

Assemblée générale de la FIMM 2006
The General Assembly of FIMM 2006
Die Generalversammlung der FIMM 2006
Moscou (Russie)
Moscow (Russian Federation)
Moskau (Russland)

Invitation par la Ligue russe des professionnels en médecine manuelle
By Invitation of the Russian League of Professionals in Manual Medicine
Einladung durch die Russische Liga der Berufsleute in Manueller Medizin

Minutes

Agenda

Meeting Of the 41st General Assembly opened 9.15 AM.

Members Present

Executive Committee

President	Dr Bernard Terrier
Vice President	Dr M. Hutson
Vice President	Prof. M. Kuchera
Secretary-General	Dr R. Palmer
Deputy Secretary	Dr M. Dedée
Treasurer	Dr V. Dvorak
Assessor	Dr W. Von Heymann

EC Chairman Dr. G.G. Rasmussen

Director FIMM Academy Prof. J. Patijn

Society Representatives.

Australia	Dr Ron Palmer
Austria	Dr W. Von Heymann
Belgium	Prof. J. De Nayer
Canada	Dr Craig Appleyard
Czech Republic	Prof. V. Tosnerova
Denmark	Dr A. Gravesen
Finland	Prof. O. Airaksinen
France	Dr E. Lapeyre
Germany	Dr D. Heimann
Italy	Dr M.J. Teyssandier
Japan	Dr K. Sumita
Netherlands	Dr J. Patijn

New Zealand	Dr J. Watt
Russia	Prof Sittel
Slovakia	Dr St. Bodnar
Spain	Dr V. Sottos Borrás
Switzerland	Dr M.H. Gauchat
UK	Dr U. Jannoun
USA	Prof. M. Kuchera

Apologies	Bulgaria	by e-mail
	Estonia	by e-mail
	Greece	by e-mail
	Lithuania	by e-mail
	Poland	by e-mail

Absents	Hungary
	Latvia
	Luxemburg
	Portugal
	South Korea

1. Opening by the President

Remark: Two countries will be represented by a person of another country: Austria by Dr W. von Heymann (member of the Austrian Society) and Italy by Dr M.J. Teyssandier (member of the Italian Society). They are members of these societies. The President has letters from the two societies delegating their vote to the named representatives. This not a standard practice as allocation of votes by proxy is outside the official Statutes. In this one instance is accepted by the assembly by vote. Counter of votes are elected... Gauchat and Denayer.

President thanks the Russian society for hosting this GA and for the welcome dinner last night. He inquires if all agree with the agenda.

2. Presentation of the Russian League of Professionals in Manual Medicine By Prof Anatoly Sitel:

League of Professionals in Manual Medicine (RLPMM).
The Russian league includes 428 MD from different Republics (Russia, Kazakhstan, Armenia, Ukraine) and organise 4 conferences per year. It has worldwide connections and partakes in a number of international conferences. He gives some examples of diagnosis and treatments via slides shown. Makes special mention of the vascular component of their treatment techniques.

3. Presentation of the representatives of the national societies
(Limited to 4 minutes per presentation)

Summary of society activities in the past year presented by Australia, Austria (via Wolfgang von Heymann), Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Italy(via Marie Jose Tessandier), Japan, Kazakhstan, Netherlands, New Zealand, Portugal (via Tessandier), Slovak Republic, Spain, Switzerland, United Kingdom, United States.

Letters were read out by the President from; Bulgaria, Estonia, Greece, Poland.

Of note was that the manual medicine field in Greece has been incorporated into the Greek Rehabilitation Association. Also that the Portugese are running courses in conjunction with the Spanish. The reason for both these decisions is the small number of practitioners.

No remarks from the Assembly.

4. Matters arising from the minutes of the last General Assembly
(London Gatwick – United Kingdom)

The S-G and the Deputy S-G thanked by the President for the minutes.
The report is accepted unanimously.

5. Report from the President

Dear delegates, dear executives, dear colleagues and friends, ladies and gentleman

The FIMM General Assembly 2002 elected me in Kuopio on September 5 to be the President of FIMM. Today, here in Moscow, my presidency comes to an end. It is time to look back, and time for some analysis.

In Kuopio a Russian delegation under the leadership of Prof. Anatoly Sitel showed up for the first time at a FIMM General Assembly. I felt that this first acquaintance was no coincidence. Prof. Sitel did not come to Finland to vote for me. Russia voted for my opponent. But it was the same evening after elections that I felt it important to promise that under my presidency there will be a FIMM General Assembly Moscow, as a sign of friendship and solidarity. And here we are, invited by the Russian League of Professionals in Manual Medicine, spending an important and maybe a most trend-setting General Assembly. I would like to thank The Russian League, Prof. Sitel, his wife Elena and Prof. Nikonov for the reception at Moscow and the excellent time that FIMM is spending in Russia.

It is not accidentally that this year's General Assembly takes place in Russia. It is this part of the world where Manual and Musculoskeletal Medicine is growing fastest. Not only that in Russia there are about 10 societies or subgroups of Manual Medicine on university level, but also there are other upcoming societies in Kazakhstan, in Ukraine, in Belarus, and more farther away in India and even China. Some of these countries will apply for FIMM membership today and some will certainly do so in the future.

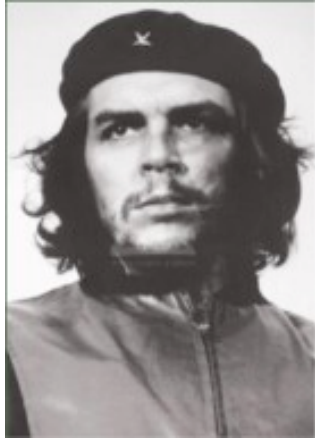
This shows, that after being mostly centred on north-western and southern Europe at the beginning, FIMM has become a true worldwide organisation, a process which was initiated in the late nineties by my processors, and which was continued throughout the last four years. In 2003 Japan and Bulgaria became a FIMM member. In 2004 the Russian League became an official member. Some wait to become a member today. Even though regional political and educational issues, for instance in Europe, have gained some specific importance lately, even that much that they wait for courageous solutions, one should not make the mistake to overlook FIMM's growing and in some regions of the world traditional responsibility in Manual and Musculoskeletal Medicine.

At the beginning of my presidency FIMM found itself in a time of transition. A need for change was eminent as a new generation of specialists in Manual and Musculoskeletal Medicine accepted to take responsibility, as executives be it within a FIMM member society or even within FIMM. As always when time and progress proceed some will be faster and some will be slower on that way to the future. That leads to antagonism, which is healthy and needed, as the famous philosopher Hegel has lectured. The fact is that if you allow only the one, be it the old or the new, you stand still quite fast. FIMM had from both, the old and the new. This was the case at the beginning and this is the case at the end of my privileged time as a FIMM executive. I felt it important, as real progress is only guaranteed by the fact of this antagonism, to keep good relationships with representatives of the former as well as of the younger generation.

If some of you dedicated representatives and officials open your eyes wide lately about some antagonism within FIMM seemingly overcome some time ago, you shouldn't forget that progress will take place just because and not despite of it.

One of my presidential goals was to enhance coherence within the FIMM community and especially between the member societies of FIMM. One means to do so is better communication and dissemination of information. FIMM took a tremendous effort to be better in that field both within its committees and within its international network. Most of the official documents were translated in English, French and German. The established scientific protocols and both editions of the FIMM syllabus, elaborated by the FIMM Education Committee wisely led by Glen Gorm Rasmussen, were printed and published even though it was costly. The FIMM community was regularly informed by email mailings. Since 2003 nine volumes of the FIMM NEWS and one FIMM NEWSLETTER were published. Based on a very solid solution established earlier by Ron Palmer, currently the FIMM Secretary-General, the FIMM web-site was revised in 2004 and transformed in a trilingual content managed site, which is visited nowadays very frequently because of its regular updates, its various download documents, its links and other tools. Thereby coherence was enhanced and I am happy to say that as a consequence the FIMM community has come closer together. Nevertheless FIMM still does not reach the single practitioner, as it should.

The enhanced information flow leading to more coherence created in 2004 enough confidence that after many debates the General Assembly in Bratislava on the occasion of a very stimulating triennial FIMM congress there decided to pass a resolution to establish the FIMM International Academy of Manual/Musculoskeletal Medicine. This marvellous step forward represents certainly a milestone in FIMM's recent history. We all hope that the inventive faculty of Jacob Patijn, the current Science Director, will shape and form this strong arm of FIMM to a fruitful and merited future. The FIMM



Michel Dedée
Deputy General-Secretary



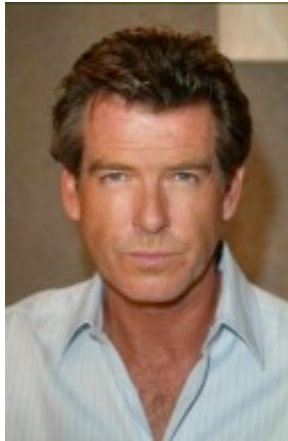
Victor Dvorak
Treasurer



Wolfgang von Heymann
Deputy Treasurer



Michael Hutson
Chairman of the Executive Board of the FIMM Academy
Vice President



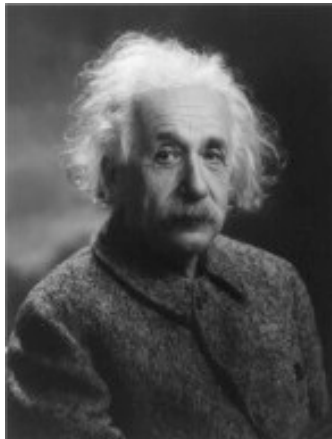
Usamah Jannoun
Administrative Officer of the FIMM Academy



Michael Kuchera
Vice-President



Ron Palmer
Secretary-General



Jacob Patijn
Scientific Director of the FIMM Academy



Glen Gorm Rasmussen
Director of the Education Board

Pictures presented to the GA on the occasion of the dismissal of the former Executive Board.

Academy is still young and it needs protection well provided by Jacob's staff.

There is one advice that FIMM as the parent of this gifted daughter shall give to her: Do not forget your parent's house, and above all your parents, which are by intermediate of FIMM the FIMM member societies. The achievements of the FIMM Academy will hopefully be significant. At its origin are FIMM's members. They will want to keep an eye on you today and tomorrow.

In 2005 the FIMM General Assembly accepted by principle the establishment of the FIMM Education Board, chaired by the Education Director, and the FIMM Health Policy Board, chaired by the Health Policy Director. If this General Assembly 2006 passes these propositions today, a chapter in FIMM's history will be closed and a new chapter starts with new, efficient and modern structures. FIMM's time of transition will come to an end. A new structure marked by the logic of a triangle formed by Science, Education and Health Policy will guarantee sound solutions to FIMM's future challenges, be it in this part of the world, in others or in old Europe. I ask you to accept and pass the propositions made for a new structure of FIMM including the adjustments of the statutes that will be necessary.

This ends my report at the end of my presidential term. Doing this I do not hesitate to thank very much the members of the FIMM Executive Committee, which are Michel Dedée, Victor Dvorak, Michael Hutson, Michael Kuchera and Ron Palmer, the Chairman of the FIMM Education Committee, Glen Gorm Rasmussen, the Scientific Director of the FIMM Academy, Jacob Patijn, and the members of the Executive Committee of the FIMM Academy, which are Victor Dvorak again, Michael Hutson and Usamah Jannoun. Thank you for your confidence, your guidance and acceptance.

Bernard Terrier, May 14, 2006

No remarks.

6. Report from the Secretary General

The Secretary-General began his address by stating that instead of the normal review of the events of the past twelve months, he would expand his comments further. He was standing down from the Executive Board and felt that after 8 years on this panel, he should comment on events he had witnessed, where he thought FIMM was heading and changes that the FIMM should incorporate to advance into its next phase of expansion. This applied to the Academy as well as the FIMM parent body. He stated that it had been a privilege to have worked with Presidents Hutson and Terrier and thanked his deputy, Michel Dedee, for the considerable help he had given in administering the everyday activities of the Office.

MOSCOW 2006

FIMM SECRETARY-GENERAL'S REPORT

This will be my final official report to a FIMM General Assembly. Having been on the Executive Board of FIMM for eight years and on the Scientific Committee for four years, I feel it is appropriate that I not only review the past twelve months as your Secretary-General, but cover a greater field of over-view of what we have been able to achieve and also add where I see FIMM heading. This of course would also indicate some difficulties that I consider FIMM will have to confront. My opinions of course are not necessarily what others may view, yet from my years of experience in helping to run this world medical organization, I believe I have a duty to point these out. It is only through the combined thoughts of all member societies and the spirit of co-operation that we can continue to evolve as a medical organisation with a positive input to the common theme of medicine. As I have stated many times, "The only thing that matters is did the patient get better?" It should be the attitude of all member societies to attempt to educate and help their individual members to have the best treatment techniques that are on offer. To me this is the foremost important objective. Second to that comes recognition as a "Specialist" entity within medicine. By combining as individual societies and working in harmony, we stand a much better chance of achieving both these goals.

This current year term of the four year administration for your elected Executive has indeed been short. The usual time for the September Assembly of each year has been brought forward as a request from our Russian hosts. It is only nine months since the last General Assembly in Gatwick, England. Fortunately the Committee has not been confronted with some of the major problems that have been placed before it in recent years. In summary it has been smooth running of the everyday administration functions without the difficult issues that have sometimes threatened the very composition of FIMM. I will go through some of these items, not in any chronological order of timing or importance.

We have been able to set down venues for future meetings up until 2011. The majority of these were finalised at the last FIMM dinner in the UK. On that point I mention that due to financial reasons, attendees at these conference dinners will now be required to pay a small fee. It is a very reasonable fee and should not affect anyone from attending. As you are all aware from the last Treasurer's Report, we are attempting to stabilise our books and I see this as a reasonable starting measure. Expenses in running any organisation are high, and this of course is more pronounced with a world body. Hotel and travel expenses must be considerable in such a situation. I emphasise that to have a world organisation means just that. We must have members on all committees from all quarters of the globe. Therefore in paying for these expenses we must try and minimise all other expenses. A bankrupt society is of no use to anyone.

The coming meetings are now listed;

2007 Switzerland

2008 Bulgaria

2009 Canada

2010 New Zealand.

New FIMM society membership. At the time of writing this, I am hopeful that India will apply for membership. I have had favourable correspondence with India now for six months and it appears they wish to join our ranks. We have had a number of new

members join over the past few years and it is quite exciting to see Asian countries move into the field of manual/musculoskeletal medicine. I understand that Asia is a long way from Europe and that Asian customs can be quite different to accepted European ones. Some differences in expression can arise from this. The very fact that Australia and New Zealand are situated within the realm of Asian influence and a huge amount of our trade exists with Asian countries means that we are strategically within the Asian sphere. We have a significant proportion of our population comprised of Asian immigrants and we all get on well together. Thus there is no reason why our Asian societies should feel uncomfortable being members of FIMM. As Secretary-General I have overseen the admission of Japan and Korea as member societies and look forward to India expanding the southern membership.

Other nations to join FIMM, or rejoin FIMM, during my time as Secretary-General are Bulgaria, Canada and Poland. There has been some re-arrangement within Russia and we now have the Moscow sector as officially representing Russia.

More needs to be achieved with membership. Unfortunately we have made no in-roads to South Africa or South America. Like Asia, once we have a foot in, there will be an ongoing interest created. This is a task for the incoming Executive Board and it is my opinion that there should be appointed a member of that Board to oversee and instigate new membership. This has fallen solely onto my shoulders and I think we now need a specific allocation of time and effort by a select Board member.

Since the last General Assembly we have commenced negotiations with the "European Government" officials to initiate moves to have Manual/Musculoskeletal Medicine recognised as a "Speciality". Wolfgang von Heymann has been allocated that role on the Executive Board. I am fully aware that there has been a lot of internal medical resistance to "Specialisation" occurring. For example in Australia we undertook the largest trial ever carried out in musculoskeletal medicine and proved beyond any doubt that we could treat patients more effectively, at far less cost, much fewer surgery visits and with less complex investigations than other comparable medical groups. Our trial was funded by the Australian Government. In spite of these findings that I presented to the Congress in Chicago, we did not succeed due primarily to other medical groups lobbying against us. For example, Rheumatologists, Rehabilitationists and the Sports Medical group.

I personally see this as the next major front for FIMM to tackle. We are lucky to have Wolfgang carrying out this task as he is medically well experienced and also multilingual which helps in negotiations. He is also enthusiastic in his approach and FIMM needs this type of positive leadership.

The Academy is now well established and the next Conference is to be in Germany. The first meeting in Prague was successful and it can only be hoped that the Academy continues to grow and gain new members. During this year we saw Michael Yelland stand down from his position as this was a time problem associated with his new Professorial role in Brisbane. It is unfortunate that these events happen, however, it may bring home to the General Assembly the commitment that is required to hold down an active position within FIMM. Occasionally criticism from outside is unjust and I am certain most do not realise the commitment that is required to undertake FIMM roles.

The long term success of the Academy is reliant upon attracting sufficient people to join its ranks. This could prove to be a problem unless the Academy develops a profile that is internationally recognised by the Medical and Scientific communities. The Academy needs a specific function to attract members and this by definition, means a world class publication. Such a journal will be essential for the longer term existence of the Academy in my opinion. One must always ask, "Why would I want to join the Academy as a member?" There has to be a reason for such an action. In other words, there has to be some benefit to those wishing to become members. An established journal would give professionals a method of publishing their results and for becoming recognised within the academic and research fields. Without being negative, I see this as a possible reason why the Academy may struggle to become a well recognised and supported entity. Further development of the Academy theme must occur and simply holding an annual meeting will not resolve the potential survival problem. There is really no place for simply having an Academy for FIMM members. What would that achieve? It needs to develop on a much wider basis. It needs a voice to state things of medical importance. That voice is a Journal.

The Education Committee continues to push forward and as you all appreciate, I consider education of our base membership vital. The better the individual practitioner's knowledge and the more evidence based it is, the better is the chance of gaining the best outcome for a patient. I think that defining terms and setting out a teaching Syllabus is essential before any formulated teaching course can be put in place. Hand in hand with this is the work we did on the Scientific Committee to establish an 'evidence-base' for all treatment paths, trials and views of Manual/Musculoskeletal Medicine. Therefore I view the work of the former Scientific Committee and the Education Committee as being totally entwined. The next major step forward will be the development of a text that can be utilised in running a University Postgraduate Diploma in Manual/Musculoskeletal Medicine. This is not that difficult as both Australia and New Zealand have been doing this for many years. Professor Norm Broadhurst of Flinders University in Australia is already on the Education Committee and already has both the expertise and the published material to set up such an education programme. I see no reason why FIMM should not enlist the help of New Zealand academics to add to the accumulation of knowledge. This is not my role within FIMM to make these types of decisions, yet I believe it is a logical extension to consider.

FIMM was a medical society initially created within Europe. It has evolved considerably in the past 40 years and is now an international society. Due to the number of European based member societies and the financial cost of bringing people together for Executive and Committee meetings, it is still essential that most functions are carried out within Europe. This being accepted, there are several problems associated with the current set-up. I believe that there is an unacceptable imbalance of representation on all of the committees. A world organisation must have representation from a wide spread of membership. This is another reason why some people have been present on committees for too long. We need a change of faces and a wider source of committee members. As an example, there has never been a New Zealand committee member. New Zealand has its own Post Graduate Diploma course, the graduates registered as medical Specialists. A New Zealand member could add a lot to the expertise of FIMM.

Then we can look at Europe. A number of societies are not represented and never have been. I believe it is high time a Russian was on the Executive and much more involvement with members like the French, Italians and Spaniards. As a member of FIMM from the other side of the world, it is apparent to me that there is still some mistrust and indeed some underlying resentment between some European nations. This I believe is not only offensive, but slows down the evolution of FIMM. We are a world body and therefore we should act the same way. In summary, we are all brothers within the field of medicine and we need each other to fully evolve. Trust is paramount.

On any Executive Committee, or in any position of Board management, all decisions should be by a majority vote. This is democracy. Some individual, or vital decisions, occasionally need to be made and the only person with the authority to do this is the elected President or Chairperson. In general your Executive Board has worked well together and when there has been some differing of opinions, the majority vote has been carried. I have not always agreed with the position taken, but that is democracy. I have always given my genuine and full support to Bernard, our President, and to FIMM as an organization. In recent weeks there have been some disagreements and I have been witness to some rather terse exchanges of e-mails. This is most unfortunate for it should never have happened. I trust future FIMM Committees will abide by the democratic principles and the set standard of management. This is another point for you all to consider before casting votes in the elections later today. Harmony and united effort is the only positive path forward for success.

Today there will be election for Executive Officials. As stated, this will be my final report to the General Assembly. I have decided to stand down as I believe any organisation needs new faces and new thoughts to continue to progress. After eight years I think we need younger blood. Having said that, I think the same principle applies to all as I have just mentioned. The input of new enthusiasm and new ideas requires new younger blood. Put simply, the presence of the old stagnate progress. There is a time to step down and for me that time is now. Replacing and electing any new Executive should never be undertaken lightly. A four year term is a long time and it may come back to bite you. Think carefully. There is no place for decisions that may disrupt unity within FIMM. The absolute last thing needed is a fracture in harmony. I see a huge danger to the continuation of FIMM as a successful body if elections produce a result that is opposed to on fundamental and ideological grounds believed by a number of society members. Some sections of FIMM membership have expressed concern in recent meetings regarding their own medical moralistic views. Personally I would see it a disaster to witness a break-up of the basic FIMM membership. Do not treat this statement with disrespect. Some societies could well leave FIMM as a protest vote. I only raise this issue to ensure you think carefully. There have already been several actions within FIMM membership that has caused a lot of hard work to resolve in a favourable direction. We just do not need any more disruption.

Finally, I offer some philosophical advice. As individual doctors we are only small cogs in the big wheel of medical life. No single person can advance any particular cause very far. Progress comes from the evolution of continuing small steps; these steps in turn push the boundaries of accumulated knowledge. It is through organizations like FIMM

that the combination of ambition to advance both knowledge and expertise finds a healthy environment in which to grow. This is why FIMM as a society is so essential. The combining of like minds, similar dreams and the desire to help our patients are harnessed to advance the boundaries of manual/musculoskeletal medicine. With this in mind it is our duty to ensure that FIMM, as a world medical society, continues to research, continues to seek the latest in therapy techniques, strives to educate to the best available knowledge and seeks to embrace all nations.

In closing I thank you for entrusting me to act as Secretary- General for the past four years. As you are aware I was Vice President for the four years before that. Eight years at the top is long enough for anyone. During that time I have had the privilege of working with Mike Hutson and Bernard Terrier. We have seen over the creation of the Scientific Committee, the Education Committee and the Academy. FIMM membership has grown and our base in the world has expanded. Coupled to this we have developed the web-site and gone into electronically producing the FIMM NEWS. Also it has been my privilege to produce the FIMM Newsletter, though sadly we are behind on editing this due to technical reasons as well as some editorial logistic reasons. I am certain this will again be to the fore after this meeting. The initial web-site page was drawn up in Australia by myself, taken over by Mike Hutson and refined by Bernard Terrier. The web-site like FIMM has evolved. That of course is how every thing matures. Evolution is a continuing process. I thank my deputy, Michele Deeded for his help and encouragement, these things made my job easier. Michel wished me to continue in my job and said that old blood had better anti-bodies. Perhaps his medical statement has an element of truth in it. Who knows? Likewise, my thanks go to the Australian Association of Musculoskeletal Medicine who permitted me to represent Australia on FIMM for the past eight years.

I leave the Official aspects of FIMM to others, but will follow future events with interest. It is impossible to be a musculoskeletal doctor and teacher and not retain an interest. FIMM has played a significant part in my medical career and a big part in my life. I have been fortunate to make many good friends and some of these are rather special. I step down from this role as Secretary-General knowing that I did my best. Perhaps not as well as some may have wished and maybe not as well as future appointees to the position. However, I did my best. Nobody can do more than that. It has been my pleasure to help with the development of FIMM and I look forward to seeing it further develop as a medical society of importance.

Thank you all.

Ron Palmer.

May, 2006.

Ovation. No remarks.

7. Report from the Treasurer

Viktor Dvorak raised the question on the financial relationship of FIMM with the Academy.

The financial situation is critical for the future and any new FIMM boards will increase the expenditures.

Currently 29 member societies of which only 24 have paid their 2005 subscriptions.

There needs to be greater responsibility for FIMM income/expenditure.

8. Report from the Auditors

Dr. Niels Jensen and Prof. Todoroff

The President reads an e-mail sent by Prof. Todoroff who confirms the accuracy of the report.

The report is accepted unanimously by the Assembly

The Treasurer proposes the budget for the year 2007 in respect with the difficulties.

FIMM has lost money for the last three years in a row. Income is not increasing as membership is static. FIMM activities have increased and this has meant costs have increased. Therefore will need to cut the proposed budget further and will have to limit some activities. There will need to be a change in strategy to raise more finance. This may require finding sponsorship. Five societies have not paid there 2005 membership fees. Membership fees may need to be increased.

The projected costs for 2007 are 45,500 Euro. The expected income is 47,000 Euro. It is therefore hoped there will be a positive balance.

Discussion.

A wide ranging discussion followed.

Fees were discussed and by majority it was decided they were not to rise. The S-G pointed out that there had been no rise for some years and that fees needed to be linked to the CPI. As general cost rose in the community, fees needed to be adjusted to keep pace with inflation.

Mike Hutson pointed out that the financial position was very tenuous and that any single negative event could lead to an insolvent position of FIMM.

The Treasurer added that if the financial situation did not improve this year, then fees would have to go up for the next year.

Vote: The budget 2007 was accepted unanimously.

Lunch Break.

9. Election of Auditors

Remain the same: Dr. N. Jensen (Denmark) and Prof. T. Todoroff (Bulgaria).

10. Report from the Chairman of the Policy Committee: FIMM Policy.

The Committee activities were outlined by the President and as the Committee has completed its work, it is now dissolved.

Bernard Terrier thanked all past members for their contributions.

11. Matters concerning the FIMM structure and strategy

Establishing the Executive Board (EB), the Education Board (EduB) and the Health Policy Board (HPB).

Two choices: versions 7/7 and 8/8. Last year, the Assembly voted in favour of the 7/7 version.

The President explains the present situation and the proposed new structure.

Currently 9 people at the table and only 7 have a vote (Jacob Patijn and Glen Gorm Rasmussen non voting representatives).

Proposed new proposition:

Version 7/7 A: a communication officer or a member without portfolio - "member at large". The vice-President should be elected among the other members of the Board and not as an independent nomination. The member of the educational and Health policy boards are nominated by the Board, but confirmed by the GA. In this case: 8 voices and 8 votes

Version 8/8: A Vice President is added so 8 voices and 8 votes;

Version 8/8 A: A member at large, (member without portfolio).

Some general discussion. To vote on the following;

7/7, 7/7A, 8/8, 8/8A

Choice#1: 7/7vs 8/8. Vote on the 7/7, 2-13 against. Therefore 8/8 wins.

Choice #2: 8/8 vs 8/8A vs 8/8B (Replace Communications vs Replace Vice President with a member at large).

Outcome: 8/8B (Communications plus Member at Large). A clear majority of 12:1 in the final vote.

Structure of new Executive Board:

President, Secretary-General, Health Policy Director, Education Board Director, Treasurer, Chairman of the Executive Board of the FIMM Academy, Member at Large, Communications Officer.

It will now require an alteration to the Statutes as already proposed in London.

12. Changes of the FIMM Statutes according to decisions taken during agenda point 11

Formally the Assembly has to vote on the French version of the statutes. The Assembly will vote on the English version: vote at the simple majority on the different articles but at the end a vote on the whole statutes must be taken at 2/3 of the voices.

All the votes on the changes of the articles were unanimously passed.

Adjustments of note:

Article 6 to be changed.

Article 7 to be removed.

Article 12.5; change the word Committee to Board.

The Health Policy Board to report regularly to the Executive Board.

The proposed new statutes were accepted unanimously.

13. Report from the Chairman of the Education Committee

(Dr G. G. Rasmussen)

At the last Education Committee meeting in Prague, it was decided to update the educational Programmes and then place these on the web-site.

A two day introductory course was set out to match the FIMM Syllabus.

The Glossary Project details were finalised and Prof M Kuchera was appointed the Sub-chair. This subcommittee will require increased personnel to complete the work.

Comments were expressed on the WHO Guidelines on Basic Training and Safety in Chiropractic 2005. 2200 hours of education are required to graduate as a Chiropractor.

70% of this time is to be in the standard physical curriculum. (The Danish chiropractic manual piece is approximately 300 hours only).

The presented Power point presentation set out the Education Committee's aims and tasks for the coming 12 months.

No comment. Report passed.

Report on the FIMM Glossary project

(Prof. M. Kuchera)

Some comments: This committee does not exist yet. It has still to be confirmed.

The DGMM (Germany) is interested in the result of the Glossary and would like to have things clarified as precisely as possible. Deiter Heimann was asked to explain the interest that Germany has in the Glossary.

The Glossary should contain other languages than the 3 officials, for instance Spanish and Russian. There is a different understanding of some terms in different countries. The aim of the Glossary is to eliminate this language problem.

Talks are to be held with the FIMM Treasurer regarding funding of the Glossary Project. Proposed to launch the project if funding through sponsorship can be secured and hoped to complete this by 2007. Will require about 4 working meetings in addition to frequent e-mail correspondence. This will cost approximately 20,000 Euro.

Vote on the project: for 17 2 abstains
Vote on the report: accepted unanimously.

14. Report from the FIMM International Academy of Manual/Musculoskeletal Medicine
(Dr M. Huston Chairman of the Academy Executive Board
Prof. J. Patijn, scientific director).

M.H.

The Academy is the scientific arm of the FIMM. There will be a constant liaising of the Academy to the Executive Board of FIMM. Outline of the responsibilities of the Academy and its policies.

J.P.

Academy founded in September 2004. The initial FIMM Scientific Committee has evolved into the Academy. Is disappointed with the current membership—about 50. Would have hoped for about 100 members by now. Feels as though there has been some public misunderstanding about the Academy. Believes there should be an international journal and are currently looking at the possibilities.

The value of science and evidence based medicine (EBM) discussed. The influence of these on medico-legal issues and education broached. Gives an outline on what Evidence Based Medicine is. States EBM is currently lacking in Manual/Musculoskeletal Medicine. EBM must become the reference standard. It costs money to run the Academy, but FIMM must invest in its future. Considerable work is required and FIMM Academy leaders cannot be “Paper” leaders.

No comment on these 2 reports

15. Report from the FIMM Foundation
(Dr V. Dvorak).

The Treasurer is seeking further sponsorship. Currently the Netherlands through the Dutch Foundation of Manual Medicine donate 3000 Euro annually for 3 years. Discussion has taken place with Pharmaceutical Companies and gaining further sponsorship looks promising.

16. Admission of new members

Presentation of the Kazakhstan Manual Medicine group by Prof. N. Krasnoyarova. M.M. already is recognised as a medical Specialty. They have 32 members in their society and conduct formal training sessions for practitioners. Post graduate training is for 2 months and there is a requirement for refresher courses of 1 month every 5 years.

By vote; Kazakhstan is accepted unanimously.

17. Election.

With the admission of Kazakhstan to the FIMM, there are now 20 eligible votes.

Election of the FIMM Executive Board.

Each candidate presents himself/herself prior to voting.

President:

Candidates: Wolfgang Von Heymann (Germany) and Michael Hutson (UK).

Vote: Von Heymann 10 Hutson 10

Discussion by Executive Board regarding the tied vote. Decided to call for a second round of voting.

2nd vote : Von Heimann 11 Hutson 9

Elected W.Von Heimann

Secretary-General:

Candidates: Michael Kuchera (USA) and Michel Dedée (Belgium).

Vote : M. Dedée 10 M. Kuchera 10

M. Dedée withdraws

2nd Vote for Kuchera only : M. Kuchera 16 M. Dedée 1
Abstentions 3.

Elected: M. Kuchera

Treasurer

Candidates: V. Dvorak

Vote: V. Dvorak 19 Abstention 1

Elected: V. Dvorak

Education Board Director

Candidates: G. G. Rasmussen

Vote: G. G. Rasmussen 20

Elected: G. G. Rasmussen

Health Policy Director

Candidates: Initially several nominations and candidates stood down for personal reasons. These included James Watt (NZ) and Olavi Airaksinen (Finland).

Vote postponed until all other positions filled.

Chairman of the FIMM Academy

Candidates: M. Hutson.

Vote: M. Hutson 12 Airaksinen 2 Abstentions 6

Elected: M. Hutson.

Member at large

Candidates: Sergey Nikonov (Russia) Vlasta Tosnerova (Czech Republic).
Vote: S. Nikonov 11 V. Tosnerova 9
Elected: S. Nikonov.

Communication officer

Candidates: M. Dedée.
Vote: M. Dedée 18 B. Terrier 1 Abstention 1
Elected: M. Dedée.

Health Policy Director.

(Recalled nominations)
Candidates: Bernard Terrier.
Vote: B. Terrier 20
Elected: B. Terrier

18. Information on the next FIMM Congress 2007

Zurich, Switzerland, September 13 –15, 2007
Neuromusculoskeletal Medicine
Evidence and new approaches

19. Date and place for the General Assembly 2007

Zurich, Switzerland, Sept 12, 2007

20. Any other Business

None

21. Closing of the General Assembly by the past President

19.00

L'ordre du jour

- 1. Ouverture par le Président*
- 2. Présentation par la Ligue russe des professionnels en médecine manuelle*
- 3. Présentation des délégations des Associations Nationales (limitée à 4 minutes par présentation)*

4. *Remarques sur le procès-verbal de la dernière Assemblée générale (London Gatwick – Royaume-Uni)*
5. *Rapport du Président*
6. *Rapport du Secrétaire Général*
7. *Rapport du Trésorier*
8. *Rapports des Commissaires aux comptes*
9. *Nomination des Commissaires aux comptes*
10. *Rapport du Président du Policy Committee: la FIMM, sa mission, 2010.*
11. *La stratégie et la structure de la FIMM (l'établissement du Executive Board [EB], du Education Board [EduB] et du Health Policy Board [HPB])*
12. *Changement des Statuts de la FIMM selon les décisions prises pendant le point 11 de l'ordre du jour*
13. *Rapport du Président du Education Committee*
14. *Rapport de l'Académie International de Médecine Manuelle de la FIMM*
15. *Rapport de la Fondation de la FIMM*
16. *Admission de nouveaux membres*
17. *Élections*
- 17.a *Élections du Comité de Direction de la FIMM*
- 17.b *Autres procédures électorales et confirmations*
18. *Information concernant le Congrès de la FIMM en 2007*
19. *Date et place de la prochaine Assemblée générale en 2007*
20. *Divers*
21. *Conclusion de l'Assemblée générale par l'ancien Président*

Tagesordnung

1. Eröffnung durch den Präsidenten
2. Präsentation durch die Russische Liga der Berufsleute in Manueller Medizin
3. Vorstellung der Delegierten der nationalen Gesellschaften (maximal 4 Min. pro Präsentation)
4. Punkte aus dem Protokoll der letzten Generalversammlung (London Gatwick – Vereinigtes Königreich)
5. Bericht des Präsidenten
6. Bericht des Generalsekretärs
7. Bericht des Schatzmeisters
8. Bericht der Kassenprüfer
9. Wahl der Kassenprüfer
10. Bericht des Vorsitzenden des Policy Committee: Das FIMM Leitbild 2010.
11. Die Strategie und Struktur der FIMM
(Die Einführung des Executive Board [EB], des Education Board [EduB] und des Health Policy Board [HPB])
12. Änderungen der Statuten gemäß den Beschlüssen unter dem Tagesordnungspunkt 11
13. Bericht des Vorsitzenden des Education Committee
14. Bericht der Internationalen FIMM Akademie für Manuelle Medizin
15. Bericht der FIMM Stiftung
16. Aufnahme neuer Mitglieder
17. Wahlen
- 17.a Wahl des FIMM Executive Board (Executive Committee)
- 17.b Andere Wahl- und Bestätigungsprozeduren
18. Informationen zum FIMM Kongress 2007
19. Datum und Ort der Generalversammlung 2007
20. Varia
21. Schluss der Generalversammlung durch den Past Präsidenten