

## **Presidential Report GA 2021, October 22<sup>nd</sup>**

### **MISSION & VISION:**

In 2015 we had a wonderful meeting in Frankfurt with the health policy board and the executive board. The meeting resulted to the current "vision and mission" statement of FIMM.

From this vision& mission meeting new projects should be develop, resulting in the Project on Education, as the field of Education. Goal was implementing the 300Hrs Criterium for all member societies.

Up until today I am convinced that this vision and mission did not change the last years and still stands.

It will not be the discussion if we should change our vision or mission, but it will be the question how to implement.

And: what will be the future role of FIMM ?

### **COVID-19**

As I started as president, I had big plans to start with implementing and creating new projects, beside the Project on Education.

Unfortunately the COVID-19 pandemic came in between. It slowed & closed down processes as we would like to have started.

But the other hand we learned from it. We realised that we should not stick to old habits of live-meetings to discuss processes and so on. Digital Media, like ZOOM, makes it possible to meet more frequently and discuss.

Okay, it will never replace a live meeting, but you can use it. Even for education, teaching, organising and so on. We even decided that we will have once yearly in Springtime a Webinar besides our yearly live General Assembly's and conferences.

What we also learned is that the world is smaller by using for instance zoom. One can meet easily colleagues from all over the world and set up meetings.

I think this is the way we should bind societies and their members in the future.

### **VISIBILITY of FIMM and MM**

Talking about binding: this is something that is worrying me a lot. What I realised is that the involvement from ordinary members of our member societies is absolutely nil. Colleagues even aren't aware of the existence of FIMM and doesn't know what FIMM stands for.

Only a few enthusiastic colleagues are active in FIMM's Boards. Besides that there is barely any involvement of colleagues.

So, the question her is: how to increase involvement ?

### **MM & MSK**

Even the manual medicine as specialty or as an additional competence is not well known in Health systems. That's something else that's worrying me.

Even chiropractors and osteopath are far more known than manual medicine is.

I realize that Implementing and accepting MM although is a matter of National systems. We can not influence that.

But what we can do is looking for ways to make MM more visible. We should embrace digital media and think about the role FIMM could have in this process.

### **SOCIETIES & STAKEHOLDERS**

we should focus on attracting societies from all over the world and how to stay attractive for them

We have to know: What can we offer them ? What do they want or need ?

Sometimes it are just the practical things societies and their members are interested in:

Teaching, education, knowledge etc. FIMM should look for ways to offer that.

For instance: what was wondering me is that I recently heard that the Korean society already exists for 30 years and only since 2016 they are a member of FIMM. What did they do the other years and why weren't they a member of FIMM before ? I would like to know !

Did FIMM to long focus on the European ( the Old World) market and forget about the new world around us ?

I am convinced that there are more regions in the world we don't know about.

Last year another wonderful initiative by the Spanish Society SEMOYM started: They have contact with colleagues in the Latin American region. There is interest to establish a Latin American society. SEMOYM is asked and willing to play a role in Education based upon the 300 Hrs Education Criteria of FIMM's Guidelines. FIMM and SEMOYM signed a "Memorandum of Understanding" that allows SEMOYM to do so.

I think that's a wonderful initiative and those kinds of initiatives we should use more and more, helping new regions and colleagues to establish MM.

### **FUTURE DEVELOPMENTS**

I am convinced that manual medicine as a competence or even as a speciality has a big potential in the future.

Health problems arising from the musculoskeletal system we will be seen more and more.

Backache, cervical spine pain syndromes, Osteo-arthritis etc.

Often, there is no specific regular treatment for these complaints or even no proper diagnosis.

Manual medicine is in many cases a competence to be used in those cases. Additional to existing specialities would be the positioning. Especially for the function disorders. There is barely any attention payed to this kind of disorders in the established health systems. And if so, than not by doctors but by paramedics, chiropractors, lay osteopath and so on.

MM/MSK societies should look for ways to implement manual medicine musculoskeletal medicine into health systems.

There are societies and countries where this already is done or is in process, like in Denmark, South-Korea and in the Netherlands.

We could learn from each other, how it is done. Of course knowing that every national health system differs.

Here, FIMM could play a role as well.

### **COLLABORATION / COOPERATION**

Societies should help each other. We should strengthen and bring together all societies that are involved on the field of MM/MSK. On Education, on Health Policy and on science.

ESSOMM, IAMMM etc.

ESSOMM even is recognized by the UEMS and MM is accepted as an additional Competence in Europe.

So: Cooperation is essential to reach our goals. We have to unite and not divide.

### **ROLE OF FIMM**

There is a lot going on in the world of MM/MSK. We somehow should gather all these information on developments, studies etc.

FIMM should play a central role in bringing together all this information on societies, knowledge, education, teaching, techniques, systems etc.

Simon Vulfson started the FIMM Community platform. But it did not succeed. This platform could be used to exchange all this information. We could reach also the members of our member societies.

This will make FIMM visible for the outside world.

We should offer exchanging information by Webinars, discussion groups and so on. Digital Media makes it possible, we learned the last years. So, why not use it ?

FIMM's new role would be to facilitate, to serve cetera.

We should focus on implementing this new role.

We should not dictate our vision as leading but it should be used to serve. Guidelines we offer to use, and should describe what is seen as common.

Until now, Guidelines are mainly based on the European systems, but there are more systems around the world. That should be reflected in Guidelines as well.

### **CONCLUSION:**

In the FIMM Community we should look for the similarities between systems and societies and embrace the differences.

Learn from each other. Again FIMM should offer a platform for exchanging on this.

Future meetings on Vision& Mission should focus on how to become visible, how to facilitate and how to serve societies, how to cooperate and collaborate with other stakeholders on the field of MM/MSK and how to be attractive for societies and members of societies.

Only by doing so, we can attract as much as colleagues and in the end: reach our goals.

How nice it would be if we, in the end, could find a way to make MM/MSK a common competence in health systems ?

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