

# 3<sup>rd</sup> HPB Report 2009



FIMM Health Policy Board



Thank you.

# HPB action plan

## 1. WHO project

*World Health Organisation*

## 2. UEMS project

*Union Européenne des Médecins Spécialistes*

## WHO project

2-day meeting September 24-25, 2009, Prague

### *Assignment*

- Define structure of WHO Paper
- Brake project into single processes
- Assign process to working groups

Invited participants: (WHO-Team)

Dr. Bernard Terrier (Chairman)

Dr. Carlo Mariconda (Italy)

Dr. Peter Skew (UK)

Dr. Victoria Sotos Borrás (Spain)

Dr. Miki Ishizuka (Japan) (subst.)

Prof. Sergei Nikonov (Russian Federation) (subst.)

Dr. James Watt (New Zealand)

Dr. W. von Heymann (FIMM president)

Prof. Lothar Beyer (Germany) (Adv. Mem.)

Invited advisor: Boyd Buser, DO FACOFP (USA)

Michael Kuchera, DO FAAO (USA)

Staff member: Dr. Stephan Bürgin (Switzerland)



## WHO project

2-day meeting September 24-25, 2009, Prague

### *Introduction*

- Quality in Education and Training  
(*Wolfgang von Heymann*)
- the Bologna Process and the Higher Education Area  
(*Bernard Terrier*)
- FIMM NEWS Vol. 17 No. 1 May 2008

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*WHO Consultation Process*

*Boyd Buser*

- AOA Board of Trustees
- Dean of Pikeville College, USA
- participation in 2 WHO Consultation Processes

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### *WHO Guidelines on TCM*

- 2002-05 Traditional (Complimentary) Medicines TCM under Dr. X. Zhang
- Guidelines produced at request of a member state
- Chiropractic involved with Lombardy Regional Government requested one through chiropractic and one through other disciplines
- Purpose of Guidelines: to provide minimum requirements and to ensure safe practice



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### *WHO Guidelines*

- Osteopathic Guideline written and circulated and presented as final document in February 2007
- Same time Chinese Tuina (Traditional Medicine) and Nuad Thai (Thai Traditional Massage) – similar guidelines produced by WHO – completed and approved by the end of 2007
- WHO Guidelines Review Committee established in Mar 2008

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### *WHO Guidelines*

- Guidelines must be requested by a state
- Approval process must be undertaken
- Plan on US\$ 100,000
- Once WHO accepts the process, WHO will take over and loose control of the process and its distribution

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*Other directions of approach*

- Report on the Legal Status of Manual Therapies
- Not published
- Numerous mistakes
- FIMM could act as an expert

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### *Papers used as discussion*

- WHO guidelines on basic training and safety in chiropractic  
50 pages – *Wolfgang von Heymann*
- White Book on Physical and Rehabilitation Medicine in Europe  
72 pages – *Peter Skew*
- Order 365 of the Ministry of Public Health of the Russian Federation – About putting a specialty “Manual Therapy into nomenclature of medical and pharmaceutical specialties  
12 pages – *Dmitri Teterin / Sergei Nikonov*

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### *Papers used as discussion*

- Basic Standards (AOA Addenda 4, 5, 6)  
149 pages – *Boyd Buser*
- Guidelines for the core curriculum for  
Manual Medicine / *Chirotherapy*  
11 pages – *Bernard Terrier*
- A Syllabus of Musculoskeletal Medicine published by AFMM  
71 pages – *James Watt*

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*Paper on Basic Training and Safety*

- Paper on Basic Training and Safety of ?
- Manual Medicine / Musculoskeletal Medicine ?
- “FIMM Specialist” ?
- Working title:  
*Paper on Basic Training and Safty of MM Medicine*

2-day meeting September 24-25, 2009, Prague  
*Paper on Basic Training and Safety of MM Medicine*

**List of Content**

1. Acknowledgements
2. Introduction
3. Purpose of the Guidelines
4. General Consideration
  - a. Historical Information
  - b. Principles of MM Medicine
5. Glossary

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*Paper on Basic Training and Safety of MM Medicine*

Part 1 : Basic Training in MM

1. Use of MM
  - a. Administrative and Academic Considerations
  - b. Scope of Practice
2. Acceptable Levels of Education and Training
  - a. Category 1, Undergraduate /Predoctoral Training
  - b. Category 2a, Diploma of Advanced Studies
  - c. Category 2b, Specialty Related MM
  - d. Category 3, Master of Advanced Studies
  - e. Category 4, Doctorate in Manual Medicine
3. Models of Education in MM
  - a. Category D, Undergraduate Level
  - b. Category C, Facility level in MM
  - c. Category B, Capacity Level in MM
  - d. Category A Specialist Level in MM
4. Common Competencies shared by MM physicians



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### *Paper on Basic Training and Safety of MM Medicine*

#### 5. Training of Undergraduate

- a. Objective of Training of Capacity Level
- b. Duration
- c. Core Topics
- d. Practical supervised clinical experience
- e. Examination
- f. Post-degree training
- g. Continuing professional development

#### 6. Training of Facility Level

- a. Objective of Training of Capacity Level
- b. Duration
- c. Core Topics
- d. Practical supervised clinical experience
- e. Examination
- f. Post-degree training
- g. Continuing professional development

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### *Paper on Basic Training and Safety of MM Medicine*

7. Training of Capacity Level
  - a. Objective of Training of Capacity Level
  - b. Duration
  - c. Core Topics
  - d. Practical supervised clinical experience
  - e. Examination
  - f. Post-degree training
  - g. Continuing professional development
8. Training of Specialty Level in MM Medicine
  - a. Objective of Training of Capacity Level
  - b. Duration
  - c. Core Topics
  - d. Practical supervised clinical experience
  - e. Examination
  - f. Post-degree training
  - g. Continuing professional development

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### *Paper on Basic Training and Safety of MM Medicine*

#### Part 2: Guidelines on Safety of MM Medicine

1. Introduction
2. Contraindications
  - a. Direct Techniques
    - i. Absolute contraindications
    - ii. Relative Contraindications
    - iii. Absolute Contraindications using thrust or impulse
    - iv. Relative contraindications using thrust or impulde
  - b. Indirect and Reflex Based Techniques
    - i. Absolute contraindications
    - ii. Relative contraindications

Complications

References

Annexes

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*Paper on Basic Training and Safety*

- 4 Working groups
- 1<sup>st</sup> draft by May 31, 2010
- Process control – *Stephan Bürgi*

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### *Conclusion*

- The Paper seems to be of high importance for the FIMM community considering the medico-political circumstances  
1<sup>st</sup> priority
- WHO approach has to be considered carefully  
2<sup>nd</sup> priority
- The Board is very excited and motivated
- Consensus is possible

## 2-day meeting September 24-25, 2009, Prague

### *Time table*

|            |                                |  |                      |
|------------|--------------------------------|--|----------------------|
| 1. Meeting | September 2009                 | Prague, Czech Republic in conjunction with the FIMM General Assembly 2009                  | Format and structure |
| 2. Meeting | September 2010<br>(21.09.2010) | Potsdam, Germany in conjunction with the FIMM General Assembly 2010<br><br>(FIMM Congress) | Version 1            |
| 3. Meeting | September 2011                 | ? in conjunction with the FIMM General Assembly 2011                                       | Version 2            |

## 2-day meeting September 24-25, 2009, Prague

### *Time table*

|                  |                |  |                     |
|------------------|----------------|--|---------------------|
| 4. Meeting       | September 2012 | ? in conjunction with the FIMM General Assembly 2012 | Version 3 (pre WHO) |
| WHO Consultation | 2012 – 2014    | Geneva   | WHO Paper           |

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### *Costs*

|                         |                |                        |            |                  |
|-------------------------|----------------|------------------------|------------|------------------|
| 1. Meeting              | September 2009 | Prague, Czech Republic | EUR        | 10'000.00        |
| 2. Meeting              | September 2010 | Potsdam, Germany       | EUR        | 5'000.00         |
| 3. Meeting <sup>1</sup> | September 2011 | ?                      | EUR        | 5'000.00         |
| <b>Total</b>            |                |                        | <b>EUR</b> | <b>20'000.00</b> |

<sup>1</sup> possibly to be omitted



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The end of this report