

**SUMMARY of the
2nd Invitational Conference for the
Osteopathic International Alliance
Hilton Toronto Hotel
Toronto I Room
Toronto, Ontario, Canada
5-6 June 2004**

Attendees:

Dr. Peter Adler-Michaelson (OIA, European Register of Osteopathic Physicians/DAAO)

Dr. Darryl Beehler (AOA)

Dr. Stephen Blood (AAO)

Dr. Boyd Buser (NBOME)

Dr. Sheryl Bushman (NBOME)

Dr. Jane Carreiro (WOHO)

Mr. John Crosby (OIA/AOA)

Mr. Simon Duncan (European Osteopathic Union)

Dr. David Fiddler (Ontario Osteopathic Association)

Mr. Simon Fielding (OIA, General Osteopathic Council)

Dr. Ted Findlay (OIA, Canadian Osteopathic Association)

Ms. Marina Fuhrmann (German Osteopathic Association)

Dr. Toni Graf-Baumann (European Register of Osteopathic Physicians, DGOM (Germany),
SAGOM (Switzerland))

Dr. Michael Hutson (International Federation of Manual Medicine (FIMM))

Mr. Laurent Kestelyn (Centre Européen d' Enseignement Supérieur de l' Ostéopathie (CEESO))

Mr. Robert Klobnak (DOCare International)

Dr. Hyder Makki (Lebanon)

Dr. Daniel Marazon (OIA)

Dr. Bill McCord (Federation of State Medical Boards (FSMB)/American Association of
Osteopathic Examiners (AAOE))

Dr. Hiroya Morita (OIA)

Mr. Edouard Renard (Centre Européen d' Enseignement Supérieur de l' Ostéopathie (CEESO))

Dr. Debra Smith (OIA)

Mr. Clive Standen (Unitec New Zealand)

Dr. George Thomas (AOA)

Dr. Larry Wickless, Chair (OIA)

Dr. Xiaorui Zhang (World Health Organization)

(Those marked in bold are Steering Committee members)

Staff:

Michael Mallie

Linda Mascheri

Bonnie Koenig

Dr. Douglas Ward

Michael Zarski

Joshua Kerr

Friday, June 4, 2004

On Friday evening the Canadian Osteopathic Association (COA) hosted a reception for the members of their organization and graciously passed on an invitation for all of the 2nd Invitational Conference for the OIA attendees to join them.

Saturday, June 5, 2004

The conference commenced with Steering Committee Chair Dr. Wickless welcoming everyone and calling roll; attendees then introduced themselves. Conference Moderator John Crosby, JD laid out the three major issues that will be the focus of the conference: formation, structure (including financing) and the functions the OIA will fill.

Mr. Crosby also talked about the recent international activities of the American Osteopathic Association (AOA) in the last several months. AOA leadership has attended meetings such as the 6th Annual Conference on Medical Regulation in Ireland, April 21-24, 2004, hosted by the International Association of Medical Regulatory Authorities (IAMRA) and the Medical Council of Ireland. The AOA has also attended other meetings such as the Federation of State Medical Boards (FSMB), April 29-May 1, 2004, in Washington, DC and the World Health Organization meeting to establish guidelines for worldwide osteopathic medicine and osteopathy in Geneva, Switzerland, May 24-25, 2004. Mr. Crosby asked Bonnie Koenig, Meeting Facilitator, to talk about the major focus for this meeting.

Ms. Koenig presented the three primary topics for the 2004 meeting:

- Report on progress since June 2003 meeting
- Discuss recommendations of Steering Committee
 - Initial programmatic focus for OIA - Clearinghouse
 - Membership and Potential Affiliates criteria
 - Operational structure
- Develop new recommendations for continued consideration

She recapped the Osteopathic International Alliance Steering Committee's work since its formation in June 2003. Coming out of the June 2003 meeting, the first major task for the Steering Committee was to determine if there was a "value added" for the foundation of the OIA and what that value would be.

The Osteopathic International Alliance was formed with seven Steering Committee members from four different countries, thanks to funding by the AOA. An alliance structure was chosen (over federation and association structures) for the OIA because it allowed for more local autonomy and activity flexibility for member organizations.

At the October 2003 Steering Committee meeting the attendees looked at the "value added" in forming a clearinghouse of osteopathic information from around the world and at the membership structure of the OIA. It was agreed that these two issues would be the initial focus of the OIA Steering Committee. Two task forces were created – the Membership Invitational Task Force and the Clearinghouse Task Force.

Dr. Ward, Invitational Task Force Chair, gave a report on the work that has been done thus far; membership has been divided into three separate categories. The first category, Full Membership, would be two groups, one physician and one non-physician, of governmentally recognized national organizations of licensed/legally recognized members and whose organizations represent the whole of the profession in those countries. The second category, Associate/Affiliate members will include (emerging or not) regulatory authorities and those groups working towards legal recognition of osteopathy but are not quite there yet. The final category, Other Members, includes supporting organizations that contribute to advancing the work of the OIA. The membership will not be on an individual basis but rather be an

organization of organizations. Furthermore, the categories are “very fluid” and can be changed as needed – they are still in draft form.

Dr. Findlay, Clearinghouse Task Force Chair, gave a short report stating that the Task Force was moving along with the Clearinghouse website and looking forward to the discussion that will take place at this conference. The Clearinghouse Website will contain information on the state of osteopathic medicine/osteopathy in many countries around the world including the laws/statutes that pertain to osteopathic medicine/osteopathy, government and NGO medical contacts, as well as educational requirements/minimums for the various countries.

Mr. Crosby then opened the floor to questions and comments. Michael Hutson, MD of the International Federation of Manual Medicine (FIMM), asked if the OIA would include both non-physicians and physicians, which it will. Dr. McCord declared that it will take time to understand osteopathy around the world and to find good ways to represent the different forms of osteopathy internationally. Dr. McCord added that the OIA may change over time, as information grows about international osteopathy. Dr. Wickless stated that it takes time to understand osteopathy throughout the world and that we should all be open to new ideas as more is learned. Dr. Ward stated that the Membership Task Force was seeking to find language inclusive to many different groups, not exclusive to only physicians.

The membership categories have been drafted to include *organizations* of osteopathic medicine/osteopathy, not individuals and we must embrace these practices throughout the world and not close out different parts of the world, added Mr. Crosby. Dr. Zhang stated that it will be important for the OIA to think internationally and to unite under osteopathic medicine/osteopathy. The OIA must consider different countries and cultures and be sure to work together as an alliance.

Following this discussion, Dr. Wickless introduced Dr. Zhang from the World Health Organization (WHO) as the Keynote speaker of the 2nd Invitational Conference for the Osteopathic International Alliance. Dr. Zhang began by sharing her excitement about the recent relationship that has grown between the AOA/OIA and the WHO and her hopes that this will prove to be the foundation of a strong relationship in the future. Dr. Zhang’s presentation was titled “WHO Traditional Medicine Strategy and Cooperation with the Osteopathic International Alliance.” She spoke on the challenges to Traditional Medicine/Complementary and Alternative Medicine for the WHO and OIA being:

- Recognition
- Regulation and Safety
- Protection of intellectual and cultural property
- Ensuring proper use of therapies

Dr. Zhang also spoke about the Guidelines that the AOA/OIA, WHO and several other osteopathic groups throughout the world will be working together to draft by 2006. These guidelines will provide minimum requirements for training in osteopathic medicine/osteopathy around the world and will serve as a reference for the world on Traditional Medicine & Complementary and Alternative Medicine. The guidelines must also focus on safety and patient care, not on the differences in ideology between different types of care.

A few questions followed Dr. Zhang’s presentation. Dr. Wickless asked about the possibility of there being money in the future for joint WHO/OIA research and ongoing studies. Dr. Hutson shared his worries of FIMM being grouped in with non-physician osteopaths and wondered about

the possibility of the WHO guidelines including groups like FIMM. Dr. McCord added that he was in favor of the guidelines including licensing issues.

Following a break Michael Zarski, JD, Executive Director, American Osteopathic Information Association, gave a presentation on the OIA Clearinghouse Website, the information it can include in the near future and the potential capabilities that the website can have further down the line as OIA grows.

Next on the agenda was for the conference to separate into breakout groups where three issues would be discussed: ***Membership, Potential Affiliates and Other Partners, and OIA Activities***. The breakout groups discussed their topics for an hour, then the conference reassembled to hear the outcomes of the sessions.

Membership – Dr. Wickless shared the discussion of this breakout group. It was felt by that group that at some point in the future a Board of Directors should be appointed to replace the Steering Committee and that full membership should only include legally licensed DOs (physician and non-physician) within a given country. In addition, the OIA Clearinghouse should include a list of the individual statute/law for each country that address osteopathic medicine/osteopathy. The OIA should also write a dismissal mechanism into its bylaws to allow for a way to discharge groups that no longer meet the terms of membership.

Potential Affiliates and Other Partners – Dr. Smith presented to the conference the suggestions that came out of this session. There is a need for a glossary of terms to help streamline discussion and communication between different groups worldwide. Also, the current wording to the Potential Affiliate category should be changed to include regulatory and licensing bodies such as the National Board of Osteopathic Medical Examiners (NBOME) and the Federation of State Medical Boards (FSMB) in the US and Federation of Medical Regulatory Authorities of Canada (FMRAC) in Canada, for example.

Activities – Dr. Adler-Michaelson presented the suggestions of this breakout group, of which there were three to focus on:

- Legal Aspects → focus only on government associations; act as advisory to members; examine scopes of practice
- Guidelines → cognitive and practical education; evaluation of minimum competencies; scope of practice
- Information Networking → Evidence based collaborative research; consumer protection; continued medical education (speaker registry)

Ms. Koenig presented some common themes that she saw surfacing throughout the conference, issues that the OIA and the Steering Committee need to focus on.

- Glossary → streamlining and clarifying the use of terms such as osteopathic physician, osteopath, osteopathy, etc.
- Involvement → the importance of being inclusive, not exclusive
- Information → the OIA must gather more information about countries outside of those represented at this conference
- Mission → the mission statement of the OIA must be reworked and made viable for the specific actions that the OIA will be focusing on in the future

Following Ms. Koenig's summary of the conference to that point, AOA President-Elect Thomas presented Dr. Zhang with a memento to thank her not only for being the Keynote speaker at this

conference, but also for “getting [the AOA] to the table” with regard to the WHO guidelines and the quick growth of international involvement of the AOA. Following the presentation the conference recessed for the day.

Following the conference recess on Saturday, the AOA hosted a reception for the attendees of the 2nd Invitational Conference for the Osteopathic International Alliance in the Osgoode Room of the Toronto Hilton.

Sunday, June 6, 2004

Dr. Wickless reconvened the meeting on Sunday morning; Mr. Crosby welcomed everyone back and gave a preview of the days events. Ms. Koenig reviewed the goals of the conference: evaluation of progress since last year, discussion of themes and activities for the OIA and the development of new recommendations for the Steering Committee to consider. Following the review, the attendees of the conference separated into breakout groups again, this time to discuss *Planning Mechanisms, Governance and Financing*.

Finance – Dr. Findlay presented the results of this group’s findings:

- The first step is to determine how much the membership dues will support the OIA and then determine a budget
- What will the fees be for participants? Set at US\$500 or varying by size/members/other?
- Exceptions → developing organizations/countries
 - Deferral of fees for the first few years
- Step 2 → sales/projects
 - Clearinghouse information
 - Sponsorship from outside organizations

At this point Ms. Koenig took an opportunity to review the strategic planning of the OIA and the reason for the organizational structure process the OIA has taken on. Why focus on goals, membership, etc before a mission statement? There was an initial mission written for the OIA that called for the advancement of the osteopathic profession. But because the wording was too broad, the Steering Committee felt it important to decide upon several goals and actions to focus on, out of which a more purposeful mission would come. There are two growth patterns that an NGO can follow as it undertakes international activity – the first, which the OIA is following, is incremental growth starting in a few countries and expanding. The other is to start globally (in many different countries at once).

Governance – Dr. Wickless presented the breakout group’s conclusions:

- The OIA should be non-profit and represent both physicians and non-physicians
 - At the present time issues should be resolved by consensus instead of voting
- Will the OIA be political, educational or research oriented?
 - At the present time it should have a political and educational focus with the possibility of growing to research in the future
- Membership in each country? Most likely there should not be more than two members from each country
 - International groups such as the EROP, how do they fit in? Needs to be addressed at a later date
- The Steering Committee needs to be reformed into either an Executive Committee or a Board
 - Use email/internet as the main means of communication because it is inexpensive and easy
- Continue with the Alliance structure because it is non imposing on its membership

- OIA must be quality based → standards must be maintained
- The Steering Committee must set member guidelines and members should be democratically elected
 - Must have a vote of confidence for the Steering Committee recommendations

At this point Dr. Carreiro motioned to take consensus that the OIA was moving in the correct direction. The motion was seconded and AOA President Beehler added that the need to take consensus is important to be sure people remain on the same page on certain issues. Dr. Wickless called for a vote and the motion was carried.

The **Governance** group also came up with issues that need to be resolved by next year's OIA conference:

- Articles of incorporation → Where?, US, Canada, UK, Switzerland
- Bylaws
- Policy & Procedure book
- Membership structure → guidelines codified by the next annual meeting, possibly June 2005
- Business plan
- Promotion – Clearinghouse
 - Members
 - Website expansion rapidly → links need to go both ways

Simon Duncan added that the outward perception is important → the Steering Committee should look at representatives from all parts of osteopathy so that the OIA is larger and broader.

Planning Mechanisms – Dr. Adler-Michaelson reported on the breakout group and their conclusions:

- Don't Do → do not get into internal politics/problems, focus only on international issues
- The OIA should be an umbrella organization
- There should be a maximum number of members from each country → be sure to have fair representation
- Make up member criteria and stick to it
- The AOA should be the initial secretariat → remember that wherever incorporation takes place the organization must adhere to that country's laws
- The group also called for the establishment of four subcommittees:
 - Communication/communication networking (from the Clearinghouse TF)
 - Membership (including Finance)
 - Guidelines → safety, definitions and standards
 - Legal Aspects → regulatory bodies within countries

Dr. Buser stated that the communication subcommittee needs to be sure to make recommendations for working and basic communication systems for official communications. Dr. Marazon added that the use of a glossary is important and Dr. Adler-Michaelson stated that the OIA must agree on definitions but there is no need to form a separate subcommittee for this, the Guidelines Committee can work on the glossary.

Moving forward in discussions, the group heard four presentations on osteopathy/osteopathic medicine in **France, Germany, Canada and New Zealand**.

France – Edouard Renard, DO, PhD, MROF gave a brief recap of osteopathy in France, which appeared following World War II and, by the 1990's there were three types of osteopaths: MDs practicing osteopathy, physiotherapists who call themselves osteopaths and the six-year trained non-physician osteopath program.

Germany – Prof. Dr. Toni Graf-Baumann gave a presentation on the state of osteopathy in Germany. The German Society of Osteopathic Medicine (DGOM) is the group that has created the curriculum for osteopathy in Germany. The DGOM was formed from three manual medicine groups in Germany in 1996. Prof. Dr. Graf-Baumann also gave an outline for international criteria for osteopathic medicine that consisted of four parts. First is the US-model DO physician, the second is the full physician outside of the US who also embraces manual medicine through a six-year program. The third is the four-year manipulation program and the fourth criteria sets out all topics that should be covered in ones training.

Canada – Dr. Findlay gave an update on Canada next. The Royal College of Physicians and Surgeons (RCPS) is reviewing a proposal that would recognize US-trained DOs as equivalent to MDs throughout Canada, which would allow US-trained DOs to sit for RCPSC exams and apply for residency positions. In September 2003 US-trained DOs were accepted with full practice rights in Ontario. The College of Physicians and Surgeons of Ontario (CPSO) has also developed a discussion paper titled “Tackling the Doctor Shortage,” which recommends that the Minister of Health consider accepting the USMLE, FLEX, ECFMG, COMLEX and NBOME exams in Ontario as equivalent to the Medical Council of Canada Qualifying Examination (MCCQE), which would make US-trained DOs passage into Canada much quicker and easier.

New Zealand – Clive Standen gave the final presentation on the state of osteopathy in New Zealand. The Health Professionals Competence Assurance Act passed the New Zealand Parliament in September 2003 and will go into effect on September 18, 2004. This act legally recognizes and regulates the scope of practice and core competencies in osteopathy and twelve other professions in that country and allows for free movement of osteopaths between New Zealand and Australia.

The conference broke for lunch and AOA President Beehler spoke about the AOA's growth in the international community through the last several months. President Beehler shared his excitement about the work that osteopathic physicians and osteopaths throughout the world are coming together to do, especially with regard to the WHO Guidelines that will be collaboratively drafted over the next year to year and a half.

Following President Beehler's speech, Ms. Koenig presented a summary of the conference and showed where the OIA Steering Committee will be headed in the next year. The OIA needs to work on making the Clearinghouse website functional with relevant information and governance needs to be kept simple in the beginning, for the purpose of efficiency. The OIA should move quickly on the issues of incorporation and writing bylaws. A general glossary needs to be written or found and approved to help with communication issues. Finally, the membership categories need to be reworked into acceptable working categories – though they can stay in draft form in case changes are needed in the future.

Dr. Wickless set out two important steps that must be taken immediately: the expansion of the website and setting membership categories. Discussion of future meeting places also took place. The group decided that it would be best to hold the conference in the US every other year, at least until the alliance becomes more substantial and self supported. Also, the Steering Committee will be meeting on November 8, 2004 at the AOA Annual Convention and the Steering

Committee will be holding a conference call in the first week of August 2004. Dr. Wickless also called for a resolution stating that the OIA was moving in the right direction; there was consent from the remaining attendees on that issue.

Mr. Crosby went around the room asking for feedback from each attendee on the outcome of the conference. Mr. Crosby then thanked all attendees, the staff and the OIA Steering Committee for contributing to the success of the conference, and then adjourned the meeting.

June 28, 2004.