



The Secretary-General

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The Minutes of the 42nd General Assembly 2008

September 27th, 2008, 09.25-19.00 hours

Hotel Riviera Holiday Club – Varna – Bulgaria

Michael Kuchera, DO, FAAO, FIMM Secretary-General

Agenda published

1. Opening by the President, Election of 2 counters of the votes
2. Presentation of the representatives of the national societies (limited to 4 minutes per presentation)
3. Matters arising from the minutes of the last General Assembly (Prague, Czech Republic)
4. Report from the President
5. Report from the Secretary-General
6. Report from the Treasurer
7. Report from the Auditors
8. Election of the Auditors
9. Matters concerning FIMM structure and strategy
 - a. FIMM financial situation and future
 - b. Motion by the German Society for Manual Medicine DGMM: Change of statutes
 - c. Motion by the German Society for Manual Medicine DGMM: Regulation about membership fees
 - d. FIMM triennial congress
10. Report from the Director of the Education Board
 - a. Approval of the members of the Board
 - b. Presentation of projects for the next year
11. Report from the Director of the Health Policy Board
12. Report from the FIMM International Academy of Manual/Musculoskeletal Medicine
 - a. Matters arising from changing the FIMM-statutes
13. Decision on membership fees for the next year
 - a. Basic expenditures for administration/

communication

- b. Special projects of the Boards/Regional groups
14. Membership (admissions / suspensions)
15. Date and place of the General Assembly 2009
16. Any other business
17. Closing of the General Assembly by the President

Item I

Opening by the President at 9:25AM, Election of 2 counters of the votes.

Attending the General Assembly:

a. FIMM Executive Board

- President
- Vice-President
- Secretary-General
- Treasurer
- Communication Officer
- FIMM Academy Chairperson

b. FIMM Academy Board Members

- Chairperson
- Science Director
- Deputy Science Director
- Treasurer
- Deputy Treasurer

c. Invited guests

- 3 representatives from the Turkish Society of Manual Medicine

d. Attending National Societies and their Delegate(s)

- Belgium (1) – No vote
- Bulgaria (2)
- Canada (1)
- Czech Republic (1)

- Denmark (2)
 - Finland (2)
 - France (1)
 - Germany (1) – No vote
 - Italy (0 – but French dual member with vote)
 - Japan (1+translator)
 - Kazakhstan (1)
 - Netherlands (2)
 - Poland (1)
 - Russian Federation (2)
 - Spain (0 – but French dual member with vote)
 - Switzerland (1)
 - USA (1) – No vote
- e. **Total voting members**
- 14 National Society delegates
 - Spain and Italy reports and votes granted to MJ Teyssandier of France (requested by the respective presidents in writing to use voice and vote)
 - Payment of funds not received prior to the start of the General Assembly means voice but vote not allowed from Belgium, USA, and Germany

Change in Agenda accepted:

Interchange published items #9↔#12 to allow voting after presentations.

Counters appointed:

Appleyard (Canada) and Graveson (Denmark).

Item 2

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

- **BULGARIA HOST NATIONAL SOCIETY (NS) FOR THE GENERAL ASSEMBLY** (Professor T Todorov) – **n=35** – The major problems for their society are: recognition of Manual Medicine (MM) by authorities (they are trying for subspecialty status); lack of funds for research; and limited teachers in MM (leading to programs on alternate years). Positives include interaction with universities (3) and growth with 5 new members (now totalling 35). The Bulgarian Society of Manual Medicine is presenting a meeting tomorrow featuring FIMM President von Heymann and FIMM Secretary-General Kuchera.
- *Australia (not present).*
- *Austria (not present).*
- **BELGIUM** (Dedee) – **n=75** – Major problems were reported for Belgium; says Dedee, “MM in Belgium is dying.” The French-speaking portion of their national society (NS) stopped teaching (with 25 students temporarily in the Flemish part for a year or two more); GPs are

too busy and not signing up for courses; and the MM profession is getting older. Problems include no MM connections with universities (only connections are with osteopaths and physiotherapists); monies are not reimbursed for MM (apparently without reason or notice) but are reimbursed to physiotherapists, leading to initiation of legal action that has required Dedee to take time from FIMM activities. These issues may lead to a need for Belgium to resign from FIMM. Dedee expressed the worry that such problems may spread to other European communities and urges the FIMM Health Policy Committee to immediately start work in Europe.

- **CANADA** (Appleyard) – **n=55** (stable but less than 10 years ago – The Canadian Association of Orthopaedic Medicine (CAOM) has problems recruiting younger members; they also have geographical issues posed by the 4-5 hour flight between their 2 centres. Another problem is the national critical shortage of physicians generally which has led to overwork of existing doctors. Appleyard noted that for the first time the CAOM was unable to obtain accredited Continuing Medical Education (CME) credits for their course from the Manitoba authorities; they hope this is an isolated problem. The CAOM expressed the need for a basic training program in line with the FIMM Education Board’s Core Curriculum and noted that they may be able to interface with the program offered by the Philadelphia College of Osteopathic Medicine.
- **CZECH REPUBLIC** (Tosnerova, President) – **n=324** (especially in the PM&R specialty) – They reported that teacher, Karl Lewit is still active at age 92 years and their NS is prospering. Their Prague, Brno, and Hradec Kralove classes are full. In 2007 & 2008 there were Slovak-Czech combined conferences with collaboration with Luba Sorfova. (Conferences are listed on the web). There are official MM connections to Charles University, insurances, and the Ministry of Health. In the Czech Republic, MM is considered a sub-specialty. There is a strong pool of teachers (n=13) all educated by Karl Lewit and Vladimir Janda. The most important issue for their school of MM is the treatment of functional disturbance with diagnosis emphasized first and to this end, they have created educational media (CD/DVD in Czech and English: see www.rehabps.com). Vlasta Tosnerova extended invitations to conferences in Prague (centre of Europe) and to FIMM General Assembly for next year.
- **DENMARK** (Palle Holck, new president, reporting – his practice is rheumatology & internal medicine; Graveson also attending) – **n=766** (MM practitioners in Denmark are

- mixed General Practitioners, rheumatologists, anaesthesiologists, orthopaedic surgeons, radiologists, etc) – Their NS gives a diploma in Musculoskeletal Medicine; their diploma requires 250 hours and 62 of their members have reached diploma status. Denmark presents 6 workshops annually and has a MM textbook in Danish; they encourage widespread understanding and MM promotion by inviting 4000 GPs and providing those who attend a second MM hands-on day with no tuition. National guidelines for MM are being set up and there is a focus on science and recognition in public sector. For more see www.dsम्म.org.
- *Estonia letter of regrets from Leili Lepik, president.*
 - **FINLAND** (Airaksinen – who was also elected FIMM Academy Science Director) – **n=260** (GP and PMR two biggest practitioner types). Finland has their annual meeting at Tampere (2 day), a GP program, a LBP Kuopio Meeting, a week-long program in Lapland (since 1986), multiple workshops; and an invited international speaker program as well as extensive collaboration in Scandinavia. The next Scandinavian collaborative meeting takes place in Stockholm in 2009. MM education in Finland is 300 hours with a Diploma given by their National Society. There are university contacts with universities in Kuopio (through Airaksinen) and in Helsinki (through Lindgren). Significant accomplishments noted included the EU COST B13 and a booklet for patients with Low Back Pain that was printed with outside funding in Finnish and Swedish.
 - **FRANCE** (Teyssandier, president SOFMMOO, presenting) – **n=400** (60 with specialty status). In France there are 15 university courses requiring 2 years for a GP or 1 year for a specialist to earn an interuniversity diploma in MM. The annual SOFMMOO Congress engaged FIMM Secretary-General Kuchera as their invited speaker for 2008. For more on the NS see www.sofmmoo and also a new private site, www.mediosteofr. Still of concern for MM in France is the March 2007 Orders for Law on osteopathic practice; lay osteopaths can legally practice meaning that now such lay schools are flourishing in France.
 - **GERMANY** (Heimann) – DGMM membership were reported to be unchanged at **n=2700** DGMM paid ½ dues prior to the meeting with the remainder pending discussion of their agenda items at this General Assembly. In Germany; more general doctors are taking MM courses from their three groups; thus it is not a bad situation for MM in Germany at this time. The German NS emphasizes the need to teach functional disorders first and, in advance of this General Assembly, had their educational curriculum (Course Book) sent to all FIMM members. D Heimann notes that Germany will be making later presentations and recommendations in this Assembly.
 - *Hungary – n=10; no official information however it was reported that NS president Gabor Ormos stopped his hospital practice so there is the question of continuity; he asked for help from German Society).*
 - **ITALY** (Teyssandier of France was given voice and vote by president, Brugnoli) – **n=160** (almost all PM&R practitioners) – The NS for MM in Italy is not independent but rather it is part of the PMR Society. For MM there is a master education course in Rome; a university diploma in Sienna; and a private course in Padua (n=300 hours). They conduct numerous workshops. Teyssandier reports that the lay osteopath problem is the same in Italy as it is in France.
 - **JAPAN** (Sumita) – **n=350** (most practitioners are orthopaedic surgeons) – The NS has 68 specialists; 58 teachers, and in the past year conducted 9 courses and 8 refresher courses.
 - **KAZAKHSTAN** (Krasnoyarova) – **n=48** (the Russian Federation representative corrected this to **n=38**). In Kazakhstan, MM is a separate specialty. It is part of traditional medicine and the study of pain syndromes. They have been developing a text of manual therapy and osteopathy to be issued in 1 year from their department.
 - **NETHERLANDS** (two representatives: Sjef Rutte (presenting & voting) and J Patijn) – **n=160 (+/-)** – There was amalgamation with their associations combining into one NS. They conduct 3 refresher courses annually using FIMM course work. A lot of research is performed with Maastricht. Rutte reported that the biggest negative change for MM has been added taxation by the government.
 - *New Zealand (letter sent by Gary Collins, NS president elect) – n=70 (GPs who integrate/augment with MM and MM specialists operating by referral). In NZ, MM specialists are reimbursed at specialty rates without problem. Their practitioners are involved with musculoskeletal pain management; they are a relatively new specialty that just starting to grow with the introduction of a registrar but this potential is inhibited by an aging NZ doctor workforce. They have well-developed programs and close cooperation with Australia. This means that “for the NZ Association, FIMM needs to be more relevant to us than it is currently;” and they further note that they are concerned to see changes in FIMM’s direction. To continue support in FIMM they wish it to return to foster collegiality and request that FIMM address the following: (1) be representative of all national societies recognizing the*

input of each without undue influence from those with larger memberships; (2) return to educational & promotional endeavours benefiting all members including those outside Europe; (3) continue moving towards evidence based MM with help of / interaction with the FIMM Academy. NZ will support any move for FIMM to increase official recognitions with WHO etc and would contribute to this. They note however, that "our contribution of further funds would need to be contingent on positive changes with FIMM, its direction and its interrelationships" They offered their Australasian Faculty of Musculoskeletal Medicine syllabus documents to help in the Educational relevance and mission of FIMM.

- **POLAND** (Stodolny) – **n=98** (80 active) – Their NS conducts 3 courses of 7 days with an attendance of about 15 physicians at each basic course; unfortunately only few join the NS at end of training. They identify the lack of trainers in MM as the major problem in Poland; if not corrected in the future then he predicts that MM will not be able to continue.
- **RUSSIAN FEDERATION** (2 delegates present: Sergei Nikonov & Dimtiri Teterin; Teterin presenting and voting) – **n=428** (practitioners are neurologists or orthopaedists). The Russian Federation has a *J of Manual Therapy*; 15 medical institutes sponsoring CME programs and a very active research program. They hope to double their membership numbers however like Canada, their country is so big that it makes a single united meeting difficult. They conduct 3 courses annually and once each 3 years hold another large course/convention. They note that they will soon be issuing a new book based upon 30 years of Manual Medicine in Russia (it is anticipated that the book will be available next year available in Prague. MM in the Russian Federation is an independent specialty.
- *Slovak Republic (not present).*
- *South Korea (there was no reaction in 2008; their last contact with FIMM was in 2003; last member fee paid was in 2004; the president of FIMM noted that the GA needs to determine what to do but noted that FIMM will try again to remain friendly until information is obtained).*
- **SPAIN** (a letter from president, Sotos, granted Teyssandier from France the privilege to present for Spain and to vote, as he is a member of their NS as well) – **n=100** (all PMR practitioners) – The Spanish Society of Orthopaedic and Manual Medicine (SEMOYM) is part of Spanish Society of PRM so all practitioners are PMR doctors. Spain has specific MM seminars but uniquely, MM is part (12 hours) of the PMR core curriculum for all PMR physicians. They conducted 3 courses in 2007-8.
- **SWITZERLAND** (Terrier) – **n=1380** (900 are GPs). Terrier on behalf of SAMM again delivers apologies for the dissolution of the 2007 International Congress. He reported that there were few changes in last 12 months. The most important projects accomplished or underway in Switzerland are: (1) recognition of the diploma of MM as a "capacity" (not a specialty or subspecialty) enabling the MM practitioner to bill for diagnosis and treatment and the transference of educational principles from the Bologna Declaration of 1999 (see below) into the MM diploma process in order to introduce a masters in MM; SAMM feels this is vital for MM to survive and grow in Europe; (2) in order to achieve a diploma of capacity → MM shall be represented at a University as well.
 - *Adoption of a system of easily readable and comparable degrees.*
 - *Adoption of a system essentially based on two main cycles, undergraduate and graduate.*
 - *Establishment of a system of credits such as the ECTS system.*
 - *Promotion of mobility by overcoming obstacles to the effective exercise of free movement.*
 - *Promotion of European co-operation in quality assurance.*
 - *Promotion of the necessary European dimensions in higher education.*

The Swiss wish to support FIMM but they share concerns of DGMM and other neighbours.
- *Turkey (Tunali) – see FIMM agenda point 14; this group is seeking admission to FIMM in that later agenda item 14 their data is summarized here for convenience. n=50 (most PRM, GPs, and rheumatologists) – the Society is only few months old; they have been introduced to MM with Todorov (Bulgaria) as their main teacher; they have hope some day to reach a potential 1000 members from Turkey.*
- *United Kingdom (not attending although they paid fees for 2008, BIMM has indicated their intent to resign from FIMM).*
- **UNITED STATES OF AMERICA** (Kuchera) – **n=1303** (specialists in neuromusculoskeletal medicine/osteopathic manipulative medicine (NMM/OMM), family practice, etc); 5701 student members -- The American Academy of Osteopathy (AAO) reported on its fiscal difficulties with a letter from president, Guy DeFeo, to the FIMM Executive Board; this is their greatest obstacle at this point internally and with regard to paying FIMM membership. They have a new Executive Director and see an increasing role in health policy, teaching, and research in the USA. They participate in 29 university-based programs with 3000 students per year per class graduating as physicians with the

equivalent of the FIMM Core Curriculum in MM. NMM/OMM, FP & OMM, FP/OMT, and Specialty-Plus-One NMM residencies all have substantial additional MM curricula built in and lead to specialty level MM practitioners. Since the last General Assembly, the AAO presented 9 workshops (252 attendees), an annual Convocation (889 attendees), presented a program at the profession's Educational and Scientific Convention, and co-sponsored/endorsed 2 international conferences. In 2009 there are 10 workshops planned including outreach to MD practitioners and residents interested in MM and evidence-based MM. Members of AAO have been invited MM teachers to Austria, Bulgaria, France, and Germany; are active in national and international health policy concerning MM; advocate for MM recognition and reimbursement in the public policy arena; and actively pursue internally and externally funded MM research.

Item 3

Matters arising from the minutes of the last General Assembly (Prague, Czech Republic) 2007

- Complete minutes published and disseminated in the *FIMM News Vol. 17 No. 1* (www.fimm-online.com).
- Thanks to the Secretary-General for the extensive minutes of last year's ten-hour meeting.
- Minutes approved as published (without dissent).

Item 4

Report from the President (von Heymann)

- FIMM is since several years in a state of quite an agony – for several reasons. As physicians we are used to ill patients, and we are used to a proved procedure: (1) a good diagnosis; (2) an adequate treatment.
- The president noted that he presented an initial diagnosis last year, see *FIMM NEWS* Vol. 16, No. 2, p. 3-11 in English, p. 23-33 in French and p. 34-42 in German. (www.fimm-online.com) He briefly recapped FIMM's now 50 year history and its evolution from a European low cost federation to it now finding "itself today in a state of continuous lack of money and internal disagreements."
- He offered some possible "diagnoses matched with treatment options":
 - The patient is deadly ill – we should dress for his funeral.

- The patient is very ill – we need surgery for amputations and/or prosthesis.
- The patient is not so seriously ill – some manipulations and a bit of rehabilitation will do.
- The patient is a hypochondriac and needs no treatment at all.
- He called for societies to offer recommendations (see New Zealand letter in Agenda item 2 and the German proposals in Agenda item 12) and recapped the German suggestions in detail at this point. He also noted that in response to Executive Board action and request for feedback, the National Societies had voiced neither support for proposed regionalization of FIMM nor for it becoming a Confederation of regional federations. The feedback from National Societies since the last GA was summarized by the President:
 - The vast majority of responding National Societies wished to keep the original structure of FIMM consisting of one General Assembly and one Executive Board.
 - There was however broad acceptance of the need of a structural change.
 - There was broad acceptance of the need of a European society to be integrated into FIMM (and while UEMMA offers European structure, it wants to stay outside the FIMM structure, just as observer).
- An invitational meeting by Germany (DGMM) was extended for discussion of their proposal. Held September 16 in Potsdam, it was attended by Austria (Tilscher), Bulgaria (T Todorov), Czech Republic (Tosnerová), Finland (Airaksinen), France/Italy (Teyssandier), Germany (Beyer), Poland (Stodolny), Russia (Sitel & Nikonov), and Switzerland (Terrier) with an attempt to attend by a representative from Hungary. The majority agreed upon the following:
 - FIMM should remain as a worldwide umbrella for all organisations of physicians that provide manual or musculoskeletal medicine to patients.
 - There is need for a European organisation representing MM to be able to negotiate with stakeholders of health care systems on European level. This "ESOMM" should operate from within FIMM, not outside or in competition. It may have its own structure, statutes and economic basis, and organisations that are not member societies of FIMM may be accepted as members, if they want to contribute to the aims of the new "ESOMM".
 - Ideas suggest included the potential of this organisation to take over the tasks of or within the now existing Health Policy Board

- (eg. UEMS) but noted that in order to represent MM in every respect, "ESOMM" would need close connections with the FIMM Education Board and the FIMM International Academy.
- Carrying forth his analogy, the president noted that therefore the Potsdam suggestion for the "treatment" of the suffering FIMM might be more rehabilitation, less surgery. We will consider in Agenda item 12:
 - To give a mandate to European organization (like an ESOMM) to come into existence to deal with the task of the UEMS-group and to present their project to the GA, with own structure and finance.
 - To consider general FIMM membership fees which are only for the basic needs of the Executive Board and Administration of FIMM.
 - To consider that all other structures or projects shall be funded by those who work in these structures or support them.
 - The president expressed other issues and demands arising from perceptions by the DGMM (with support of SAMM) concerning costs associated with the FIMM Academy and issues arising from a funding agreement for 2005-2008 that had been positively endorsed by the General Assembly in 2004. (*Historical interjection by the Secretary-General into the minutes: In 2004, at the GA in Bratislava, only Austria voted against such funding.*)
 - The president summarized the format of a proposed **fee structure** that would allow for the Basic Costs of FIMM (about half of its current budget) with the larger societies to partially supporting the smaller societies so that their fees would not rise this year above what they were assessed in 2008.
 - The 720€ average fee needed (based upon an anticipated 25 national societies in the Federation) would represent a larger than before payment for 15 smaller societies. It was proposed that the 4800€ difference created by them paying only at their present level would be shared by the 10 NS's who in the past have paid more than this average.
 - In this plan, the 15 smaller NS would pay their 2008 assessed fee while the remaining 10 larger NS's would pay 1200€ for Basic Administration and Operation of FIMM.
 - **Presidential Conclusion:**
 - As a result of the economically tight situation FIMM could only "lay low" during the last year to try to solve the internal and fiscal problems.
 - Besides the final work on the Glossary v.7, there was no extra activity possible.
 - Decisions to be made at this GA were prepared (*from meetings by the Executive Board and mailings from National Societies received in response to requests for direction or support*) in order to start with new activities on a different economic base.
 - Comments or questions on the report of the President:
 - Michael Hutson wished to be on record in refuting a comment made in the report that gave the perspective that incomplete information was given relative to the use of the monies from FIMM to the FIMM Academy.
 - The DGMM asked a question concerning the need to discuss their proposed bylaw change or not; they were informed that their proposal would be discussed soon as an agenda item but that it would not require any bylaw change.
 - The General Assembly without other comment accepted president's Report.

Item 5

Report from the Secretary-General (M. Kuchera)

- Carrying on the analogy started by the President, the Secretary-General presented a plea on behalf of the patient, "Father FIMM."
- See written report published as an Addendum-By-Member-Request at the end of these minutes – *request of Danish representative.*
- Secretary-General's Report was accepted unanimously.

Item 6

Report from the Treasurer (V. Dvorak)

- The Treasurer reported on the reality of 2007. See Addendum IIA for the 2007 Budget Sheets presented.
 - In response to the General Assembly approved option to voluntarily pay an increase amount of membership fees, recognition and thanks were extended to Denmark and to the Russian Federation.
 - He recapped that the proposed fiscal year change did not pass last year but that the GA had agreed to cut Executive Board activity levels and to divide FIXED vs VARIABLE costs to provide delegates and Na-

- tional Societies with greater budgetary transparency.
 - For 2007, FIMM as a federation currently consists of 25 National Societies with a composite membership of 12,000 physicians.
 - See auditor report (Agenda item #7).
- The Treasurer reported on the preliminary analysis of 2008 (to date). See Addendum IIB for the 2008 Budget Sheets presented.
 - One-year issues: Germany completed its 2007 dues obligation but only paid ½ of its assessed dues for 2008; Belgium did not pay for the first time.
 - Two-year (or more) issues: South Korea has not paid for more than 2 years and has not communicated with FIMM; USA again asked for suspension for fees until March 2009 due to fiscal issues (but indicated that it will attempt to find a means to pay by that time).
 - The Treasurer expressed his overall happiness in reporting that for the first time in his role as treasurer, he can report a balanced budget with small profit.
- Carrying on the patient analogy of the President and Secretary-General, he reported:
 - Last year we had indeed been close to attending the funeral of FIMM.
 - This year we have a different situation! FIMM is NO LONGER near a funeral but rather is in the rehabilitation process. We have decreased the deficit from previous years.
- The General Assembly accepted the Treasurer's Report without dissent.

Item 7

Report from the Auditors

- Todor Todorov reported no variations or discrepancies; he recommends approval of 2007 report.
- Neils Jensen submitted a report but indicated that he needs to resign from future activities.
- 2007 Auditor's Report and the 2007 Treasurer's Accounting were accepted unanimously.

Item 8

Election of the Auditors

- Craig Appleyard was nominated and appointed as an auditor to replace Neils Jensen; this passed unanimously.

- Prof. T. Todorov was re-elected and approved unanimously.

Item 9

Report from the FIMM International Academy of Manual/Musculoskeletal Medicine (formerly published as agenda item 12)

- The FIMM Academy chairperson asked if the National Societies wished to repeat the Academy's 134-slide-presentation of last year; no one wished to repeat that event.
- He reported on the second edition of the *International Musculoskeletal Medicine Including Manual Therapy and Manual Medicine* published in association with Maney:
 - Abstracts of FIMM Academy meeting recently in Prague.
 - www.iammm.net developed by Lars Remvig (not here representing a country at this time but wonderful website; cost 200 Euro; links to many sites with research).
- The number of meetings was increased:
 - End of May meeting each year (added day as an instructional course or international congress) – preliminary results (this year esp strong contributions of Czech, Denmark, Russian Fed, UK, Netherlands) – are multidisciplinary.
 - Instructional courses especially on Reproducibility of Diagnosis in M/M Medicine.
- **“EBM MM combines external clinical evidence, scientific efficacy and reliability results with individual clinical experience” – Jacob Patijn.**
 - What diagnostic procedures are reproducible, reliable, what is sensitivity/specificity; transferability between different schools.
 - Respects paid to Jacob Patijn who stood down from Scientific Director of FIMM Academy (formerly chair of Scientific Committee) – Formal thanks to him (applause).
 - Hutson recommended for the future that FIMM consider honorary membership (as was extended to Glen Gorm Rasmussen as retiring Educational Board chairperson last year).
 - New Scientific Director is Olavi Airaksinen.
- Articles of Association (repeat here):
 - Difficulty reporting shortly because politics change nearly daily – independent demands from some groups in the past for various reasons (fiscal or to be able to adopt regulatory role in the future, etc) – feels statutory association with FIMM threatened – Acad-

emy views any such vote as a vote of confidence and no confidence.

- The important target is an effective and working relationship between all the associations such as FIMM, Academy and national societies and to facilitate collaboration between the members and transfer to all practicing clinicians.
- The GA accepted the FIMM Academy Report without comment.

a. **Matters arising from changing the FIMM - statutes**

Delayed until after discussion of Agenda item 12.

b. **General Assembly appointment and confirmation of FIMM Academy Chairperson and Executive Officer**

- Statutes need to appoint a new chairperson of FIMM Academy so the intention is to first ask the FIMM Academy who might be named.
 - Hutson notes whether need to delay vote on this until the independence or non-independence vote is made.
 - Motion Hutson/von Heymann: Vote to postpone vote or not: For delay=10 Against=0; Abstain=1.
 - SEE #13 & 9 FIRST PRIOR TO FIMM ACADEMY ELEMENTS.
- Depending upon later agenda item, this may or may not need to be revisited.

Item 10

Report from the Director of the Education Board plus sub-report of the Glossary Committee (Teyssandier and Kuchera respectively)

- 3 sequential letters were sent by Educational Board chairperson, MJ Teyssandier, requesting the National Societies to nominate a new Education Board; only Tosnerova (Czech Republic) & Graveson (Denmark) responded in 6 months so no new Board was recommended by Teyssandier.
- Teyssandier noted the desire to help Societies promote MM in their countries and to interface with their Universities to educate health policy makers that MM physicians are first physicians and thereafter have special competence in MM.
- Rutte commented that in one year, the Education Board could have laid out a strategy even without monies; in this regard, he asked if there was a strategy. Answer: The Education Board strategy is (1) to help countries when they identify a problem and (2) to collect informa-

tion regarding whether or not the National Society incorporates the FIMM Core Curricular document recommending the 300 hour teaching elements or not. The FIMM Education Board will send emails to get this information.

- Hutson echoed Rutte's disappointment in the failure to establish a functional Board; he reminded the GA that last year it was recommended that the FIMM Academy either take over or help in educational endeavours and that the minutes pointed out that educationalists should join the FIMM Academy. He asked whether the Education Board encouraged anyone to join and if it contacted Sergei Nikonov as the Education Director of the FIMM Academy? Answer: Wolfgang von Heymann joined the FIMM Academy but in general, no formal contact was made and concentration was focused on the many differences in the educational issues of the different National Societies.
- The Executive Board proposes that (1) an inventory be made regarding administrative data reflecting MM education; (2) a course book be created incorporating materials from FIMM member societies including the DGMM, AAO/ECOP, Russian League, NZ, SAMM, etc). It requests that such a project be initiated in 2009 and be presented at each GA.
 - DGMM noted that their Course book (in German and English) was sent to all National Societies in August and they wanted to know if representatives from the National Societies read it.
- M Kuchera gave the Subcommittee on Glossary report and recalled the funding from the Osteopathic Research Center, gave credit to Bernard Terrier for his hard work in formatting the three-language versions of the Glossary, and talked the delegates through the English version that was distributed to each. All three versions shall be posted on www.fimm-online.com shortly as well as a form to submit changes, suggestions, references, and/or new terms that appear in MM literature.
- a. **Approval of the members of the Education Board**

The Education Board Report was accepted from both Education Director and Subcommittee Chairman with the discussion noted above.

 - The General Assembly approved Board status for Graveson, Tosnerova, Kuchera and a to-be-announced Russian nominee, and a to-be-announced Swiss nominee.
 - It is pointed out that the following members of the Board shall be approved or replaced by their National Society:
 - Juan Aycart, Spain
 - Norm Broadhurst, Australia

- Marc-Henri Gauchat, Switzerland
- Matthias Psczolla, Germany

b. Presentation of projects for the next year

- **SUGGESTION:** Should we charge M.-J. Teyssandier to start with the 1 year non-funded mandate to do the 3 items noted by president?
 1. Report on an inventory of what is done/required in each NS.
 2. Collect proposals for Education Course Book.
 3. Provide a concrete proposal for next year's projects/strategies.
- These suggestions were accepted without dissent. It was noted that the Education Board chairperson has a lot of work to do and needs the nominations for his Board from the Societies noted.

Item 11

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

- In July 2007, the Health Policy Board was charged to prepare a plan for both WHO and UEMS. The basic objectives of the HPB and specifics of two projects were reiterated.
 - **WHO project** (less active in this area because pressing other issues and no money) – Guidelines, consensus document, etc – Timetable; Costs = 0 EURO. Considerations: BIMM noted by letter that we not ready for this (our ducks are not in a row). Discussion: Are we ready for international and are we ready to fund?
 - **UEMS Project:** all prior attempts failed (Germany's DGMM, for example, only has observer status); there is a precondition of **"independent subspecialty"** carried on with critical mass and institutions (training facilities and tests), carrying on with directors of training etc (requirement was 1/3rd of the EU → now it is 2/5th).
 - **Meeting Feb 9 in Berlin** – Need to collect statistical data on the educational conditions of the National Societies to be associated with the UEMS (charge the Education Committee); identify MM delegates to interact and see how **Multidisciplinary Joint Committees** (e.g. Sports medicine which is doing quite well) might give us a lobby potential; recognition of 300 hours of core curriculum (approximating a 30 European Credit Transfer System); institution of certification (needing a body independent of FIMM; maybe the FIMM

Academy); have had one UEMS meeting at no cost to FIMM (self paid and donated room). FIMM should first collect information on where potential UEMS members are in MM. Data should then be made available on line.

- 60 ECTS curriculum for the Master of Advanced Studies as a qualified teacher in MM is required; all diplomas/certificates need to be signed by an institution (within country) such as a university (like France) – encouraging the collaboration of National Societies and universities.
- Returning to the BIMM Comment of "Are we ready?" Terrier, we are not yet ready but the process will be positive; Kuchera remarked that we must be involved because for MM only this Federation (FIMM) can do this at this time; Nikonov also remarked that we are not ready yet but that we NEED to be on the road with Science even if not going to eventually funded – regardless the WHO and UEMS should go in parallel.
 - The role of FIMM as umbrella organization (Kuchera) – Health policy is for the benefit and protection of public and FIMM serves to advance manual medicine (information to benefit all National Societies).
- FIMM HPB has been actively writing Dr Zhang and B. Terrier will go to their officer in person (in Geneva) when an invitation is extended.
 - Lay out the WHO view of the manual world: chiropractic and osteopathic (the 2 professions with papers) and manual medicine (no paper and no definition); MM will be put on level below MD → Conservative → Musculoskeletal → MM.
 - FIMM Academy will support the endeavours of the HPB; there was a comment by Hutson regarding Dr. Zhang who is in charge of traditional medicine elements rather than more Western thought. Comments were extended to the team going to Geneva should include those who have done this before; note also that the evidence base needs to be strengthened with FIMM Academy and other universities.
 - Feedback to FIMM Academy and FIMM General Assembly by HPB.
- Currently the HPB was approved to pursue plan through 2010 but is also charged regarding the WHO and UEMS.
- The pursuit of the HPB agenda as outlined by the HPB Chair was unanimously approved by the HPB.

Item 12

Matters concerning FIMM structure and strategy (formerly published agenda item 9)

a. FIMM financial situation and future

See 12b first.

b. Motion by the German Society for Manual Medicine DGMM

- DGMM asked for a European Society group to address the health policy need associated with UEMS and other items which require resources greater than FIMM alone and perhaps outside organizations. The Executive Board does not see a need to change Articles because the current Articles already include such a provision. There was discussion.

- **FINAL MOTION (Based upon discussion below):** Do you agree to give DGMM, in consultation with the FIMM Health Policy Board Director, a mandate to create a structure in cooperation with other FIMM members and pertinent invited experts/organizations that can fulfil the demands representing Manual and Musculoskeletal Medicine according to health medicopolitical regulations to European authorities and to present the statutes of this organization to the Executive Board for its final approval -- or, if that Body has questions or concerns, to introduce the statutes at the next GA regarding FIMM involvement?

➤ Discussion: What are pros & cons?

→ Pros: This will be a group presumably with both the resources and desire to do this in conjunction with the FIMM mission. Furthermore, it appears to be a win-win situation with the outcome benefiting European members but is not paid by any non-European members.

→ Cons: The structure or group formed may be incapable of creating a working and/or unified structure, or may not follow through on this important project, so we need to watch them

➤ Discussion requested by The Netherlands: Organizational Statutes

→ Terrier: You heard the task of the Health Policy Board including the task of increasing the status of European members (we can invest time and money but we shall need to develop a relationship with a specific European group to interact with the European authorities. We could wait for the EU umbrella but we have been offered to interact with a FIMM group that wishes to achieve the

end. This involves German-Swiss-Austria now but more may join. Also note that it would be FIMM asking for this group to do this with FIMM rather than splitting off to form a new group independent of FIMM.

→ Germany already has UEMS observer status and FIMM has a 50 year history starting as a European group; Heimann sees no danger of the FIMM (group will be made up of the members of FIMM and it is not a German issue -- it is an European issue and it needs to be done immediately.

→ "Carte Blanche" concerns: The original motion is viewed negatively unless the General Assembly can see the statutes so we should consider creating a mandate to present statutes at next General Assembly (no carte blanche); Terrier & Kuchera also spoke against carte blanche but encouraged avoidance of a year's delay; motion modified to include development in collaboration with the Health Policy Chairperson/Board.

→ Hutson asked what was meant in the motion by "members of FIMM and pertinent experts/organizations." von Heymann clarified that motion is to allow others (individuals and organizations) to be invited from outside the immediate FIMM structure.

→ Terrier asked who would be entitled to withdraw the mandate if an unpleasant (and this not expected) event should occur – the Executive Board or the GA? Kuchera modification addressing this was added to the motion.

→ The VOTE for the amended motion presented above:

Motion passed: For=13; Against=0; Abstention=1 (Netherlands).

c. Motion by the German Society for Manual Medicine DGMM: Regulation about membership fees

- Note: Fees are not part of statutes so there is no need to change the statutes in response to the DGMM motion; only the annual implementation of the fee assessment needs to change.

- It was recommended (as earlier presented by the president in his report) that a FIMM Basic fee assessment be instituted to cover the costs for the FIMM Executive Board and Administrative/Communication Structure (all totalling 16000€-18000€) with small National Societies (currently paying below 1200€) paying their current 2008 assessment and the remaining larger National So-

cieties each paying 1200€. Passing this recommendation would account for 46% of the total budget passed in previous years.

- Note: a second vote by the General Assembly to consider funding additional budget activities benefiting MM and/or the Federation generally (to accomplish the mission of FIMM or proposals by their members would be anticipated).
- This means that any projects in the future will need strong arguments regarding their benefit in order to garner any funding from FIMM.
- There was a long discussion on this item of the Agenda.
 - Rutte was concerned about the increased time and discussion needed for FIMM to garner approval for and monies to do its needed work; Terrier agreed that it will change the rhythm of FIMM's work but may be needed.
 - Graveson expressed the problem that a needed project voted upon by the majority may require payment by the smaller Societies only and Patijn noted that having big vs. little countries introduced two "species" dictating what projects are done; leading to the potential for power plays.
 - Several comments basically and bluntly asked whether we were responding to a blackmail situation or not and that this very issue may cause small countries to leave. DGMM noted that any group can present their idea but others felt that FIMM needs monies to work faster and the proposal is simply an opportunity for large National Societies to save monies to spend on what they want regardless of what the little countries want or need. Heimann suggested that we have no money problems we only have trouble with trust; but others pointed out that the method of introducing many of the issues to this GA have not inspired "trust." Rutte noted this change will put the small countries at a disadvantage in favour of the big countries; Heimann notes that he must have this result or his treasurer will not be able to make payments to FIMM in the future (which garnered comments in return that this definitely feels like strong pressure and was not a way to garner trust).
 - Tosnerova asked who decides if project is acceptable or not. It was pointed out that a small Society wanting a project needs to convince the others generally or a larger Society specifically to garner

the monies needed. An example was also cited that a 3000€ project might only cost 15-150€ for the National Societies with 30-300 physician members even those having no support from the big groups.

- **MOTION:** The President directed a motion that for 2009, FIMM will adopt a membership fee change permitting the budget to cover the Basic FIMM costs outlined for the Executive Committee, Administration, and infrastructure. The 2009 assessment institutes a Basic FIMM Membership Fee in which smaller societies pay at their 2008 assessment level and are sponsored by larger societies which shall pay 1200€. With this resolution 10 National Societies would pay 1200€ while 15 National Societies will pay as they typically do.
- Motion Passed: For=13; Against=1 (The Netherlands); Abstain=0.
- No projects were presented at this point in the Agenda. So at this time, no variable fee for the year was considered (See *Agenda Item 13b*).

d. **FIMM triennial congress**

The question was raised concerning the role of FIMM and the FIMM Academy in the FIMM Triennial Congress which must integrate scientific content + finances + personnel + promotion. Whose responsibility is this and how is the collaboration (concern that organization sponsoring the element has the responsibility for funding)?

- Hutson noted that at the start of the FIMM Academy that it was expected that those using FIMM name would have input with respect to the scientific director.
- Graveson says history shows we can't afford these Congresses – maybe we should only hold them every 5 years and even then poll for consent.
- Kuchera noted that FIMM and FIMM Academy should offer their considerable expertise but their recommendations should not be required so that it does not impact the perception of the host country/organizer regarding the outcome.
- No vote was taken but comments were welcome when FIMM addresses this in the future.

e. **Honouring Bratislava commitment of 2004 or not (DGMM request to reconsider)**

- We had agreed in Bratislava to fund the FIMM Academy in 2004 and funding was to potentially end this year. Regardless, the

DGMM is requesting that FIMM not honour the 2004 agreement for funding of 2008.

- President von Heymann expressed that this request would be a very hard one to place in front of the group because of the prior good faith approval by the GA; in essence he felt we were asking the GA to vote to be “honest and poor -- or dishonest and rich.” Appleyard notes that we all need to hear clearly from the GA about their feelings on this issue.
- DGMM commented that the money could only be given if there is a good plan and noted in their opinion, that in the past 4 years the FIMM Academy reports that it has done good work but independent accounting of the spending of their funding was not identified.
- Patijn noted that DGMM says they are not satisfied but numerous reports have been delivered to FIMM (there was no carte blanche); Hutson referenced that FIMM Academy has been very tolerant regarding FIMM fulfilling its obligations to pay promised fees (now 9 months past the time they were due) and that the question of payment is clear enough; this is a vote of confidence or not.
- Kuchera recalled the DGMM’s earlier mention of “trust” and that trust must be mutual, flowing in two directions. The FIMM Academy has previously reported satisfactorily to both the FIMM Executive Board and to GA on numerous occasions (garnering favourable votes on their reports including satisfaction from Germany’s representatives). Furthermore, FIMM and FIMM Academy have expended limited resource monies to meet with DGMM representatives to discuss this issue.
- Hutson (representing the FIMM Academy) wants it clearly stated that no pressure or blackmail exists from the FIMM Academy and that they have over the year tried to bend over backwards to meet the demands of the DGMM; they have talked long and hard to try to reconcile; and they even agreed that they could be independent if that would help FIMM but now they have been asked to try to stay within FIMM. For them, taking the “high ground” has been fraught with contradictions.
- Discussion: Appleyard asks us to vote; Nikonov recommends we wait and that if we have made commitments we must honour them; **the General Assembly as a whole asked for 10 minute**

break for the stakeholders to discuss the issues.

- After the break, a **compromise** was proposed:
 - **There was a proposal to suspend further discussion on the issues any more in light of the compromise below:**
 - The FIMM Academy does not request payment of any of the 2008 FIMM budget allocation (7500€).
 - The FIMM Academy would become completely independent in their elected personnel and fiscal elements and change those Articles which indicate required linkages between our two Boards.
 - Note: this opens a pathway for the FIMM Academy to become an independent certifying board in future.
 - Note: For the FIMM Academy, individuals include Lars Remvig (Denmark) as their Chairperson and Olavi Airaksinen (Finland) as their Science Director.
 - The two Boards will rewrite the relationship between their leadership with a Memorandum of Understanding outlining the interactions including the ability of the FIMM Academy to apply for FIMM project monies (this would be on the basis of trust).
 - Analogy discussed: Less “person and arm;” more “two partners”.
 - **MOTION:** FIMM will rewrite the FIMM Statutes, creating a strong and mutually agreeable Memorandum of Understanding, clarifying strong links based upon both the Memorandum and mutual trust but which are not structurally or fiscally linked; this will be put forth to the FIMM Academy as well. Furthermore, this motion incorporates the understanding that the 7500€ that FIMM promised to pay the FIMM Academy in 2008 will be forgiven by the FIMM Academy.
 - Teterin for the Russian Federation made a motion foregoes the above motion on the basis that FIMM and the FIMM Academy must work together and that therefore this motion should not come to a vote. This died for lack of a second.
 - The original Compromise Motion PASSED. For=12; Against=0; Abstention=2. Compromise accepted.

Item 13

Decision on membership fees for the next year

a. Basic expenditures for administration/communication

- Previously voted upon to set Basic Fees for small societies at 2008 assessment levels and larger societies at 1200€.

b. Special projects of the Boards/Regional groups

- Education Board can proceed by email and no additional project costs for 2009.
- Health Policy Board project is projected to cost 0.50 / member for one year only for Health Policy Board activities if all members vote affirmatively.
- DGMM notes that it will vote to give this money to FIMM next year.
- Passed unanimously.

Item 14

Membership (admissions/suspensions)

- Manual medicine in Turkey had 3 members of its National Society attending. They noted that MM was not known until recently. In 2002, Todor Todorov introduced and delivered lectures in Istanbul etc where it shifted to the national PMR group and was accepted by medical authorities. Robert Maigne also visited and helped establish the credibility of MM because prior to this MM was considered "alternative medicine". Cihan Asoy of the PMR group founded the MM society which currently has 50 members. However there is hope for potential for 200 by end of the year and eventually as many as 1000 members.
 - The MOTION to accept the Turkish Society into FIMM was unanimous.

- South Korea now 4 years without contact; what is the wish of the General Assembly?
 - Motion to exclude South Korea as an ordinary member was unanimous.
- The USA wrote a letter explaining their situation (now fiscally difficult for 2 years). In light of their letter and the anticipation (hopefully) of payment in March, the Assembly chose not to consider the AAO (USA) for exclusion on the basis of non-payment.

Item 15

Date and place of the General Assembly 2009

- Canada volunteered for 2009 but it was considered that this would be too costly.
- Turkey may be willing in the future and a meeting in Germany is also a possibility.
- Tosnerova volunteers Prague for the 2009 GA (with or without a conference as they can arrange or not).
- Dates to be determined in latter half of the month.
- These considerations passed unanimously.

Item 16

Any other business

No other business.

Item 17

Closing of the General Assembly by the President (buses for social evening to leave in 15 minutes).