5th HPB Report 2011



FIMM Health Policy Board



Thank you Czech Republic.



WHO project

Task: (FIMM GA 2008)

WHO Guidelines on Basic Training and Safety in MM Medicine

- to develop an extensive consensus document presented by FIMM
- accepted and published by WHO
- which encourages and supports countries in the proper education and use of safe, effective practices in MM Medicine as a part of national health service



Meeting 2009 Prague



FIMM Health Policy Board



Guidelines on Basic Training and Safety in MM Medicine content:

- General considerations
- Part I: Basic Training in MM Medicine

• . . .

- 5. Training at Undergratuat level
- 6. Training to Facility level
- 7. Training to Capacity level
- 8. Training to Specialty level



Guidelines on Basic Training and Safety in MM Medicine content:

- Part II: GUIDELINES ON SAFTY IN MM MEDICINE
 - Introduction
 - Contraindications
 - Complications
- ANNEXES
- REFERECES



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

Guidelines on Basic Training and Safety in MM Medicine

Prague 2009: Version 1.0



5th HPB Report 2010 Potsdam

Meeting 2010 Potsdam



FIMM Health Policy Board



2-day meeting September 21-22, 2010, Potsdam

Guidelines on Basic Training and Safety of MM Medicine

Part 1: Basic Training in MM

- 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



2-day meeting September 21-22, 2010, Potsdam *Guidelineson 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



2-day meeting September 21-22, 2009, Potsdam *Guidelines 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
 - 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



2-day meeting September 21-22, 2010, Potsdam

Guidelines on Basic Training and Safety in MM Medicine

Prague 2009: Version 1.0

Potsdam 2010: Version 1.4



Meeting Prague 2011



FIMM Health Policy Board

Goals of this meeting:

- a. Advancement of the draft version 1.6 of the FIMM «Guidelines on basic training and safety»
- b. Defining the further process.
- c. Re-assigning tasks to the working groups.



5th HPB Report 2010 Potsdam

Invited participants: Dr. Bernard Terrier (Chairman)

Dr. Carlo Mariconda (Italy) excused

Dr. Peter Skew (UK) excused

Dr. Victoria Sotos Borras (Spain)

Prof. K. Sumita (Japan) excused

Dr. Kirill O. Kuzminov (Russian Federation) exc

Prof. MUDr. Vlasta Tosnerová excused

Dr. James Watt (New Zealand)

Dr. W. von Heymann (FIMM president)

Advisory members: Michael Kuchera, DO, FAAO

Dr. Craig Appleyard (Canada)

Dr. Niels Jensen (Denmark)

Prof. Sergei Nikonov (Russian Federation)



Agenda

1. 3rd reading of the introductory part



2. "Controversy" of

Manual Medicine vs Musculoskeletal Medicien



Result

- 1. In all the chapters there is text (version 1.6)
- 3. MM Medicine



Result

- 1. In all the chapters there is text (version 1.6)
- 3. Mivi-Medicine
- 4. Manual Medicine
- 5. Muskuloskeletal Medicine



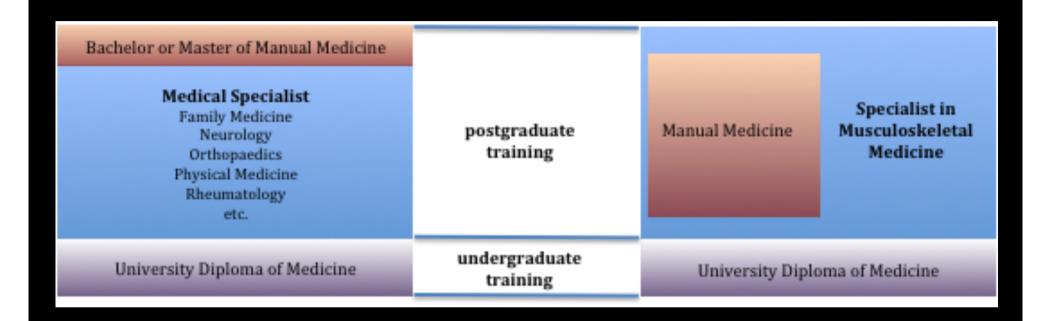


Fig 1: The *capacity-model*.

Manual Medicine is a subspecialty or capacity in relation to a medical specialty mainly related to the locomotor system.

Fig 2: The *component-model*.

Manual Medicine is a component of the medical specialty of Musculoskeletal Medicine.



Time table:

| 1. Meeting | September 2009 | Prague, Czech Republic in conjunction with the FIMM General Assembly 2009 | Format and structure |
|------------|------------------------------|---|----------------------------|
| 2. Meeting | September 2010 (21.09.2010) | Potsdam, Germany in conjunction with the FIMM General Assembly 2010 (FIMM Conference) | Version 1.0 Version 1.3 |
| 3. Meeting | October 2011 (13.10.2011) | Prague, Czech Republic in conjunction with the FIMM General Assembly 2011 | Version 1.6 |



Time table:

| 4. Meeting | September 2012 | ? in conjunction with the FIMM General Assembly 2012 | Version 2.0 |
|------------|----------------|--|----------------------------|
| ? | 2013 | | Implementation Version 3.0 |



Cost:

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



Cost:

| 4. Meeting | September 2012 | (Istanbul, Turkey) | EUR | 5'000.00 |
|------------|----------------|--------------------|-----|-----------|
| | | | | |
| | | | | |
| Total | | | EUR | 25'000.00 |



Activities to come:

- version 1.7 will be submitted to the FIMM member societies
 for consultation
- version 2.0 will be submit to the FIMM General Assembly 2012
- Implementation of the Guidelines
 (White Paper in process, Michael Kuchera)



Thanks!

- ◆ The members of the Board and the collaborators.
- ◆ The FIMM member societies for your support and funding.



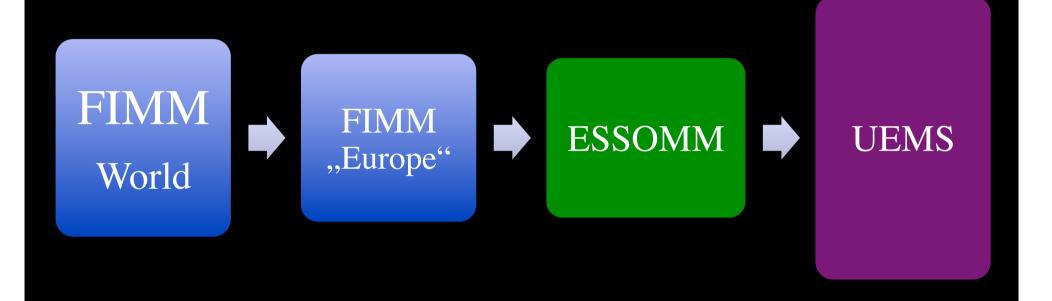
UEMS

Task (FIMM GA 2008)

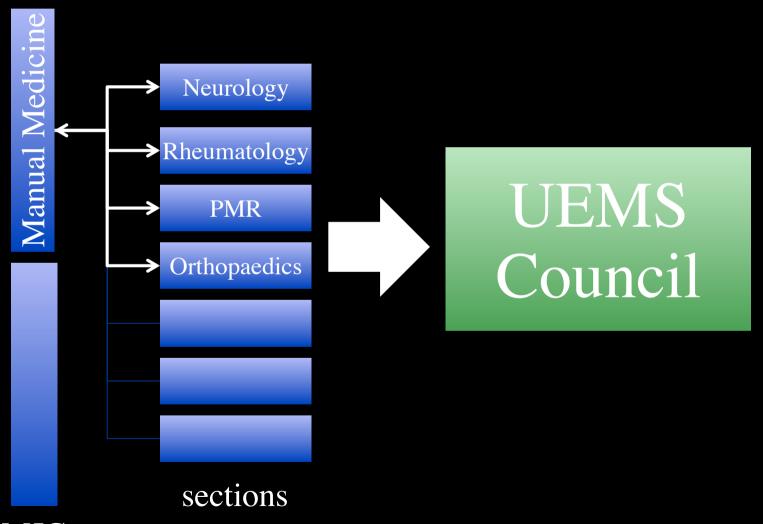
to prepare steps

to ask the *European Union of Medical Specialists*(UEMS) to evaluate and possibly initiate the positioning of Manual Medicine in Europe as a distinct specialization.









MJC (Multidisciplinary Joint Committee)

- MJC of Clinical Genetics
- MJC of Emergency Medicine
- MJC of Hand Surgery
- MJC of Immune Mediated Diseases
- MJC of Intensive Care Medicine
- MJC of Paediatric Urology
- MJC of Pain Medicine
- MJC of Sports Medicine



UEMS Council Napoli October 6th 2011

Reasons for a MJC "Manual Medicine"

Dr. Hermann Locher, Tettnang, Orthopedic and Trauma Surgeon, Manual Medicine, Sportsmedicine, Pain Therapy derlocher@gmx.de

Definition:

Manual Medicine (MM) is the medical discipline of enhanced knowledge and skills in the diagnosis, therapy and prevention of functional reversible disorders of the locomotor system.

Dr. Locher and Dr. Teyssandier would like to push this project forward, involving experience an manpower of ESSOMM and **UEMMA** together with representatives from the **UEMS Sections concerning pain** and dysfunction on the locomotor system.

Thank You very much!

Origin of the mission:

As an answer to the increasing need for a European Manual Medicine interface to European **Health Care Authorities and other** medico-political organizations some individual officers of national member societies of FIMM tried to find the appropriate representation: So the
European Scientific Society Of
Manual Medicine (ESSOMM)
was founded 2008
with the agreement of
the national MM-societies of

Belgium, Bulgaria, Denmark, Germany, Estonia, Finland, France, Italy, Poland Slovak Republic, Spain, Switzerland, Czech Republic and Hungary

Actual ESSOMM Members: Societies for exclusively physicians

| ×SAMM (CH) Members | 1250 |
|---------------------|------|
| ×DSMM (DK) | 820 |
| Members *MWE (D) | 4500 |
| Members *DGMSM (D) | 2300 |
| Members | |

100

XAITODOMM (I)

Mambara

Our aim is the health-political recognition of Manual Medicine as a sub-speciality in all European countries, because the actual existing qualified physicians do not have this status in each **European country**

European Scientific Society of Manual Medicine

ESSOMM Board

President Dr. Ueli Böhni (CH) (Rheumatologist)

Vice President PD Dr. Johannes Buchmann (D)

(Neurologist)

General secretary Prof. Dr. Marcus Schilgen (D) (Orthopedic

Surgeon)

Treasurer Dr. Hermann Locher (D) (Orthopedic

Surgeon)

Coordinator Dr. Michaela Habring (A) (GP)

ESSOMM

- **X**International Statutes
- **★**Core Curriculum: 300 hours of education
- ★Education and training compatible to the Bologna process
- **X** Quality controlled education and training
- ★Strictly oriented on evidence based medicine
- ★Implementing the rules of translational research

ESSOMM consensus for basic course in MM

1st International Instructor Course Rome, Sept. 1 – 3, 2011

Hermann Locher, D (MWE)/CH (SAMM)
Wolfgang v. Heymann, D (MWE)
Michaela Habring, A (ÖÄMM/ÖAMM)
Jörn Meissner, D (FAC/ÄMKA)
Frerk Barth, D (FAC/ÄMKA)
Manlio Caporale, I (AITODOMM)
Federico di Segni, I (AITODOMM)
Palle Holck, DK (DSMM)
Niels Jensen, DK (DSMM)

The constitution of a Multidisciplinary Joint Committee within the UEMS will be the necessary platform to realize these really important aims.

Conclusions

- The presentation has been well accepted by the UESM Council.
- The application is well supported by sections such as Rheumatology, Orthopaedics, PMR, Neurology.
- The application needs to be supported by more scientific "material".
- Decision in April 2012



HPB 2011



End of this presentation

