

**SUMMARY of the
Inaugural Conference for the
Osteopathic International Alliance
Capital Hilton Hotel
Federal Room
Washington, DC, USA
29-31 July 2005**

Attendees:

Dr. Peter Adler-Michaelson (OIA, German-American Academy of Osteopathy (DAAO))

Mr. Dale Austin (Federation of State Medical Boards (FSMB)/International Association of Medical Regulatory Authorities (IAMRA))

Dr. Darryl Beehler (American Osteopathic Association (AOA-US))

Student Doctor Eric Berard (Osteopathic Student Global Health Forum)

Dr. Boyd Buser (OIA)

Dr. Sheryl Bushman (National Board of Osteopathic Medical Examiners (NBOME))

Dr. Joe Cacioppo (Edward Via Virginia College of Osteopathic Medicine)

Dr. Zachary Comeaux (West Virginia School of Osteopathic Medicine)

Ms. Madeleine Craggs (General Osteopathic Council of the UK)

Mr. John Crosby (OIA/AOA-US)

Mr. Vince Cullen (General Osteopathic Council of the UK)

Dr. Todd Dombroski (Association of Military Osteopathic Surgeons & Physicians)

Mr. Simon Duncan (European Osteopathic Union)

Mr. Michael Dyer (American Association of Colleges of Osteopathic Medicine (AACOM))

Mr. Raimund Engle (Vienna School of Osteopathy)

Dr. David Fiddler (Ontario Osteopathic Association)

Mr. Simon Fielding (OIA)

Dr. Ted Findlay (OIA, Canadian Osteopathic Association)

Mr. Michael Flesher (Pfizer, Inc.)

Student Doctor Lori Frisard (Undergraduate American Academy of Osteopathy (UAAO))

Dr. Russell Gamber (University of North Texas Health Science Centre)

Dr. Toni Graf-Baumann (European Register for Osteopathic Physicians, German Society of Osteopathic Medicine (DGOM), Swiss Society of Osteopathic Medicine (SAGOM))

Dr.med. Christian Hogrefe (DGOM, EROP)

Dr. Kenneth Johnson (American Academy of Osteopathy (AAO))

Dr. Hollis King (Osteopathic Research Centre)

Dr. Michael Kuchera (International Federation for Manual/Musculoskeletal Medicine (FIMM))

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

Dr. Joseph McNerney (AOA's Council on International Osteopathic Medical Education and Affairs (CIOMEA))

Dr. Fred Meoli (NBOME)

Dr. Anthony A. Minissale (AOA-US)

Dr. Hiroya Morita (Japan Osteopathic Foundation)

Dr. Reza Nassiri (Lake Erie College of Osteopathic Medicine)

Student Doctor Matthew Palmer (Student Osteopathic Medical Association (SOMA))

Dr. Dana Shaffer (Des Moines University College of Osteopathic Medicine)

Dr. James Sherry (Global Health Council)

Dr. Philip Shettle (AOA-US)

Dr. Debra Smith (OIA)

Mr. Clive Standen (OIA, Unitec New Zealand)

Dr. Ray Stowers (AOA-US)

Dr. William Strampel (Michigan State University College of Osteopathic Medicine)

Dr. Dean Sutphin (Edward Via Virginia College of Osteopathic Medicine)
Dr. Dixie Tooke-Rawlins (Edward Via Virginia College of Osteopathic Medicine)
Ms. Ingunn Backe Wennberg (Norwegian Association of Osteopathy)
Dr. Larry Wickless, Chair (OIA)
Dr. Jan Wilcox (Edward Via Virginia College of Osteopathic Medicine)
(Those marked in bold are Steering Committee members)

Staff:

Susan Friedman, Deputy Director, Division of Government Relations
Barb Greenwald, Staff Editor, *The DO*
Wael Hakmel, Intern, Department of Government Relations
Joshua Kerr, International Program Specialist
Bonnie Koenig, OIA Consultant
Michael Mallie, Director, AOA Department of State, Specialty & Socioeconomic Affairs
Linda Mascheri, Director, AOA Division of State Government & International Affairs
Sydney Olsen, Director, AOA Department of Government Relations
Dr. Douglas Ward, OIA Consultant
Michael Zarski, Executive Director, American Osteopathic Information Association (AOIA)

Friday, 29 July 2005

The conference commenced with a welcome speech from Dr. Philip Shettle, President, American Osteopathic Association (AOA-US), about the growth of the osteopathic profession from its beginnings with A.T. Still to its global future and the need for the profession to unite under the Osteopathic International Alliance. OIA Steering Committee Chair Dr. Larry Wickless also spoke to the group. He spoke about the development of the OIA and his hope for the future of the organisation. He also welcomed all attendees and invited them to introduce themselves and the organisations they represent.

The Keynote Address of the conference was given by Dr. James Sherry, Vice President of Policy, Research and Advocacy at the Global Health Council. Dr. Sherry spoke of the importance of complete holistic global health care delivery, which is at the heart of the osteopathic profession. He also spoke of the importance of holistic social development, the importance of health care delivery and the need to train others to deliver care. Dr. Sherry stated that the osteopathic profession has much room to grow internationally to affect the global community.

Following Dr. Sherry's address, the OIA Steering Committee presented the recommendations that they have been developing since the inception of the OIA. Mr. Fielding presented the OIA's mission and goals, along with a short history of the osteopathic profession in the United States and in the United Kingdom. Dr. Adler-Michaelson presented OIA membership benefits and the membership categories as currently drafted. Member benefits include serving on OIA committees, helping represent the osteopathic profession globally, access to information about the profession internationally, networking opportunities, participation in educational forums and the OIA will act as a reference source for governmental organisations. The OIA will be divided into three categories: Full, Associate and Partner members. Full members will be organisations in countries where the osteopathic profession is fully recognised/authorised, while Associate members will be organisations that are working towards full recognition/authorization. Other Partner members will be divided into not-for-profit and for-profit groups. Those included in these groups will be osteopathic schools, organisations that regulate the profession in a given country and other groups that contribute to the advancement of the profession.

Next, Dr. Wickless presented the recommendations for Governance to the attendees. The OIA will have a Board of Directors with up to nine members and a maximum of three public members. The Steering Committee will transition into the first Board of Directors. Osteopathic Board members will be elected to

a three-year term while the public, or lay, members will serve one-year terms. The OIA will have three officers: Chair, Vice-Chair and Secretary-Treasurer. The OIA will have committees including, but not limited to, clearinghouse/technology, finance, membership, programme, education, outreach and research committees. Mr. Standen then presented the representation/voting recommendations. Each national delegation, or country, will have a maximum of two full member organisations and each full member delegation will have a minimum of two votes with an additional vote for each 2,000 members. Each delegation can send a number of delegates less than or equal to the number of votes that country has. No national delegation will carry more than 33% of the available votes.

Next, Dr. Findlay presented the Steering Committee recommendations regarding the OIA's draft Business Plan. The OIA is a not-for-profit organisation that is working towards financial self-sufficiency and will have its offices located within the AOA-US for the time being. The OIA plans to generate income through membership dues, conference fees, sponsorship support, donations, publications receipts, grants and other resources. Finally, Dr. Smith presented the initial dues for the OIA. The base dues for Full members will be \$500 US plus an additional \$2 US per member. Organisations that have fewer than 50 members will pay no more than \$10 US per member and exceptions will be made by the membership committee for developing countries, based on World Bank indicators. Associate members will have a flat fee of \$500 US, not-for-profit Partner members will have a flat fee of \$300 US. For-profit Partner members will be determined at a later date.

Following the Steering Committee recommendations, there was a question and answer session for attendees. One attendee suggested that the mission of the OIA be changed to read "osteopathic profession" instead of "osteopathic medicine and osteopathy." Another attendee asked, with regard to membership, what it is that the government has to recognise for Full members to be "governmentally recognised?" Mr. Standen replied that that a body must be accountable to the government for regulating the profession or for implementing the law. The term "recognised" refers to the US and German models, while "authorised" refers to the UK and Australian model. This attendee also asked that osteopaths be referred to as osteopaths, not "non-physician osteopaths." Another attendee asked if the AOA-US and the Canadian Osteopathic Association are regulatory bodies, and therefore eligible for Full membership. Dr. Findlay stated that the important thing with Full members is that the profession is regulated in a country and that the member organisation represents the whole of the profession there. Will there be student representation on the Board? At this point the practicality of having a student on the Board may not work, but it could be possible as an observer. Students will also be represented by their organisations and schools. The membership committee discussed the possibility of student representation but was worried about the turnover of students (they would likely not be able to fulfill a three-year term), but there were no specific intentions to exclude students. Finally, the reasoning behind only allowing two organisations to represent a country was questioned. Dr. Findlay stated that the idea was that this would put the onus on countries that had more than two groups to work together and speak with a more unified voice.

Dr. Buser then gave a presentation about the WHO Guidelines on Osteopathy, which delineated the work done on the document to that point, and the projected outcome of the publication of those guidelines. Dr. Wickless then recessed the meeting until Saturday morning and the OIA held a reception for all attendees.

Saturday, 30 July 2005

Mr. Crosby opened Saturday's session with remarks about the founding of the OIA, the AOA's renewed commitment to the international osteopathic profession, and the future of the OIA in the hands of its future members. Following Mr. Crosby's address, the educational portion of the program began.

Dr. Nassiri spoke first about education, his presentation being titled "International Electives: An Effective and Ideal Means of Osteopathic Global Awareness." Dr. Nassiri spoke about the US Lake Erie College of Medicine's (LECOM) international work through groups such as the WHO, World Health Assembly

(WHA), and the International Federation of Medical Student Associations (IFMSA). He also discussed LECOM's student rotation programs to countries in Africa and South America.

Following Dr. Nassiri, Mr. Standen spoke about the different systems of osteopathic education throughout the world and the need for those systems to be validated as equivalent in quality of education in his speech, "Comparative Models of Educational Provision: How Can the Osteopathic Profession Benchmark Maintain and Raise Standards?" Mr. Standen also stressed the importance of looking at accreditation/regulation standards and quality assurance. The OIA can help schools by providing a safe network of discussion and experience; helping schools participate in mutual quality assurance; and providing opportunities for benchmarking exchange of students, personnel and staff. The OIA offers a golden opportunity to create a network of educators to fuel progress in the osteopathic profession.

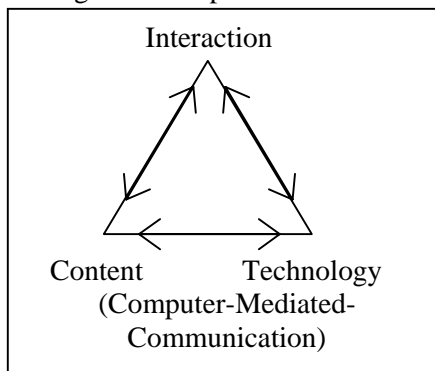
Next, Mr. Zarski spoke about the prospective use of technology to inform about the osteopathic profession globally, in place of Mr. Kestelyn who was unable to attend the meeting. Following Mr. Zarski's presentation, the attendees divided into breakout groups to discuss education in one group and technology in the other.

Dr. Bushman presented next, on the steps needed to complete a medical mission and some of her own experiences in doing mission work. She discussed the need for licensure, insurance, knowing the culture one is entering, and the importance of choosing a viable location. Dr. Bushman has done medical mission work in countries such as Vietnam and Haiti. Mr. and Mrs. Crosby also presented their experiences with medical mission work through their work with DOCare International's missions to Guatemala. Mr. Crosby encouraged the OIA to work with DOCare on medical missions, which provide both student education and health care to those who may not have previously had it.

Dr. Kuchera, who spoke about osteopathic research, gave the final presentation of the morning session, titled "Cultivating Osteopathic Research in Today's International Environment." He stressed the need to grow the culture of research and to provide educators with time to do research, not just make them do research on their own time. Dr. Kuchera also stated that the OIA could act as a forum for research exchange. Following Dr. Kuchera's presentation, the attendees divided into breakout groups to discuss medical missions in one group and research in the other.

Following lunch, Mr. Austin spoke to the attendees about the steps taken to form the International Association of Medical Regulatory Authorities (IAMRA), and the importance of realising that organisations are in constant flux. Though IAMRA has only been in existence for a few years, they are already revising their bylaws and membership categories.

Dr. King spoke briefly to the attendees about the Osteopathic Research Centre located at the Texas College of Osteopathic Medicine. The centre is working to develop research and training opportunities in



OMM. Next, Mr. Engle presented "Building an Information Exchange Network for a New Organisation." He emphasised the importance of the triangle of computer-mediated-communication (CMC). Mr. Engle also stressed the importance of keeping communication (email, Web sites, etc.) simple.

Following Mr. Engle's presentation, Mr. Zarski spoke about Snomed CT, which is an international effort to standardise terminology for medical records. More than 30 countries are participating in Snomed at the present time and the terminology has been translated into four different languages.

Dr.med. Hogrefe was the final speaker of the day. Dr.med. Hogrefe presented “The EROP Experience: One Organisation’s International Partnerships,” in which he expounded on the challenges to starting the European Register for Osteopathic Physicians, and the EROP’s goal of promoting the growth of osteopathic medicine in Europe. The EROP is composed of groups in Germany, France and Switzerland but looks forward to growth throughout Europe. Following those presentations, the attendees split into breakout groups to discuss information exchange & dissemination in one group and partnerships & alliances in the other.

After the attendees regrouped, the Steering Committee members, who had been moderating the breakout groups, reported on the education, mission and research group discussions. Upon completion of the reports, Dr. Wickless recessed the conference for the day. Dr. Buser arranged a meeting for any interested attendees to review and discuss the draft WHO Osteopathic Guidelines document and to provide their input, which will be submitted to the WHO.

Sunday, 31 July 2005

The day opened with the showing of the “AOA Today” video, which was originally presented by Drs. Thomas, Shettle, and Mr. Crosby at the AOA-US House of Delegates. The video presents the major issues that the AOA-US is tackling, including PLI reform as well as showcasing the work of the OIA. Following the video, the Steering Committee reported on the technology, information exchange & dissemination and partnerships & alliances breakout groups. Ms. Koenig then presented the group with a summary of the conference including issues and topics that the OIA will focus on in the future in areas of research, technology, education, partnerships and medical missions.

Dr. Wickless then thanked everyone for attending and reiterated that the OIA is a bottom-up organisation that will serve its members first and foremost. There was then a motion and second to officially transform the Steering Committee to the first OIA Board of Directors. Revised bylaws were handed out to the attendees, who were asked to send their comments to OIA staff. The Board will revise and approve the bylaws or before 1 December 2005.

Mr. Kerr then gave a presentation on the OIA Web site and clearinghouse and asked for input on how to make the site more accessible to its members. Past meeting summaries and presentations as well as a list of osteopathic organisation links will be added, among other on-going changes and updates.

The Inaugural Conference of the OIA was adjourned by Dr. Wickless after he asked each attendee to share their opinion about the outcome of the meeting and their interest in the future of the OIA.

Drafted 16 August 2005