



The Annual General Meeting of the Osteopathic International Alliance

11 January 2014, 16:15 – 17:45

Hilton Austin Hotel
Austin, Texas



OIA

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AUSTIN OIA ANNUAL GENERAL MEETING AGENDA

1. Chairman's Introductory Comments/Board Introductions/Member Welcome (Mr Michael Mulholland-Licht, Chair)
2. Approval of 2012 AGM Minutes (Mr Mulholland-Licht, Chair)
3. Board Report (Board of Directors)
 - a. WHO Update
4. Secretary-Treasurer's Report (Dr Peter Ajluni)
5. 2014-2016 Strategic Plan (Mr Mulholland-Licht, Mr Tim Walker)
 - a. Membership Benefits
6. Committee Reports
 - a. Governance Committee (Mr Walker)
 - i. Proposed Bylaws Changes
 - b. Membership Committee (Mr Simon Fielding)
 - i. Ratification of new member organisations since 2012 AGM
 - c. Member Relations Committee (Mr Charles Hunt)
 - i. International Osteopathic Healthcare Week, 13-19 April
 - d. External Affairs Committee (Dr William Burke)
 - i. OIA-WHO Editorial Committee (Dr Jane Carreiro)
 1. Status Report on Osteopathy, Stage 2
 - e. Conference Organizing Committee (Dr Karen Nichols)
 - i. London Conference
 - ii. Montreal Conference
 - f. Nomination Committee (Dr Nichols)

Refreshment Break

7. Candidates' Forum (Dr Nichols, Nomination Committee)
8. Thank you to Outgoing Directors (Dr Carreiro, Vice-chair)
9. Board Elections (Dr Johannes Mayer)
10. General Questions and Answers

Vision, Mission and Activities

“Osteopathy, through its distinct perspectives and practices, will make an important contribution to improving integrated quality health care worldwide.”

The Osteopathic International Alliance advances the philosophy and practice of osteopathic medicine and osteopathy worldwide.

The Major Strategies/Activities of the Alliance are:

- Advocacy – Be the voice for the profession.
- Membership recruitment and engagement – To be the voice of the profession, the OIA will need to have a strong and engaged membership.
- Research – Help to coordinate and disseminate evidence based research that will strengthen the perception and role of the profession.

Osteopathic International Alliance (OIA)
Annual General Meeting Minutes
Evergreen Laurel Hotel, Evergreen 3 Room
Paris France
23 September 2012
14.00-16.30

Full Members Present

American Osteopathic Association (AOA-US)–Dr William Burke, Dr Boyd Buser, Mr John Crosby,
Dr Karen Nichols
Australian Osteopathic Association (AOA-AU)–Ms Nicole Grbin, Mr Michael Mulholland-Licht,
Mr Antony Nicholas
British Osteopathic Association (BOA)–Mr Michael Watson, Mr Jonathan Bailey-Teyletche,
Ms Marina Urquhart-Pullen
Federation Suisse des Osteopathes (FSO-SVO)–Mr Sebastian Byrd
General Osteopathic Council (GOsC)–Mr Tim Walker
German-American Academy of Osteopathy (DAAO)–Dr Frank Mueller
German Association for Osteopathic Medicine (DGOM)–Dr med Johannes Mayer, Dr Rainer
Kemp
German Osteopathic Association (VOD)–Ms Marina Fuhrmann, Mr Albrecht Kaiser
Medecins Osteopathes De France–Le Syndicat (ODFS)–Dr Jean-Michel Besnard, Dr Bruno Burel,
Dr Jean-Jacques Lobel
Osteopathic Society of New Zealand (OSNZ)–Mr Clive Standen

Associate and Partner Members Present

American Academy of Osteopathy (AAO)–Dr Jane Carreiro
American Association of Colleges of Osteopathic Medicine (AACOM)–Dr Stephen Shannon,
Dr Tyler Cymet
American Association of Osteopathic Examiners (AAOE)–Dr Dana Shaffer
American Osteopathic Information Association (AOIA)–Mr Mike Zarski
Belgian Society of Osteopathy (SBO-BVO)–Mr Christian Gerrard, Mr Eric Dobbelaere
British School of Osteopathy (BSO)–Mr Charles Hunt
bvo, Bundesverband Osteopathie e.V. (Federal Osteopathic Association)–Mr Mathias Hartlep
Canadian Federation of Osteopaths (CFO)–Ms Gail Abernethy
Centre Osteopathique Atman–Mr Christian DeFrances
Consiglio Superiore d’Osteopatia–Mr Simon Duncan
Japan Osteopathic Federation (JOF)–Mr Yoshiteru Hiratsuka
Institute of Osteopathic Medicine (IOM)–Dr Irina Egorova
Michigan State University College of Osteopathic Medicine (MSUCOM)–Dr William Strampel,
Professor Reza Nassiri
National Board of Osteopathic Medical Examiners (NBOME)–Dr John Gimpel, Dr Janice Knebl
Norwegian Association of Osteopathy (NOF)–Ms Ingunn Backe Wennberg
Ontario Association of Osteopathic Manual Practitioners (OAO)–Ms Elizabeth Leach,
Ms Kari Hope
Organisation of Osteopathic Physicians of Switzerland (SAGOM)–Dr Bernhard Hugentobler
Osteopathic Council of New Zealand–Professor Stiofan MacSuihbne
Osteopathic European Academic Network (OsEAN)–Mr Raimund Engel

Register for Osteopaths of Belgium (ROB)—Mr Fara Catuelle
Registre des Osteopathes du Quebec (ROQ)—Mr Benoit Yergeau
Registro Brasileiro dos Osteopatas (RBrO)—Ms Ana Paula Ferreira
Society for the Promotion of Manual Practice Osteopathy (SPMPO)—Ms Gail Abernethy
Uniform National Register of Osteopaths (UNRO)—Ms Larisa Lasovetskaya
Unitec New Zealand—Mr Clive Standen

Guests

Osteopathic Board of Australia (OBA)—Mr Robert Fendall

Board Members in Attendance

Dr med Johannes Mayer, Chair
Mr Clive Standen, Vice-chair
Dr Boyd Buser
Dr Jane Carreiro
Mr Simon Fielding
Mr Michael Mulholland-Licht
Dr Karen Nichols
Mr Tim Walker

Excused

Dr Peter Ajluni, Secretary-Treasurer

Staff

Ms Linda Mascheri, OIA Secretariat
Mr Joshua Kerr, OIA Secretariat
Ms Bonnie Koenig, Consultant

1 Board and Member Introductions

2 The chair opened the meeting with introductions of the OIA Board members and a welcome to the
3 attendees.
4

5 Approval of Minutes

6 **The Full membership moved, seconded and approved** *the minutes from the 2011 Annual General*
7 *Meeting as presented.*
8

9 Board Reports

10 The Board of Directors presented their annual reports to the membership for their information.
11

12 **Olympic Initiative:** Mr Walker reported that the OIA Board of Directors surveyed and collected
13 information from member organisations regarding osteopathic practitioners treating Olympians,
14 past and present. The Board polled members about which practitioners treat or have Olympians; in
15 which sports; and if the athletes won medals. This information was collated and prepared for a
16 press release that was released to publications in North America, Europe and Australasia, as well as
17 being made available to our member organisations during the 2012 London Olympic Games.
18

1 **5-Year Reviews:** This year saw the first 5-year review process. The information received will
2 help the OIA ensure that its members are still in the correct membership category and, for Full
3 members; it will determine membership dues for the next year. Staff will coordinate 5-year reviews
4 regularly starting with the new calendar year.

6 **OIA Secretary-Treasurer Report**

7 Mr Mulholland-Licht reported on 99% of OIA's projected dues by member organisation, less the
8 two temporarily suspended organisations:

- 9 • 68% Full Members
- 10 • 7% Associate Members
- 11 • 25% Partner Members

12 However, this does not include expenses incurred from this conference. Registration for the
13 conference totalled 111 attendees at the conference. This includes registrants, Board, speakers,
14 leadership and staff.

15
16 Mr Mulholland-Licht noted the OIA was the recipient of over \$11,000 in funds transferred to the
17 OIA due to the dissolution of the World Osteopathic Health Organisation (WOHO). The
18 memorandum of understanding between the AOA-US and the OIA remains in effect, noting that
19 the OIA pays the AOA-US USD \$18,000 per year for administrative services. This agreement
20 includes staff support, IT and telecom services, and office occupancy costs for the day to day
21 functions of the OIA; this agreement is renewable on an annual basis.

22
23 The **Full membership moved, seconded and approved** *the 2011 Secretary-Treasurer Report as*
24 *presented* (see Addendum I for full report).

26 **Committee Reports**

27 The committee chairs presented the work that their committees have completed in the last year.

29 **Governance Committee**

30 Dr Buser reported for the Governance committee, stating that the Committee developed the
31 proposed by laws that are up for review at this AGM.

33 **Internal Affairs Committee**

34 Mr Mulholland-Licht reported on the following committee responsibilities and projects:

- 35 • Oversight of the quarterly OIA Newsletter,
- 36 • Coordination, review and update of the OIA website.

38 **External Affairs Committee**

39 Mr Tim Walker reported on the following committee responsibilities:

- 40 • Identify potential new member organisations to assist the Membership committee with
41 prospective member drive, and
- 42 • Focusing on expanding to new and underrepresented areas of the world.

1 **2012 Nomination Task Force: Dr Nichols said there will be a full report.**

2 Dr Nichols stated that the task force would provide a full report during the Candidates Forum.

3
4 **Membership Committee**

5 Mr Fielding reported that since the last AGM the committee received seven (7) new applications.
6 As of this publication, the following applications were approved: one (1) new Full member,
7 **Medecins Osteopathes De France – Le Syndicat (ODFS)** (December 2011); three (3) Associate
8 Members, **Belgian Society of Osteopathy (SBO-BVO, UP)** (December 2011), **Register for Osteopaths**
9 **of Belgium (ROB)** (December 2011), **Uniform National Register of Osteopaths (UNRO)** (December
10 2011), and one (1) Partner member, **Alberta Association of Osteopathic Manual Therapists (AAOMT)**
11 (September 2012). Two (2) applications are pending review: one (1) Full member, Swiss Organisation
12 of Osteopathic Physicians (SAGOM) and Ontario Federation of Osteopathic Professionals
13 (OFOP).

14
15 **MOTION: The Full membership moved, seconded and unanimously approved *ratification of***
16 *the following organisations as stated: one (1) new Full member, **Medecins Osteopathes De France – Le***
17 ***Syndicat (ODFS)** (December 2011); three (3) Associate Members, **Belgian Society of Osteopathy (SBO-***
18 ***BVO, UP)** (December 2011), **Register for Osteopaths of Belgium (ROB)** (December 2011), **Uniform***
19 ***National Register of Osteopaths (UNRO)** (December 2011), and one (1) Partner member, **Alberta***
20 ***Association of Osteopathic Manual Therapists (AAOMT).** See Addendum II for the full list of*
21 *approved members.*

22
23 **OIA Status Reports – Stages 1 & 2**

24 Dr Buser and Mr Standen reported that the Stage 1 report was published in April and is available on
25 the OIA’s website (<http://www.oialliance.org/osteopathy-status-report.htm>) to present the broad
26 range of the osteopathic profession, including both streams: osteopathic physicians and osteopaths
27 worldwide. The report has been developed by the OIA Board of Directors, with input from its
28 member organisations and in concert with the World Health Organisation (WHO).

29
30 The OIA is now focused on Stage 2, an epidemiology survey of the osteopathic profession that will
31 create a snapshot of the practice of the profession. The OIA worked in cooperation with the WHO
32 to create the survey, which aims to answer questions such as: what are we really doing, what are our
33 educational standards, what kind of complaints we treat, what diagnoses we find, what methods we
34 use, what roles the profession plays for income and what place osteopathy/osteopathic medicine has
35 in health care. The survey was distributed to osteopathic physicians and osteopaths all around the
36 world and offered in half dosen languages.

37
38 **Presentation of the OIA Website Redesign:** Mr Michael Zarski (AOIA Partner Member) has
39 been working with the AOA-US staff to prepare a revised OIA website. Mr Zarski presented a
40 preview of the new website, to go live shortly after the meeting.

41
42 **Proposed OIA Bylaws Changes**

43 Dr Buser presented the proposed bylaws changes to the members:

Current Bylaws Wording	Proposed Changes	Rationale
Article II: Statement of Purpose		
The OIA is organized as a tax-exempt not-	The OIA is organized as a tax-exempt not-	Update of our

<p>for-profit organization and operated exclusively for charitable and educational purposes in accord with Section 501(c)(3) of the Internal Revenue Code of 1986. The corporation is organized to advance the philosophy and practice of osteopathy throughout the world both for osteopathic medicine and osteopathy while promoting excellence in osteopathic medical education, research, and healthcare delivery.</p> <p>The goals of the OIA are to:</p> <p>Promote excellence in osteopathic medical education, research, and healthcare delivery.</p> <p>Sponsor and deliver educational forums. Collect and disseminate accurate and targeted information about the state of the osteopathic profession worldwide.</p> <p>Participate in jointly sponsored research and healthcare related activities.</p> <p>Conduct consultative partnerships with international associates and organizations to support the osteopathic profession.</p>	<p>for-profit organization and operated exclusively for charitable and educational purposes in accord with Section 501(c)(3) of the Internal Revenue Code of 1986. The corporation is organized to advance the philosophy and practice of OSTEOPATHIC MEDICINE AND osteopathy throughout the world both for osteopathic medicine and osteopathy-WORLDWIDE, while promoting excellence in osteopathic medical education, research, and health_care delivery.</p> <p>The goals of the OIA are to:</p> <p>Promote excellence in osteopathic medical education, research, and healthcare delivery.</p> <p>Sponsor and deliver educational forums. Collect and disseminate accurate and targeted information about the state of the osteopathic profession worldwide.</p> <p>Participate in jointly sponsored research and healthcare related activities.</p> <p>Conduct consultative partnerships with international associates and organizations to support the osteopathic profession.</p>	<p>mission and removal of outdated goals.</p>
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Article III: Membership

Section 1. Definitions

<p>Footnote: ¹ World Health Organization (WHO) Draft <i>Guidelines on Basic Training and Safety in Osteopathy, June 2005</i> ¹ World Health Organization (WHO) Draft <i>Guidelines on Basic Training and Safety in Osteopathy, June 2005</i></p>	<p>Footnote: ¹ AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE, EDUCATIONAL COUNCIL ON OSTEOPATHIC PRINCIPLES GLOSSARY OF OSTEOPATHIC TERMINOLOGY, APRIL 2009 ¹ AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE, EDUCATIONAL COUNCIL ON OSTEOPATHIC PRINCIPLES GLOSSARY OF OSTEOPATHIC TERMINOLOGY, APRIL 2009</p>	<p>The footnote has been updated to reflect where the definitions come from, since the draft version of the Guidelines was not published.</p>
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Section 2. Representation

<p>Each National Delegation is entitled to a</p>	<p>Each National Delegation can have a</p>	<p>These changes</p>
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<p>minimum of two (2) Delegates carrying the delegation's votes. If one Full Member organization represents all the osteopathic physicians and osteopaths in the country, it will have all of the country's Delegates. If two Full Member organizations split this representation, organization will have a minimum of one Delegate. Additional Delegates will be added based on the size of the organization defined by the number of osteopathic professionals it represents.</p>	<p>maximum of two (2) organizations of Full Members, and is entitled to a minimum of two (2) Delegates carrying the delegation's votes. If one Full Member organization represents all the osteopathic physicians and/OR osteopaths in the country, it will have all of the country's Delegates. If two OR MORE Full Member organizations split this representation, THE each organizationS will FORMALLY AGREE TO COLLABORATE AND WILL WORK TOGETHER TO DETERMINE HOW TO SHARE THE DELEGATION AND VOTES. Have a minimum of one Delegate. Additional Delegates will be added based on the size of the organization defined by the number of osteopathic professionals it represents. A NATIONAL DELEGATION CAN SEND TO THE OIA'S ANNUAL GENERAL MEETING (AGM) ANY NUMBER OF DELEGATES UP TO THE MAXIMUM NUMBER OF VOTES IT CARRIES.</p>	<p>reflect the fact that we allow more than 2 Full member organisations from a country.</p>
<p>Section 4. Member Classifications</p>		

<p>A. Full Members The following groups are considered to be Full Members:</p> <ol style="list-style-type: none"> 1. Governmentally authorized/recognized national organizations whose members are licensed or legally recognized Osteopathic Physicians and represent the majority of the professional grouping of Osteopathic Physicians in any one country. 2. Governmentally authorized national organizations whose members are Osteopaths and who regulate, license, and/or represent the majority of the professional grouping of Osteopaths in any country where the practice of Osteopathy is legally recognized with osteopathic practice standards. <p>B. Associate Members The following groups are considered to be Associate Members:</p> <ol style="list-style-type: none"> 1. Established or emerging Osteopathic Physician groups that represent the majority of Osteopathic Physicians in a given country who are working towards governmental recognition and the legal establishment of the practice of osteopathic medicine, and full membership in the OIA. 2. Established or emerging osteopathic groups that represent the majority of Osteopaths in a given country who are working towards governmental recognition and the legal establishment of the practice of osteopathy, and full membership in the OIA. <p>C. Other Partners</p>	<p>A. Full Members The following groups are considered to be Full Members:</p> <ol style="list-style-type: none"> 1. Governmentally authorized/recognized national organizations whose members are licensed or legally recognized Osteopathic Physicians and represent the majority of the professional grouping of Osteopathic Physicians in any one country. 2. Governmentally authorized national organizations whose members are Osteopaths and who regulate, license, and/or represent the majority of the professional grouping of Osteopaths in any country where the practice of Osteopathy is legally recognized with osteopathic practice standards. <p>LEGALLY RECOGNIZED ORGANIZATIONS FROM ANY COUNTRY WHERE OSTEOPATHIC PHYSICIANS AND/OR OSTEOPATHS ARE REGULATED BY LAW, WHO REPRESENT THE MAJORITY OF THE PROFESSIONS OF OSTEOPATHIC PHYSICIANS AND/OR OSTEOPATHS. ADDITIONALLY OIA MEMBERSHIP CAN BE SHARED BY A COALITION OF ELIGIBLE ORGANIZATIONS WHO FORMALLY AGREE TO COLLABORATE. THE POSSIBILITY OF ADDING MORE MEMBERS TO THE COALITION WILL BE REVIEWED AT THE PREVIOUSLY SCHEDULED TIME OF REVIEW OF THE ORIGINAL MEMBER(S), UNLESS THE BOARD SPECIFIES OTHERWISE.</p> <p>B. Associate Members The following groups are considered to be Associate Members:</p> <ol style="list-style-type: none"> 1. Established or emerging Osteopathic Physician groups that represent the majority of Osteopathic Physicians in a given country who are working towards governmental recognition and the legal establishment of the practice of osteopathic medicine, and full membership in the OIA. 	<p>This section updates our membership categories to better reflect the current state of the global osteopathic profession and the state of the OIA.</p> <p>-“regulatory bodies” will be further defined in the Policy & Procedures Manual</p>
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<p>Other Partners are defined as organizations/institutions with goals and objectives that are consistent with those of the OIA.</p>	<p>2. Established or emerging osteopathic groups that represent the majority of Osteopaths in a given country who are working towards governmental recognition and the legal establishment of the practice of osteopathy, and full membership in the OIA.</p> <p>ESTABLISHED OR EMERGING ORGANIZATIONS FROM ANY COUNTRY WHERE OSTEOPATHIC PHYSICIANS AND/OR OSTEOPATHS ARE WORKING TOWARDS GOVERNMENTAL RECOGNITION AND THE LEGAL ESTABLISHMENT OF THE OSTEOPATHIC PROFESSION AND FULL MEMBERSHIP IN THE OIA; AND WHICH REPRESENT THE MAJORITY OF THE PROFESSIONS OF OSTEOPATHIC PHYSICIANS AND/OR OSTEOPATHS.</p> <p>C. Other Partners MEMBERS Other Partners MEMBERS are defined as organizations/institutions with goals and objectives that are consistent with those of the OIA, BUT WHO DO NOT MEET THE CRITERIA OF FULL OR ASSOCIATE MEMBERSHIP.</p>	
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Article V, Board of Directors

Section 3. Number, Term, and Qualifications

<p>The maximum number of Directors shall be nine (9), as established by resolution of the Board. Representatives of all member organizations in good standing shall be eligible for election as directors. Six (6) positions shall be allocated for Full members, and the remaining three can be filled by Associate, Partner, or lay members. Of the six seats allocated for Full members, two (2) positions on the Board shall be reserved for Representatives of the osteopathic physician organization with the greatest number of votes, and one (1) position on the Board shall be reserved for a Representative of the osteopaths' organization with the greatest number of votes.</p> <p>One (1) to three (3) lay members may be</p>	<p>The maximum number of Directors shall be nine (9), as established by resolution of the Board. Representatives of all member organizations in good standing shall be eligible for election as directors. Six (6) positions shall be allocated for Full members, and the remaining three can be filled by Associate, OR Partner, or lay members. Of the six seats allocated for Full members, two (2) positions on the Board shall be reserved for Representatives of the osteopathic physician organization with the greatest number of votes, and one (1) position on the Board shall be reserved for a Representative of the osteopaths' organization with the greatest number of votes.</p> <p>One (1) to three (3) lay members may be elected to the Board for one a three year</p>	<p>Clarifies that at least 2/3 of the Board must have osteopathic training and are not therefore a lay member</p> <p>-Reflects wording in P&P Manual that</p>
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<p>elected to the Board for one three year term. All other Directors shall be osteopathic physicians or osteopaths and hold office for a term of three (3) years from his/her selection. Osteopathic physicians or osteopath Directors can be elected to a second three (3)-year term but cannot serve more than two (2) consecutive terms. Each Director shall continue to hold office until his or her successor has been elected. The Board will develop a process that will be included in the Policy and Procedures Manual.</p>	<p>term. NO MORE THAN THREE (3) LAY MEMBERS IN TOTAL MAY SERVE ON THE BOARD AT ONE TIME (INCLUDING REPRESENTATIVES OF FULL MEMBERS). All other Directors shall be osteopathic physicians or osteopaths and hold office for a term of three (3) years from his/her selection. Osteopathic physicians or osteopath Directors AND can be elected to a second three (3)-year term but cannot serve more than two (2) consecutive terms. Each Director shall continue to hold office until his or her successor has been elected. The Board will develop a process that will be included in the Policy and Procedures Manual.</p>	<p>states a lay member's term reflects that of other directors (up to tow consecutive three-year terms). -Further defines that only 3 members may be lay members, whether they are elected from a Full member or not. "Lay" will be defined in the P&P manual. -Editorial deletion; this has been addressed in the P&P Manual.</p>
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The proposed bylaws changes were approved with a 9-1 vote of the Full members.

Candidates Forum

Candidates Comments: Dr Nichols introduced the candidates and asked each of them to speak briefly to the membership about why they should be elected to the Board of Directors. Dr Buser and Mr Standen are not eligible to stand for re-election as they are completing their second consecutive terms. Mr Mulholland-Licht has complete his 1st term and is able to run again.

The Nominating committee received and approved the following five (5) nominations to stand for election at the AGM for three (3) positions on the Board that are up for election:

- William Burke, DO (US)- Nominated from the AOA-US (Full member – guaranteed seat);
- Fara Catuelle, BSc, DO – MROB (BE), Nominated from the ROB (Associate member);
- Charles Hunt, DO (UK), Nominated by the BOA and GOsC, representing the BSO (Partner Member);
- Michael Mulholland-Licht, DO (AU), Nominated from the AOA-AU (Full member); and
- Dixie Tooke-Rawlins, DO (US), Nominated from VCOM (Partner member).

Dr Burke and Mr Mulholland-Licht will be elected by acclamation because of bylaws guarantees.

Following the candidates’ remarks, Mr Standen and Dr Buser were presented with gifts and thanks for their service to the Board and the osteopathic profession as their terms concluded.

Voting procedures

Mr Standen summarised the voting procedures, noting that each delegate would be given one ballot for each of their allotted votes.

AOA-US, as the largest osteopathic physician organisation, is guaranteed two seats by the OIA statutes. The AOA-US’s designated seat being vacated by Dr Buser will be filled by their designee (Dr Burke), by acclamation, according to the bylaws.

1 Additionally, the OIA bylaws state “the maximum number of Directors shall be nine (9), as
2 established by resolution of the Board. Representatives of all member organisations in good
3 standing shall be eligible for election as directors. Six (6) positions shall be allocated for Full
4 members, and the remaining three can be filled by Associate, Partner or lay members.” Dr Carreiro
5 represents a partner member and Mr Fielding is a lay member, leaving one available seat that can be
6 filled by an associate, partner or lay member. Therefore, in order to remain in compliance with the
7 OIA bylaws, Mr Mulholland-Licht must be re-elected to maintain the requirement of six board
8 members representing OIA full member organisations. The remaining seat will then be filled by the
9 election of one of the three remaining candidates (Ms Catuelle, Mr Hunt or Dr Tooke-Rawlins).

10
11 Mr Standen then reviewed the voting structure pertaining to Board elections. The structure is based
12 on membership numbers, where each country delegation has a minimum of two votes. One
13 additional vote is accumulated per every 2,000 members, with no organisation having more than 33%
14 of the total votes. Currently Australia, France, Switzerland, New Zealand delegations have two
15 votes; United Kingdom (delegation shared by the GOsC and the BOA) and Germany (delegation
16 shared by the DGOM, DAAO and VOD) delegations have three votes, and the American
17 Delegation is capped at eight votes, for a total of 21 votes.

18 **Board Election Results**

19 The Full member representatives were given their voting ballots. The elections resulted in Dr Burke
20 being elected by acclamation to his first term. Mr Mulholland-Licht was re-elected to remain in
21 compliance with the OIA bylaws, which require that six (6) Board members represent OIA Full
22 member organisations. Mr Hunt, DO was elected to his first term. All are three-year terms.

23 **General Questions and Answers**

24 **Future AGMs:** Members would like the Board to consider that Partner and Associate members be
25 allowed to vote for their nominees on the Board.

26 Ms Marina Fuhrmann requested the Board to consider adding an additional forum to the
27 programme that would focus on Associations. Dr med Mayer noted that the Board is already
28 looking at revising the conference programme format. Mr Antony Nicholas requested that the
29 Board consider conjoined groups of regulators, educators and associations for future programmes.

30 Members would like the Board to consider that Partner and Associate members be allowed to vote
31 for their nominees on the Board.

32 **Research:** The members asked if the Board has pursued any research. Mr Mulholland-Licht noted
33 that this is an area the Board is trying to address; Ms Fuhrmann urged the Board to keep this topic
34 high on their priority list.

35 The chair thanked the membership for its continued support of the Alliance, and acknowledged the
36 Syndicat National de l'Enseignement Supérieur en Ostéopathie (SNESO) and Syndicat Français Des
37 Ostéopathes (SFDO). for making this Conference a great success. And, thanked the staff for their
38 work and support of this conference.

39 Mr Standen thanked Dr med Mayer for his work as Chair on the Board,
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1 **2013 Annual General Meeting:** Next year's meeting is planned to be held in the United States.

2

3 The 2012 Annual General Meeting was adjourned.

4

5 *Indicates bylaw-guaranteed seat. Two seats guaranteed for largest osteopathic physician group (Currently
6 AOA-US); one seat guaranteed for largest osteopath group (Currently GOsC).

7

8 °Indicates Directors in their second consecutive term on the Board.

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13 See below for Addenda I and II

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Addendum I

Statement of Activities
For the Years 2008 to 23 September 2012

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
CHANGES IN NET ASSETS	\$86,300.04	\$85,995.51	\$90,907.27	\$127,190.29	\$125,475.72
APPROPRIATED FOR CONTINGENCIES:					
Revenues:					
Membership Dues					
Membership Dues	\$43,608.00	\$52,369	73,443	78,341.11	83,695.00
Conference Fees	14,780.00	0	14,395	0	29,125.00
AOA-US Grant Income	35,620.05 ¹	-	-	-	-
AOA-US In-kind Contribution ⁴	[131,000]	[131,000]	[131,000]	[131,000]	[131,000]
WOHO Bank Transfer					14,651.48
Non Refundable Membership	<u>\$600.00</u>	<u>\$400.00</u>	<u>\$1,175.00</u>	<u>\$1,015.00</u>	<u>\$300</u>
Application Fees					
TOTAL REVENUE	\$94,608.05	\$52,769.00	\$89,013.00	\$79,359.11	\$127,771.48
Expenses:					
Administrative					
Conference Calls	203.00	0 ⁴	430.14	484.10	311.41
Office Supplies	1,160.67	0	740.14	225.87	-
Delivery Service/Postage	0	1.26	26.11	495.34	208.67
Bank Fees	14.35	361.42	-	-	-
Printing	2,483.21	29.85	-	-	622.82
PR Fees					673.03
Legal Fees	1,183.55 ¹	1,269.29	1,791.11	590.00	1387.00
Consulting	7,417.26	9,829.85	7,741.04	7,857.85	4,724.20
Meeting Facilities	43,440.92 ²	5,580.29	6,684.37	17,517.73	8,644.66
Administration staff costs	Not quantified ⁴	Not quantified ⁴	Not quantified ⁴	Not quantified ⁴	-
AOA-US Service Contract	-	-	-	18,000.00	13,500.00
AOA-US In-kind Contribution ⁴	[131,000]	[131,000]	[131,000]	[131,000]	[131,000]
Reserve Fund ⁵	-	-	-	-	TBD
Special Projects Fund					30,000
Board Travel ³	<u>39,009.62</u>	<u>30,785.31</u>	<u>35,317.07</u>	<u>35,902.79</u>	<u>12,020.84</u>
TOTAL EXPENSES	\$94,912.58	\$47,857.24	\$52,729.98	\$81,073.68	\$72,092.63
NET ASSETS	\$85,995.51	\$90,907.27	\$127,190.29	\$125,475.72	\$181,154.57

¹ Charges for tax returns.

² Note: as host organisations, the AOA-US paid for the gala dinner and CCOM provided the conference rooms for the Educational Forum gratis. This also includes the funds paid to the GOsC for the Advancing Osteopathy 2008 Conference.

³ The AOA-US has covered a significant amount of the expenses for its representatives serving on the OIA Board of Directors.

⁴ Approximate dollar amount: The AOA-US has provided in-kind contributions to the OIA in the form of office space, IT, staff and staff travel. The OIA has signed a management contract with the AOA-US to work towards financial independence.

⁵ Reserve fund agreed to in principle to develop reserve/contingency for the Alliance, exact funding to be determined by the Board.

2012 New Members Approved by Full Membership

Full membership:

Medecins Osteopathes De France – Le Syndicat (ODFS) (December 2011)

Contact: Dr Bruno Burel

1 rue de l'Hopital

Rouen 76000

FRANCE

Ph: 33 2 35 70 58 58

Fx: 33 2 35 70 95 62

contact@osteos.net

www.osteos.net

Associate membership

Belgian Society of Osteopathy (SBO-BVO, UP) (December 2011)

Mr Christian Gerard, D.O.

Avenue Charles Madouxlaan, 59

B-1160 Bruxelles 1160 Brussel

BELGIUM

Ph: + 32 02 512 35 89

Christian.gerard@osteopathie.be

www.osteopathie.be

Register for Osteopaths of Belgium (ROB) (December 2011)

Contact: Mr Yves Warrinnier

Sint-Maartensbilk 1 bus 1

Bruges 8000

BELGIUM

Ph: 32 473 54 79 85

Fx: 32 50 84 29 34

yves.warrinnier@osteo-rob.be

www.osteopathy.ru

Uniform National Register of Osteopaths (UNRO) (December 2011)

Mr Andrey E. Chervotok, President

12A Vyborgskaya Str, Litter 2H

St Petersburg 194044

RUSSIA

Ph: 007812-445-20-92

Fx: 007812-542-80-92

osteopat@enro.ru

www.enro.ru

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Partner membership:

**Alberta Association of Osteopathic Manual
Therapists (AAOMT)** (September 2012)
Mr Edward Paget, Director/President
18 Sleigh Drive
Redwood Meadows AB T3Z 1A1
CANADA
Ph: 403 229 9214
Info@osteopathyalberta.com
www.osteopathyalberta.com

Board of Directors Report

September 2012 through December 2013

“Osteopathy, through its distinct perspectives and practices, will make an important contribution to improving integrated quality health care worldwide.”

OIA Membership

As of 1 January 2014, there are seventy-one (71) members of the Alliance.

- Nine (9) Full members – AOA-US, AOA-AU, BOA, DAAO, DGOM, FSO/SVO, OFSD, SAGOM, VOD
- Nine (9) Associate members – SBO-SBO, CFO, CSdO, JOF, NAO, RBrO, ROB, ROR, UNRO
- Fifty-two (52) Partner members – thirty-four (33) schools, seventeen (17) national/regional organisations and two (2) international organisations

OIA Status Reports, Stages 1 & 2

Stage 1

The [Status Report on Osteopathy, Stage 1](#) was published in March 2012 and is available on the OIA’s website, presenting an indepth look at the osteopathic profession. The document covers osteopathy/osteopathic medicine in its historical and current context, osteopathic core competencies, existing regulatory models, and educational standards worldwide. The report was developed by the OIA Board of Directors, with input from its member organizations and in concert with the World Health Organization (WHO).

Stage 2

Osteopathy and Osteopathic Medicine: A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery describes the current state of osteopathy and osteopathic medicine globally and how these disciplines interact with national health systems across a range of countries. A survey carried out for Stage Two produced an audit of current osteopathic practice, based on a global ‘snapshot’ of patients; the data from this survey have been used in the preparation of the report. *Osteopathy and Osteopathic Medicine: A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery* complements the OIA’s existing research by drawing together data from around the world to describe the extent and role of osteopathic practice. While some national studies exist, this is the first such analysis incorporating an international perspective.

The report addresses some key questions: Who are the practitioners, and is the composition of the profession changing? How many people seek osteopathic treatment and for what main conditions? Who pays? To what extent is osteopathic practice integrated within national health systems? And how do the various regulatory and accreditation systems for osteopathy and osteopathic medicine function around the world? The target audience includes: national and international policymakers; health ministers; government departments; nongovernmental organisations; educators and students; health media; and interested members of the public. The report aims to inform readers about the current scale of osteopathic practice and how patients served by national healthcare systems also use osteopathic treatment.

World Health Organisation

The OIA has moved forward its relationship with the World Health Organisation (WHO) since our Paris Conference. OIA representatives met with Dr Zhang Qi, coordinator, Traditional and Complimentary Medicine Unit, in Geneva in May 2013. Further, Mr Mulholland-Licht was invited to attend the launch of the WHO Traditional and Complementary Medicine (TM) Strategy, 2014-2023 and participate in WHO High-Level Meeting on the Implementation of WHO TM Strategy in Macau, China in October 2013. The OIA provided several statistics from its Stage 2 document to the WHO, which were included in the TM Strategy document, which has been published and is available for download from the WHO website. The OIA is currently in a working relationship with the WHO with the aim of progressing to an official partnership after another 12 months of cooperation.

OIA Meetings

Paris Annual Conference and General Meeting

The 2012 OIA Annual General Meeting and Conference was held on 22-23 September, in Paris, France. The OIA partnered with The Syndicat National de l'Enseignement Supérieur en Ostéopathie (SNESO) and The Syndicat Français Des Ostéopathes (SFDO) to present “Osteopathic Teaching: Competencies, Education, Evaluation.” Registration for the conference totalled 111 attendees. At the business meeting, the Full membership ratified five member organizations, re-elected one sitting Board member, Michael Mulholland-Licht, DO (AU), and elected two new members to the Board, AOA Trustee William Burke, DO (US) and Charles Hunt, DO (UK). Following the business meeting, the Board of Directors elected Mr Mulholland-Licht as chair of the Board, Jane Carreiro, DO (US), as vice-chair, and AOA Past President Peter Ajluni, DO (US), was re-elected secretary-treasurer.

Orlando Midyear Meeting – March 22-24, at the AAO Convocation

The OIA Board held their midyear meeting in Orlando, FL, as part of the American Academy of Osteopathy's (AAO) Convocation. In addition to the Board meeting, the OIA hosted a Member Open Forum with more than two dozen attendees representing member organizations from Belgium, Brazil, Canada, Germany, Italy, Japan, Norway, the UK and the U.S., as well as pan-European organizations. At the Open Forum the Board reported on the progress of the Status Report on Osteopathy, Stage 2. During the meeting the Board held a Strategic Planning Session to develop a new Strategic and Business Plan. The Board also approved a series of frequently asked questions developed by their Member Relations Committee which are now available on the OIA's website.

Chicago Board Meeting – 19-20 October, AOA-US Headquarters

The Board of Directors met in Chicago at the American Osteopathic Association's (AOA-US) headquarters. The meeting focused on strategic planning and preparing for our Austin Conference. The Board's major actions included the development of a 2014-2016 strategic plan to inform annual operational & business plans; finalization of the Status Report on Osteopathy, Stage 2; and continued facilitation of the development of a research network, which is meeting during the Austin Conference and will explore the potential for strategic partnerships.

Strategic Planning

The OIA Board held a strategic planning session at its Chicago meeting, in October in order to develop a new, more focused plan for 2014-2016. Following drafting of the new plan, the Board sent it to members for comment. The Board is now working under the new plan.

International Osteopathic Awareness Week

International Osteopathic Awareness Week was launched 14-18 April 2013. The Board encouraged all of their member organizations to share any documents that they use to discuss the osteopathic profession in their country. A larger global osteopathic awareness week will be planned for 2014 with better lead time to prepare. The OIA received promotional material on osteopathic awareness week from the American Osteopathic Association, the Australian Osteopathic Association and the Swiss Federation of Osteopaths. The 2014 International Osteopathic Healthcare Week will take place 13-19 April.

COMMITTEE MEMBERS

In addition to the Board of Directors, the OIA is currently led by eight (8) committees.

Chair's Standing Committee: Mr Mulholland-Licht (Chair), Dr Carreiro (Vice-Chair), Dr Ajluni (Secretary-Treasurer), Dr med Mayer (Member-at-Large)

Terms of reference: Provide an advisory role to the chair with no decision making power.

Governance Committee: Mr Tim Walker (Chair), Mr Simon Fielding, Dr Karen Nichols

Terms of reference: The Governance committee will consider any bylaws or structural changes that may be needed as the OIA evolves and matures.

Membership Committee: Mr Simon Fielding (Chair), Dr William Burke, Dr Carreiro

Terms of reference: The Membership committee will oversee new member applications and approval process, as well as the 5 year membership renewal process. Recommend membership category revision(s) and new member nominations to the Board as needed.

Nominations Committee: Dr Nichols (Chair), Dr Ajluni, Ms Marina Fuhrmann

Terms of reference: Oversee yearly Board of Directors nomination process, vetting applicants and reporting the Board.

Member Relations Committee: Mr Charles Hunt (Chair), Ms Gail Abernethy, Mr Howard Dieno, Dr Irina Egorova, Ms Ana Paula Ferreira, Ms Fuhrmann, Dr med Armin Geilgens, Dr Jacey Goddard, Ms Nikole Grbin

Terms of reference: The OIA Member Relations committee aims to identify resources and roles for the OIA's existing, new and potential members.

External Relations Committee: Dr Burke (Chair), Dr med Mayer, Mr Mulholland-Licht, Dr Boyd Buser, Mr Clive Standen

Terms of reference: Tasks will include: oversight and maintenance of the Status Report document, including development of a plan to utilise the document and strengthen and continue the relationship with the WHO. It will also pursue potential sources of outside funding and other relationship building.

OIA-WHO Editorial Committee: Dr Carreiro (Chair), Mr Walker, Mr Standen, Mr Fielding (Advisor)

Terms of reference: Oversee preparation of book on osteopathic profession and liaise with WHO on the document.

Conference Organising Committee: Dr Nichols (Chair), Mr Hunt, Mr Walker, Dr Burke (serving as 2013 local programme director)

Terms of reference: The Conference Organising Committee will develop the annual meeting programme including working with local programme directors as appropriate.

Secretary-Treasurer's Report

Statement of Activities For the Years 2012 to 2 January 2014

	<u>2012</u>	<u>2013</u>	<u>2014</u>
CHANGES IN NET ASSETS	\$125,475.72	\$152,713.03	\$141,766.43
APPROPRIATED FOR CONTINGENCIES:			
Revenues:			
Membership Dues	85,520.00	79,835.31	49,250.38
Conference Fees	29,125.00	-	18,475
AOA-US Grant Income	-	-	
WOHO Bank Transfer	14,651.48	-	
Administration staff costs ¹		138,208	138,208
Membership Application Fees	<u>300</u>	<u>500</u>	<u>100</u>
TOTAL REVENUE	\$129,596.48	218,543.31	210,788.38
Expenses:			
Administrative			
Conference Calls	(563.72)	(629.03)	
Office Supplies	(28.44)	(368.27)	
Delivery Service/Postage	(601.78)	(212.14)	
Bank Fees	-		
Printing	(1,072.82)	(99.67)	
PR Fees	(673.03)		
Legal Fees	(1,387.00)	(2,471.11)	
Consulting	(8,314.76)	(3,384.14)	
Midyear Meeting Facilities	(2,225.51)	(7,444.40)	
Annual Conference Facility	(29,762.490)		
Annual Conference Supplies	(3,400.55)		(770.12)
Administration staff costs ²		(138,208.00)	(138,208.00)
AOA-US Service Contract	(18,000.00)	(18,000.00)	
Reserve Fund	-	-	TBD
Special Projects Fund		(32,053.19)	
Board Travel	<u>(36,329.07)</u>	<u>(26,581.96)</u>	
TOTAL EXPENSES	(102,359.17)	(229,456.91)	(138,978.12)
NET CHANGE CURRENT FY	27,237.31	(10,913.60)	71,810.26
TOTAL NET ASSETS	\$152,713.03	\$141,799.43	\$213,576.69

¹ Approximate dollar amount: The AOA-US has provided in-kind contributions to the OIA in the form of office space; IT; portions of three FTEs' salary, benefits and costs related to travel.

² Approximate dollar amount: The AOA-US has provided in-kind contributions to the OIA in the form of office space; IT; portions of three FTEs' salary, benefits and costs related to travel.

Theme 1 – Advocacy and Partnership

Major Strategies and Goals	Activities and Actions to be Taken	Completion Date	Responsible group
Identify potential partnership opportunities and establish effective working relationships with a range of global health stakeholders	<ul style="list-style-type: none"> Identify opportunities for utilising the Status Report. 	From Jan 14 ongoing	Board/External Relations Committee
	<ul style="list-style-type: none"> Identify and pursue opportunities for engaging with the WHO with a goal of moving towards consultative status. 	From Oct 13 ongoing	Board
	<ul style="list-style-type: none"> Identify any other potential international partnerships or targets e.g. International Olympic Committee, other NGOs. Also see special interest groups below. 	Ongoing	Board/External Relations Committee
	<ul style="list-style-type: none"> Review the WHO’s NGO list and identify potential partners/collaborations. 	By end 2014	Board/External Relations Committee
Be an effective advocate for the profession	<ul style="list-style-type: none"> Develop generic profession advocacy (not OIA advocacy) materials for use particularly by associate members and ‘emerging’ countries, e.g. benefits of osteopathic healthcare, benefits of effective regulation etc 	By end 2014	External Relations Committee
	<ul style="list-style-type: none"> Provide advocacy support in response to members’ requests. 	Ongoing	Chair/Board
	<ul style="list-style-type: none"> Publish case studies on how support was given to organisations/schools in developing regions. 	Ongoing	Board/External Relations Committee
	<ul style="list-style-type: none"> Explore feasibility of best practice project as Status Report – Part 3. 	By end 2014	Board
	<ul style="list-style-type: none"> Explore feasibility of development of ISO osteopathic healthcare standard 	By end 2015	Board
	<ul style="list-style-type: none"> Conduct and publish an annual census of practitioners, students and colleges. 	Annual	Secretariat/ Member Relations Committee
	<ul style="list-style-type: none"> Conduct an annual review of the OIA’s website. 	Annual	Secretariat/ Member Relations Committee
	<ul style="list-style-type: none"> Develop an OIA osteopathy/osteopathic medicine communication strategy post-WHO consultative status 	Contingent on WHO progress	Board

Theme 2 – Member Activities

Develop activities and initiatives that provide value added to members	<ul style="list-style-type: none"> Organise annual conferences, to include: <ul style="list-style-type: none"> Member Open Forum Education, regulation, research association workshops Sharing of best practice Networking opportunities, etc. 	Annual	Conference Committee
	<ul style="list-style-type: none"> Conduct a regular membership survey using Board members to contact members using a structured questionnaire. 	Annual	Secretariat/Board
	<ul style="list-style-type: none"> Develop a skills bank for members, identify member skills and information using annual survey and distribute to members. 	By end 2014	Member Relations Committee
	<ul style="list-style-type: none"> Provide network opportunity for international osteopathic special interest groups at annual conference. 	Research Jan 2014 Sports Oct 2015 TBC 2016	Board/ Conference Committee
	<ul style="list-style-type: none"> Improve engagement with student bodies by hosting a student meeting at annual conference. Contact SOMA-US and SOMA-AU to explore interest for London meeting. 	By Oct 2014 and possibly annual	Conference Committee
	<ul style="list-style-type: none"> Explore feasibility (and possible benefits) for individual supporter categories for osteopaths and students. 	By end 2015	Member Relations Committee
Identify additional ways to involve members in the OIA's work	<ul style="list-style-type: none"> Identify ways to better involve individuals who have indicated an interest in becoming more involved with the OIA and present this opportunity to members at the Austin Conference 	By Jan 2014	Board/Member Relations Committee
	<ul style="list-style-type: none"> Introduce member rotation policy for member relations committee, to generate turnover of potential board recruits 	Ongoing	Board
	<ul style="list-style-type: none"> Survey members more systematically for topics for annual conferences 	Annual	Conference Committee
Find additional ways to support full members in their own goals	<ul style="list-style-type: none"> Consult members on draft strategic plan for additional comments 	Nov 2013	Board
	<ul style="list-style-type: none"> Develop proposal for OIA consultancy service for: <ul style="list-style-type: none"> Members and emerging groups, i.e. Board members or others able to go to different countries (or work electronically) and offer advice. Governments and others, i.e. international experts who can advise on establishment of educational and regulatory standards 	Initial scoping by Jan 2014	Board



OIA Strategic Plan 2014-2016

Theme 3 – Research

Increase the OIA’s involvement in research and foster international dialogue	<ul style="list-style-type: none"> Support the development of research network including providing opportunities for meetings and collaborative activities. 	Ongoing	Board/Research Network
	<ul style="list-style-type: none"> Explore possibility of developing research fund (in partnership with others) from osteopathy week donations. 	By end 2014	Board/Research Network

Theme 4 – Governance

Continue to grow and retain membership	<ul style="list-style-type: none"> Ensure annual Board contact with all members prior to renewal date (see also above) 	Annual	Board/ Membership Committee
	<ul style="list-style-type: none"> Make direct personal contact with known osteopathic organisations (including lapsed members) annually to encourage membership. 	Annual	Member Relations Committee
	<ul style="list-style-type: none"> Identify communities of osteopaths with no national association and encourage association development. Target: secure one new osteopathic association per year. 	Ongoing	External Relations/ Member Relations Committee
	<ul style="list-style-type: none"> Conduct five-year reviews of all members 	Ongoing	Membership Committee
Seek to develop a stronger financial position	<ul style="list-style-type: none"> Research potential non-dues revenues including: research foundations; WHO grant programmes; commercial tie-ins (e.g. journals). <ul style="list-style-type: none"> Staff and Board to explore Elsevier and JAOA options Identify possibly marketing consultant Discuss potential projects with WHO. 	By end 2014	Board
	<ul style="list-style-type: none"> Review financial MOU with AOA-US leadership annually. 	Annual	Board
	<ul style="list-style-type: none"> Conduct an annual review of dues/subscription. Next review to begin in 2014 for the 2015 dues. 	Annual	Board
	<ul style="list-style-type: none"> Develop proposal for OIA consultancy service (see above). 	Initial scoping by Jan 2014	Board
Be an effectively managed organization	<ul style="list-style-type: none"> Review governance and administrative structures annually and produce governance check list to be reviewed annually. 	Checklist by Oct 2014 and annual	Board
	<ul style="list-style-type: none"> Develop and review 3-year strategic plan to inform annual operational/business plans, and a 3-year financial strategy to complement the strategic plan. 	By Jan 2014	Board
	<ul style="list-style-type: none"> Develop annual work plan (business plan) and circulate to all OIA members. 	Annual	Board
	<ul style="list-style-type: none"> Develop agenda forward planner for Board meetings/calls 	By Jan 2014	Board
	<ul style="list-style-type: none"> Ensure all committees meet regularly and report to Secretariat in time for Board meetings and develop forward meeting schedule of all committees. 	Schedule by Jan 2014 and ongoing	Committee Chairs
	<ul style="list-style-type: none"> Hold AGM and one other member forum per annum (or 18 months, as 	Ongoing	Board



OIA Strategic Plan 2014-2016

	prescribed in the bylaws) and no less than 6 Board calls.		
	• Develop organisational risk register/mitigation plan.	By Jan 2014	Board
	• Ensure new board members have induction session with one or more other board members, and assign a mentor.	Ongoing	Board
	• Consider succession plan for retiring board members.	Ongoing	Board
	• Collect 80% of dues within 90 days of start of year (30 March). Provide full dues report at each Board meeting.	Ongoing	Secretariat/ Treasurer
	• Ensure Board has oversight of statutory financial reporting.	Mar 2014 and annual	Board
	• Post annual report on website and circulate link to members.	Annual	Board



Benefits of Membership

<i>Membership Benefits</i>	<i>Full</i>	<i>Associate</i>	<i>Partner</i>
Make an impact on the global osteopathic profession	•	•	•
Connect with more than 70 organisations representing over 110.000 practitioners in nearly 30 countries	•	•	•
Have your organisation's voice heard in Open Forums at Board meetings	•	•	•
Promote the profession through International Osteopathic Health Care Week	•	•	•
Input into the leading global osteopathic organisation	•	•	•
Stay in touch with the latest osteopathic news from across the globe	•	•	•
OIA partnership with the World Health Organisation	•	•	•
Receive discounted attendance at Annual Conferences for all of your organisation's members	•	•	•
Apply to host OIA Annual Conferences	•	•	•
Nominate individuals for the Board of Directors	•	•	•
Have your member representatives participate on OIA committees	•	•	•
Vote for Board of Director nominees	•		
Vote on proposed bylaws changes	•		
Access the "History and Current Context of the Osteopathic Profession, Status Report on Osteopathy, Stage 1"	•	•	•
Receive one free organisational copy of "Osteopathy and Osteopathic Medicine: A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery, Status Report, Stage 2"	•	•	•
Receive the quarterly OIA Newsletter	•	•	•
Use the OIA Logo on your organisation's website	•	•	•
Access and personalize the OIA Osteopathic Profession FAQ Brochure	•	•	•
Provide organisational updates through the Partner Profiles			•
Connect with International osteopathic experts and organisations	•	•	•
Sharing your organisation's meetings with a global audience	•	•	•

Partner Members

Australian and New Zealand Osteopathic Council (ANZOC) (May 2013)

Ms Rachel Portelli, CEO
120 Collins Street
Level 31
Melbourne, Victoria 3000
AUSTRALIA

IMT – Instituto de Medicina Tradicional (IMT) (August 2013)

Mr Mario Jorge Rodrigues
Contact: Mr Frederico Carvalho
Rua Alfredo Trindade
4-A, Campo Grande
Lisbon, 1600-407
PORTUGAL

Ontario Federation of Osteopathic Professionals (OFOP) (October 2013)

Contact : Mr Jacob Brainis, President
48 Millhouse Court
Maple, L6A4P6
CANADA

Osteopathy Board of Australia (OBA) (August 2013)

Mr Robert Fendall, Chair
Contact: Ms Cathy Woodward
Executive Officer, Osteopathy Board
Australian Health Practitioner Regulation Agency
Level 7, 111 Bourke Street
Melbourne VIC 3000

Change from Full to Partner Member

****General Osteopathic Council (GOsC)** (March 2007)

Mr Tim Walker, Chief Executive and Registrar
Osteopathy House
176 Tower Bridge Road
London SE1 3LU
UNITED KINGDOM



OIA Annual General Meeting
11 January 2014
Austin, Texas, USA

Full Member Voting Ballot
Proposed Bylaws Changes

The OIA Board of Directors proposed the following bylaws change for ratification in Austin and implementation at the London conference:

Article V: Section 3. Number, Term, and Qualifications

- I **APPROVE** the proposed bylaws changes
- I **DO NOT APPROVE** the proposed bylaws changes



OIA Annual General Meeting
11 January 2014
Austin, Texas

Board of Directors Elections
FULL Member Voting Ballot

There are (3) Board seats up for election at this meeting. According to the OIA bylaws, two (2) seats are guaranteed for the osteopathic physician organisation with the largest membership and one (1) for the largest osteopath organisation.

The GOsC designated seat being vacated by Mr Walker will be filled by the BOA designee (Ms Urquhart-Pullen), by acclamation, according to the bylaws.

Because these seats are elected by acclamation, your delegation does not need to use any votes towards them.

- Marina Urquhart-Pullen DO (UK), nominated by the British Osteopathic Association (Full member)

In order to remain in compliance with the OIA bylaws, Dr Wurtz must be elected to maintain the requirement of six (6) Board members representing OIA Full member organisations.

- Alain Wurtz, MD, DO (FR), nominated by the Ostéos de France/ Syndicate (Full member)

Each Full Voting Member delegate will receive the number of ballots for each vote they are entitled to. Please cast your organisation's votes, **choosing one (1) of the candidates below.**

- Ana Paula Ferreira, DO (BR), nominated by the General Osteopathic Council from the Registro Brasileiro dos Osteopatas (Associate member)
- John R. Gimpel DO (US), M.Ed., nominated by the National Board of Osteopathic Medical Examiners (Partner member)
- Craig Hilton PhD, nominated by the Osteopathic Council of New Zealand from Unitec New Zealand (Partner member)

Proposed Bylaws Change, January 2013

Current Bylaws Wording	Proposed New Wording	Rationale
Article V: Section 3. Number, Term, and Qualifications		
<p>The maximum number of Directors shall be nine (9), as established by resolution of the Board. Representatives of all member organizations in good standing shall be eligible for election as directors. Six (6) positions shall be allocated for Full members, and the remaining three can be filled by Associate or Partner members. Of the six seats allocated for Full members, two (2) positions on the Board shall be reserved for Representatives of the Osteopathic Physician organization with the greatest number of votes, and one (1) position on the Board shall be reserved for a Representative of the Osteopaths' organization with the greatest number of votes.</p> <p>One (1) to three (3) lay members may be elected to the Board for a three year term. No more than three (3) lay members in total may serve on the board at one time (including representatives of full members). All Directors shall hold office for a term of three (3) years from his/her selection and can be elected to a second three (3) year term but cannot serve more than two (2) consecutive terms. Each Director shall continue to hold office until his or her successor has been elected.</p>	<p>The maximum number of Directors on the Board shall be nine (9), as established by resolution of the Board.</p> <p>Two (2) seats on the Board shall be allocated for the nominees of the osteopathic physician or osteopath organisation with the greatest number of members, and one (1) seat on the Board shall be allocated for the nominee of the organisation with the greatest number of members from the other stream of the profession.</p> <p>Six (6) further seats on the Board will be filled by election at the AGM.</p> <p>No less than six (6) members of the Board shall hold a qualification that makes them eligible to practise as an osteopath or osteopathic physician.</p> <p>Terms of office for all Directors are three (3) years. All Directors are eligible for re-election or re-appointment to the Board but cannot serve more than two (2) terms in succession.</p> <p>Each Director shall continue to hold office until his or her successor has been elected or appointed.</p>	<p>The Board agreed to the following principles for the composition of the Board, which are reflected in the new proposed wording:</p> <ul style="list-style-type: none"> • A board of nine members • The organisations making nominations should be in good standing • There should be two board seats reserved for the biggest osteopathic physician or osteopath organisation • There should be one board seat for the biggest organisation from the other stream of the profession • One to three members of the board may be either non-osteopaths/osteopathic physicians or from outside the OIA membership (i.e. lay by any definition) • Terms of office are three years • Directors can be re-elected for a second term • Directors can return to the board but only after a break • Directors hold office until their successor is elected

OIA Board of Directors and Nominees – Austin Overview

Current Board members (terms not expiring this year):

- Michael Mulholland-Licht, DO (AU), Chair, Nominated from the AOA-AU
- Jane Carreiro, DO (US), Vice-chair, Nominated by the AAO
- Peter Ajluni, DO (US)[°], Secretary-Treasurer, Nominated by and representing the AOA-US
- William Burke, DO (US)*, nominated by the AOA-US (Full member - guaranteed seat)
- Charles Hunt, DO (UK), nominated by the BOA and GOsC from the BSO (Partner member)
- Karen Nichols, DO (US)*, nominated by the AOA-US (Full member-guaranteed seat)

Board members terms expiring:

- Simon Fielding, DO (UK)[°], OBE, Nominated by AOA-US, Lay member (no organisational representation)
- Johannes Mayer, MD, DOM (DE)[°], Nominated by the DAAO from the DGOM
- Tim Walker*, Nominated from the GOsC

Nominees on the Austin ballot Paris election procedure:

- Ana Paula Ferreira, DO (BR), nominated by the General Osteopathic Council from the Registro Brasileiro dos Osteopatas (Associate member)
- John R. Gimpel DO (US), M.Ed., nominated by the National Board of Osteopathic Medical Examiners (Partner member)
- Craig Hilton PhD, nominated by the Osteopathic Council of New Zealand from Unitec New Zealand (Partner member)
- Marina Urquhart-Pullen DO (UK), nominated by the British Osteopathic Association (Full member)
- Alain Wurtz, MD, DO (FR), nominated by the Ostéos de France/ Syndicate (Full member)

* Indicates bylaw-guaranteed seat. Two seats guaranteed for largest osteopathic physician group (Currently AOA-US); one seat guaranteed for largest osteopath group (Currently GOsC/BOA)

[°] Indicates Directors in their second consecutive term on the Board

Austin election procedure:

The GOsC designated seat being vacated by Mr Walker will be filled by the BOA designee (Ms Urquhart-Pullen), by acclamation, according to the bylaws. As indicated in previous communications to OIA members regarding the nominations process, the OIA bylaws state “the maximum number of Directors shall be nine (9), as established by resolution of the Board. Representatives of all member organisations in good standing shall be eligible for election as directors. **Six (6) positions shall be allocated for Full members, and the remaining three can be filled by Associate, Partner or lay members.**” Dr Carreiro and Mr Hunt come from partner members, leaving one available seat that can be filled by an associate, partner or lay member. **Therefore, in order to remain in compliance with the OIA bylaws, Dr med Wurtz must be elected to maintain the requirement of six board members coming from OIA Full member organisations. The remaining seat will then be filled by the election of one of the three remaining candidates (Ms Ferreira, Dr Gimpel or Dr Hilton).**

OSTEOPATHIC INTERNATIONAL ALLIANCE

2013 BOARD OF DIRECTORS CANDIDATES' FORUM

In accordance with the OIA bylaws, the Board chair has appointed a three-person Nomination committee to carry out the next elections to the Board of Directors. The Full membership will vote on the three (3) seats – one (1) by acclamation – up for election at the Austin, Texas, USA AGM on Saturday, 11 January 2014. Each seat's term is three-years (3), limited to two (2) consecutive terms, which begin immediately following the OIA's Annual General Meeting.

The Nomination task force has been appointed as follows:

Dr Karen Nichols, Chair

Dr Peter Ajluni

Prof Marina Fuhrmann

(Mr Michael Mulholland-Licht, Board Chair and ex-officio member)

The current OIA Full member organisations and their total votes are:

American Osteopathic Association (AOA-US) – 6 Votes

Australian Osteopathic Association (AOA-AU) – 2 Votes

British Osteopathic Association (BOA) – 3 Votes

Osteopathic Physicians of France – Le Syndicat (ODFS) – 2 Votes

2 Votes shared between the Swiss Delegation:

Swiss Federation of Osteopaths (FSO-SVO)

Swiss Organisation of Osteopathic Physicians (SAGOM)

3 Votes shared among German Delegation:

German-American Academy of Osteopathy (DAAO)

German Association for Osteopathic Medicine (DGOM)

German Osteopathic Association (VOD)

The total votes stand at 18, with no delegation holding more than 33%.

Qualification Guidelines

Bylaws Excerpt:

Article V – Board of Directors – Section 3. Number, Term, and Qualifications.

The maximum number of Directors shall be nine (9), as established by resolution of the Board.

Representatives of all member organizations in good standing shall be eligible for election as directors. Six (6) positions shall be allocated for Full members, and the remaining three can be filled by Associate or Partner members. Of the six seats allocated for Full members, two (2) positions on the Board shall be reserved for Representatives of the Osteopathic Physician organization with the greatest number of votes, and one (1) position on the Board shall be reserved for a Representative of the Osteopaths' organization with the greatest number of votes.

One (1) to three (3) lay members may be elected to the Board for a three year term. No more than three (3) lay members in total may serve on the board at one time (including representatives of full members). All Directors shall hold office for a term of three (3) years from his/her selection and can be elected to a second three (3) year term but cannot serve more than two (2) consecutive terms. Each Director shall continue to hold office until his or her successor has been elected.

The three (3) Board positions that are up for election in January are:

1. **Mr Simon Fielding, Lay member**
2. **Dr med Johannes Mayer, At-large member from the German Association for Osteopathic Medicine**
3. **Mr Tim Walker, At-large member from the General Osteopathic Council**

The designated osteopath seat, reserved for the largest Full member osteopath organisation, will be filled by that organisation's designee, by acclamation, according to the bylaws.

Mr Fielding and Dr med Mayer are completing their second terms and are therefore not eligible for re-election at this time.

To summarise the activities for Saturday, 11 January, there will be one (1) seat filled by acclamation by the largest osteopath organisation and the election of two (2) additional representatives from the list of nominees collected by the Nominating committee.

Board of Director List of Competencies

Every potential Board candidate, who will be a member of an OIA member organisation or lay person, must maintain a high ethical standard in representing and serving the OIA and the international osteopathic community, possess high integrity, and uphold professional conduct. In addition, the person must meet the following criteria:

1. Enthusiasm and willingness to work and provide leadership for the OIA.
2. Expertise in the osteopathic profession.
3. Knowledge and support of OIA programs.
4. Ability to help build consensus and be a team player.
5. Experience working productively with the OIA staff.
6. Understanding of commitment required:
 - a. Understanding of time commitments and support of employer, family, etc...of the necessary time commitments.
 - b. Consider the OIA a priority volunteer activities.
 - c. Any perceived or potential conflict of interest identified and plans made to resolve if necessary.
7. Expertise in the following areas would be helpful to add value to the OIA Board:
 - a. International, multinational or global experience.
 - b. Membership or knowledge of similar organisations.
 - c. Experience with strategic planning.
 - d. Experience in the osteopathic academic community.
 - e. Demonstrate the capacity to innovate and assess adequacy of resources to implement plans
 - f. Evaluate plans based on realistic assessments of the future

The individual nominated must take an active role and contribute to the continuing growth and success of the OIA.

The following are the candidates' applications and supporting documentation, in alphabetical order, submitted to the Nomination task force and approved by the Board of Directors.



Candidate Information:

Name & Title:	Ana Paula Ferreira DO (BR)
Organisation Name:	Registro Brasileiro dos Osteopatas
Submitted by:	Tim Walker, Chief Executive and Registrar
Nominating Organisation:	General Osteopathic Council

Brief Explanation of Competencies to Serve on the OIA Board:

My intention to serve OIA as a member of the board would be to contribute to the development of strategies to disseminate osteopathic philosophy, accurate information about osteopathy, advocate for the osteopathic profession and the unification of our profession. The union of osteopathic profession would facilitate cooperation on osteopathic education, research and articulation with governments. My main goal as a board member of OIA, would be to direct our efforts towards the countries where the profession is not already established or regulated in keeping with the WHO Strategy.

If elected, I would bring my experience from participation in the management and growth of the Registro Brasileiro dos Osteopatas – RBrO and the experience acquired during the regulation process of osteopathy as profession in Brazil. This experience would help countries where osteopathy is not regulated or in process of regulation and are facing the same resistance as Brazil does.

Furthermore coming from a country which is going through the regulation process, and has been receiving OIAs support, I could be a valuable asset in promoting the benefits of being a member of OIA and serving as a role model for countries which face similar situations.

Ana Paula A. Ferreira

Organisational Statement:

Letter of Support for nomination of Ana Paula A. Ferreira as a suitable candidate for OIA Board She has been committed to osteopathy since starting osteopathic training. Due to the inadequate model of osteopathic training, in Brazil at that time, she took 11 years to complete the training following international standards. Ana Paula contributed to osteopathic education and nowadays type II osteopathic training is offered in 5 years in Brazil following WHO Benchmarks.

As an osteopath, after concluding osteopathic training, in order to improve her skills and understanding about osteopathy she attend conferences , seminars and pos graduation training in osteopathy, in France, Belgium, UK, USA, Canada and Germany. This experience allows her to appreciate the similarities and differences between osteopathic profession around the world.

She has been serving RBrO as a Chair since 2007. Since then the register has significantly increased the number of members and now represents 63 osteopaths from different educational institutions and trained overseas, four times more than it did in 2007. The Register is working to grow its numbers so that it is representative of all Brazilian osteopaths and achieve the governmental regulation of osteopathic profession in Brazil. Ana Paula has supported attempts to assemble osteopaths in Brazil to develop the osteopathic profession and support the ideal of osteopathy as a profession.

Through RBrOs efforts the professional osteopath were inserted on the CBO - Brazilian Classification of Occupations receiving the number 2261-10. We also have guaranteed for physicians, the right to be trained in osteopathy.

Ana Paula represented RBrO in 10 meetings with representatives from health and labor ministries and congressmen. RBrO developed the bill of law that was presented in 2012 and since then is in ongoing process.

She had an active participation as an RBrO representative in strategies and meetings presenting supporting arguments for the regulation of the profession in Brazil and searching political alliances through governmental representatives.

RBrO has created the Brazilian osteopathic committee for Olympic Games to include osteopaths into the health services. A media campaign was created with the objective of improving awareness of osteopathic profession among health professionals and general population.

As an educator she promotes osteopathic philosophy to students informing them about development and scope of osteopathic profession around the world. She identifies international osteopathic professionals who can bring their experiences to students providing them with a global perspective of the osteopathic profession.

RBrO became an OIA Associate member in 2010 and since then she has participated and supported all OIA programs (Brochure, surveys, WHO country profile, OIA osteopathic profession and Olympic Games, input OIA status report draft, International Osteopathic Awareness week). She has been part of member relations committee and has also supported the elaboration of FAQs and feedback of new website. Ana Paula has participated in all OIA meetings since 2010.

She does understand the time commitment required and as a private practitioner can manage her time in order to prioritize OIA as a volunteer activity. She can also count on her family's valuable support for this purpose.

Ana Paula A. Ferreira

Lília N. Junqueira
Vice Chair RBrO

Biography:

Ana Paula A. Ferreira is osteopath graduated from the Instituto Brasileiro de Osteopatia – IBO and registered on Registro Brasileiro dos Osteopatas – RBrO in 2002. She works in private practice in Rio de Janeiro and as teacher of osteopathic training since 2003. Ana Paula has developed numerous new subject curricula and reviewed many exiting modules of the training program of IBO. She has worked as volunteer from 1998 to 2004 at the first public osteopathic outpatient clinic at Rio de Janeiro. Ana Paula is the chair of the Registro Brasileiro dos Osteopatas - RBrO which is leading the regulation process of osteopathy as a profession in Brazil. She has been serving RBrO since 2007. Ana Paula has been part of the IBO board since 2009. She is part of the team developing palpatory research on Pedro Ernesto University Hospital/ UERJ in Rio de Janeiro. She is an international affiliated member of American Academy of Osteopathy.



Candidate Information:

Name & Title: John R. Gimpel DO (US), M.Ed., President & CEO

Organisation Name: National Board of Osteopathic Medical Examiners (NBOME)

Submitted by: Janice A. Knebl DO (US), MBA, Chair, Board of Directors

Nominating Organisation: National Board of Osteopathic Medical Examiners

Brief Explanation of Competencies to Serve on the OIA Board:

Dear Dr Nichols,

Thank you for the opportunity to provide a letter of intent stating my interest in serving the OIA as a Board Member, and to address the OIA Board of Directors List of Competencies. I am very enthusiastic about the potential opportunity, and hope to be able to bring my experience and passion for the osteopathic profession and its international growth and development to the organization.

I have been very impressed with the commitment, the collaboration, and the care invested by the founding OIA Board Members and other members over the past decade in the formation and initial successes of the OIA. I believe that my experience and enthusiasm for international work and collaboration of the osteopathic profession globally will benefit the OIA. In particular, my experience with assessment, licensure, and registration in the health professions, as well as my experience with the osteopathic academic community and the academic communities of related health professions (e.g., allopathic medicine in the Unites States, Canada and globally, Physician Assistants and Podiatrists in the United States), would add to the OIA initiatives and leadership. I have served on committees with the American Osteopathic Association (AOA’s BIOMEA) and the International Association of Medical Regulatory Authorities (IAMRA) that are relevant to the OIA and its strategic plan. This experience is further detailed in my CV and nomination letter from Dr. Janice Knebl.

Current OIA Board members can likely attest to my strong work ethic. Experience with strategic planning and productive collaborative relationships across organisations, experience with complex budgets and resource allocation, positive working relationship with the OIA staff and my track record of helping to build consensus and achieve results. I have a good understanding of the commitment required to serve as an OIA Board Member, and have the full support of my employer (NBOME) and my family. I am excited to bring my experience with strategic planning and leadership to the OIA.

Thank you again for the opportunity to express my interest in the position. I look forward to seeing out in Austin in January.

Sincerely,

John R. Gimpel DO (US), MEd, FACOFP, FAAFP
President & CEO

Organisational Statement & Selected Curriculum Vitae:

Dear Dr Nichols,

I am writing as Chair of the National Board of Osteopathic Medical Examiners (NBOME, USA), a partner member of the Osteopathic International Alliance (OIA) and a nonpractice affiliate of the American Osteopathic Association (AOA-US). The NBOME would like to thank you for the opportunity to nominate a member for the OIA Board.

The NBOME would like to bring forth John R. Gimpel, DO, MEd, FAcOFP, FAcAFP, in nomination for a Board position on the OIA Board. I can attest that Dr Gimpel possesses high integrity and maintains the high ethical standards required for the position, understands the commitment required, and is highly qualified based on his experiences and his expertise in the OIA Board of Directors List of Competencies. Dr Gimpel is most enthusiastic about a potential opportunity to provide leadership for the OIA, is personally committed to the success of the organization, and has the complete support of the NBOME.

I have endorsed Dr Gimpel's updated curriculum vitae. Dr Gimpel serves as the President and CEO of the National Board of Osteopathic Medical Examiners, a full-time position he has held since 2009. As you can see, Dr Gimpel graduated from Philadelphia College of Osteopathic Medicine (Philadelphia, PA, USA) in 1988. He then completed a rotating internship and family medicine residency at the Hospital of Philadelphia College of Osteopathic Medicine (PCOM)/Saint Agnes Medical Center and the Chestnut Hill Hospital/Thomas Jefferson University program. He has also received a master's degree in Education from La Salle University. Board Certified and Recertified in Family Medicine, Dr Gimpel has served as Director of Amatory Medical Elation at PCOM, Family Practice Residency Program Director at St. Luke's Hospital, Allentown, PA, and as Director of Predoctoral Education and Associate Professor of Family Medicine at Georgetown University School of Medicine. He taught in the Department of Osteopathic Manipulative Medicine at PCOM regularly for 10 years, and currently maintains a faculty appointment there. He has over twenty years of clinical experience as an osteopathic family physician, including more than 15 years in private practice, and continues clinical practice now as a residency preceptor at Bryn Mawr Hospital's Family Medicine Residency Program (Bryn Mawr, PA, USA), where he focuses on teaching osteopathic manipulative medicine to students and residents. He has published textbook chapters in Family Medicine, numerous peer-reviewed academic publications, and is a widely known speaker on assessment and medical education. He has received numerous teaching and national professional service awards, which are listed in his CV.

Dr Gimpel is the former Dean and Vice President for Health Services at the University of New England College of Osteopathic Medicine (UNECOM) in Biddeford, Maine (USA). He also served the NBOME as a Board Member in the 1990s and then as Vice President for Clinical Skills Testing from 2004-2008, working on several international projects. Dr Gimpel is also a Fellow of the American College of Osteopathic Family Physicians and the American Academy of Family Physicians.

Dr Gimpel is well known to OIA members and has a good working relationship with OIA leadership and staff, having attended a number of OIA meetings almost since OIA's inception, including those held in recent years in San Francisco, Colorado Springs, Sydney, Potsdam, and Paris. He has been a regular presenter at OIA meetings including last year's OIA Regulator's Forum. In addition, Dr Gimpel has served on the Work Group on International Physician Regulation for the International Association of Medical Regulatory Authorities (IAMRA) since 2009, having been a member of IAMRA and attending a number of its meetings since 2006. He serves on the AOA's Bureau of international Osteopathic Medicine, and also on the Federation of State Medical Boards (FSMB-USA_ advisory panel on maintenance of licensure/physician revalidation. Dr Gimpel has been an invited presenter and has attended the Annual Meetings of the Medical Council of Canada every year since 2009.

In the area of strategic planning, Dr Gimpel has extensive experience, having served of the past 15 years as a member of the Strategic Planning Committees of three different medical schools over that time. He led the strategic planning process for the college of osteopathic medicine at the University of New England as Dean and Vice President in 2008-2009, participated in the strategic plan of the American Osteopathic Association in 2010-2011, and, most recently, was the architect of an innovative five-year strategic plan for the NBOME.

Thank you once again for the opportunity to nominate Dr Gimpel for the OIA Board. If elected, I know that Dr Gimpel will make a substantial contribution to OIA's exciting future.

Sincerely,
Janice A. Knebl DO (US), MBA
Chair, NBOME Board of Directors



Candidate Information:

Name & Title: Craig Hilton PhD
Organisation Name: Unitec New Zealand
Submitted by: Stiofan Mac Suibhne, Deputy-Chair
Nominating Organisation: Osteopathic Council of New Zealand

Brief Explanation of Competencies to Serve on the OIA Board:

I am a career research scientist PhD / educationalist. My original field of interest was biochemistry and immunology. I am a non-clinician and accordingly I am nominating for the lay position. My nomination is supported by the Osteopathic Council of New Zealand (OCNZ).

Statement of intent

I have read the competencies for Osteopathic International Alliance (OIA) board members and the strategic plan and believe that my education, work experience and personal attributes would allow me to make a positive contribution to the work of the OIA.

I am committed to the osteopathic profession developing and prospering as a healthcare profession. The OIA allows the osteopathic profession to have a profile on a global level and this has immense benefits. Through developing international links and partnership working arrangements, osteopathy in its various forms all stand to benefit.

The osteopathic profession in New Zealand is regulated by law and currently is seeking to define and extend its scope of practice and clinical reach. Whilst I feel I can make a contribution by bringing my experience and expertise as an educator and researcher, I also see that osteopathy in my home country has much to benefit from increased international collaboration. I believe that as a community of educators and practitioners we would all benefit from widening the research base

I have briefly addressed the criteria below, please refer to my *curriculum vitae* for further information'

1. Enthusiasm and willingness to work and provide leadership for the OIA.

Unitec and the OCNZ are partner members of the (OIA), both organisations recognise the value to the New Zealand osteopathic profession of having a global presence and valuable role that the OIA plays in facilitating communication and building an international community of osteopathic organisations. I am personally committed to ensuring to the role and if appointed I would carryout the duties to the best of my ability. My work for the OIA would also be recognised as stakeholder engagement by my institution and seen as a valuable part of my academic leadership role.

2. Expertise in the osteopathic profession.

I am currently the Head of Department for the Osteopathy programme at Unitec, Auckland, New Zealand. This is a 5 year full-time double degree bachelor and master's programme which is the prescribed qualification for registration as an osteopath in New Zealand. Prior to being appointed to this role I co-ordinated the master's degree and have been actively contributing to teaching and research within the osteopathic programme for some 10 years.

3. Knowledge and support of OIA programs.

The main stakeholders in the New Zealand osteopathic profession, Unitec, the OCNZ and the professional association Osteopaths New Zealand have good working relationships and collectively value the work of the OIA. Such projects as the Status report and the educational benchmarks clearly benefit the profession in New Zealand and globally by increasing the visibility and standing of the profession with government and healthcare providers / purchasers.

4. Ability to help build consensus and be a team player.

I value people and team working, and believe I am personally skilled at building consensus and finding creative solutions to operational and governance issues. As an experienced senior manager within an educational institution my role has involved building and motivating a team from diverse professional backgrounds. I have

also established good working relations with the OCNZ as the statutory regulator and the professional body. As held post doctoral fellowships at Massachusetts and Harvard medical schools and that has also provided me with experience of working in multidisciplinary teams in an international setting.

5. Experience working productively with the OIA staff.

Although I have no personal experience of working with the OIA secretariat staff I believe that my management experience within complex organisations has given me the understanding of governance / management split and recognising the added value that efficient management processes bring to an organisation's performance.

6. Understanding of commitment required:

I am personally committed to the role and my employer values stakeholder engagement and would recognise an element of the OIA activities within my professional duties. I am personally committed to transparency and openness in professional / corporate life.

I look forward to meeting with you in Texas.

Yours faithfully,
Craig Hilton PhD

Curriculum Vitae (Selected):

Qualifications	PhD University of Otago, NZ, 1995 MFA , Elam School of Fine Arts, University of Auckland, NZ, 2003 MSc , Biochemistry, University of Otago, NZ, 1988 BSc(Hons) 1st class, Biochemistry, University of Otago, NZ, 1983 Certificate in Higher Education, Unitec, NZ, 2005
Current employment	Head of Post Graduate Studies Faculty of Social and Health Sciences Head of Department Department of Osteopathy Faculty of Social and Health Sciences Unitec, Auckland, New Zealand
Previous employment	Senior Lecturer, Programme Director (undergraduate and postgraduate programmes) Research coordinator Unitec, New Zealand, 2004-present Research Fellow University of Massachusetts Medical School Worcester, MA, USA, 1999 – 2001 Part-time teaching assistant New England School of Photography, Boston, MA, USA, 2000 – 2001 Pediatric oncologist / Research Fellow Dana Farber Cancer Institute Harvard Medical School, Boston, MA, USA, 1996 – 1998 Research Fellow Malaghan Institute of Medical Research, Wellington, NZ, 1989 – 1995
Fellowships & Scholarships	Research Fellowship University of Massachusetts MA, USA, 1999-2002 Research Fellowship Harvard Medical School, Boston, MA, USA, 1996 – 1999 Farmitalia Award New Zealand Society of Oncology, 1993 Tom Collins Fellowship New Zealand Cancer Society, 1993 Smeaton Senior Scholarship for Experimental Science University of Otago, NZ, 1984 – 1987 Senior Demonstratorship, University of Otago, NZ, 1983



Candidate Information:

Name & Title: Marina Urquhart-Pullen DO (UK), President
Organisation Name: British Osteopathic Association
Submitted by: Maurice Cheng, Chief Executive
Nominating Organisation: British Osteopathic Association

Brief Explanation from Candidate:

Dear Michael

This is my letter of application to join the Board of Directors for the OIA, on behalf of the British Osteopathic Association (BOA).

I have been President of the BOA for the past three years, as the organisation became a full member of the OIA, and I have taken a keen interest in the growth and development of the OIA as it has continues to develop. As the sole national membership organisation representing and supporting osteopaths in the UK, the BOA can bring with it the experience of 13 years working for and on behalf of osteopaths at local, national and international level. As the OIA Board is aware, the UK has had the benefit of statutory self regulation since May 2000, and the BOA has been involved heavily in participating at government level lobbying to improve osteopathic participation within mainstream healthcare, as well as trying to help create a closer and mutually supportive European osteopathic community through membership of the European Federation of Osteopaths. The BOA maintains a good working relationship with the UK regulator believing that good, open communication, negotiation and co-operation can offer greater opportunities to the osteopathic profession as a whole.

We would like to be able to offer this experience to the OIA and hope that it will be useful in helping it to participate in the work the OIA is undertaking on behalf of osteopaths worldwide. The BOA Council have determined the responsibilities inherent in an OIA Board role are key to our international engagement strategy, and the time and resources for participation as a Board member will be made readily available.

Yours sincerely

Marina Urquhart-Pullen
President

Organisational Statement:

As President of the BOA, Marina has developed skills and experience of chairing the operating board of one of the UK's emerging healthcare professions. For the BOA, Marina has developed and operated appropriate governance, improved the structure and effectiveness of the BOA Council, raised the BOA's profile and perceived value and professionalism with stakeholders in government, private sector commerce and the medical profession. During her tenure as Vice President and now as President of the BOA, Marina's initiatives have included: strategic planning and development; succession planning, appropriate risk management and improvement of business processes for financial management.

She has attended meetings internationally on behalf of the BOA in Europe at the EFO meetings and requested invitations to the FORE meetings so better to understand the issues facing countries seeking regulation. She has also taken an active role as a member of the mirror group for the CEN project in Europe.

Marina has also attended and taken an active interest in the meetings of the OIA over the past 3 years, and has extended an invitation (which has been accepted) for the OIA to hold its meeting in the UK in 2014 and as a consequence involving negotiating the needs of the OIA Board and representative members for the period of the AGM and associated meetings. The BOA was active in taking on the promotion and

distribution of the worldwide questionnaire intended to be sent out to all osteopaths and osteopathic physicians in order to provide information to support the status document being developed for WHO.

Marina is dedicated to improving healthcare access to all. In addition to her national professional passion for understating patient needs and concerns, Marina has quiet courage and integrity as a leader, demonstrating inclusiveness and impartiality; chairing meetings efficiently while ensuring all voices are heard and perspectives considered. Whether enabling visionary change (in particular, initiating and seeing throughout the series of consultations with UK osteopaths on how to go forward and develop the profession and which has now seen a group of representatives undertaking a series of projects in order to develop osteopathy in the UK), undertaking political lobbying to get UK osteopaths included within the new NHS commissioning groups and pathways, understanding or improving governance, Marina is resourceful, enjoys challenges and inspires others to feel the same. Marina has an inclusive leadership style and lively interest in motivating and empowering executive teams to achieve great outcomes.

The recent employment of a new CEO for the BOA has meant a change to the time commitment required by the Presidential team, so that with the support of the executive and council there is time available to participate fully in the activities undertaken by the OIA Board.

Curriculum Vitae (selected):

Profile

- President of the British Osteopathic Association (BOA) since 2010.
- Member of the BOA council for 9 years
- Practising full time osteopath for 27 years

Relevant Experience

- President of the British Osteopathic Association (BOA) since 2010.
- Member of the BOA council for 9 years
- Practising full time osteopath for 27 years

President, British Osteopathic Association, 2010 - current

President and Chair of the BOA Council, composed of practising osteopaths, lay persons and executive. Responsibilities include: chairing bimonthly council meetings; holding the CEO to account; influencing stakeholders and political allies; liaising with public and private sector healthcare providers; reviewing the activity of the regulator from the perspective of the practitioner; understanding and responding to political influences/change on healthcare policy; management of governance change projects; representing the profession in international meetings; representing and supporting members; development and oversight of the five-year strategic plan; and comment on government papers.

Vice-President, British Osteopathic Association, 2008 – 2010

Developing understanding of governance and political awareness; learning financial overview and planning; training to chair meetings; supporting projects; building relationships with CEO and Council; greater understanding of regulation.

BSI Mirror committee for CEN 2012 - current

Participating in the discussion and decision making to create a CEN standard for minimum standards of osteopathic practice in Europe.



Candidate Information:

Name & Title: Alain Wurtz MD, DO (FR)
Organisation Name: Ostéos de France/ Syndicate
Submitted by: Dr Marc Baillargeat, President
Nominating Organisation: Ostéos de France/ Syndicate

Brief Explanation from Candidate:

Dear OIA Nominating Committee Members,

I am very interested in serving as a member of the OIA's board of Directors where I could bring both my expertise in the osteopathy as a professional, but also as an academic leader.

The following details my career, both professionally and academically. It mainly shows two steps: before and after my osteopathic practice. It also illustrates how I came to be what I am today: a very committed, enthusiastic and innovative person willing to do anything in his power to provide leadership for the OIA, if you would elect me to join the Board. My aim for OIA? Driving people to admit our osteopathic point of view through scientific proof.

I thank you for your consideration and look forward to hearing from you.

Sincerely,
Dr Alain Wurtz

Organisational Statement:

Dear OIA Nominating Committee Members,

As President of the Osteos de France Syndicat, I am proud to recommend Alain Wurtz to join the OIA Board of Directors.

Alain Wurtz has been Vice-Chairman of Osteos of France. In charge of the international relations. In this capacity, he participated in the foundation of EROP, as well as its development, where he is now Vice-Chairman. Recently, he strongly supported me for the admission of our union to OIA.

He is involved in teaching Medical Manual Osteopathy degree at the Faculty of Paris XIII, Bobigny UFR SMBH for nearly twenty years. He created in 2012 a degree entitled "Approach Expertale Sciences Osteopathic Manual".

He participated with me in the development of research in the Manual Medicine Osteopathy FEMMO (Federation of Francophone Education Manual Medicine Osteopathy Groups).

His profound conviction that the necessity to defend the Manual Osteopathy Medicine beyond the boundaries is a strength key of the development of the global reach of our expertise. In all his activities he has demonstrated his commitment and I am sure it will be a driving element if your voice is focused on him during your next elections to the OIA.

I recommend Alain Wurtz with confidence and invite you to contact me with any questions you may have at your convenience.

Docteur Marc BAILLARGEAT
President of Ostéos de France
Past President and Vice President of FEMMO
Educational MMO Director Paris XIII UFR SMBH of Bobigny

Resume:

FIRST STEP: CLASSICAL MEDICINE

- Professional work (1974-1997)
 - a) at my Office:

I combined my practice as a GP with fellowships in medicine and biology applied to sportive activities (1981) in orthopaedic medicine (1994), and posturology (1994).

b) in Private Hospitals

I worked simultaneously in two Clinics: the first 20 years as Internal Medicine Practitioner, and then as a GP.

c) as a clinical studies investigator

I set up in 1990, an informal research group on medics

Called "ARCHIMED 67" (*"Actions en Recherche Clinique pour l'Humanisme et l'Innovation en Médecine"* - 67 being the zipcode of Strasbourg-)

- it included the participation of about twenty colleagues
- has been involved for ten years in several trials in Phases IIb to IV
- on demand of international laboratories .

I even achieved (1994-1996) a Fellowship in this field (F.I.E.C=Training for Investigators in Clinical Trials).

- **Academic work**

I was a teacher at:

a) the Faculty of Pharmacy of Strasbourg (1996-2010)

Research groundings (Good clinical practices, calculation of the NNS [Necessary Number of Subjects])

b) the Faculty of Economic Sciences of Strasbourg within the Specialized Superior Diploma of Quality Processes

Processes in clinical research

- **Miscellaneous:**

For twenty years (1974-1994), my medical activities and all my free time dedicated to pain fired up my curiosity and made me realized:

- the lack of classical medicine's efficiency in pain treatment , e.g. in lower back pain
- osteopathy could match for those cases.

That led me to:

- **Follow training courses** with the purpose to attempt skills and understanding in pain mechanisms
 - Institute of Practice in Osteopathy and Vertebrotherapy , 2 years
 - Manual Medicine Study Group (GEMME) “, three years
 - Dipl of Univ. Saint Etienne, three years
 - Bobigny Paris XIII for two other years:
- **Change my approach of healing :**

SECOND STEP: OSTEOPATHY

- **Professional activities (1997-2013)**

a) at my Office

I combined my practice as a GP with osteopathy, medicine applied to sportive activities, orthopaedic medicine, and posturology.

b) at the Hospital as a GP.

- **Academic work**

- Member of a team teaching manual medicine in Bobigny (GEMMOB)
- Teacher of the Neurophysiology and embryology of pain applied to osteopathy (Faculty of Medicine, PARIS XIII, dept of Osteopathy, Bobigny, 1997-today)
- Set up a specialized training in legal medicine dedicated to the osteopathic practice expertise (Faculty of Medicine, Strasbourg, 2011/2012)

- **Associative activities**

Vice President of Ostéos de France

Vice President of EROP

President of the SETMO (expertise of manual osteopathic therapies)

THIRD STEP: OSTEOPATH SEAT?

I have closed my private practice, but I am still teaching in Universities, which allows me to be fully committed to the continuing growth and success of the OIA.

ARGENTINA

Registro de Osteopatas de Argentina**
Escuela Osteopatica de Buenos Aires

AUSTRALIA

Australian Osteopathic Association**
Australian and New Zealand Osteopathic Council
Osteopathy Board of Australia
Victoria University**

BELGIUM

Belgian Society of Osteopathy
International Academy of Osteopathy**
Register for Osteopaths of Belgium
Sutherland Cranial Teaching Foundation Belgium

BRASIL

Registro Brasileiro dos Osteopatas

CANADA

Alberta Association of Osteopathic Manual
Therapists
Canadian Federation of Osteopaths
Centre Osteopathique du Quebec
Ontario Association of Osteopathic Manual
Practitioners
Ontario Federation of Osteopathic Professionals
Ostéopathie Québec
Society for the Promotion of Manual Practice
Osteopathy

FRANCE

Centre Européen d'Enseignement Supérieur de
l'Ostéopathie**
Centre International D'Osteopathie
Centre Osteopathique Atman**
College Osteopathique de Provence
Ecole Superieure d'Osteopathie**
Institut des Hautes Etudes Osteopathique de
Nantes
Institut Superieur d'Osteopathie – Lyon**
Medecins Osteopathes De France – Le Syndicat
The Syndicat National de l'Enseignement
Superieur en Osteopathie

GERMANY

AVT College of Osteopathic Medicine**
Federal Osteopathic Association (Bvo,
Bundesverband Osteopathie e.V.)
German-American Academy of Osteopathy**
German Association for Osteopathic Medicine**
German Osteopathic Association

IRELAND

The Irish College of Osteoapthic Medicine

ITALY

Consiglio Superiore di Osteopatia
European Institute for Osteopathic Medicine

JAPAN

Japan Osteopathic Federation**

NEW ZEALAND

Australian and New Zealand Osteopathic Council
Osteopathic Council of New Zealand
Unitec New Zealand**

NORWAY

Norwegian Association of Osteopathy**

PORTUGAL

Instituto de Medicina Tradicional

RUSSIA

Institute of Osteopathic Medicine
Register of Osteopaths of Russia**
Saint Petersburg Medical Academy of Postgraduate
Education**
Uniform National Register of Osteopaths

SPAIN

Escuela Española de Formación Osteopática

SWITZERLAND

Federation Suisse des Osteopathes
Swiss Organisation of Osteopathic Physicians

UNITED KINGDOM

British Osteopathic Association**
The British School of Osteopathy**
The European School of Osteopathy**
General Osteopathic Council**

UNITED STATES

American Academy of Osteopathy**
American Association of College of Osteopathic
Medicine**
American Association of Osteopathic
Examiners
American College of Osteopathic Family
Physicians
American Osteopathic Association**
American Osteopathic Information
Association**
Edward Via Virginia College of Osteopathic
Medicine
Lincoln Memorial University-DeBusk College of
Osteopathic Medicine**
Michigan State University–College of Osteopathic
Medicine**
Midwestern University/Chicago College of
Osteopathic Medicine**
National Board of Osteopathic Medical
Examiners**

Nova Southeastern University College of
Osteopathic Medicine**
The Osteopathic Cranial Academy, Inc.
Student Osteopathic Medical Association**
University of New England College of Osteopathic
Medicine**
University of Pikeville-Kentucky College of
Osteopathic Medicine**
West Virginia School of Osteopathic Medicine**
Western University of Health Sciences College of
Osteopathic Medicine of the Pacific**

INTERNATIONAL ORGANISATIONS

European Registry for Osteopathic
Physicians**
Osteopathic European Academic Network

**** Denotes Charter Membership**