Fédération Internationale de Médecine Manuelle
International Federation for Manual/Musculoskeletal Medicine
Internationale Gesellschaft für Manuelle Medizin
Международная Федерация Мануальной Медицины

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in constitution

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Report No. 1

Addressed to the FIMM Executive Board and presented to the FIMM General Assembly 2007
(Prague, September 15, 2007)

I. History

On May 18, 2006 the FIMM General Assembly in Moscow passed a motion introduced by the FIMM Executive Board at the General Assembly a year before in London (2005) to establish the *FIMM Health Policy Board* (HPB). The Assembly then adopted at the same time the FIMM bylaws as follows:

Art. 7
[…] The Executive Board consists of:
[…] - the Health Policy Director
[…] The Health Policy Board reports regularly to the Executive Board. The members of the Health Policy Board are appointed by the Director of the Health Policy Board and confirmed by the General Assembly.

Furthermore, the Assembly repeated firmly the benchmarks of the role of FIMM:

- collective membership (member societies representing national schools or an umbrella organization of several schools of one country)
- representation of political and educational positions
- dealing with educational and political matters as the core activity
- representing the political frame for FIMM-labelled activities and taking a status defined by the FIMM General Assembly
- the constitutional bodies of FIMM are the FIMM General Assembly, the Executive Board (led by the FIMM President), the FIMM Education Board (led by the Education Director), and the FIMM Health Policy Board (led by the Health Policy Director).

The motion and the adoption of the changes of the bylaws passed unanimously after an extensive discussion. The establishment of the FIMM International Academy of Manual/Musculoskeletal Medicine in 2004 (Bratislava) gave Science with respect to Manual/Musculoskeletal Medicine a newly defined and well prepared home[1]. Educational matters achieved the same in FIMM's Education Board[2]. For many reasons the General Assembly became aware that medico-political issues have become eminent and, therefore, agreed to establish structures

[1] The former FIMM Scientific Committee in 2004 was migrated to the semi-autonomous FIMM Academy, an organisation based on individual membership without national or school-representation.
[2] Formerly FIMM Education Committee

within FIMM that are compatible with these demands. The Assembly was thereby strongly convinced by the *triangle-model* prior introduced by the Science Director of the FIMM Academy including a statement in 2005[3]:

Fig. 1: *The FIMM triangle-model*

«FIMM as an international organisation, with its tasks in the areas of science, education and medico-political issues, can only survive if these three components are interrelated. This functional triangle is essential for the future of FIMM. Science will provide the evidence for M/M Medicine with respect to efficacy, reliability and theoretical background. But science in M/M Medicine has no sense if it is not implemented in education systems of the National Societies. Conversely, education as such has no sense if its contents are not based on evidence. The same mutual relationship between science and the medico-political tasks of FIMM exists. Medico-political issues must be supported by evidence arising form scientific work.»

On July 5, 2007 the Health Policy Director was charged by the FIMM Executive Board to prepare a plan for the General Assembly, which officially represents international Manual/Musculoskeletal Medicine to the World Health Organization (WHO). It recommended establishing a document with a possible title: *WHO Guidelines on Basic Training and Safety in Manual Medicine*.

In further Health Policy discussions the Executive Board has taken measures to adopt an official position paper regarding FIMM and Osteopathic Medicine. It also considers asking the *Union Européenne des Médecins Spécialistes*[4] (UEMS) to evaluate and possibly initiate the positioning of Manual/ Musculoskeletal Medicine in Europe as a distinct specialization.

II. Basic objectives of the FIMM Health Policy Board

The basic objectives of the FIMM Health Policy Board are: *(proposed by the HPB Director and to be discussed by the FIMM HPB and the FIMM authorities)*

- to defend at the international level the professional status of medical specialists in Manual/Musculoskeletal Medicine in society;
- to encourage and establish bonds between national professional organisations grouping together as medical specialists in Manual/Musculoskeletal Medicine; to support and co-ordinate their actions;
- to contribute to the creation and maintenance of solidarity between medical specialists in Manual/ Musculoskeletal Medicine;
- to collaborate with international health policy and political international organisations on global and multinational levels to the benefit of Manual/Musculoskeletal Medicine;
- to organize exchanges of medico-political information by whatever means on relevant professional issues concerning Manual/Musculoskeletal Medicine.

[3] Report of the Chairman of the Scientific Committee (FIMM NEWS Vol. 13 No. 1, 2005)
[4] European Union of Medical Specialists www.uems.net

III. Action plan 2007- 2009

1. WHO project
2. UEMS project
3. Archive on medico-political issues

The HPB shall split in two teams and work parallel on project no. 1 and no. 2. Project no. 3 will engage all members of the HPB and the FIMM Secretary-General.

1. WHO project

1.1. Introduction

The task is to develop an extensive consensus document presented by FIMM and accepted and published by WHO, which encourages and supports countries in the proper education and use of safe, effective practices in Manual/Musculoskeletal Medicine as a part of national health services. Such a reference could be expected to guide appropriate national and international healthcare and health policy discussions.

In the light of the situation described above, there will be a need to develop guidelines on education, training, and safe practice in Manual/Musculoskeletal Medicine, including information on contraindications for such care.

Other groups recognised by WHO have done the same[5].

The document must have significant input from the FIMM Education Board; it must also contain a glossary on basic terms in Manual/Musculoskeletal Medicine as an addendum.

1.2. Some possible content

- General considerations
- Acceptable levels of education and retraining
  - Category I – bachelor level
  - Category II – master level
  - Category III – doctoral level
  - Other educational/training models
  - Retraining and continuing Manual/Musculoskeletal Medicine education
- Assessment and examination of students in Manual/Musculoskeletal Medicine
- Primary health care workers and Manual/Musculoskeletal Medicine
- Guidelines on safety of Manual/Musculoskeletal Medicine
- Accidents and adverse reactions
- Appendices
- References

1.3. Working group

The document shall be developed and elaborated by a team of the HPB (*WHO team*) of dedicated and experienced representatives of Manual/Musculoskeletal Medicine. The composition of the group shall mirror FIMM's "international map". The project must take into consideration the economic situation of FIMM. The period of development shall be no longer than 2 years. The WHO registration process is aimed at the end of 2010 to be accomplished.

Most of the teamwork will be done by the use of co-ordinated e-mail correspondence. However, some meetings of the team will be necessary to guarantee coherent editing.

Some informational meetings with WHO authorities at their Geneva address might be necessary. However, such meetings will perhaps only need to engage just the Director of the HPB.

[5] http://www.chiropractic.ie/docs/WHO guidelines.pdf

1.4. Implementation

The different stages of development shall be accompanied by strong feedback mechanisms. That means that the Executive Board and the General Assembly will be informed at specific stages of the project. Both the Executive Board and the General Assembly shall be given opportunities for feedback within defined procedures.

Only after ratification by the General Assembly the consultation document shall be submitted to the WHO. It will then be screened and finally proved by the WHO authorities. Subsequent to their determination the document will become an official WHO document.

WHO might ask for adjustments of the document, which again starts a ratification process within FIMM authorities with a final decision by the General Assembly.

1.5. Timetable

1. Meeting	September 2008	Varna, Bulgaria[6]	version 1
2. Meeting	June 2009	Prague, Czech Republic[7]	version 2
3. Meeting	September 2009	?[8]	version 3 (pre-WHO)
WHO Consultation	2009 - 2010	Geneva	version 4 (WHO)

Versions 1 - 3 including possible subversions will be submitted to the Executive Board.

In 2008 the General Assembly will be informed about the status of the project and version 1 will be presented.

Throughout 2009 the FIMM member societies will be informed about version 3. The working team of the HPB (or maybe just a subgroup) will work on specific inputs prior to the General Assembly. It is planned to submit version 3 for ratification to the General Assembly in September 2009.

After the 2009 General Assembly the official WHO registration process will begin (at this stage informational contacts with WHO will already have been established in order to get optimum guidance by the WHO authorities). This will lead to version 4. This again involves internal FIMM feedback procedures and a final ratification by the FIMM General Assembly.

1.6. Format of the report

The document will be presented in English.

1.7. Costs

1.7.1. Production

1. Meeting	September 2008	Varna, Bulgaria	EUR	5’000.00
2. Meeting	June 2009	Prague, Czech Republic	EUR	5’000.00
3. Meeting	September 2009	?	EUR	5’000.00
Total			**EUR**	**15’000.00**

Meetings are set in conjunction with official FIMM events such as the FIMM General Assembly. This shall reduce costs for FIMM as some of the HPB members will attend these meetings in their specific roles as a delegate of their FIMM member society and, therefore, part of their expenses are funded by other resources.

If FIMM funds do not allow paying for all listed expenses the first meeting (September 2008, Bulgaria) shall be omitted.

[6] in conjunction with the FIMM General Assembly 2008
[7] in conjunction with the Annual Meeting 2009 of the FIMM Academy
[8] in conjunction with the FIMM General Assembly 2009

1.7.2. WHO Consultation

WHO Consultation	2009 - 2010	Geneva	**EUR**	**~75'000.00**

Once the FIMM General Assembly passed the final (pre-WHO-) version 3 the Assembly will have to decide on applying for a Consultation with the WHO.

By this time FIMM will also need to have established a plan for funding the WHO Consultation process. Additional shares by FIMM member societies might contribute to satisfy the need for special one-time funding of this project. Other solutions will have to be sought, too.

The Consultation process involves extensive dialogue and testimony by committees, invited external representatives, and consultants of the WHO. Such a Consultation is known to cost app. EUR 75'000. FIMM will be billed for that amount over and above the costs of developing its consensus documents. The WHO consultants come from multiple countries to participate in the presentations. The publication costs for WHO internal distribution are included in this Consultation fee. Probably it is possible for groups outside FIMM which have similar issues to combine the expenses associated with a WHO Consultation, but to wait for one ore more groups to do this and then to try to coordinate such groups may be less certain and require much more time.

2. UEMS project

2.1. Introduction

There have been several attempts to include Manual/Musculoskeletal Medicine as a partner or member of UEMS[9, 10, 11, 12].

The facts are well compiled in Art. 24 of the *Rules of Procedure of UEMS* (part 2, UEMS specialists section, final text dated May 5, 2003):

I.1 In order for a discipline to be recognised as a specialty of UEMS, with the view of forming a Specialist Section, it must be recognised as an independent specialty by more than one third of the EU member states, must be registered in the Official Journal of European Commission (Medical Directives) and fulfil the following conditions, as laid down by the Management Council on 3rd of November 1979:

a. the specialty must be effectively carried on as such, essentially in exclusive practice, by competent specialists;

b. the number of these specialists must be sufficient to establish, from among their members, panels of examiners or recognition Committees in that discipline;

c. the discipline must be practiced in institutions with sufficient training facilities available for them to be designated as training centres. These institutions must be controlled by specialists of such seniority and experience as to be acknowledged as directors of training (D7927).

It is important to know that UEMS has set high goals in its quality agenda. UEMS considers regulation to be one part of this agenda[13]. In addition UEMS has published a policy paper on Continuing Professional Development as quality improvement: *The Basel Declaration* (2001)[14] – that deals with continuing professional development as a form of quality improvement – and *Promoting Good Medical Care* (2004)[15] on quality assurance.

It is clear that UEMS has set benchmarks, which will not easily be achieved and maybe not achieved at all by Manual/Musculoskeletal Medicine at this time. The FIMM Executive Board, therefore, considers it to be impossible to become a full member of UEMS at this point of time and to get a full

[9] Attempt by former Vice-President of SOFMMOO (M.-J. Teyssandier), 1990
[10] Letter by the Chairman of the FIMM Policy Sub-Committee (M. Hutson), July 15, 1996
[11] Diverse information of UEMMA kindly given at disposition by M.-J. Teyssandier in a letter dated June 8, 2007
[12] Letter on behalf of the FIMM HPB by the FIMM President (W. von Heymann), May 1, 2007
[13] Budapest Declaration on: Ensuring the Quality of Medical Care, UEMS, 18 final, 2006, http://ec.europa.eu/health/…190.pdf
[14] http://www.ebac-cme.org/newsite/archives/Vol 02/EACCME 5.pdf
[15] http://admin.uems.net/uploadedfiles/458.pdf

recognition as a speciality for physicians even though in some member countries of the European Union Manual/Musculoskeletal Medicine is fully recognised as a medical mono-specialty. In many of the FIMM European FIMM-member countries, Manual/Musculoskeletal Medicine is not even recognized as a sub-speciality[16]. As a first step the German DGMM reached at least an observatory status in UEMS.

2.2. Goal

In a declaration addressed to the FIMM HPB, the FIMM Executive Board has defined the goal in terms of UEMS:

- to initiate the positioning of Manual/Musculoskeletal Medicine in Europe as a distinct specialization.

2.3. Strategy

In further steps taken by the HPB a group with DGMM and other European FIMM member societies or other groups of Manual/Musculoskeletal specialists shall form a group of sub-specialists and attempt recognition by UEMS, including a possible change within the by-laws of the UEMS.

2.4. Working group

The document shall be developed and elaborated by a team of the HPB (*UEMS team*) of dedicated and experienced representatives of Manual/Musculoskeletal Medicine. The composition of the group shall mirror FIMM's "European map". The project must take into consideration the economic situation of FIMM. The period of development shall be no longer than 3 years.

Most of the teamwork shall be done by the use of co-ordinated e-mail correspondence. However, some meetings of the team will be necessary to guarantee coherent editing.

Some informational meetings with UEMS authorities and political representatives to the UEMS might be necessary. However, such meetings will engage perhaps not the whole group.

2.5. FIMM and Europe

The General Assembly will be asked for support in this specifically European project. The non-European member societies are directly addressed in this.

Out of 30 FIMM member societies 23 are European. Some of these member societies have clearly declared that FIMM needs such an initiative.

2.6. Implementation

The different stages of development shall be accompanied by strong feedback mechanisms. That means that the Executive Board and the General Assembly will be informed at specific stages of the project. Both the Executive Board and the General Assembly shall be given opportunities for feedback within defined procedures.

2.7. Format of the reports

The reports will be presented in English.

2.8. Costs

2007/08	EUR	1'000.00
2009	EUR	2'000.00
2010	EUR	3'000.00
Total	**EUR**	**6'000.00**

[16] Report of the FIMM President 2007

3. Archive on medico-political issues

3.1. Introduction

It is important for the HPB as well as for all FIMM member societies to be informed about medico-political developments.

This information shall be collected by the HPB. New information will be published in the monthly FIMM NEWS BULLETIN in collaboration with the FIMM Secretary-General. The information including references will then be archived in downloadable format on the FIMM website on a section accessible to the public.

3.2. Responsibility

The Director of the HPB is responsible for processing and selecting the material. The FIMM Executive Board can direct this task to a deputy.

3.3. Working team

All members and advisory members of the HPB are obliged to be working on that task.

The FIMM member societies are invited to get involved themselves; the more information, the better comprehensive understanding and output.

3.4. Timetable

Onset: after approval by the General Assembly.
Conclusion: open-ended.

3.5. Costs

EUR 0.00.

B. Terrier / August 22, 2007