarded should be of the appropriate profile.

Programmes leading to a master degree may have different orientations and various profiles in order to accommodate a diversity of individual, academic and labour market needs. Master degrees can be taken at universities or in other higher education institutions. In order to increase transparency it is important that the specific orientation and profile of a given qualification is explained in the Diploma

Supplement issued to the student.

Postgraduate advanced education

Postgraduate advanced education degrees are composed of four levels:

- Certificate of Advanced Studies CAS
- Diploma of Advanced Studies DAS
- Master of Advanced Studies MAS
- Course in Advanced Studies

Precondition for the acknowledgment of these courses and studies is their official integration in a university structure. That means that this kind of advanced education must be certified by a university. If this is the case their status is acknowledged and protected by public law. This must be the goal for the future positioning of Manual/Musculoskeletal postgraduate education.

Advanced Education	Postgraduate Advanced Education (Continuing Education Programmes)
Bachelor (180-240 ECTS) Master (+ 90-120 ECTS)	CAS (min. 10 ECTS) DAS (min. 30 ECTS) MAS (min. 60 ECTS) Course in Advance Studies (no request)

Within the Bologna Process the medical specialists take a special status. While the Bachelor level and the Master level are parts of Advanced Education (“Ausbildung”) the Specialist level is part of fur-

ther training (“Weiterbildung”). Within the European Union the requirements for the Medical Specialists are defined by the *Union Européenne des Médecins Spécialistes* EUMS.

Advanced Education (“Ausbildung”)	Further Training (“Weiterbildung”)
Master of Medicine (Bologna)	Medical Specialist (UEMS)

Conclusion

All countries of the European Union and many more not only in Europe but also in other parts of the world will have adopted the principles established by the Bologna process by the end of 2010. All advanced education programmes will be related to a university framework. Advanced education programmes according to the Bologna format represent the only type of education and training in Manual/Musculoskeletal Medicine to guarantee acknowledged and protected status. Therefore the adoption of the Bologna principles and the integration to university structures is inevitable for Manual/Musculoskeletal Medicine.

Quality

Manual Medicine – and Quality in Education and Training

Dr. Wolfgang von Heymann

FIMM President and member of the FIMM Health Policy Board

The Problem

Manual Medicine – with its synonyms called Osteopathy and Musculoskeletal Medicine used in several regions – has developed from empiric medical experience that in history has never been exactly defined. That's why education and training of physicians in MM is quite variable and inconsistent all over the world. No doubt physicians and their organisations could go on to follow the path “as we learned from our ancestors in the past, we will continue in the future”.

But – on the other hand it cannot be denied that globalisation is not only involving industrial and economic changes, but there is also a globalisation of developments and problems within the health care systems. Manual Medicine therefore has the task to give evidence-based answers on national and international level to the most important demands in this respect – **What do we teach?** and **How do we teach?**

To answer the first question, we have to continue to do our scientific work like collecting and analysing studies on diagnostics and therapies in Manual Medicine, look for basic research to better explain empiric observations and to start and evaluate own randomised controlled trials to proof the safety and the cost-effectiveness of our method. This will lead to the presentation of guidelines that will regularly be updated. A lot of work in this respect is already done, but – as the results of the COST B13 investigations² of the EU Commission showed for Manual Medicine

– there is still need for further research and studies.

To answer the second question, we have to set standards for teaching, regarding the training of the teachers, the level of the courses, the way of controlling the outcome and so on. The Education Commission of the *FIMM International Academy of Manual/Musculoskeletal Medicine* has started to work in this respect. Nevertheless a common standard of teaching is not yet reached within the community of FIMM national member societies.

Why is it so urgent to deal with these difficult tasks?

In Europe – to give an example – we see at the present the Bologna Process⁴ on forming the European Higher Education Area, which is an attempt of now 46 national governments to legally standardise higher education, to make exchangeable the degrees of universities by introducing the ECTS (European Credit Transfer and Accumulation System⁴), as well as the postgraduate education and training with the newly designed degrees of “Certificate of Advanced Studies” (CAS), “Diploma of Advanced Studies” (DAS) and “Master of Advanced Studies”. Applied to the situation in Manual Medicine, the DAS would be a postgraduate physician with completed basic training in MM (30 ECTS), the MAS would be the teacher in MM (additional 30 ECTS after DAS). The CAS with 10 ECTS today is not represented in MM as far as national regulations are known. This system of postgraduate higher educa-

tion is already introduced for some faculties in Austria, Belgium, Finland, Norway, and Switzerland. Nevertheless all these European postgraduate education degrees must be university-approved and certified, whereas today the majority of the European “schools” for Manual or Musculoskeletal Medicine is not university-based yet.

One of the mostly used items in all papers and declarations on this process is the word Quality Assurance (QA), which has to be discussed before further explanations.

How can we define “Quality” today?

Since long-time it is almost impossible to precisely define “quality”. The actual word is of Latin origin and meant in classic Latin “composition”, “feature”, “state” or “character”. Greek philosophers used the word “arete”, which besides quality would mean “virtue”, but also “excellence”.

In his famous inquiry into values Robert M. Pirsig ¹⁰ first tried: *“quality is a characteristic of thought and statement that is recognized by a non-thinking process. Because definitions are a product of rigid, formal thinking, quality cannot be defined”*.

Later he changed to the wording: *“The sun of quality does not revolve around the subjects and objects of our existence. It does not just passively illuminates them. It is not subordinate to it in any way. It has created them. They are subordinate to it!”*

David A. Garvin ⁷ more practically distinguished five different understandings of “Quality”:

- Transcendental understanding of quality: the subjective experience of a person about a product being exceptional good, perfect. This quality is not measurable, quite like the term “beauty”.
- Product-related understanding of quality: the product has to fulfil commonly

accepted criteria, like “old wine will have higher quality”.

- Client-related understanding of quality: only the demands of the individual client will define the quality of a product – higher value not wished by the client will not increase the quality. This quality is closely related to the need of a perfect marketing.
- Value-related understanding of quality: the price must be cost-effective in any respect. “Useless” functions or characteristics will not justify a higher price.
- Manufacturing-related understanding of quality: fulfilling all standards of production, the quality is given “a priori”.

Indeed “quality” today is broadly used more as the opposite of “quantity”, which means a measured amount of something. Thus “quality” in economical everyday-life today is used as an assessment of a product or a service. It means in this respect “fitness for use”, “fitness for purpose”, “customer satisfaction” or “conformance to the requirements”. Planning, controlling and checking of all action necessary in this respect is called quality-management.

With some more relation to medicine, A. Donabedian ³ said in 1966: *“Quality of care is the extent to which actual care is in conformity with preset criteria for good care.”*

In 1990 the Institute of Medicine ⁹ in the National Academy of Sciences in the USA did define: *“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”*.

In technical German’s glossary (DIN EN ISO 9000:2005) the definition of today sounds quite prosaic: *“Quality is the grade of a set of inherent features that fulfils demands”*. Nevertheless this definition is more or less essential to understand the demands for quality in education and training of graduate and postgraduate physicians.

Quality Assurance in medical education today

All over the world, different schools and universities developed themselves quite independently during the centuries, each starting from its own philosophy – which was the main subject in the early universities – and own practical research, in Europe mainly in medicine. They all have contributed to the present human knowledge, they have a quality within themselves.

In the world of globalised economics however the stakeholders in the field of health care are no more satisfied with historic achievements, they require, what they call standards, guidelines, control and quality assurance. Also education of physicians in Manual Medicine has to follow this development. The international Manual Medicine – especially in Europe – has to confront itself with this development in time to not lose its position in the treatment of patients.

European co-operation in quality assurance is in itself necessary and laudable, but implementing the objective could be counterproductive to recent developments in medicine and to the still premature development towards global co-operation in accreditation of medical education.

1. Accreditation of medical education in Europe alone is not sufficient for all practical purposes and is maybe not even the main concern. Hence, co-operation on recognition and accreditation of medical education should from the very beginning encompass other regions such as America, Asia and Australia/New Zealand.
2. The question of recognition and accreditation in medicine should not be handled by educational authorities alone (e.g. the Ministry responsible for higher education and the medical schools). The process should include the profession and the regulatory bodies responsible for authorisation or li-

censing of medical doctors in the individual countries and other stakeholders from the health care system.

3. There is the problem of the criteria or standards used in the evaluation and accreditation process. Medical education will most likely not benefit from using abstract criteria and standards developed by other or all subject areas in Europe. For recognition and accreditation of medical education fairly specific criteria and standards are needed with a national or regional adaptation or specification taking into account local conditions, resources and the organisation of the health care delivery system.

The need for specific criteria and standards is illustrated by existing accreditation systems (e.g. in UK and North America) and the type of criteria and standards needed are illustrated by the World Federation for Medical Education¹² (WFME) Global Standards for Quality Improvement in Basic Medical Education. The WHO-WFME Joint Task Force on Accreditation of Medical Education Institutions and Programmes established in 2004 will soon be able to submit a contribution to the further discussions of quality assurance, recognition or accreditation including guidelines for accreditation of basic medical education.

To illustrate this international concern for higher education, the Council of Europe (CoE) is a full member of the Bologna Process, while the National Unions of Students in Europe (ESIB), the Education International (EI) Pan-European Structure, the European Association for Quality Assurance in Higher Education (ENQA), the European University Association (EUA), the European Association of Institutions in Higher Education (EURASHE), the European Centre for Higher Education (UNESCO-CEPES) and the Union of Industrial and Employers' Confederations of Europe (UNICE) are consultative members of the Bologna Process.

This process of international stratification brings about of course a lot of new administration, also introducing a lot of new items to be defined and then to be fulfilled with new administrative structures. As the Bologna Process is scheduled until 2010 we are already quite at the end of this process, yet we still have no answer to this demanding development that involves of course the QA in education for the medical (sub-) specialty of Manual/Musculoskeletal Medicine.

In all countries where the health care systems are under remarkable economic pressure, where the politicians are forced to actually lie about the possible access of every citizen towards all achievements of modern medicine, where the health care stakeholders try to minimize the payment for skilled physicians, there will now be the need also for Manual Medicine societies to prove quality in education and training with the result of safety and cost-effective improvement of the patient's health.

Current Facts

Today the degree of quality in education for MM varies quite broadly within the community of the national member societies of the FIMM. Even where there are "schools", "seminars" or even universities to teach MM to students or to give courses to postgraduate physicians, today nowhere in Europe an independent control in the sense of quality assurance (QA) is actually to be seen.

Even in North America the American Osteopathic Association (AOA) – presenting the AOA-CAP (Clinical Assessment Program) ¹¹ as a quality improvement tool for osteopathic physicians to evaluate the safety of patient care – cannot present also an independent structure for Quality Assurance (QA) in education, as the osteopathic physicians themselves measure the quality and safety of patient care using

evidence-based standards through an AOA-supported, Web-based architecture. Alternative models for recertification, including a Maintenance of Certification (MOC) process, are under review by the AOA, the Bureau of Osteopathic Specialists (BOS), and osteopathic certifying boards. They are therefore not independent.

Obviously there is an urgent need to discuss and clarify the possibilities of all MM schools to enter the ongoing process of introducing external QA in education and training of physicians, regarding accreditation and certification.

“State of the Art” in Medical Education

Responsible institutions in national health care systems nowadays require a well defined quality standards in the education and professional training of their physicians. This education has to be provided by universities or – in Europe at least at the end of the Bologna Process – by university-allied and accredited, certified teaching seminars.

Within this education lectures, courses with different levels and workshops are possible. Essentially a certain number of hours in intensive training in small groups up to 25 participants maximum is required. In this respect, the FIMM Core Curriculum #2 ⁶ about 300 hours is accepted more or less in all countries for postgraduate education in MM. Only some countries require up to 360 hours. The oncoming ECTS (European Credit Transfer System) introduced by the Bologna Process may require 30 ECTS-Points for the DAS. In this system 1 point is composed out of minimal 25 hours of “learning” in lectures, high level courses, repetition and personal training. In this way of counting, postgraduate learning will

- Personal qualification of the teacher:
 - Several years of own practical experience in MM, MAS-degree in the Bologna postgraduate education system with 30 ECTS after the advanced Diploma
 - License to teach by the health care authorities (university, chamber of physicians)
 - Didactic competency in medical teaching (instructional course)
 - Actual kind of presentation, use of current media
 - Presenting an actual handout or lecture notes to the participants
- Quality of the organisation/institution providing the education
 - Definition of participants to be accepted (only physicians)
 - Selection of teachers
 - Presentation of a core curriculum – what to teach, guidelines for safety and cost-effective improvement of the patient
 - Providing of room facilities, time-schedules, media etc.
 - Controlling of presence of participants, the time schedules for lectures, evaluate the individual training and provide the discussion of the participant's questions during the courses
 - Providing methods to check the outcome and to accomplish the results for the participants (multiple-choice questionnaires, verbal or written tests)
 - Standardised evaluation of every course, with information to the teacher
 - Producing certificates of participation with all necessary information
 - Transparency of all external sponsoring – sponsoring may not influence the contents of teaching in any respect
 - On-demand presentation of all information regarding the teaching towards the governmental health care institutions or towards external QA organisations.
- Quality Assurance in respect to the health care by:
 - External QA by
 - Structured dialogue
 - Audit process
 - Spot checks
 - Internal Quality Management/Assessment, Peer Review
 - Development and control of guidelines based upon the evidence-based state of the art in M/M-Medicine, defining also medical standards for the safety of the patient
 - Development of evidence-based indicators for quality assessment in respect to education and professional training
 - Definition of quality-aims following the **SMART**-rule:
Specific – **M**easurable – **A**ction-orientated – **R**ealistic – **T**ime-scheduled
 - Offering and providing lifelong “Continuous Medical Education” (CME) to all trained postgraduates
 - Publication of results in QA
 - At least triennial report of the official QA-institution
 - With open data in consent with the tested provider of education
 - Or as pseudonymised overall-data

Table I

add to 10 hours of intensive teaching courses in small groups additional 15 hours of individual repetition and professional training with patients⁴. Thus a post-graduate teaching program of minimum 300 hours in more than one year will represent the necessary 30 ECTS for the Diploma of Advanced Studies (DAS).

There are usually three aspects of quality – they may be called Quality of structure, process and outcome, or similar⁷. Quality standards in education are especially required¹ for: See **Table 1**.

How can the International Federation help the National Schools for MM?

FIMM and the *FIMM International Academy of Manual/Musculoskeletal Medicine* already today can provide quite a lot of help to the national societies that are members of the FIMM, as well as to all other schools for MM that teach physicians post-gradually and are interested in this help.

The former FIMM Education Committee already has presented under the chairmanship of Glen-Gorm Rasmussen the Core Curriculum #2⁶ for a Basic training in MM, consisting of minimum 300 hours. This gives all national societies a guideline to develop their standard of teaching in MM according to the national law. Usually only small changes of the FIMM-Core Curriculum will be necessary.

The present FIMM Education Board will discuss under the chairmanship of Marie-José Teyssandier all regulations concerning the personal qualification of the teachers and the quality demands to the institutions/schools that want to provide education in MM as soon as any international regulation – like in the Bologna Process in Europe – is visible. Thus small societies will need help by others to fulfil the demands of personal and structure. Instructional courses for new teacher will be provided by the Board and the Academy.

In addition skilled teachers will travel to other countries – like Prof. Maigne is teaching in Spain since long-time, or post-graduate students will be accepted in other countries – like the Australian Flinders University was opened for Asian M/M Medicine students. The FIMM Education Board will propose the contents, will say, **what to teach**.

The *FIMM International Academy of Manual/Musculoskeletal Medicine* with its Education Committee on the other hand can provide didactic information to all future teachers. It can organize instructional courses for these teachers according to the regulations about the postgraduate MAS degree. They will teach, **how to teach**.

There is need for a competent and independent QA institution

Any university, institute or organisation that wants to be involved in medical education in future needs an accreditation, an audit-based certification for this task. Accreditation or audit- process for certification will be provided only by independent organisations that are authorised by the national health care authorities which are in charge of the respective legal government. Disregard of this regulations will lead to defined legal sanctions. Thus any organisational or fiscal link between the external QA provider and the one to be investigated will lead to the loss of accreditation or certification.

To avoid being checked by non-medical “technicians” who are not able to define evidence-based indicators for medical education, it is necessary for the international MM community to have an independent, but nevertheless competent scientific external QA partner. This organisation must be formally recognized by the stakeholders of the health care system to be competent to independently check the regulated procedures. After a positive audit-process, it is enabled to give accreditation or certification.

The best organisation to fulfil this task of external QA to all universities, schools or seminars providing medical education and professional training to medical students and physicians will be the *International Academy of Manual/Musculoskeletal Medicine*. Therefore it is necessary to withdraw all organisational and fiscal bonds between the FIMM and this Academy.

Summary

There is – worldwide – a need for a standardized, quality assured education of physicians in M/M Medicine. Currently a physician-independent control of medical education in MM cannot be managed even by law. An essential factor in educational medical QA is the involvement of the relevant, scientifically trained physicians, which should be combined with external controls by independent, but especially skilled physicians. Regarding quality in medicine, personal qualification will have to be distinguished from institutional quality and quality of health care, which should be ensured by internal and external QA. There will be increasing pressure to publish QA results in an institution-related manner. However today the publication of results will lead to an unequal assessment of the schools, as today's QA-institutions are not able to a fair judgement (possible misjudgement of overall quality), and refer to different national laws and health care systems (no comparable educational laws yet). The publication of such outcome data will nevertheless prevail in long-term. The future vision of an external QA system for postgraduate medical education comprises:

- Electronically based teaching files and, derived thereof, pseudonymised data sets for QA,
- Participation of an external and independent, physician-based institution for

QA, responsible for the definition of evidence-based indicators for quality assessment as well as for the control of the application of these indicators,

- The full publication of results on an internet platform.

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The Minutes of the General Assembly 2007

September 15th, 2007, 09.00-19.20 hours

Hotel ILF – Prague – Czech Republic

Michael Kuchera DO FAAO, Secretary-General

Item 1

The 41st FIMM General Assembly was opened by President von Heymann at 9:20 am to be conducted as outlined in the pre-published agenda.

a. **Attending Officers:**

President Wolfgang von Heymann; Secretary-General Michael Kuchera; Treasurer Viktor Dvorak; Health-Policy Board Director (and Vice-President) Bernard Terrier; Communication Officer Michel Dedée; Member-at-Large Sergei Nikonov; Education Board Director Glen Gorm Rasmussen; FIMM Academy Director Michael Hutson

b. **Attending National Societies and their Delegate(s):**

- Australia – Representation by New Zealand delegate (voice but no vote)
- Belgium: Michel Dedée
- Bulgaria: Ilja Todoroff
- Canada: Craig Appleyard
- Czech Republic: Vlasta Tosnerová
- Denmark: Alan Gravesen
- Finland: Olavi Airaksinen
- France: Marie-José Teyssandier
- Germany: Dieter Heimann (voice but no vote)
- Italy – Representation by French delegate (letter for both voice and vote)
- Japan: Kazuyoshi Sumita
- Kazakhstan: N. Krasnoyarova
- Netherlands: Sjef Rutte
- New Zealand: James Watt
- Poland: Jiri Stodolny
- Russian Federation: Sergei Nikonov
- Slovak Republic: Luba Soforva (voice but no vote)
- Spain: Victoria Sotos Borrás
- Switzerland: Marc-Henri Gauchat
- United Kingdom: Usamah Jannoun
- United States of America: Michael Kuchera (voice but no vote)

Article 8 of the FIMM Statutes was noted: *The right of voting is limited to the members who have paid their membership fee for the running year.* Delegates with voice but no vote (because their National Societies' dues promised in 2006 have not yet been received-in-full) include: Austria (ÖAMM President, Hans Tilscher, specifically noted by letter that they would send no dues or representative for 2007); Germany (DGMM

paid only half of their fee in 2007; discussions may be initiated within their National Society components regarding their commitment to this debt depending upon this General Assembly); Slovak Republic (Fiscal difficulties continue); USA (Fiscal difficulties arose unexpectedly in 2007; the Americans hope to be able to make 2007 payments in 2008 in addition to their 2008 commitment).

c. **Apologies:**

Austria (by letter from Hans Tilscher)
Australia (by letter from Norman Broadhurst with report)
Estonia (by email from Leili Lepik)
Hungary (by e-mail from Gabor Ormos)
Italy (by email from Massimiliano Cossu with assignment of vote to Marie-José Teyssandier)

d. **Absents:**

(No answer to E-mail, Surface Mail or Recommended Letter in 2007): Greece; Latvia; Lithuania; Luxemburg; Portugal; South Korea

e. **Counters:**

Representatives from Denmark and Netherlands were elected to count votes for this GA.

Item 2

Presentation of the representatives of the National Societies (limited to 4 minutes):

Thanks were officially extended to the Russian League for hosting the FIMM General Assembly last year and for the Czech Society for having us in their country this year.

- a. Each country reported on their number of active members as well as a variety of educational and project activities unique to their society. Most noted the existing or evolving status of manual medicine in their countries; many noted difficulties in gaining recognition, reimbursement, or new members. A problem for several countries has been the fiscal reality of declining memberships and declining attendance numbers at their educational programs.
- b. A few selected highlights of interest from the National Society reports include:
 - In Australia, specialist recognition by the Federal Government met with repeated

failure despite the evidence that musculoskeletal management can be cost effective. New Zealand has been successful in obtaining specialist status (one criterion being the completion of a University Diploma in Musculoskeletal Medicine). A pathway increasing in popularity allows specialists in Rehabilitation Medicine to practice solely in musculoskeletal medicine.

- Czech Republic and Poland both reported their respective recognition of Karl Lewit, his contributions, and his influence on manual medicine. Finland noted the recognition of Karl August-Lindgren in his 2007 educational awards.
- Several National Societies reported on collaborative outreach with other national manual medicine societies or developing countries. Those countries working closely together include: New Zealand/Australia; Czech Republic/Slovak Republic; Finland/Estonia; Spain/Portugal; and Bulgaria/Turkey.
- Education in manual medicine extends across international boundaries: Flinders University Diploma in musculoskeletal medicine has accepted candidates from S.E. Asia. Faculty from the USA has been contracted by component societies in Germany and Austria to provide osteopathic manipulative medicine training for their manual medicine practitioners wishing additional education and diplomas in that approach.
- Denmark reported a very successful (albeit expensive) promotional activity that increased their membership by 850 members. This was achieved by inviting (with no conference fee) 4000 GPs to a Friday conference on low back pain and a Saturday hands-on session.
- France and Belgium each reported on the difficulties presented to manual medicine physicians as a consequence of growing recognition and regulation of non-physician osteopaths in their countries. This was also mentioned as a possible cause for decreased attendance in the French-language Swiss manual medicine courses. A special presentation of Resolution 1206 concerning non-conventional practitioners treating functional problems without referral in certain situations was provided by M. J. Teyssandier.
- The Swiss presented their synopsis of the rationale and need for cancelling as host of the 2007 FIMM Triennial Scientific and Educational Congress. They noted the fiscal difficulties encountered by the two prior Congresses. Their Congress organizer was predicting a loss totaling up to 50,000 Euro.

- There was some open National Society discussion of the perceived concerns of individual leaders within Austria and Germany (following a letter from the president of the Austrian National Society and a presentation from the president of the German National Society). In particular, several FIMM officers and several National delegates related the attempts made by FIMM, FIMM officers, FIMM Academy, and involved countries to satisfy the real or perceived issues of these two countries. In response to Germany's concern that the output of FIMM in 2007 was less than promised, the Executive Board noted that their failure to provide even a portion of their dues until near the end of the year was a major reason that activities needed to be restricted and that the Executive Board was required this year to consider adjusting future dues and income options.

Item 3

Matters arising from the minutes of the last General Assembly (Moscow, Russia) 2006:

See distributed General Assembly Red Book. (The minutes of the General Assembly 2006 in Moscow as distributed to National Representatives are downloadable from the FIMM web site by going to www.fimm-online.com and then General Assemblies and then 2006. (Or see the French or German sections of the web site.) No further action arose from this agenda item. Minutes were accepted as published.

Item 4

Report from the President (W. von Heymann):

Thanks were extended to the FIMM officers by the president. The President's Report had been published in advance (FIMM-News 16(1):14-16. A hard copy was distributed to all GA delegates (see www.fimm-online.com/pub/en/data/objects/fimm_news_2007_1.pdf). A live summary was presented by the president who also remarked that the financial situation of FIMM became even tighter with information about the unexpected missing membership fees that had been promised previously by Germany and typically were paid at this time of the year by the USA. He noted that the GA would need to discuss this fiscal problem later in the meeting and will have to decide on some propositions prepared by the Executive Board.

Note that an additional letter entitled the "Future of FIMM" represents the perspective of the Presi-

dent as an individual. It was disseminated in advance by the president but only mentioned in his GA presentation. *FIMM and its future path – 2007* were published in English, French and German in the FIMM NEWS vol. 16 no. 2 (see www.fimm-online.com/pub/en/data/objects/fimm_news_2007_2.pdf).

The president's report was accepted by the General Assembly.

Item 5

Report from the Secretary-General (M. Kuchera):

The Report of the Secretary-General was published in advance (www.fimm-online.com) and a hard copy was distributed to all Delegates. He noted that the *FIMM News Bulletin* was designed to provide ongoing and timely outreach from FIMM, to showcase relevant activities of the National Societies, and to provide information about books/courses to create synergy within the Federation. See: www.fimm-online.com/pub/en/index.cfm?u=4D5F040A03747E720109790709050903090579077F720F08048. In particular, he highlighted two requests to National Members to improve communication: (1) Routinely review the FIMM website for the names and addresses of your representatives and communicate changes. (2) Send a notice when wishing to publicize or summarize a meeting; when a new Manual Medicine text is published; or to write letters of concern or comment. This is especially true for items relevant to Health Policy issues in your country.

The Report of the Secretary-General was accepted.

Item 6

Report from the Treasurer (V. Dvorak):

See *FIMM News* (August 2007) for complete report; also see item #10 below.

The Treasurer began by referring to his pre-published Report and remarked that as the Report indicates, FIMM must describe a deficit for 2007. He noted that this unfortunately sends a negative message and a not fully accurate impression. In way of preface, he noted that the budget that FIMM has accepted over the years as an international group is already very low and therefore when membership dues are not paid as promised the situation becomes desperate.

- The fiscal deficit began in 2003 - 2004. Deficits resulted from several one-time costs including investing in the FIMM website, the good faith support in subsidizing the FIMM Congress loss in Bratislava, and the need for FIMM to cover costs incurred by delegates abusing charging

privileges with regard to hotel rooms and incidentals and then not paying these.

- The ability for FIMM to cover some of these costs was made possible with a loan several years ago from FIMM's Swiss National Society member. FIMM has also used bond reserves (€ 4330) and monies from the FIMM Foundation (€ 6920). Activities have also been possible in the past six years because FIMM officers have secured special sponsorship for political (Terrier) and teaching/glossary (Kuchera) activities.
- FIMM finally achieved a positive annual balance for 2006 (over € 6000 income over expenditure) by dramatically limiting expenses, but again acquired debt for 2007 due to failure of several National Societies to remit their promised membership dues. The 2007 budget (if National Societies had honored their commitments) would have finished paying back the SAMM loan and would have allowed FIMM to move forward again past its debts.
- A special meeting of the Executive Board was held in July 2007 to discuss the Federation's financial problems in detail and to suggest new fiscal structures and solutions.
- Increasing annual fees were a major consideration but in the end the Executive Board did not decide to recommend a required dues increase this year. However it emphasizes that the General Assembly needs to discuss practical solutions and/or a unique contribution to get budget in balance

The Treasurer also extrapolated from his published report and answered questions to illustrate points:

- FIMM is non-profit and depends on annual fees (national society of € 135 with € 3.50 per member (n=13,000 members). This pays for both FIMM administration and projects. In the past decade, FIMM proposed and/or initiated increased activities with respect to policy, education, and science resulting in the *FIMM Core Curriculum*, *FIMM Glossary*, printed Science Committee documents, an *Instructional Course*, as well as the requisite meetings of the boards and committees, translation costs; and establishment / maintenance of the FIMM website.
- The distribution of the budget was to be as follows: 23% Executive Board; 17% Administration; General Assembly / FIMM website; 17%; Education Board 13%; and FIMM Academy 27%. (Note that the FIMM Academy often receives delayed or reduced funding compared to that promised, and is a declining expense that resulted in savings compared to the cost of the FIMM Scientific Committee whose function the FIMM Academy replaces.)
- From a different accounting perspective:

- **FIXED EXPENSES** of FIMM are € 1.50-1.60/member (40-45% of the budget)
- **VARIABLE EXPENSES** of FIMM are € 1.90 – 2.10/member (55-60% of the budget for the FIMM Academy, Education Board, and General Assembly).

Just as FIMM started to move forward a number of problems arose; if they are not addressed for the future, problems will continue to exist. The Treasurer therefore noted the following that must be addressed:

- An ongoing budgetary issue has been the fact that we have National Societies that are annual debtors (several have not paid anything to FIMM for several years) or who pay outside of the budgeted year. This amounts to an immediate and predictable budgetary difference between projected and actual dues income of about € 4000 Euro per year.
- For 2007, the major problem has been that recent fiscal problems or political posturing have simultaneously involved several National Societies as described in Agenda item #2. While in most cases these problems have different reasons and some may only result in a one-time dues payment issue, the fact is that simultaneously a major default hit the income side of the 2007 FIMM budget.
- Lastly, FIMM's use of a "fiscal year" running from January - December creates a problem for several National Societies to approve and pay FIMM dues on time in early January or to adopt any fiscal recommendations that the General Assembly might propose or adopt.

The General Assembly voted to accept the Treasurer's Report. (Agree 15; Against 0; Abstain 0) Budget discussions and more discussion of the financial situation and strategies follow in Agenda Item #10.

Item 7

Report from the Auditors:

Niels Jensen (Denmark) and Prof. Todor Todoroff (Bulgaria): Jensen reported on the accuracy of the financial books and Todoroff agreed. This report was accepted by the General Assembly.

Item 8

Election of the Auditors:

Re-election unanimously of Jensen (Denmark) and Todoroff (Bulgaria).

Item 9

Report from the Director of the Health Policy Board (Terrier):

Thanks were extended by the Health Policy Director to the Czech National Society and to "Prague," noting that while this was the first report of the Health Policy Board (HPB), new directions for FIMM have often been introduced in Prague. The Health Policy Board was proposed in 2005 and ratified in 2006, the elected Health Policy Director, Bernard Terrier, was given a charge to constitute the body of the Board for ratification by the GA this year. See content of the President's presentation as published in the *FIMM News* (August).

Proposed basic objectives for the HPB:

In the recently introduced "triangle of FIMM activity", Science defines Evidence-Based Medicine, Education teaches it, and the Health Science implements it into care. The specific tasks of the Health Policy Board to accomplish their role have yet to be defined. With input from the Executive Board, consideration has been extended to develop an accepted definition of Manual Medicine (MM) with the World Health Organization (WHO) and to work with the European Union of Medical Specialists (UEMS) to try to establish MM as a specialty in Europe. The proposed basic objectives for the HPB (if passed, these will be published):

1. Defend the professional status of MM internationally
2. Encourage bonds between MM and other organizations
3. Contribute to the solidarity of MM specialists
4. Collaborate with global and national Health Policy stakeholders/leaders
5. Exchanges of medico-political information concerning Manual / Musculoskeletal Medicine

HPB Proposed Action Plan:

➤ WHO project

(The WHO Team would provide feedback to Executive Board and to the General Assembly prior to the WHO consultation process)

1. Help develop/shape a Consensus Document for WHO: "Basic Training and Safety on Manual Medicine"
 - It is anticipated that it will take two years to develop the content and document support needed within our FIMM/National Society group
 - In the third year, the HPB would recommend considering a Pre-WHO Consultation. The cost for this is estimated to be about 70,000 Euro.

- The above would target a 2010 WHO Consultation date. (The WHO Consult takes 2-4 years with little FIMM control concerning this).
 - At the end, feedback would be requested from FIMM (and others) to shape the 4th or final WHO version of this document.
2. The process will require that FIMM work on:
- the wording and evidence-base for guidelines on safety;
 - training guidelines (training-retraining-continuity etc);
 - indications and contraindication guidelines for MM;
 - the *FIMM Glossary* (annually updated).
3. HPB meetings and funding issues:
- Proposed HPB meetings: Meet in Prague with FIMM Academy in May 2008 → Meet in Varna with 2008 GA → Meet in Prague with FIMM Academy (Summer 2009) → Meet with the 2009 GA
 - Comments were made regarding outside funding:
 - a. National Societies will need to be involved in securing funding. At this General Assembly, Germany's DGMM, Denmark, Russia and the USA expressed potential interest in helping to find financial (and other) resources.
 - b. Other considerations included governments or a shared consultation. This was/is the status with the funding for the chiropractic and manual therapies documents.
 - c. The latter option of a shared consultation is less expensive but can significantly delay the process.
4. The proposed WHO Team needs to be discussed and approved at end of this report.

➤ **UEMS project**

(European Union of Medical Specialists): The UEMS Team would include experienced representatives and would develop over the next 3 years. It would try to "mirror" the EU map in its make-up.

1. Specialty status attempts to date have failed: This requires that 1/3 of all countries in the EU have the designated specialty. It requires exclusive practice by competent specialists with panels of examiners in that discipline and that the specialty be practiced in institutions with the capability to act as training

centres controlled by experienced directors.

2. In this regard, Germany has reached "Observer status" only.
3. High benchmarks mean that specialty status cannot be an immediate goal -- if they can ever be met.

Alternative goals:

1. Look to establish MM practitioners as unique specialists
2. Establish MM physicians as sub-specialists first and look at encouraging a possible UEMS by-laws change so that the "observer status" is recognized by these UEMS bylaws
3. 23/33 national societies are European and the non-EU societies are asked to support the process
4. Comments: Teyssandier noted that a University Diploma was also needed to be recognized
5. Comments: Kuchera noted that assistance could come from those non-EU countries that have MM Specialty Status and/or are in the process of developing same. Such could benefit the EU process by outlining pathways, successes, failures, and strategies for the future and by providing a precedent to share with health policy leaders in Europe.
6. A questionnaire from the President of FIMM was sent with scant feedback (request to RSVP when questionnaire comes back)

➤ **Archives of Health Policy Issues:**

Medico-political issues are important and will be placed in the monthly *FIMM News Bulletin* and archived in downloadable format (because the issues can be seen by public, all material will be selected by Director of HPB working with the Secretary-General). This process will start as soon as the concept and HP plan are ratified by the GA.

Team Member Appointments for the Health Policy Board

- **FULL members** will be invited to all meetings and receive all papers. They vote on everything and will serve on one or more working groups. Terrier proposed a slate for full members of HPB WHO team and a slate for HPB UEMS team to be confirmed after discussion
- **ASSOCIATE members** are welcome to all meetings but their attendance is not required nor paid by FIMM. They will get all documents and the opportunity to comment, but they have

no vote. Terrier presented a slate of ADVISORY MEMBERS and Olavi Airaksinen (Finland) was nominated from the floor.

➤ **Comments from GA members** concerning the slate, constituency, and function of the proposed members:

1. It was pointed out that the 3 groups need to have coordination and interactions with one-another.
2. Concern was expressed that many of the proposed members are from countries that have not paid their share of their dues.
3. Several voiced discontent that it might be perceived that placing some names grants legitimacy to these people's/societies' actions. This was met with reassurances from the German societal president, Dieter Heimann, that DGMM may reconsider its payment. He needed to verify what had been the source of information that DGMM acted upon.
4. Terrier noted that the HPB members were selected for their qualifications as individuals rather than which country paid or not; he noted that he would take even a person who is not a physician in a FIMM society. (This is similar to the case in which Stefan Blomberg was a strong and supportive member of the FIMM Scientific Committee even when his society discontinued their FIMM membership.)
5. Concern was expressed that the HPB does not seem "international enough" (most are German for example) and that therefore any HPB votes would not be represented so widely.
6. It was pointed out that the website was used to ask for members (but only two applications were secured in this manner).
7. It was noted too that the HPB will make extensive use of its advisory members.
8. There was a strong encouragement that delegates and others attempt to identify additional connections (past UEMS delegates, MM physicians that treat health ministers, etc)
9. **Motion to delay:** It was moved (Hutson with second) to delay the voting for the Health Policy concept and membership until after the discussion of the FIMM finances (Passed 1:0 with rest abstaining so the President moved on with the agenda).

Discussion and voting regarding HPB concepts and HPB members

1. After discussing Item 10 below (FIMM Finances, Structure, Function, and Strategy), the General Assembly returned to this line item.
2. **Motion to delay:** After discussing Item 10 below thoroughly, Hutson moved to vote to delay discussion and voting for the Health Policy concepts and members a second time (*Vote to delay 1; to continue to discuss 14; to abstain 1; so the President continued with HPB issues and membership*)
3. **Motion concerning the WHO Project:** It was moved that FIMM and its Health Policy Board should progress towards preparing the WHO Project as described in the published version and to ask for sponsorship (because only with sponsors can this project move fully forward). The document will be about 50 pages and it needs to consist of consensus gained over a two year process with continued communication to presidents and feedback returned from all National Societies. Unfortunately because of the need to be representative with significant National Society buy-in, even with sponsorship it probably cannot go faster than this, however without sponsorship, it could go much slower. Heimann (Germany) went on record nonetheless as wishing it to go faster. The VOTE to go forward with this part of the plan passed unanimously. (16:0:0)
4. **Motion concerning the UEMS Project:** It was moved that FIMM and its Health Policy Board work towards a European understanding of manual medicine and towards gaining the highest European status attainable. Motion passed. (12:1:3 = 12 "yes" with 3 "abstentions" and 1 "no" vote)
5. **Motions concerning Membership on the Health Policy Teams:**
 - a. **Full HPB members for the WHO Team** were confirmed unanimously: Bernard Terrier (Swiss)*, Massimiliano Cossu (Italy), Peter Skew (UK), Victorio Sotos-Borras (Spain); Kanuyoshi Sumita (Japan); Dmitri Teterin (Russian Federation); Vlasta Tosnerova (Czech Republic); James Watt (New Zealand) (VOTE: 16:0:0)
 - b. **Full members for the UEMS Team** were confirmed unanimously: Reinhard Deinfelder (Germany); Group Leader; Lothar Beyer (Germany); Nadine Fouquesweiss (UEMMA); Leili Lepik (Estonia); Hans Tilscher (Austria); Wolfgang

von Heymann (Germany). (VOTE: 15:0; with 1 abstention)

- c. **Advisory members to the HPB** were confirmed unanimously: Olavi Airaksinen (Finland – Nominated from the floor); Ulrich Böhm (Switzerland); Boyd Buser (USA); Allan Gravesen (Denmark); Jean Lecocq (France); Matthias Psczolla (Germany); Marie-José Teyssandier (France/UEMMA liaison). (VOTE: 16:0:0)

Item 10

Matters concerning FIMM structure and strategy

- a. **FIMM financial situation and future.** (Note that by vote of the General Assembly during the meeting, there was thorough discussion of this item prior to voting on any part of Agenda Item #9 above.)

- Report of 2007 Income: Projected income is € 49550 with 13000 members but with the reality of only 25-26 nations who routinely pay their dues, the more likely anticipated income upon which to base a budget was € 47000. (Therefore, last year the 2006 General Assembly approved a budget of roughly € 46000 income and € 45000 expenditure with € 1,400 due to creditors.) In reality, this year only € 26234 was sent in by the National Societies (only 53% of approved incoming budget).
- Report of 2007 Expenses: With income not up to expectations and after efforts to discuss the contributing issues with these delinquent Societies, the Executive Board prioritized and minimized expenditures. See *FIMM News* August edition for 2007 budget (note that where it says “FIMM Academy fee” this amount was actually used to pay off the GA in Moscow.) Therefore the deficit is € 14563 (and even if liquidate all assets then at end of year we have a deficit).
- In reality, with regard to total expenditure we are on budget; but the promised 2007 membership fees are not coming in leaving FIMM with the deficit. The activities of the Education Board were only possible because of a one-time \$5000 Educational Grant from the Osteopathic Research Center (for a conjoint meeting of the Glossary Taskforce and the Education Board to work on the *Glossary*).
- In the report of the National Societies, the total reported membership appeared to number 16369 manual medicine physicians (as opposed to the on-record number of

13000). If this were accurate, the Treasurer reports that the FIMM bottom-line would be much better off. The majority of the difference in reporting came from Germany. The DGMM reported that in their accounting method, only those who are fully qualified in MM are reported to FIMM, so the total of the three component societies totals 5100 members rather than the 9000 noted in their National Society’s report.

- b. **DISCUSSION: Possible solutions and future course regarding finances**

- FIMM dues increase (Board doesn’t recommend at this time)
- FIMM Foundation (the current one no longer exists because it did not reach the threshold for Swiss foundations; it was mentioned that the Executive Board might investigate another country wherein such baseline levels are not required)
- Sponsors for various educational and/or health policy activities; sponsors for programs
- Variable dues based upon a split expenditure budget (Operation of FIMM base [€ 1.50] approved automatically + variable [€ 2.00 minimum] for projects that the General Assembly approves annually with a vote to increase or decrease the variable amount proportionate with the interest of the GA delegates)
- A unique 2008 increased contribution to offset debts
- Change the fiscal year from January through December to September through August to match societies’ needs
- If more money does not come in then FIMM will need to:
 - Reduce/shorten meetings of the Executive Board;
 - Reduce progress of the Education Board and/or Glossary even further;
 - Discuss any future, or not, for FIMM Academy payments (this is their last contribution)
 - Other

- c. **DISCUSSION OF THE PROPOSED BUSINESS PLAN:** Considerations to balance budget and create positive outflow (including specific estimates/predictions for 2008 – 2012)

- **Increasing Income:** If the National Societies honour their current commitment (with no increase or assessment) would be € 45775; income would rise to € 48175

using a € 0.20/member one-time assessment; and income would be **€ 51775** using a € 0.50 /member one-time assessment.

→ **NEGATIVE COMMENTS REGARDING A POTENTIAL INCREASE IN DUES:** The DGMM president made it clear that Germany is not prepared to increase their contribution (even though it was explained as a one time element). The Slovak Republic noted that their Society had trouble paying this year, so that even a small amount of increase would make a difference.

→ **COMMENTS REGARDING DOING MORE THAN SUGGESTED:** Hutson commented that as things are going, a “meltdown” for FIMM activity seems likely. Many of the elements being discussed will only prop things up temporarily and that a few cents of monies only constitutes a “bandage.” He called for the FIMM Executive Board and the delegates to take an ethical look at the numbers posted to create a healthy FIMM.

→ **COMMENT REGARDING ONGOING PROCESS:** It was noted that premise was based upon National Societies “honoring” their commitments. There is still income that was committed and the FIMM Executive Board needs to develop a process to allow/encourage the debtor nations to repay their past-due or omitted annual dues payments.

▪ **Decreasing Expenditures**

→ FIMM could eliminate outside translations of our documents into three languages and cut meetings (etc) leaving a 30% Base cost and 61% for Variable Project Expenses. The low spending figure if this action were to be adopted would be **€ 37050**.

→ An additional suggestion was made to consider is to move the function of the FIMM Education Board to the FIMM Academy.

→ The delegate from the Russian Federation noted that significant debt existed for several years primarily due to un-budgeted/over-budget needs posed by General Assemblies in Bratislava and Gatwick. These will be paid off very soon and policy changes will insure that such expenses will not fall back on FIMM.

▪ **Other Options**

→ Change of **fiscal year** (it was noted that this would increase 30% for one year only)

→ Possible **newly reformed FIMM Foundation** registered in a different country such as Netherlands (it was noted that a Foundation limits the mechanism of disbursement so it is not very flexible)

→ Politicking seems difficult – simple is to launch **communication** to all secretaries and treasurers to pay dues

→ **Concentrate on funding function:** One observed that FIMM needs to retain its founding educational element (suggesting FIMM will die as a politics-only group) but to let the FIMM Academy produce the “scientific goods”.

d. **Evolution of Fiscal Motion for 2008**

Budget: Extensive discussion began with the initially recommended proposal to work positively on modifying internal activities/policies to move out of debt, to develop a positive cash flow and to do so preferably with no raise in fees; the discussion concentrated on decreasing activities and FIMM outcomes (less expense) versus a onetime assessment in fees. Eventually a series of motions evolved.

▪ Several representative noted that FIMM has “something to offer” and it needs to be financed “beyond the pittance” needed to “just exist.” Denmark would support the “third solution” of adding € 0.50 and moving the fiscal year starting date; Switzerland would support “solution 2-3” because of the vital need for the Health Policy piece.

▪ Hutson reiterated the potential role of the Academy as a non-political entity for the National Societies to use for both Science and Education. Others expressed concern that only richer school representatives can be represented in FIMM Academy because of costs.

▪ Regarding 2007-2008 Budget Transition to make the budget work despite the year-end deficit:

▪ Germany: von Heymann volunteered as the MWE treasurer that that portion of the DGMM would pay their share in advance and would try to talk to DGMM about fiscal realities

Denmark volunteered that they would also pay in advance

The Russian Federation noted that it will also pay in advance

e. **FINAL BUDGET MOTIONS**

▪ **MOTION #1:** The first motion was to have General Assembly representatives vote

for EITHER (1) the proposed budget for FIMM to engage in less activities but to not raise fees (treasurer's proposal I in "Blue income" and existing "Red expenditure") - OR- (2) the proposed budget with a plan to raise fees as a one time € 0.50 assessment and maintain activities as denoted in the Treasurer's "red expenditure" proposal. (VOTE PASSED TO RAISE FEES AS A ONE TIME ASSESSMENT: Breakdown - No increase but reduce activity n=0; Increase fees and maintain activities n=15; Abstention n=1)

- **MOTION #2:** It was moved by New Zealand that any increase in fees be optional rather than compulsory (VOTE: Optional n=5; Compulsory n=4; abstention n=2)

→ In a response to a comment by Spain about how to present these motions to their Society, it was explained that the potential exists for each FIMM Representative to go back to their respective society and to note that the General Assembly passed a resolution for a budget to support FIMM activities. For the 2008 budget only, that if the National Society desires FIMM to move forward then dues are best remitted at € 0.50 or more than last year for each physician member of the National Society

- **FINAL OUTCOME FOR 2008 BUDGET:** It was clarified that the 2008 budget was passed with no increase in fees and those modest activities of FIMM that the proposed budget allows. The one time assessment approved this year is desired by the vast majority of members but there are implementation realities that influenced the vote to officially designate this desired assessment as "optional."

f. **FIMM Triennial Congress**

- As noted at the onset of the General Assembly by Marc-Henri Gauchat, cancellation of the 2007 Triennial Congress by Switzerland was a fiscal necessity. The GA representatives would like the Executive Board to consider contingencies to try to prevent this in the future.
- The Executive Board proposed to the GA that National Societies might reserve space for International activities in their respective National Society annual meetings
- Countries could assist by creating pathways and allowing papers submitted to a FIMM Congress to be submitted through announced national research congresses

and peer-reviewed journals (similar to the USA this year)

→ The FIMM Executive Board could prepare a list of items needed in order to have the FIMM name assigned to their meeting (The FIMM Academy Board as well?)

- The question was raised as to who decides details concerning the FIMM component at such meetings? The answer is that the National Congress chooses (not FIMM) because they retain the fiscal responsibilities. Furthermore, certain FIMM-friendly recommendations may not work for some nations, such as costs for translators, etc.
- FIMM scientific activities could "piggy-back" with FIMM Academy scientific presentations. FIMM Academy has their next meeting that is associated with formal presentations at the end of May (5/ 29-31/ 2008).
- New Zealand is the next National Society slated to host a FIMM Triennial Congress. At their request, comments were requested and they would like speaker recommendations (sent to Gary Collinson).

g. **Proposals of the Executive Board for structural and functional changes**

- No other structure-function changes (even if pre-published in the FIMM News) were formally introduced at this General Assembly. It was casually noted that there are other models: for example: where each province has equal votes in one voting house with a second house in which votes are based upon the population in a district and yet it was noted that voting for project-by-project changes would fit FIMM better as a process than attempting to change the bylaws.
- Hutson reiterated his proposal that FIMM Education Board be dissolved and moved to FIMM International Academy for focus (political and financial), but Educational Director, Glen Gorm Rasmussen, asked to make his presentation first and the General Assembly agreed by majority, uncounted vote to continue this discussion and vote on it after the reports of the Education Board and of the FIMM Academy.

Item II

Report from the Director of the Education Board (Glen Gorm Rasmussen)

- a. FIMM was founded by educationalists and "education" is the original core unit of FIMM.

- The Director reported good and bad news with respect to the FIMM Educational Board: good news = low costs; bad news = low output with members wishing to have seen more.
 - Because of the fiscal condition, the last official meeting was in Prague on January 2006. So, in Berlin (July 2007), the Executive Board decided to conduct a 2-day workshop of the Education Board on September 12-13 (in light of the attendance at the FIMM General Assembly and pending funding for the FIMM Glossary project). The focus would be the *FIMM Glossary* which is agreed to be FIMM's highest priority (as designated by the 2006 General Assembly and by the Education Board).
 - Updates on the Glossary direction and evidence-based educational programs was also presented
- b Several considerations relative to the two official bodies concern themselves with education: the Education Board (what to teach) and the FIMM Academy's Educational Science Committee (how best to teach).
- Two different leaders now direct the two educational bodies. The FIMM Academy met in May 2007 and elected Sergei Nikonov as the new Educational Science Committee director; a new FIMM Educational Board member will be elected at this General Assembly.
 - The list of FIMM Education Board members was compared to the list of those on the FIMM Academy Education Committee to point out the significant overlap between the two.
 - Comments and Options from his analysis of the overlap:
Do we need to use double resources to get the necessary and important educational work done? The fact is that Educational work needs to be done. The Director presented four options:
 1. Work done by FIMM Educational Board in strict cooperation with FIMM Academy scientists
 2. Two independent educational bodies each do the work as they see fit
 3. Transfer the combined educational work of FIMM and FIMM Academy to the FIMM Academy.
 4. Work the same as now, but smarter and cheaper!
- Regardless of the choice of option, FIMM educationalists should join the FIMM Academy and interact during this meeting. The FIMM Academy is a success from the perspective of the educationalists.
- The educationalists attending the FIMM Academy wanted to go to the scientific meetings in order to teach/implement the newest content into lectures in their given countries.
- c. Motion to accept the Education Board director's report. (VOTE: 16/0/0)
- d. Resignation of the EB Director: As previously announced, Glen Gorm Rasmussen offered his resignation after 10 years of exceptional service. This was accepted and a standing ovation for his work was spontaneously delivered.
- e. Election of a new EB Director:
- In accordance with process, a website application was submitted from Marie-Jose Teyssandier (France) who has served on the Education Board since its beginning. He was a fellow with Robert Maigne for 40 years and a Manual Medicine teacher (in numerous countries) for 30 years; he has written 10 books. There were no additional nominations offered from the floor.
 - Teyssandier noted his belief that the Education Board and Educational Science Committee will need to work together. He expressed his intent, if elected, to be responsible to the Executive Board and the General Assembly. The direction that he would choose to lead would be to set a comfortable plan that is consistent with FIMM and the needs of the National Societies.
 - Teyssandier feels that FIMM should have a "Basic Course" series in which basic guidelines are presented to teach manual medicine "practically".
 - Diagnosis and treatment
 - Protocol to teach the teachers how to teach
 - Different independent chapters with 1-2 chapters presented to GA each year (eg: prevention of spinal problems; practical way to explain to the students that Manual Medicine is a part of Medicine; etc.)
 - Motion to accept Marie-Jose Teyssandier as the next Director of the Education Board of FIMM. (VOTE PASSED: yes=13; no=0; abstain=2)

f. History, Progress, and Report of the Glossary Taskforce

- On behalf of FIMM and the FIMM Special Glossary Taskforce, Michael Kuchera acknowledged and thanked the National Osteopathic Research Center (University of North Texas Health Sciences Center) for an unrestricted educational grant for this project. The latest version of the *Glossary* with recommendations of the FIMM Education Board members was distributed to all delegates. The General Assembly was informed that the Special Glossary Taskforce would meet for their last face-to-face meeting the day after the General Assembly, with feedback from that meeting and consensus of the taskforce to be sent to the FIMM Education Board by the end of the year. This would allow version 8 of the *Glossary* to be posted on the FIMM website in 2008 with the hope of annual versions (v.9 in 2009, v.10 in 2010; etc)
- Motion to accept the report of the Special Glossary Taskforce and dissolve it after its post-GA meeting activity. Passed (VOTE 16:0:0)
- Version 7.1 will be put onto the internet for feedback and a letter of thanks will be composed to send official FIMM thanks to the national Osteopathic Research Center for their sponsorship.

an Instructional Course. Currently the FIMM Academy has 60-65 members.

- He noted that over the last several years, the FIMM Academy has produced a substantial volume of material while consuming only 1/5-1/4 of the FIMM Budget. He noted that at 100 members, the FIMM Academy becomes financially self-sufficient.
 - The FIMM Academy report was accepted.
- b. FIMM Academy and the activities of the FIMM Education Board
- There had been and continued to be discussion on the relation between the FIMM Education Board and the Educational Science Committee of the FIMM Academy.
 - Motion: To support a proposal to move the FIMM Educational Board's responsibilities to the FIMM Academy. MOTION FAILED. (VOTE: yes=5; against=10; abstain=0)
- c. Confirmation of the Chairman of the Executive Board of the FIMM Academy
- Michael Hutson has one more year possible by statutes
 - Motion: It was moved that Michael Hutson be confirmed by the General Assembly as the Chairman of the Executive Board of the FIMM Academy. (Motion: VOTE yes=14; no=0; abstention=0; absent from room=1)

Item 12

Report from the FIMM International Academy of Manual/Musculoskeletal Medicine

- a. Report of the FIMM Academy Executive Board chairman, Michael Hutson
- There were 6 meetings of the FIMM Academy Executive Board in the last three years. The FIMM Academy Executive Board will meet in Oct with EFOMM (German scientists) in Berlin. The FIMM Academy has their next meeting May 29-31, 2008.
 - A new journal, *International Musculoskeletal Medicine (including Manual Therapy and Manual Medicine)* has evolved from the *J of Orthopaedic Medicine* and can be made available (as a benefit) to the National Societies at the same price as FIMM Academy members
 - Hutson recounted the evolution of the FIMM Academy from the former FIMM Scientific Committee (launched in 1997; reconstructed as the Scientific Board in 2004) and its accomplishments, publications, courses, and Scientific Conference alternating with

Item 13

Decision on membership fees for the next year – split for improved transparency

- a. Basic expenditures for administration: Demonstrated in the manner previously presented by the Treasurer
- b. Special projects of the Boards: Demonstrated in the manner previously presented by the Treasurer

Item 14

Membership (admissions / suspensions)

- a. Membership type definitions, requirements, and rules of suspension were reviewed for the delegates.
- b. Motion: It was moved and seconded that the delegates would vote sequentially on two membership issues: (1) should Greece, Latvia, Lithuania, Luxemburg, and Portugal be suspended from their full membership status and (2) should these five countries be invited to be-

come extraordinary member if they agree to be so (no payment, no vote, see yellow statutes)

- 1st part of the Motion (to exclude/suspend from Full Member status): VOTE: yes=12; no=1; abstain=2
- 2nd part of the Motion (to invite them to respond for extraordinary member status): VOTE yes =15; no=0; abstain=0
- Outcome: Greece, Latvia, Lithuania, Luxemburg, and Portugal are no longer members of FIMM but will be invited to apply for “Extraordinary Member” status

Item 15

Date and place of the General Assembly 2008

The Treasurer asked if the FIMM Executive Board should compare costs in Varno vs Prague prior to committing to (voting for) the site of the next General Assembly? The delegates did not raise a motion to this effect and therefore the prior decision to go to Bulgaria for the General Assembly of 2008 remains in effect.

Item 16

Any other business

A motion to bestow the designation of “Honorary FIMM Member” to Glen Gorm Rasmussen was approved unanimously.

Item 17

Closing of the General Assembly by the President at 7:41PM.

Das Protokoll der Generalversammlung 2007

15. September 2007, 09.00-19.20 Uhr
Hotel ILF – Prag – Tschechische Republik
Michael Kuchera DO FAAO, Generalsekretär
Übersetzung: W. von Heymann

TOP 1

Die 41. Generalversammlung wurde vom Präsidenten von Heymann um 09:20 eröffnet und entsprechend der vorher veröffentlichten Tagesordnung abgehalten.

a. **Anwesende Funktionäre:**

Präsident Wolfgang von Heymann,
Generalsekretär Michael Kuchera,
Schatzmeister Vaclav Dvorak, Direktor des Gesundheitspolitischen Ausschusses (und Vizepräsident) Bernard Terrier,
Kommunikationsverantwortlicher Michel Dedée, Mitglied ohne Portefeuille Sergei Nikonov, Direktor des Ausbildungsausschusses Glen Gorm Rasmussen, Direktor der FIMM-Akademie Michael Hutson

b. **Teilnehmende Nationalgesellschaften und ihre Delegierte:**

- Australien – vertreten durch Neu-Seeland (Rederecht ohne Stimme)
- Belgien – Michel Dedée
- Bulgarien – Ilja Todoroff
- Kanada – Craig Appleyard
- Tschechei – Vlasta Tosnerova
- Dänemark – Alan Gravesen
- Finnland – Olavi Airaksinen
- Frankreich – Marie-José Teyssandier
- Deutschland – Dieter Heimann (Rederecht ohne Stimme)
- Italien – vertreten durch Frankreich, legitimiert durch Delegation mit Rederecht und Stimme)
- Japan – Kazuoshi Sumita
- Kasachstan – Natascha Krasnoyarova
- Niederlande – Sjeff Rutte
- Neu-Seeland – James Watt
- Polen – Jiri Stodolny
- Russland – Sergei Nikonov
- Slowakei – Luba Sorforva (Rederecht ohne Stimme)
- Spanien – Viktoria Sotos
- Schweiz – Marc-Henri Gauchat
- Großbritannien – Usamah Jannoun
- USA – Michael Kuchera (Rederecht ohne Stimme)

Artikel 8 der FIMM- Statuten lautet: *Das Stimmrecht ist auf die Mitglieder beschränkt, die für das laufende Jahr ihre Beiträge bezahlt haben.* Die Delegierten mit Rederecht ohne Stimme (weil

ihre Gesellschaften die in 2006 beschlossenen Beiträge nicht vollständig bezahlt haben) sind: Österreich (der Präsident der ÖÄMM Hans Tilscher erläutert in einem gesonderten Schreiben, dass sie für 2007 weder Beiträge noch einen Delegierten schicken werden), Deutschland (die DGMM hat nur die Hälfte ihres Beitrags gezahlt; es wird von dem Verlauf der Generalversammlung abhängig gemacht, ob in den nachfolgenden Beratungen auch die zweite Hälfte ihrer Verpflichtung freigegeben wird), Slowakei (fortlaufende Finanznot), USA (unerwartete Finanznot in 2007; es wird erwartet, dass sie in 2008 in der Lage sein werden, sowohl die ausstehenden Beiträge für 2007 als auch den Beitrag für 2008 zu leisten).

c. **Entschuldigungen:**

Österreich (durch Schreiben von Hans Tilscher)
Australien (durch Schreiben und Bericht von Norman Broadhurst)
Estland (E-Mail von Leili Lepik)
Ungarn (E-Mail von Gabor Ormos)
Italien (E-Mail von Massimiliano Cossu mit der Übertragung der italienischen Stimme auf das Mitglied der italienischen Gesellschaft Marie-José Teyssandier)

d. **Abwesenheiten**

(ohne Antwort auf E-Mail, regulären und eingeschriebenen Brief): Griechenland, Lettland, Litauen, Luxemburg, Portugal und Südkorea.

e. **Stimmenzähler:**

Die Delegierten der Niederlande und Dänemarks werden zu den Zählern bei den Abstimmungen dieser Generalversammlung gewählt.

TOP 2

Vorstellungen durch die Delegierten der nationalen Mitgliedsgesellschaften

(begrenzt auf jeweils 4 Minuten):

Es erfolgt ein ausdrücklicher Dank an die Russische Liga für die Einladung und Gastfreundschaft im vergangenen Jahr sowie an die Tschechische Gesellschaft, uns in diesem Jahr empfangen zu haben.

- a. Jedes Land berichtet die Zahl ihrer aktiven Mitglieder und gibt einen Überblick über den Umfang der Ausbildungen sowie die besonderen Aktivitäten seiner Gesellschaft. Die meisten berichten den bestehenden oder sich entwickelnden Status ihrer Gesellschaft; die meisten aber berichten auch über die Schwierigkeiten bei der Anerkennung und Bezahlung ihrer Leistungen und über die Problem bei der Gewinnung neuer Mitglieder. Bei einigen Ländern gab es große Probleme mit den Finanzen bei abnehmender Mitgliederzahl und Rückgang der Kursteilnehmer in den Ausbildungsprogrammen.
- b. Einige besonders interessante Auffälligkeiten beziehen sich auf:
- In Australien wurde erneut die Anerkennung durch die Bundesregierung abgelehnt, obwohl der Nachweis der Kostenminderung durch die Methode belegt wurde. In Neu-Seeland dagegen wurde die Anerkennung als Spezilität erreicht (das entscheidende Kriterium war die Einführung eines Universitätsdiploms für muskuloskelettale Medizin). Diese Ausbildung mit zunehmender Popularität erlaubt es den Spezialisten in Rehabilitativer Medizin, ausschließlich muskuloskelettale Medizin zu praktizieren.
 - Die Tschechei und Polen betonten ihre Anerkennung für Karl Lewit, seine Beiträge und seinen Einfluss auf die Manuelle Medizin. Finnland berichtet über die offiziellen Auszeichnungen für Karl-August Lindgren, die er für seine Lehrtätigkeit erhalten hat.
 - Einige Mitgliedsgesellschaften berichten ausgedehnte Zusammenarbeit mit anderen Gesellschaften in Manueller Medizin oder in Ländern, in denen sich diese erst entwickeln: Neu-Seeland/Australien; Tschechei/Slowakei; Finnland/Estland; Spanien/Portugal und Bulgarien/Türkei.
 - Die Ausbildung in Manueller Medizin erstreckt sich auch über internationale Grenzen hinweg: so wurden Kandidaten aus Südostasien für das Diplom der Flinders-Universität (Australien) akzeptiert. Die US-Fakultät hat Verträge mit Gesellschaften in Deutschland und Österreich geschlossen, um ein Training in osteopathischer manipulativer Medizin für die Ärzte mit der Bereichsbezeichnung Manuelle Medizin zu gewährleisten, welche sich in dieser Hinsicht fortbilden und Diplome erhalten wollen.
 - Dänemark berichtet über eine sehr erfolgreiche, wenngleich teure Werbemaßnahme, bei der die Mitgliedszahl auf 850 erhöht werden konnte. Dies wurde durch die (kostenlose) Einladung von 4000 Allgemeinmedizinern erreicht, die an einem Freitag zu einer Konferenz über tiefen Kreuzschmerz und am Samstag zu einem praktischen Kurs kamen.
 - Frankreich und Belgien berichten beide über die zunehmenden Schwierigkeiten durch die Anerkennung und Regulierung nicht-ärztlicher Osteopathen in ihren Ländern. Dies wird auch als Grund für die rückläufigen Teilnehmerzahlen in der französisch sprechenden Schweiz berichtet. M.-J. Teyssandier stellt in einem speziellen Beitrag über die frz. Resolution 1206 betreffend die nicht-ärztlichen Therapeuten vor, dass diese nun bei funktionellen Störungen ohne ärztliche Anweisung therapieren dürfen.
 - Die Schweiz begründet in einer Zusammenstellung die Gründe für die Absage des dreijährlichen FIMM- Kongresses über Wissenschaft und Ausbildung. Sie verweisen auch auf die finanziellen Probleme der beiden vorausgegangenen Kongresse (der FIMM). Der Organisator ist von einem Verlust um 50.000 Euro ausgegangen.
 - Es gab eine offene Diskussion der nationalen Gesellschaften über die offensichtlichen Bedenken einiger führender Vertreter aus Österreich und Deutschland, die auf die Vorstellung des Briefes des Präsidenten der österreichischen Gesellschaft und die Präsentation des Präsidenten der deutschen Gesellschaft folgte. Insbesondere stellten einige FIMM- Funktionäre sowie Delegierte der nationalen Gesellschaften die Anstrengungen dar, die von der FIMM, den FIMM-Funktionären, der FIMM- Akademie sowie beteiligten Ländern unternommen wurden, wirkliche oder empfundene Bedenken dieser beiden Länder zu befriedigen. In Beantwortung der deutschen Vorwürfe, die Ergebnisse der FIMM für 2007 seien geringer als zugesagt, stellte der Vorstand der FIMM klar, dass gerade die deutsche Verweigerung, bis zum September wenigstens einen Teil des Beitrags zu bezahlen, der Hauptgrund für die Beschränkung der erforderlichen Aktivitäten war und dass der Vorstand damit gezwungen ist, die zukünftigen Beiträge und Einkommensbedingungen anzupassen.

TOP 3

Genehmigung des Protokolls der letzten Generalversammlung (Moskau, Russland) 2006:

Das Protokoll liegt den Delegierten in dem roten Heft vor. (Das den Delegierten vorgelegte Protokoll der Generalversammlung 2006 in Moskau kann

von der FIMM-Website geladen werden über www.fimm-online.com, deutsche Sektion: Generalversammlungen und 2006.) Es ergaben keine Beiträge zu diesem Punkt, das Protokoll wurde in der veröffentlichten Fassung genehmigt.

TOP 4

Bericht des Präsidenten (von Heymann):

Der Präsident bedankt sich bei den Mitgliedern des Vorstands und den übrigen FIMM-Funktionären. Der Bericht des Präsidenten wurde vorab veröffentlicht (*FIMM-News 16(1):14-16*. Ein Ausdruck wurde den Delegierten vorgelegt (s. www.fimm-online.com/pub/en/data/objects/fimm_news_2007_1.pdf). Der Präsident stellte eine Zusammenfassung vor, wobei er betonte, dass sich die finanzielle Situation der FIMM weiter verschlechtert habe durch die Nachricht über die unerwartet fehlenden Beiträge, die von Deutschland zugesagt worden waren, sowie der USA, die üblicherweise erst zu diesem Zeitpunkt des Jahres bezahlt werden. Er wies darauf hin, dass die finanziellen Probleme später noch zu diskutieren wären und von dem Vorstand vorbereitete mögliche Entscheidungen getroffen werden müssten. Es ist zu beachten, dass ein weiteres Schreiben mit dem Titel „Die Zukunft der FIMM“ die persönlichen Perspektiven des Präsidenten darlegt. Es wurde im Voraus verteilt, jetzt jedoch nur während des Vortrags vor der Generalversammlung erwähnt. „Die Zukunft der FIMM“ wurde in englisch, deutsch und französisch in den *FIMM-News* Nr.16 – 2 veröffentlicht (s. www.fimm-online.com/pub/en/data/objects/fimm_news_2007_2.pdf). Der Bericht wurde von der Generalversammlung angenommen.

TOP 5

Bericht des Generalsekretärs (Kuchera):

Der Bericht des Generalsekretärs wurde im Voraus veröffentlicht (www.fimm-online.com), ein Ausdruck an die Delegierten verteilt. Er berichtete zusätzlich, dass das *FIMM News Bulletin* angelegt wurde, um eine fortlaufende und aktuelle Darstellung der FIMM zu ermöglichen, die Aktivitäten der nationalen Gesellschaften vorzustellen sowie um Informationen über Bücher/Kurse zu verbreiten, damit eine Synergie innerhalb der Föderation geschaffen wird (s. www.fimm-online.com/pub/en/index.cfm?u=4D5F040A03747E720109790709050903090579077F720F08048). Er betonte zwei Bitten an die nationalen Gesellschaften: (1) regelmäßig die Website hinsichtlich der Namen und Adressen der gewählten Vertreter zu überprüfen und Veränderungen mitzuteilen. (2) Nachricht zu geben, wenn ein Treffen angekündigt oder darüber berichtet werden soll, sobald ein neuer Text zur Manuellen Medizin publiziert wurde, oder Briefe zu

schreiben über Bedenken oder Kommentierungen. Dies gilt besonders für die Gesundheitspolitik des Landes. Der Bericht des Generalsekretärs wurde angenommen.

TOP 5

Bericht des Schatzmeisters (Dvorak):

In den *FIMM-News* (August 2007) liegt der vollständige Bericht vor. Es ist auch auf TOP 10 weiter unten zu verweisen.

Der Schatzmeister verwies zu Beginn auf den vorab veröffentlichten Bericht und darauf, dass darin bereits die FIMM ein Defizit für 2007 verzeichnet ist. Er betonte, dass dies unglücklicherweise eine negative Botschaft vermittelt und damit einen nicht ganz richtigen Eindruck. Übergeordnet gelte, dass das Budget, welches die FIMM über die Jahre immer wieder beschlossen habe, für eine international arbeitende Gruppierung bereits außerordentlich gering sei und die Situation völlig aus dem Ruder laufe, wenn die Mitglieder den zugesagten Beitrag nicht bezahlten.

- Das finanzielle Defizit begann 2003 und 2004 aufgrund einiger einmaliger Sonderausgaben einschließlich der Investitionen in die Website, aber auch die in gutem Glauben zugesagte Ausfallsbürgschaft für den Kongress in Bratislava. Auch musste die FIMM für Kosten aufkommen, weil Delegierte Spesenzusagen missbrauchten und Kosten für Hotels und Nebenausgaben nicht beglichen hatten.
- Diese Sonderausgaben wurden zunächst aus einer vor einigen Jahren getätigten Anleihe bei der Schweizer Gesellschaft beglichen. Auch wurden Rücklagen (4330 €) sowie Gelder der FIMM-Stiftung (6920 €) verwendet. Die jetzt erfolgten Aktivitäten wurden dadurch ermöglicht, dass zusätzliche Sponsoren für politische Zwecke (Terrier) sowie Ausbildung und Glossar (Kuchera) geworben worden sind.
- Für 2006 wurde abschließend eine positive Jahresbilanz (mehr als 6000 € mehr Einnahmen als Ausgaben) durch eine dramatische Ausgabenbegrenzung erreicht. Für 2007 jedoch werde wieder ein Defizit dadurch erreicht, dass einige nationale Mitgliedsgesellschaften die zugesagten Beiträge nicht gezahlt haben. Das beschlossene Budget für 2007 hätte – sofern die Gesellschaften ihre Beiträge gezahlt hätten – die Rückzahlung der SAMM-Anleihe sowie die Ablösung aller Altschulden ermöglicht.
- Im Juli 2007 fand eine eigene Vorstandssitzung speziell zum Thema der Finanzen der FIMM statt, bei der die Details besprochen und Lösungen, bzw. neue Finanzstrukturen vorgeschlagen wurden.

- Das nächstliegende wäre eine Erhöhung des Jahresbeitrags gewesen, aber der Vorstand hat sich dagegen entschieden, für dieses Jahr eine Erhöhung zu empfehlen...er besteht jedoch darauf, praktische Lösungen und/oder eine einmalige Umlage zur Re-Balancierung des Budgets zu diskutieren.

Der Schatzmeister erläuterte seinen Bericht mit praktischen Beispielen und beantwortete weitere Fragen:

- Die FIMM arbeitet ohne Gewinn ist daher von Beitragszahlungen abhängig (135 € pro Mitglieds-gesellschaft und weitere 3.50 € pro Einzelmitglied bei insgesamt ca. 13000 Mitgliedern). Diese Zahlungen werden für die Verwaltung und die Projekte benötigt. Im letzten Jahr-zeht waren dies die von der FIMM vorgeschla-gen und in Angriff genommenen Aktivitäten in Politik, Ausbildung und Wissenschaft, was zum *FIMM- Kern-Curriculum*, dem *FIMM-Glossar*, den gedruckten Publikationen des Wissen-schaftsausschusses, einem *Instruktoren-Kurs* so-wie zu den satzungsgemäßen Treffen der Aus-schüsse und des Vorstandes, den Überset-zungskosten sowie der Einrichtung und Unter-haltung der Website geführt hat.
- Der Haushalt hat sich wie folgt verteilt: 23% Vorstand, 17% Verwaltung, 17% Generalver-sammlung, Website, 13% Ausbildungsausschuss, 27% FIMM- Akademie. Es ist zu beachten, dass die Akademie ihr zugesagtes Geld meist sehr spät oder vermindert erhält. Außerdem gehen die Ausgaben hinter die zurück, die früher dem Wissenschaftsausschuss zugeteilt wurden, wel-cher von der Akademie ersetzt wurde.
- Die Ausgabenbuchungen verteilen sich:
 - Basisausgaben für die FIMM: € 1.50 – 1.60 pro Mitglied (40 – 45% des Budgets),
 - Variable Ausgaben der FIMM: € 1.90 – 2.10 pro Mitglied (55 – 60% des Haushalts – für FIMM Akademie, Ausbildungsaus-schuss und Generalversammlung.

Gerade als die FIMM begann, wieder nach vorne zu blicken, traten neue Probleme auf; wenn diese in naher Zukunft nicht gelöst werden, werden sie andauern. Nach Ansicht des Schatzmeisters muss folgendes gelöst werden:

- Ein andauerndes Budgetproblem war bisher, dass einige Gesellschaften ihren Jahresbeitrag schuldig bleiben, einige schon seit einigen Jah-ren, oder dass sie außerhalb des Haushaltsjah-res zahlen. Dies führt zu einem unmittelbaren und vorhersehbaren Haushaltsdefizit zwischen beschlossenem und tatsächlichem Einkommen um 4000 € pro Jahr.

- In 2007 war das Hauptproblem, dass Finanz-nöte und politische Entscheidungen zeitgleich bei mehreren Mitgliedsgesellschaften auftraten, wie in TOP 2 beschrieben. Während die meis-ten Probleme sehr unterschiedliche Gründe haben und einige auch nur zu einem einmaligen Zahlungseingpass führen mögen, haben sie durch ihr zeitgleiches Auftreten ein größeres Defizit im 2007 Aufkommen verursacht.
- Schließlich birgt die Gewohnheit des fiskali-schen Jahres von Januar bis Dezember ein Problem für die pünktliche Einzahlung des Bei-trags früh im Januar, ebenso für jede andere Fi-nanzentscheidung der Generalversammlung.

Die Generalversammlung stimmte dem Bericht des Schatzmeisters zu: 15/0/0. Weitere Haushalts- und Finanzdiskussionen folgen unter TOP 10.

TOP 7

Bericht der Kassenprüfer:

Niels Jensen (Dänemark) und Todor Todoroff (Bulgarien): Jensen berichtete eine exakte und korrekte Buchführung, Todoroff bestätigt dieses. Dieser Bericht wird von der Generalversammlung einstimmig angenommen.

TOP 8

Wahl von Kassenprüfern:

Jensen (Dänemark) und Todoroff (Bulgarien) wer-den einstimmig wieder gewählt.

TOP 9

Bericht des Direktors des Gesundheits-politischen Ausschuss (Terrier):

Der Direktor richtet seinen Dank an die tschechi-sche Gesellschaft und an Prag, da dies der erste Bericht eines Direktors des Gesundheitspolitischen Ausschuss ist und viele neue Direktiven der FIMM in Prag veranlasst wurden. Der Gesundheitspoliti-sche Ausschuss (GPA) wurde 2005 erstmals vorge-schlagen und beschrieben, dann 2006 ratifiziert und der gewählte Direktor, Bernard Terrier, beauf-tragt, den Ausschuss zu konstituieren und ihn dieses Jahr der Generalversammlung vorzustellen. Die Inhalte der Präsentation des Direktors wurden bereits in den *FIMM-News* (August 2007) veröffent-licht.

Vorgeschlagene, grundlegende Ziele des GPA:

Im jüngst vorgeschlagenen „Dreieck der FIMM-Aktivitäten“ definiert sich die Wissenschaft über die Evidence-Based-Medicine, in der Ausbildung wird dies gelehrt und die Politik sorgt für die Um-setzung. Die spezifischen Aufgaben für diese Rolle

muss der GPA erst definieren. Mit Unterstützung des Vorstands hat sich die Überzeugung herausgebildet, eine von allen akzeptierte Beschreibung der Manuellen Medizin (MM) zum Vortrag bei der Weltgesundheitsorganisation (WHO) zu entwickeln, sowie bei der UEMS darauf hinzuwirken, dass die MM in Europa als (Sub-) Spezialität anerkannt wird. Die grundlegenden Ziele des GPA werden – sofern angenommen – wie folgt dargelegt:

1. Der professionelle, ärztliche Status der MM soll international verteidigt werden,
2. Verbindungen zwischen der MM und anderen Organisation müssen gestärkt werden,
3. Eine Beitrag zur Solidarität zwischen den MM-Spezialisten soll erfolgen,
4. Zusammenarbeit mit globalen und nationalen Führern und Vertretern der Gesundheitspolitik,
5. Austausch medico-politischer Informationen betreffend M/M-Medizin

Vorschlag für einen GPA- Aktionsplan:

➤ **WHO- Projekt**

(Das WHO-Team wird in jedem Fall eine Rückmeldung an den Vorstand und an die Generalversammlung geben, bevor der Konsultationsprozess mit der WHO beginnt)

1. Hilfe bei der Entwicklung und Ausformulierung eines Konsensus-Dokuments für die WHO: „Basic Training and Safety in Manual Medicine“
 - Es wird davon ausgegangen, dass die Entwicklung des Inhalts dieses Dokuments innerhalb der FIMM und der nationalen Gesellschaften etwa zwei Jahre dauern wird.
 - Im dritten Jahr würde der GPA eine Konsultation durch die WHO empfehlen. Die Kosten dieses Verfahren betragen etwa 70.000 €.
 - Bei diesem Vorgehen ist das Ziel, das WHO-Verfahren 2010 zu starten. Die WHO-Konsultation dauert 2 – 4 Jahre, die FIMM hat hierauf keinen Einfluss.
 - Abschließend werden Rückmeldungen seitens der FIMM (und anderer) erwartet, um die 4. oder abschließende WHO- Version zu erstellen
2. Dieser Prozess erfordert es, dass FIMM daran arbeitet,
 - Die Formulierung und Evidenzbasis der Leitlinien der Sicherheit,
 - Die Ausbildungsleitlinien (Weiterbildung, Fortbildung, CME etc.)
 - Leitlinien zur Indikation und Kontraindikation der MM

- Das *FIMM- Glossar* (jährlich fortgeschrieben)

3. Treffen und Finanzierung des GPA/WHO

- Treffen des GPA-Projekts werden vorgeschlagen für das FIMM- Akademie-Treffen im Mai in Prag, für die Generalversammlung im September in Varna, für das FIMM- Akademie-Treffen im Frühjahr 2009 sowie zu der Generalversammlung 2009.
- Beiträge wurden erbeten für eine externe Finanzierung:
 - a. Die nationalen Mitgliedsgesellschaften müssen in die Finanzierung eingebunden werden. Während dieser Generalversammlung erklären die deutsche DGMM, Dänemark, Russland und die USA ihr grundsätzliches Interesse an einer Beihilfe zur Erschließung finanzieller Ressourcen.
 - b. Andere Überlegungen umfassen Regierungs-Beihilfe oder eine kombinierte Konsultation, wie es die Chiropraktoren zusammen mit der Manual-Therapie durchgeführt hatten.
 - c. Letztere Möglichkeit einer aufgeteilten Konsultationsgebühr ist zwar deutlich billiger, kann aber auch den Prozess erheblich verlängern.

4. Am Schluss dieser Vorstellung muss das Team für das WHO-Projekt personell diskutiert und akzeptiert werden.

➤ **UEMS- Projekt**

(Europäische Vereinigung von Fachärzten: das UEMS- Team umfasst erfahrene Vertreter und wird sich über drei Jahre erstrecken. Die Landkarte Europas sollte sich hier widerspiegeln.)

1. Die Versuche, in die UEMS als Fachärzte aufgenommen zu werden, sind gescheitert. Die Statuten erfordern den anerkannten Facharztstatus bei einem Drittel der EU-Mitgliedsländer. Gefordert wird auch die ausschließliche Praktizierung kompetenter Fachärzte sowie Gruppierungen von Prüfern in diesem Gebiet, außerdem muss diese Tätigkeit in Institutionen praktiziert werden, die unter der Aufsicht erfahrener Ausbilder als Ausbildungsstätten ausgewiesen sind.
2. Unter diesen Bedingungen kann Deutschland nur einen Beobachterstatus erhalten.
3. Die hohen Anforderungen bedeuten, dass der Facharztstatus derzeit nicht erreicht wird – wenn überhaupt jemals.

Alternative Möglichkeiten:

1. Es kann versucht werden, MM-Ärzte als Einzel-Spezialität zu etablieren.
2. MM-Ärzte könnten zunächst als Teilgebiet etabliert werden und dann eine Änderung der UEMS- Statuten anregen, so dass dieser Beobachterstatus in den Statuten allgemein anerkannt wird.
3. 23 der 30 Mitgliedsstaaten der FIMM sind europäisch, auch die Nicht-Europäer werden aufgerufen, diesen Prozess zu unterstützen.
4. Beitrag: Teyssandier merkt an, dass auch ein Universitäts-Diplom für die Anerkennung erforderlich ist.
5. Kuchera merkt an, dass eine Unterstützung von den Nicht-Europäern kommen kann, die Facharztstatus haben oder auf dem Weg dorthin sind. Der europäische Prozess könnte von den eingeschlagenen Wegen, Erfolgen oder Misserfolgen sowie der Strategie profitieren und einen Präzedenzfall für die Gesundheitspolitiker in Europa schaffen.
6. Der FIMM- Präsident hatte bereits einen Fragebogen mit unzureichender Rückmeldung versendet. Bei erneutem Versand wird um Antwort gebeten.

➤ **Gesundheitspolitisches Archiv:**

Medico-politische Themen sind wichtig und sollten in dem monatlichen FIMM- Bulletin veröffentlicht, sowie in einem herunterladbarem Format archiviert werden. Da dies von der Öffentlichkeit eingesehen werden kann, wird das gesamte Material vom GPA-Direktor in Zusammenarbeit mit dem Generalsekretär aufbereitet werden. Dieses Projekt startet, sobald der gesamte gesundheitspolitische Plan von der Generalversammlung ratifiziert worden ist.

Berufung von Team-Mitgliedern für den Gesundheitspolitischen Ausschuss

- **Vollmitglieder** werden zu allen Treffen eingeladen und erhalten alle Dokumente. Sie haben volles Stimmrecht und können an einer oder mehreren Arbeitsgruppen teilnehmen. Terrier schlägt eine Kandidatenliste für Vollmitglieder für das WHO-Team sowie eine Kandidatenliste für das UEMS-Team vor, die am Ende der Diskussion beschlossen werden sollen.
- **Beratende Mitglieder** sind bei allen Treffen willkommen, ihre Anwesenheit ist nicht nötig und ihre Spesen werden nicht durch die FIMM getragen. Sie werden alle Dokumente und die Möglichkeit der Stellungnahme erhalten, haben aber kein Stimmrecht. Terrier präsentiert eine Kandidatenliste für die Beratenden Mitglieder,

zusätzlich wird Olavi Airaksinen aus dem Plenum nominiert.

➤ **Stellungnahmen der Delegierten** betreffend die Kandidatenlisten, die Zusammensetzung und die Funktionen der vorgeschlagenen Mitglieder des GPA:

1. Es wurde betont, dass die drei Gruppen sich koordinieren und interagieren müssen.
2. Bedenken wurden geäußert, dass viele der vorgeschlagenen Mitglieder aus Ländern stammen, die ihre Beiträge nicht korrekt gezahlt haben.
3. Einige äußerten Ablehnung, weil es als eine Art Legitimierung für das o.g. Verhalten dieser Gesellschaften gesehen werden könnte. Der Präsident der deutschen Gesellschaft Dieter Heimann versicherte daraufhin, dass die DGMM ihre Zahlungen überdenken werde. Er müsse sich noch versichern, was die Ursache der Ablehnung gewesen sei.
4. Terrier betonte, dass die Nominierung der individuellen Kandidaten ausschließlich auf der Basis der persönlichen Qualifikation erfolgt sei, unabhängig davon, ob das Land bezahlt habe oder nicht. Er betonte, er könnte auch einen Arzt, die nicht Mitglied einer nationalen Mitgliedsgesellschaft sei, berufen. In einem ähnlichen Fall war Stefan Blomberg ein starken und hilfreicher Mitarbeiter im Wissenschaftskomitee, auch nachdem seine schwedischen Gesellschaft ihre FIMM- Mitgliedschaft beendet hatte.
5. Bedenken wurden geäußert, dass das UEMS-Team nicht „international“ genug sei (die meisten seien Deutsche) und die Abstimmungen daher nicht weit genug gestreut seien.
6. Dagegen wurde ausgeführt, dass ein Aufruf auf der Website erfolgt sei, worauf sich allerdings nur zwei Bewerber gemeldet haben.
7. Außerdem wurde betont, dass der GPA ausführlich von der Beratung durch die Beratenden Mitglieder Gebrauch machen werde.
8. Alle Delegierten wurden ausdrücklich aufgefordert, zusätzlich Kontaktmöglichkeiten zu benennen (ehemalige UEMS- Delegierte, MM-Ärzte, die Gesundheitsminister behandeln etc.)
9. **Antrag auf Vertagung:** Es wurde (durch Hutson und einen Sekundanten) der Antrag auf Vertagung der Abstimmung über diesen TOP bis zum Abschluss der Beratungen über die Finanzen der FIMM. Dieser Antrag wurde angenommen mit einer Stimme, keiner

Gegenstimme, bei Enthaltung aller 14 Übrigen. Somit unterbrach der Präsident diesen TOP und fuhr zunächst in der weiteren TO fort.

Diskussion und Abstimmung der GPA-Konzepte und der GPA Mitglieder

1. Nach Behandlung und Abschluss des TOP 10 (Finanzen, Struktur und Strategie der FIMM) kommt die Generalversammlung auf diesen TOP zurück.
2. **Antrag auf Vertagung:** nach ausführlicher Diskussion des TOP 10, der nachfolgend protokolliert ist, stellt Hutson erneut den Antrag zur Abstimmung, die Abstimmung über die Konzepte und Mitglieder des GPA zu vertagen. Die Abstimmung ergibt: Für eine Vertagung: 1, für die Fortführung: 14, Enthaltung: 1; somit führt der Präsident diesen TOP über die GPA- Angelegenheiten und die Mitglieder fort.
3. **Antrag betreffend das WHO-Projekt:** Es wurde beantragt, dass die FIMM und der GPA fortfahren sollen, dass WHO- Projekt in der veröffentlichten Planung vorzubereiten und nach Sponsoren zu suchen (weil nur mit Sponsoren dieses Projekt wirklich umgesetzt werden kann). Das zu erstellende Papier wird etwa 50 Seiten umfassen und auf einem Konsens beruhen, der in den kommenden zwei Jahren in ständiger Kommunikation mit allen Präsidenten gefunden werden muss, an dem alle nationalen Mitgliedsgesellschaften mit Rückmeldungen teilhaben werden. Da unglücklicherweise der Einkauf einer wichtigen Nationalgesellschaft gebraucht wird, wird es auch mit einem Sponsoring nicht schneller gehen, ohne ein Sponsoring allerdings wesentlich langsamer. Heimann (Deutschland) gibt zu Protokoll, dass er ein schnelles Verfahren wünscht. Die Abstimmung zur Fortführung des vorgelegten Plans erfolgt mit einstimmiger Zustimmung (16/0/0).
4. **Antrag betreffend das UEMS- Projekt:** Es wurde der Antrag gestellt, dass die FIMM und der GPA die Arbeit aufnehmen mögen zur Verbesserung des europäischen Verständnisses der Manuellen Medizin und zum Erreichen des höchstmöglichen Status in Europa. Der Antrag wurde angenommen. (12:1:3 = 12 Ja, 1 Nein, 3 Enthaltungen)
5. **Antrag betreffend die Mitgliedschaft in den Gesundheitspolitischen Teams:**
 - a. **Als Vollmitglieder des WHO-Teams** werden einstimmig bestätigt: Bernard Terrier (Schweiz), Massimiliano Cossu (Italien – oder ein anderer italienischer Vertreter, der vom Vorstand der italienischen Gesellschaft zu benen-

nen ist), Peter Skew (Großbritannien), Viktoria Sotos-Boras (Spanien), Kanuyoshi Sumita (Japan), Dimitri Teterin (Russland), Vlasta Tosnerova (Tschechische Republik), James Watt (Neu-Seeland) – Abstimmung 16/0/0.

- b. **Als Vollmitglieder des UEMS-Teams** werden ohne Gegenstimme bestätigt: Bernard Terrier (Schweiz), Reinhard Deinfelder (Deutschland), Lothar Beyer (Deutschland), Nadine Fouques-Weiss (Frankreich), Leili Lepik (Estland), Hans Tilscher (Österreich), Wolfgang von Heymann (FIMM- Präsident). Abstimmung: 15/0/1.
- c. **Als Beratende Mitglieder des GPA** werden einstimmig bestätigt: Olavi Airaksinen (Finnland) (aus dem Plenum nominiert), Ulli Böhni (Schweiz), Boyd Buser (USA), Alan Gravesen (Dänemark), Jean Lecoq (Frankreich), Mathias Psczolla (Deutschland), Marie-José Teysandier (Frankreich). Abstimmung: 16/0/0.

TOP 10

Angelegenheiten, die die Struktur und die Strategie der FIMM betreffen

a. Die finanzielle Situation und die Zukunft der FIMM

- (Es ist zu beachten, dass nach Beschluss der Generalversammlung diese intensive Diskussion vor jeglicher Abstimmung in Zusammenhang mit dem TOP 9 stattgefunden hat)
- **Bericht über die Einnahmen 2007:** bei 13000 Mitglieder war das geplante Einkommen mit € 49550 berechnet worden, aber unter Berücksichtigung, dass nur 25 oder 26 Mitglieder wirklich zahlen würden, betrug das vorhergesehen Einkommen nur etwa € 47000. (Aus diesem Grunde hatte in 2006 die Generalversammlung nur ein Einkommen von etwa € 46000 eingeplant bei € 45000 Ausgaben, bei Rückzahlung von € 1400 Schulden). Tatsächlich jedoch wurden in diesem Jahr nur € 26234 von den Mitgliedsgesellschaften eingezahlt (das entspricht nur 53% des beschlossenen Einkommens).
- **Bericht über die Ausgaben 2007:** nachdem die Einnahmen nicht den Erwartungen entsprachen und viel Diskussionen mit den säumigen Mitgliedern stattgefunden hatten, hat der Vorstand Prioritäten gesetzt und die Ausgaben minimiert. Dies ist in den FIMM- News vom August 2007 dargelegt (hierbei ist zu erläutern, dass unter der An-

gabe „FIMM-Akademie Beitrag“ dieser Betrag tatsächlich für die Generalversammlung in Moskau verwendet wurde). Daher beträgt das Defizit € 14563 (und sogar nach Auflösung aller Rücklagen bestünde noch ein Defizit).

- Tatsächlich liegt die FIMM mit ihren Ausgaben im Budget, aber mit den fehlenden Einnahmen verbleibt die FIMM im Minus. Die Tagung des Ausbildungsausschusses wurde nur möglich, weil gerade rechtzeitig eine Spende von \$5000 für Ausbildung durch das „Osteopathic Research Center“ erfolgte (diese wurde für die gemeinsame Tagung des Ausbildungsausschusses mit der Glossar-Arbeitsgruppe zur Fertigstellung des Glossars verwendet).
- Aus den eingangs notierten Berichten der nationalen Mitgliedsgesellschaften ergab sich eine Zahl der Mitglieder dieser Gesellschaften von 16369 Ärzten mit der Bezeichnung Manuelle Medizin (im Gegensatz zu den zahlenden etwa 13000 Mitgliedern). Wenn dies der Fall wäre, sähen die Endergebnisse des Schatzmeisters noch wesentlich besser aus. Der größte Anteil dieser Abweichungen resultiert aus den deutschen Zahlen. Die DGMM erklärt dazu, dass in ihren gemeldeten Mitgliederzahlen nur die Ärzte mit voller Weiterbildung angegeben werden, so dass die Gesamtzahl der zahlenden Mitglieder nur 5100 beträgt und nicht 9000, wie im Bericht angegeben.

b. DISKUSSION: mögliche Lösungen und der zukünftige Kurs bei den Finanzen:

- Beitragserhöhungen (der Vorstand rät gegenwärtig davon ab).
- Eine FIMM-Stiftung (die bisherige existiert nicht mehr, weil nach dem Schweizer Recht die Eingangszahlung nicht erreicht wurde; es wurde vorgeschlagen, der Vorstand möge prüfen, ob in einem anderen Land die Bedingungen für das Minimalkapital ggf. günstiger wären).
- Sponsoren für die Aktivitäten des Ausbildungs- und Gesundheitspolitischen Ausschuss; Sponsoren für einzelne Programme
- Variable Beiträge auf der Basis eines aufgeteilten Ausgaben-Haushalts (Basis-Operation mit 1.50 € als automatische Verpflichtung und eine variable Summe von minimal 2 € für die jährlich von der Generalversammlung zu beschließenden Projekte, wobei je nach Interessenlage der Delegierten ein Anstieg oder eine Reduzierung der anteiligen variablen Kosten beschlossen werden kann).

- Einmalige Umlage 2008 zur Abtragung der Altschulden.
- Umstellung des Rechnungsjahres von derzeit Januar bis Dezember auf dann September bis August, um den Gesellschaften entgegenzukommen.
- Falls weitere Gelder nicht kommen sollten, ist es für die FIMM unumgänglich
 - Die Vorstandssitzungen zu vermindern oder zu verkürzen
 - Weitere Arbeiten des Ausbildungsausschuss oder am Glossar einzustellen
 - Die zukünftigen – wenn überhaupt – Zuwendungen an die FIMM-Akademie zur Disposition zu stellen (2008 ist das letzte beschlossene Jahr)
 - Andere Vorschläge

c. DISKUSSION des vorgeschlagenen Geschäftsplans: Berücksichtigung eines ausgewogenen Budgets und positiven, kreativen Abflusses (einschließlich spezifischer Schätzungen für 2008 – 2012)

- **Vermehrtes Einkommen:** sofern die nationalen Mitglieder ihre Zahlungen ohne Erhöhung tatsächlich mit € 45775 tätigen, stiegen die Einnahmen bei einer einmaligen Erhöhung um 20 Cent pro Mitglied auf € 481754, bei einer Erhöhung um 50 Cent pro Mitglied auf € 51775.
 - ABLEHNENDE KOMMENTARE GEGENÜBER EINER BEITRAGSERHÖHUNG: Der Präsident der DGMM stellte deutlich klar, dass die deutsche Gesellschaft in keiner Weise bereit ist, ihren Beitrag zu erhöhen, auch nicht als eine einmalige Aktion. Die Delegierte der slowakischen Republik erläuterte, dass angesichts der diesjährigen Probleme ihrer Gesellschaft, den Beitrag zu erbringen, auch eine geringe Erhöhung ein erhebliches Problem darstelle.
 - KOMMENTARE ZU EINEM NOCH HÖHER ALS VORGESCHLAGENEN BEITRAG: Hutson kommentierte, dass es zu einem Niedergang, zu einem „Abschmelzen“ der FIMM kommen werde. Die bisherigen Vorschläge würden nur kurzfristig eine scheinbare Lösung bringen, ein paar Cents mehr wären nur eine „Bandage“. Er rief den Vorstand und die Delegierten auf, angesichts der vorgelegten Zahlen eine ethische Entscheidung zu treffen und wieder eine finanziell gesunde FIMM zu schaffen.
 - KOMMENTARE, DAS GEGENWÄRTIGE VERFAHREN ZU BEHALTEN: es wurde darauf verwiesen, dass bisher als

grundlegend vorausgesetzt wurde, dass die nationalen Mitgliedsgesellschaften ihren Beitrag erbringen. Es gebe weiterhin Einkommensanteile, die zugesagt worden seien und der FIMM-Vorstand möge ein Verfahren entwickeln, welches es den säumigen Zahlern erlaube, Nachzahlungen für die Vergangenheit zu tätigen.

▪ **Minderung der Ausgaben:**

- FIMM könnte die Übersetzungen aller Dokumente in drei Sprachen einsparen und die Zusammenkünfte (usw.) vermindern. Dadurch würden sich die Basis-Ausgaben auf 30% vermindern (bei 61% variabler Kosten). Das Ergebnis dieser Einsparungen wäre ein Haushalt von € 37050.
- Als weiterer Vorschlag möge überlegt werden, die Funktionen des Ausbildungsausschusses auf die FIMM-Akademie zu übertragen.
- Der Delegierte der russischen Föderation und Mitglied des FIMM-Vorstands führte aus, dass ein Großteil der früher angehäuften Schulden aus Budgetüberschreitungen durch die Generalversammlungen in Bratislava und Gathwick stamme. Diese Schulden wären bald abgetragen und die beschlossenen Änderungen in der Finanzpolitik würden einen Rückfall in diesen Fehler verhindern.

▪ **Andere Möglichkeiten:**

- Verschiebung des **Abrechnungsjahres** auf September bis August. Dazu wurde dann ausgeführt, dass dies eine Erhöhung nur für das Jahr des Wechsels um 33% bedeuten würde.
- Eine mögliche **neue, reformierte FIMM-Stiftung**, welche in einem anderen Land wie den Niederlanden registriert wäre. Dazu wurde angemerkt, dass eine Stiftung nicht besonders flexibel sei, weil ihre Funktionsweise bei der Auszahlung begrenzt sei.
- Politisieren erscheine schwierig – besser sei es, die **Kommunikation** zu den Sekretären und Schatzmeistern zu verbessern, welche die Beiträge überweisen sollen.
- **Konzentration auf die grundlegenden Funktionen:** FIMM muss seine grundlegende Ausbildungsfunktion behalten (als ausschließlich gesundheitspolitische Gruppierung werde FIMM absterben), aber die wissenschaftlichen Ergebnisse sollten von der FIMM-Akademie erstellt werden.

d. **Entwicklung der Finanzanträge für das Budget 2008:** Es wurde eine sehr ausgedehnte Diskussion über die eingangs gemachte Vorschläge für eine positive Modifizierung der interne Aktivitäten geführt, um aus den Schulden zu kommen, wieder einen positiven Geldfluss zu erreichen und dabei die Beiträge nicht erhöhen zu müssen. Diese Diskussion konzentrierte sich dann auf die Alternative zwischen verminderter Aktivität und weniger Ausgaben einerseits, sowie einer einmaligen Zusatzumlage. Daraus ergaben sich einige Anträge.

- Einige Delegierte betonten, dass die FIMM „etwas anzubieten“ habe und daher einer Finanzierung bedürfe, die mehr als die „pure Existenz zum Hungerlohn“ ausmache. Dänemark würde daher die dritte Lösung mit 50 Cent Anhebung sowie zusätzlich der Verlegung des Abrechnungsjahres unterstützen. Die Schweiz würde einer Beitrags-erhöhung von 20 oder 30 Cents zustimmen, weil die gesundheitspolitischen Aktivitäten überlebenswichtig seien.
- Hutson wiederholte sein Angebot dass die Akademie als nicht-politische Institution den nationalen Gesellschaften für eine mögliche Übernahme der Ausbildungs- und Wissenschaftsfunktion zur Verfügung stünde. Dagegen erhoben sich Bedenken, weil dann nur die reicheren Schulvertreter sich in die Akademie einkaufen könnten.
- Für den 2007 – 2008 Übergang wurden Überlegungen geäußert, einen akzeptableren Jahresabschluss trotz des drohenden Defizits zu erreichen:
- Für Deutschland bot der Präsident von Heymann an, als Schatzmeister der MWE direkte Vorauszahlungen dieses Anteils der DGMM- Beiträge zu leisten, außerdem wolle er weiterhin auf die DGMM einwirken um die finanziellen Engen zu erklären.

Dänemark bot sich auch an, den Beitrag im Voraus zu bezahlen.

Die russische Föderation erklärte, auch im Voraus zahlen zu wollen.

e. **Abschließende Haushaltsanträge:**

- **Antrag Nr. 1:** Die Delegierten mögen entscheiden entweder (1) für das vorgeschlagene Budget mit weniger Aktivitäten, aber ohne Beitragserhöhung (entsprechend dem Vorschlag I des Schatzmeisters mit dem „blauen Einkommen“ und den vorgegebenen „roten Ausgaben“) zu stimmen, oder (2) für das vorgeschlagene Budget einschließlich der Entscheidung für eine einmalige Beitragserhöhung von 50Cent zu stimmen, um die Aktivitäten entsprechend den vom

Schatzmeister vorgestellten „roten Ausgaben“ durchzuführen. DIE ABSTIMMUNG ERFOLGTE ZUGUNSTEN EINER EINMALIGEN ERHÖHUNG: für „keine Anhebung, aber weniger Aktivität“ stimmten: 0, für „Erhöhung mit Erhalt der Aktivität“ stimmten: 15, Enthaltungen: 1

- **Antrag Nr. 2:** Neu-Seeland stellte den Antrag, die Anhebung möge nicht verpflichtend sein, um niemanden unter Druck zu bringen. (Abstimmung: freiwillig: 5, verpflichtend: 4, Enthaltungen: 2)

→ Als Antwort auf die Frage Spaniens, was das nun praktisch zu bedeuten habe, erklärte der Präsident, dass nunmehr jeder Delegierte die Aufgabe und Verpflichtung habe, gegenüber seiner Gesellschaft darzulegen, dass die Generalversammlung einen Haushalt zur Unterstützung der FIMM verabschiedet habe. Für den Haushalt 2008 möge sich die Mitgliedsgesellschaft dafür entscheiden, die FIMM zu stärken, indem sie einmalig den Beitrag um mindestens 50 Cent für jedes ärztliche Mitglied der nationalen Gesellschaft gegenüber dem Vorjahr erhöht.

- **Abschluss der Haushaltsberatungen für 2008:** Es wurde klargestellt, dass der Haushalt verabschiedet wurde ohne verpflichtende Beitragserhöhung und mit verringerten Aktivitäten, wie sie das vorgeschlagene Budget erlaubt. Die einmalige Umlage, welche hier von der übergroßen Mehrheit beschlossen wurde, wird durch die Berücksichtigung der Wirklichkeiten so modifiziert, dass diese Umlage offiziell nur „freiwillig“ erhoben wird.

f. **Dreijährlicher FIMM-Kongress**

- Wie eingangs der Generalversammlung von Marc-Henri Gauchat erläutert wurde, war die Absage des 2007 geplanten dreijährlichen Kongresses in der Schweiz eine ökonomische Notwendigkeit. Die Delegierten forderten den Vorstand auf, alle Eventualitäten zu bedenken, um einen solchen Vorgang zukünftig unbedingt zu vermeiden.
- Der Vorstand schlägt der Generalversammlung vor, die nationalen Mitgliedsgesellschaften mögen bei ihren nationalen Kongressen oder Treffen jeweils einen Raum für internationale Präsentationen bereitstellen.
- Die nationalen Gesellschaften könnten dabei helfen, Verbindungen dafür zu schaffen, dass Arbeiten, die bei einem FIMM-Kongress vorgelegt würden, auch bei angekündigten nationalen Kongressen oder den Peer-Review-Journalen

vorgelegt werden können (wie in diesem Jahr in den USA geschehen).

→ Der Vorstand der FIMM wird eine Liste von Voraussetzungen erstellen, unter denen der Name der FIMM für ein solches Treffen verwendet werden kann (könnte die FIMM-Akademie ggf. auch?)

- Für die Frage, wer über die Beiträge der FIMM bei einem solchen Kongress entscheiden solle war die Antwort, dass dies von der nationalen Gesellschaft zu entscheiden sei, weil sie die ökonomische Verantwortung trage, und nicht die FIMM. Zudem können gewisse FIMM- freundliche Empfehlungen nicht für alle Länder gelten, wegen der Kosten für Übersetzungen usw.
- Wissenschaftliche Aktivitäten der FIMM können „huckepack“ mit wissenschaftlichen Präsentationen der FIMM-Akademie erfolgen. Das nächste Treffen der FIMM-Akademie mit formalen Präsentation wird Ende Mai (29.-31.5.2008) sein.
- Neu-Seeland ist der nächste Kandidat auf der Liste der Gastgeber für einen dreijährlichen FIMM-Kongress. Auf deren Wunsch hin sollten Beiträge eingereicht werden und Vorschläge für Redner (diese sind an Gary Collinson zu senden).

g. **Vorschläge des Vorstands für strukturelle und funktionelle Änderungen**

- Auch wenn es in den FIMM-News bereits vorgestellt wurde, wurden der Generalversammlung nunmehr formal keine weiteren Anträge für eine Strukturänderung vorgestellt. Es wurde lediglich diskutiert, dass es gegenüber dem FIMM-Modell andere Modelle gebe. So wurde dargelegt, dass es ein System gebe, in dem jede Provinz eine Stimme in einem Haus habe, wobei in einem zweiten Haus die Stimmen entsprechend der Bevölkerungszahl vergeben werden. Schließlich wurde festgehalten, dass man doch eher über die einzelnen Projekt abstimmen solle, als damit anzufangen, die Statuten zu ändern.
- Hutson wiederholte seinen Antrag, den Ausbildungsausschuss aufzulösen und ihn aus politischen und funktionalen Gründen in die Internationale FIMM-Akademie einzugliedern. Der Direktor des Ausbildungsausschusses, Glen-Gorm Rasmussen beantragte dagegen, erst seinen Bericht abzugeben. Die Generalversammlung stimmte ihm mit Mehrheit (ohne Stimmauszählung) zu, so dass die Beratung über den Antrag von Hutson vertagt wurde bis nach der Vorstellung der Berichte über den Ausbildungsausschuss und die FIMM-Akademie.

TOP II

Bericht des Direktors des Ausbildungsausschusses (Rasmussen)

a. Die FIMM wurde von Lehrern der Manuellen Medizin gegründet, die Aus- und Weiterbildung ist somit immer das Kernstück der FIMM gewesen.

- Der Direktor berichtet gute und schlechte Nachrichten über den Ausbildungsausschuss: gute = wenig Ausgaben, schlechte = weniger Ergebnisse, als manche Mitglieder wünschen.
- Aufgrund der finanziellen Bedingungen fand das letzte offizielle Treffen im Januar 2006 in Prag statt. Im Juli 2007 beschloss der Vorstand daher in Berlin, am 12. und 13. September 2007 einen 2-Tages-Workshop des Ausbildungsausschuss durchzuführen (wegen der Nähe zur Teilnahme an der Generalversammlung und wegen der ungeklärten Finanzierung des Glossar-Projektes). Dabei sollte es ausschließlich um das FIMM-Glossar gehen, welches bei der Generalversammlung 2006 und vom Ausbildungsausschuss projiziert wurde und höchste Priorität erhalten hatte.
- Außerdem wurden Aktualisierungen des Glossars und der EB- Ausbildungsprogramme präsentiert.
- Einige Überlegungen über die beiden offiziellen Einrichtungen, die sich mit der Ausbildung beschäftigen – dem Ausbildungsausschuss (**was** soll gelehrt werden?) und dem wissenschaftlichen Ausbildungskomitee der FIMM-Akademie (**wie** soll am besten gelehrt werden?):
- Die beiden Ausbildungsgruppen werden nunmehr von zwei verschiedenen Leitern geleitet. Die FIMM-Akademie traf sich im Mai 2007 und wählte Sergei Nikonov als neuen Vorsitzenden des Komitees für Erziehungswissenschaft. Ein neuer Direktor des FIMM- Ausbildungsausschuss soll von dieser Generalversammlung gewählt werden.
- Beim Vergleich der Mitglieder des bisherigen FIMM- Ausbildungsausschusses mit der entsprechenden Liste des Komitees für Erziehungswissenschaften der FIMM-Akademie ergeben sich signifikante Überschneidungen.
- Bewertungen und Optionen aus diesen Überschneidungen:
- Braucht man doppelte Ressourcen, um die notwendige und wichtige Arbeit mit der Ausbildung zu leisten? Fakt ist, dass Ausbildung durchgeführt werden muss. Hierfür ergeben sich vier Optionen:

1. die Arbeit des FIMM- Ausbildungsausschusses erfolgt in strikter Kooperation mit den Wissenschaftlern der FIMM-Akademie.
2. Zwei unabhängige Ausbildungsgruppierungen machen das, was sie jeweils für richtig halten.
3. Übertragung der gesamten Aufgaben der FIMM und der FIMM-Akademie auf nur noch die FIMM-Akademie.
4. Fortfahren wie bisher, aber intelligenter und billiger!

Unabhängig vom Ausgang dieser Entscheidung müssen die Ausbildungs- Verantwortlichen der FIMM in der Akademie vertreten sein und an den Treffen mitarbeiten. Aus Sicht der Ausbildung ist die Existenz der Akademie ein Erfolg.

→ Die Erziehungswissenschaftler, die an der FIMM-Akademie beteiligt sind, wollen zu den wissenschaftlichen Tagungen gehen, um die neuesten Erkenntnisse in die Lehrveranstaltungen ihrer eigenen Länder einzubringen.

- b. Antrag auf Annahme des Berichtes des Direktors des Ausbildungsausschusses: *mit 16/0/0 Stimmen angenommen.*
- c. Rücktritt des Direktors des Ausbildungsausschusses: wie vorher angekündigt, stellte Glen-Gorm Rasmussen nach 10 Jahren außerordentlichen Einsatzes seinen Posten zur Verfügung. Dies wurde angenommen, es erfolgten stehende Ovationen zur Würdigung seiner Arbeit.
- d. Wahl eines neuen Direktors für den Ausschuss:
 - Im Rahmen der regulären Ausschreibung auf der Website erfolgte nur eine Bewerbung durch Marie-José Teyssandier (Frankreich), der seit der Gründung Mitglied des Ausschusses ist. Er ist Mitarbeiter von Robert Maigne seit mehr als 40 Jahren und Lehrer in Manueller Medizin in verschiedenen Ländern seit dreißig Jahren; er hat 10 Bücher geschrieben. Es gibt keine weiteren Bewerbungen.
 - Teyssandier äußerte seine Überzeugung dass der FIMM- Ausbildungsausschuss und das Komitee für Erziehungswissenschaften der FIMM-Akademie eng zusammen arbeiten müssen. Bei seiner Wahl fühle er sich gegenüber dem Vorstand und der Generalversammlung der FIMM verpflichtet. Die Richtung seiner zukünftigen Führungsarbeit mittels eines komfortablen Plans sei auf die FIMM und die Bedürfnisse der Nationalen Mitgliedsgesellschaften ausgerichtet.

- Teyssandier erläuterte seine Überzeugung, dass die FIMM das Angebot einer Serie von „Basis-Kursen“ erstellen solle, in denen auf der Grundlagen von Leitlinien die Manuelle Medizin „praktisch“ gelehrt werden solle. Dazu gehörten:
 - Diagnostik und Behandlung
 - Protokoll über die pädagogische Ausbildung der Lehrer
 - Verschiedene unabhängige Kapitel, von denen jeweils 1 – 2 einer Generalversammlung zur Genehmigung vorgelegt werden soll (z. B. Prävention von Wirbelsäulenerkrankungen, praktische Erläuterungen für Studenten über den Anteil der Manuellen Medizin an der gesamten Medizin usw.)
- Antrag zur Abstimmung über die Wahl von Marie-José Teyssandier als nächster Direktor des FIMM- Ausbildungsausschusses: *Abstimmung: angenommen mit 13 Ja, keiner Gegenstimme und 2 Enthaltungen.*

e. **Geschichte und Fortschritte – Bericht**
über die Glossar-Arbeitsgruppe

- Im Namen der FIMM und der besonderen Arbeitsgruppe für das FIMM-Glossar würdigte und dankte Michael Kuchera dem National Osteopathic Research Center (University of North Texas Health Science Center) für eine inhaltlich nicht festgelegte Spende für dieses Ausbildungs-Projekt. Die letzte Version des Glossars mit den Empfehlungen des FIMM-Vorstands wurde an die Delegierten verteilt. Die Generalversammlung wurde informiert, dass das letzte Treffen dieser Arbeitsgruppe am auf die Generalversammlung folgenden Tag stattfinden werde, mit einem Bericht über das Treffen und der Konsensfassung an den FIMM- Ausbildungsausschuss bis zum Jahresende. Das wird es ermöglichen, das aktuelle Glossar – Version 8 – 2008 auf der Website zu veröffentlichen mit der Perspektive einer jährlichen Aktualisierung (v.9 in 2009, v.10 in 2010 usw.).
- Antrag auf Annahme des Berichtes der speziellen Glossar-Arbeitsgruppe und auf Auflösung der Arbeitsgruppe nach Abschluss der Arbeit bei dem Treffen nach der Generalversammlung: Angenommen mit 16/0/0 Stimmen.
- Die aktuelle Version v.7.1 wird ebenfalls ins Internet gestellt, um Änderungswünsche zu erhalten. Es wird außerdem ein offizielles Schreiben der FIMM zum Dank für das Sponsoring an das National Osteopathic Research Center gerichtet werden.

TOP 12

Bericht der Internationalen FIMM-Akademie für Manuelle/Muskuloskelet-tale Medizin

- a. Bericht des Vorsitzenden des Vorstands der FIMM-Akademie (M. Hutson)
 - In den vergangenen drei Jahren haben sechs Tagungen des Verwaltungsausschuss der FIMM-Akademie stattgefunden. Der Ausschuss will sich im Oktober in Berlin mit Vertretern der EFOMM (deutschsprachige MM-Wissenschaftler) treffen. Die nächste Tagung der FIMM-Akademie wird vom 29.-31 Mai stattfinden.
 - Eine neue Zeitschrift mit dem Titel International Musculoskeletal Medicine – including Manual Therapy and Manual Medicine hat sich aus dem bisherigen Journal of Orthopaedic Medicine gebildet und wird (als Bonus) den Mitglieder der nationalen Mitgliedsgesellschaften zum gleichen Preis angeboten, wie den Mitgliedern der FIMM-Akademie.
 - Hutson referiert die Entwicklung der FIMM-Akademie aus dem früheren FIMM- Wissenschaftskomitee (gegründet 1997, seit 2004 als Wissenschaftsausschuss fortgeführt) mit seinen Ergebnissen, Publikationen und Kursen, sowie den wissenschaftlichen Konferenzen alternierend mit Instruktionkursen. Derzeit habe die Akademie 60 – 65 Mitglieder.
 - Hutson führt weiter aus, die Akademie habe in den vergangenen Jahren eine substantielle Menge an Material veröffentlicht und dafür nur ein Fünftel bis ein Viertel des FIMM-Haushalts verbraucht. Mit etwa 100 Mitgliedern werde die Akademie finanziell unabhängig sein.
- b. Die FIMM-Akademie und die Aktivitäten des FIMM- Ausbildungsausschusses
 - Es gab und gibt eine ständige Debatte über das Verhältnis zwischen dem Ausbildungsausschuss der FIMM und die Komitee für Erziehungswissenschaft der FIMM-Akademie.
 - Antrag von Hutson: Die Generalversammlung unterstützt den Vorschlag, die Aufgaben des FIMM- Ausbildungsausschusses in die FIMM-Akademie zu integrieren. **DER ANTRAG WIRD ABGELEHNT mit 5 Ja-Stimmen, 10 Nein-Stimmen und keiner Enthaltung.**
- c. Bestätigung des Vorsitzenden des Vorstands der FIMM-Akademie

- Nach den Statuten ist Michael Hutson noch für ein weiteres Jahr wählbar.
- Abstimmung: es wird beantragt, M. Hutson möge von der Generalversammlung als Vorstandsvorsitzender der FIMM-Akademie bestätigt werden. Abstimmung: Ja: 14, Nein: 0, Enthaltungen: 0 (ein Delegierter war nicht anwesend)

TOP 13

Beschluss über die Aufteilung des Mitgliedsbeitrags für das kommende Jahr zur besseren Transparenz

- a. Basisausgaben für Verwaltung – entsprechend der Vorlage des Schatzmeisters
- b. Projekte der Ausschüsse – entsprechend der Vorlage des Schatzmeisters
- c. Der Vorschlag wird mit Mehrheit (ohne Auszählung) angenommen.

TOP 14

Mitgliedschaften (Aufnahmen/Ausschlüsse)

- a. Die Definitionen der Arten der Mitgliedschaft, der Anforderungen und die Regeln für einen Ausschluss wurden den Delegierten vorgetragen.
- b. Antrag: in einem von mehreren unterstützten Antrag soll getrennt über zwei Elemente der Mitgliedschaft abgestimmt werden: (1) sollen Griechenland, Lettland, Litauen, Luxemburg und Portugal von der Voll-Mitgliedschaft ausgeschlossen werden, und (2) sollen dies fünf Länder eingeladen werden, Außerordentliche Mitglieder zu werden, falls sie es wünschen (entsprechend der aktuellen Version der Statuten, die den Delegierten im „gelben Heft“ verteilt wurden).
 - Teil des Antrags (Ausschluss von der Vollmitgliedschaft): *Angenommen mit Ja: 12, Nein: 1, Enthaltungen: 2*
 - Teil des Antrags (Einladung, die außerordentliche Mitgliedschaft zu beantragen): *Angenommen mit Ja: 15, Nein: 0, Enthaltungen: 0*
 - Ergebnis: Griechenland, Lettland, Litauen, Luxemburg und Portugal sind nicht länger Mitglieder der FIMM, sie werden jedoch aufgefordert, einen Antrag auf „Außerordentliche Mitgliedschaft“ zu stellen.

TOP 15

Datum und Ort der Generalversammlung 2008

Auf die Anfrage des Schatzmeister, ob er vor einer Abstimmung über den Ort der nächsten Generalversammlung einen Kostenvergleich zwischen Varna und Prag vorlegen sollte, wurde seitens der Delegierten kein Antrag gestellt. Daher bleibt es bei dem bereits getroffenen Beschluss, dass die Generalversammlung 2008 in Bulgarien stattfinden soll.

TOP 16

Sonstiges

Der Antrag, Glen-Gorm Rasmussen den Titel „Ehrenmitglied der FIMM“ zu verleihen, wurde einstimmig angenommen.

TOP 17

Abschluss der Generalversammlung durch den Präsidenten um 19:41Uhr.

The Minutes of the Launch Meeting of the UEMS-Team FIMM Health Policy Board

February 9th, 2007, 10.15-15.10 hours
Berlin – Germany

Wolfgang von Heymann, Member of the FIMM Health Policy Board

Attending:

Dr. Bernard Terrier, Switzerland
President of the HP Board - BT
Dr. Reihard Deinfelder, Germany
Full Member - RD
Prof. Lothar Beyer, Germany
Full Member - LB
Dr. Wolfgang von Heymann
Full Member, FIMM President - WH

Apologies:

Dr. Leili Lepik, Estonia
Dr. Nadine Fouques-Weiss, France
Prof. Hans Tilscher, Austria

Introduction:

The intention of the meeting was to meet face to face to launch the work of this special European group.

Special interest to have a European group is related to the special situation of a large number of FIMM member societies concerning the development of the Bologna-process (e.g. the postgraduate advanced studies of physicians – see special material on the HPB-section of the FIMM-website) and the criteria of UEMS- membership in a multidisciplinary joint committee (MJC – see also material on the HPB-section of our website). These introductions were given to the meeting by WH for the Bologna process and by BT for the UEMS criteria.

Minutes:

After the opening of the meeting by BT the members presented themselves.

BT outlined the history of the HPB initiated 2005 in London on demand of the DGMM, designed and voted on in 2006 in Moscow and accepted in contents and personnel by the GA in Prague 2007. The first task of the European group was defined to evaluate the possibilities to enter the UEMS as a multidisciplinary joint committee/board/section on M/M Medicine.

By contribution of all present group members it became quite clear that the conditions of the UEMS are not fulfilled by a sufficient number of UEMS-members (one third) and that – as far as known – the large majority of the European FIMM national member societies are not fit for the Bologna process.

Action will therefore be necessary on one side to watch and collect information for those UEMS delegates affiliated to M/M Medicine, who are already inside the UEMS or will be entering soon. On the other side action is necessary to inform all national member societies about the conditions of the Bologna process and to induce a development that will make them fit for this process. These efforts are necessary anyway; even without the UEMS membership it would be vital for M/M Medicine to follow the path of the Bologna process to remain a legally recognised medical sub-specialty. But as the M/M physicians have the capacity and the competence for diagnosis and therapy of functional disorders of the locomotor system they must remain the leaders, should not leave the battlefield of economic interests to the physiotherapists or non-medical osteopaths.

After intense discussion the members of the group came to the following conclusions:

The biggest problem of M/M Medicine at the moment is the lack of academic representation of M/M Medicine in almost all countries.

Although M/M Medicine has all the knowledge, tools and competence for medical diagnosis and therapy of functional disorders we are not represented on this level, we are not enough opinion leaders towards the stakeholders of the health care systems.

We therefore have to define the position of M/M Medicine in Europe, try to regain

the position of an opinion leader concerning M/M Medicine, and to explain the homework to be done by the national societies in respect to the Bologna process and the UEMS criteria.

Any actual initiative towards the UEMS must remain internally, no private action of a single member to apply UEMS membership is of any good. Only when the homework is done completely the entrance will be opened by itself.

The working group will start in relation to the UEMS by these actions: Lobby work around the UEMS:

- Collect statistical data on the conditions of the national member societies in relation to the UEMS application criteria:
 - One third of UEMS members must fulfil the criteria, such as
 - They must represent an independent sub-specialty
 - Quality and standards of training and examination must be guaranteed
 - Training facilities with qualified teachers must be provided sufficiently
- Identify delegates familiar with M/M Medicine to build up a network within the UEMS.
- Observe developments and publications of the UEMS, especially in respect to the implementation of MJCs.
- Contacts to be initiated to the MJC of Sports Medicine.

On the other hand the working group will have to inform all national FIMM members about their “homework” that is necessary to achieve the application criteria:

- Concept for recognition of the 300-hours “Core Curriculum 2” of FIMM as an equivalent to the 30 ECTS required for a diploma in M/M Medicine.
 - This must start in one EU-country to give a binding example
 - An institution for certification has to be found or initiated, without any veto-power of any FIMM member, completely independent,
 - Precise modalities of examination based upon the publications on basic guidelines and standards for medical postgraduate education to be published.
- Definition of a 60 ECTS curriculum for the “Master of Advanced Studies” as a qualified teacher in M/M Medicine is required.
- All diploma and certificates have to become signed by an academic institution such as a university. The national societies have to initiate this process of collaboration between the society and the universities of its country.

The European group will prepare a white book on M/M Medicine in collaboration with the global group to provide all necessary information about our work to the stakeholders of the Health Care Systems as well as to the universities and the UEMS. This white book should be finished in September in its first version to be accepted. Concepts of the WHO-paper on chiropractic and the European white book on physical and rehabilitation medicine should be used.

The group finished its meeting by distributing some responsibilities:

RD for UEMS lobby work

LB and WH for articles in MM-journal (in German)

BT for the white book structure

WH and BT for a letterarticle to all member presidents in May 2008

BT for implementing all information on