



The 2012 Annual General Meeting of the Osteopathic International Alliance

23 September, 14:00 – 16:30

Evergreen 3 Room
Evergreen Laurel Hotel
Paris, France



OIA

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2012 OIA ANNUAL GENERAL MEETING AGENDA

1. Chairman's Introductory Comments/Board Introductions/Member Welcome (Dr med Johannes Mayer, Chair)
2. Approval of 2011 AGM Minutes (Dr med Mayer, Chair)
3. Board Report (Board of Directors)
4. Secretary-Treasurer's Report (Mr Michael Mulholland-Licht)
5. Committee Reports
 - a. Chair's Standing Committee (Dr med Mayer)
 - b. Governance Committee (Dr Buser)
 - c. Internal Affairs Committee (Mr Mulholland-Licht)
 - d. External Affairs Committee (Mr Walker)
 - e. Membership Committee (Mr Simon Fielding)
 - i. Ratification of new member organisations since 2011 AGM
 - f. Nomination Task Force (Dr Karen Nichols)
 - g. Status Report Task Force (Dr Boyd Buser, Mr Clive Standen, Task Force Co-Chairs)
 - i. Status Report on Osteopathy, Stage 2
6. Presentation of the OIA Website Redesign (Mr Michael Zarski, Executive Director, American Osteopathic Information Association, Partner Member)

Refreshment Break

7. Proposed Bylaws Change Voting (Dr Buser)
8. Candidates' Forum (Dr Nichols, Nomination Task Force)
9. Board Elections Voting (Mr Standen, Vice-chair)
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.

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Osteopathic International Alliance (OIA)
Draft Annual General Meeting Minutes
Seminaris Hotel
Potsdam, Germany
30 September 2011

Full Members Present:

American Osteopathic Association (AOA-US) – Dr Peter Ajluni, 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 Teyletahe,
Ms Marina Urquhart-Pullen
German-American Academy of Osteopathy (DAAO) – Dr Peter Adler-Michaelson
German Association for Osteopathic Medicine (DGOM) – Dr med Johannes Mayer
German Osteopathic Association (VOD) – Ms Marina Fuhrmann, Ms Sylke Wagner, Mr Richard
Weynen
General Osteopathic Council (GOsC) – Mr Tim Walker

Associate and Partner Members Present:

American Academy of Osteopathy (AAO) – Dr Jane Carreiro
American Association of Colleges of Osteopathic Medicine (AACOM) – Dr Stephen Shannon
American Osteopathic Information Association (AOIA) – Mr Mike Zarski
British School of Osteopathy (BSO) – Mr Jorge Esteves, Mr Charles Hunt, Mr Ben Katz,
Professor Stephen Tyreman
bvo, Bundesverband Osteopathie e.V. (Federal Osteopathic Association) – Mr Georg Schoneu
Canadian Federation of Osteopaths (CFO) – Ms Chantale Bertrand
Centre Osteopathique du Quebec (COQ) – Ms Chantal Morin
Consiglio Superiore d'Osteopatia – Mr Simon Duncan, Mr Alfonso Mandara
Edward Via Virginia College of Osteopathic Medicine (VCOM) – Dr Jan Willcox
Institute of Osteopathic Medicine (IOM) – Dr Irina Egorova
Michigan State University College of Osteopathic Medicine (MSUCOM) – Dr Eugene Oliveri
National Board of Osteopathic Medical Examiners (NBOME) – Dr John Gimpel, Dr William
Ranieri
Norwegian Association of Osteopathy (NOF) – Ms Ingunn Backe Wennberg
Ontario Association of Osteopathic Manual Practitioners (OAO) – Ms Elizabeth Leach
Osteopathic European Academic Network (OsEAN) – Mr Raimund Engel
Register of Osteopaths of Russia (ROR) – Dr Kirill Mazalskiy
Registre des Osteopathes du Quebec (ROQ) – Mr Alain Bouchard, Mr Pascale Daher, Mr Regis
Fillion, Mr Michael de Gouveia, Ms Rima Salhany, Mr Benoit Yergeau
Registro Brasileiro dos Osteopatas (RBrO) – Ms Ana Paula Ferreira
Society for the Promotion of Manual Practice Osteopathy (SPMPO) – Ms Gail Abernethy,
Mr Howard Dieno
Unitec New Zealand – Mr Clive Standen
West Virginia College of Osteopathic Medicine (WVSOM) – Dr Zachary Comeaux

1 **Guests:**

- 2 OIA External Affairs Committee – Dr Raul Rodriguez-Garcia
3 Belgian Society of Osteopathy (SBO) – Mr Christian Gerrard
4 Dutch Register of Osteopathy (NRO) – Mr Gert Jan Goede
5 Escuela Universitaria de Osteopatía (EUO) – Mr Jorge Aranda, Mr Juan Montoro,
6 Mr Pepe Soler
7 European Federation of Osteopaths – Mr Alex Boon
8 Groupement National Représentatif des Professionnels de l'Osteopathie (GNRPO vzw) –
9 Mr Eric Dobblaere
10 Institute of Osteopathy – State University of St. Petersburg – Dr Dmitry Mokhov
11 Organisation of Osteopathic Physicians of Switzerland – Dr Bernhard Hugentobler
12 Osteopaths of Finland – Ms Aila Kempainen
13 Osteopathic Board of Australia (OBA) – Mr Robert Fendall
14 Syndicat Français des Ostéopathes (SFdO) – Mr Bruno Ducoux

15
16 **Board Members in Attendance:**

- 17 Dr med Johannes Mayer, Chair
18 Mr Clive Standen, Vice-chair
19 Dr Peter Ajluni, Secretary-Treasurer
20 Dr Peter Adler-Michaelson
21 Dr Boyd Buser
22 Mr John Crosby
23 Mr Michael Mulholland-Licht
24 Mr Tim Walker
25 Ms Linda Mascheri, OIA Secretariat
26 Mr Joshua Kerr, OIA Secretariat

27
28 **Excused:**

- 29 Mr Simon Fielding
30

31 **Board and Member Introductions**

32 The chair opened the meeting with introductions of the OIA Board members and asked attendees
33 to introduce themselves.
34

35 **Approval of Minutes**

36 **The Full membership moved, seconded and approved** *the minutes from the 2010 Annual General*
37 *Meeting as presented.*
38

39 **Board Reports**

40 The Board of Directors presented their annual reports to the membership for consideration.
41

42 **Strategic Planning**

43 Dr med Mayer reported that the Board met during the American Academy of Osteopathy's (AAO –
44 Partner Member) Convocation, 17-19 March, where a strategic planning session was held. The
45 Strategic Plan has been updated, revised and approved, including the updated mission and vision
46 statements.
47

1 **Membership**

2 The attendees were presented with the current membership report, stating that as of 1 September
3 there were sixty-two (62) members of the Alliance broken out as follows:

- 4 • Ten (10) Full members – AOA-US, AOA-UA, BOA, COA, DAAO, DGOM, FSO/SVO,
5 GOsC, OSNZ, VOD;
- 6 • Six (6) Associate members – CFO, CSdO, JOF, NAO, RBrO, ROR; and
- 7 • Forty-six (46) Partner members – twenty-eight (28) schools, sixteen (16) national/regional
8 organisations and two (2) international organisations.

9
10 In the past year the OIA has added two (2) new Full members and three (3) new Partner members.
11 One (1) Partner member dissolved, one (1) dropped membership and one moved from Partner to
12 Full membership.

13 **OIA Secretary-Treasurer Report**

14 Dr Ajluni reported that 94% of OIA's projected dues income has been collected to date. However,
15 this does not include expenses incurred from this conference. Registration for the conference
16 totalled 140 registrants for the OIA/OsEAN programme and 490 for the full conference.

17
18 Dr Ajluni discussed the memorandum of understanding between the AOA-US and the OIA, noting
19 that 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
24 The **Full membership moved, seconded and approved** *the 2011 Secretary-Treasurer Report as*
25 *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.
28
29

30 **Governance Committee**

31 Dr Buser reported for the Governance committee, stating that only Full members are able to vote,
32 but all member organisations in all categories have the right to nominate representatives for Board
33 elections, and that six (6) seats on the Board are reserved for Full members, the rest are available to
34 Associate, Partner and lay members.

35
36 Mr Watson questioned the Board about whether they had any concerns about member backlash
37 considering that 1/3 of the dues come from non-voting organisations. Mr Standen noted that this
38 policy has always been a work-in-progress and that the Board has changed and continues to change
39 significantly from its original steering committee. The organisation will continue to evolve and
40 voting privileges for Associate and Partner members may be allowed in the future.

41
42 Mr Watson asked if the Governance committee will provide a profile of the requirements the Board
43 is seeking to fill a Board seat. Dr med Mayer explained that the Board provides a list of
44 requirements, but at this time it does not require specific qualifications.

45
46 Dr Buser then presented new, draft wording for the Full membership category that the Board is
47 developing for the memberships' consideration. Mr Engel questioned if voting would be regulated

1 by the new bylaws proposal, and if so would the Board consider an organisation where osteopathy is
2 implicit and not explicit in law? Dr Buser responded that this has been a discussion of the Board
3 since the beginning of the OIA, but the Board feels that osteopathy should be an explicit part of
4 that organisation.

6 **Internal Affairs Committee**

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

- 8 • Oversight of the quarterly OIA Newsletter,
- 9 • Coordination, review and update of the OIA website, and
- 10 • Preparation of a general informational document that can be used by members to inform
11 health authorities and the public about different facets of the osteopathic profession. This
12 document will be done in conjunction with the FAQs brochure which is available online.

14 **External Affairs Committee**

15 Dr Adler-Michaelson reported on the following committee responsibilities:

- 16 • Identify potential new member organisations to assist the Membership committee with
17 prospective member drive,
- 18 • Focusing on expanding to new and underrepresented areas of the world, and
- 19 • Identify potential outside funding opportunities, i.e., corporate membership structure, online
20 advertising, and more practical and common financial expansion from outside groups.

22 **2011 Nomination Task Force**

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

- 24 • Dr Peter Adler-Michaelson, representing the DAAO
- 25 • Dr Peter Ajluni, representing the AOA-US
- 26 • Mr John Crosby, AOA-US designated seat

28 Dr Adler-Michaelson and Mr Crosby are not eligible to stand for re-election as they are completing
29 their second consecutive terms.

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

- 33 • Peter B. Ajluni, DO (US), nominated by and representing the AOA-US (Full member)
- 34 • Jane E. Carreiro, DO (US), nominated by and representing the AAO (Partner member)
- 35 • Charles Hunt, DO (UK), nominated by UNITEC and representing the BSO (Partner
36 member)
- 37 • Karen J. Nichols, DO (US), nominated by and representing the AOA-US
- 38 • John E. Thornburg, DO (US), nominated by and representing the NBOME (Partner
39 member)

41 **Membership Committee**

42 Mr Mulholland-Licht reported that in 2011 the committee received six (6) new applications and one
43 (1) change of membership category application. As of this publication, the following applications
44 were approved: one (1) new Full member, Federation Suisse des Osteopathes (FSO-SVO); three (3)
45 Partner Members, Institut des Hautes Etudes Osteopathique de Nantes (IdHEO, Nantes); The Irish
46 College of Osteopathic Medicine (ICOM); Ontario Association of Osteopathic Manual Practitioners

1 (OAO), and one (1) Partner member was approved for Full membership, the British Osteopathic
2 Association (BOA). Two (2) applications are awaiting further documentation: Belgium Society of
3 Osteopathy (SBO-BVO UP) and Register for Osteopaths of Belgium (ROB).

4
5 **MOTION: The Full membership moved, seconded and unanimously approved ratification of**
6 *the following organisations as stated: one (1) new Full member, Federation Suisse des Osteopathes (FSO-SVO); three*
7 *(3) Partner Members, Institut des Hautes Etudes Osteopathique de Nantes (IdHEO, Nantes); The Irish College of*
8 *Osteopathic Medicine (ICOM); Ontario Association of Osteopathic Manual Practitioners (OAO), and one (1)*
9 *Partner member was approved for Full membership, the British Osteopathic Association (BOA). See Addendum*
10 *II for the full list of approved members.*

11 12 **Status Report Task Force**

13 Dr Buser and Mr Standen reported that in April 2011 the OIA sent representatives to meet with the
14 WHO and discuss the development of the Status Report on Osteopathy that will augment the *WHO*
15 *Benchmarks for Training in Osteopathy, Stage 1* contains the history and current context of the
16 osteopathic profession. Stage 2 will include:

- 17 • A collection of “practical evidence” for osteopathy;
- 18 • An update on the cost effectiveness of osteopathic care;
- 19 • A statement about the efficacy of osteopathic care and what is envisioned for the profession
- 20 worldwide, grounded in evidence; and
- 21 • A comparative analysis of treatment with osteopathy/osteopathic medicine.

22
23 Stage 2 is planned for completion by early 2013. The task force will look into hiring an independent
24 researcher to complete this work.

25 26 **Research Task Force**

27 This is a newly created task force which will focus on assisting with culling research for Stage 2 of
28 the *Status Report on Osteopathy* until its completion in 2013, which will be a large activity that will lead
29 to future work for the task force.

30 31 **Board Elections – Current Board Terms**

32 The following Board members whose terms are not expiring:

- 33 • Dr med Johannes Mayer, Chair, Nominated by the DAAO and representing the DGOM;
- 34 • Mr Clive Standen, Vice-chair, Nominated by and representing the UNITEC;
- 35 • Dr Boyd Buser, Nominated by and representing the AOA-US (guaranteed seat);
- 36 • Mr Simon Fielding, Nominated by AOA-US, Lay member (no organisational
- 37 representation);
- 38 • Mr Michael Mulholland-Licht, Nominated by and representing the AOA-AU; and
- 39 • Mr Tim Walker, Nominated by and representing the GOsC (guaranteed seat).

40
41 The Board members whose terms expire are:

- 42 • Mr John B. Crosby, Nominated by and representing the AOA-US (guaranteed seat –
- 43 ineligible for re-election due to term limits);
- 44 • Dr Peter Adler-Michaelson, Nominated by and representing the DAAO (ineligible for re-
- 45 election due to term limits); and

- Dr Peter Ajluni, Secretary-Treasurer, Nominated by and representing the AOA-US (completing first term – eligible for re-election).

Voting procedures

Mr Standen summarized the voting procedures, noting that each delegate would be given one ballot for each of their allotted votes, and that the AOA-US, as the largest osteopathic physician organisation, is guaranteed two seats by the OIA statutes. Dr Nichols will be filling the AOA-US seat currently held by Mr Crosby.

Additionally, 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.” For example, Mr Standen represents a partner member and Mr Fielding is a lay member, 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 Ajluni must be re-elected to maintain the requirement of six board members representing OIA full member organizations. The remaining seat will then be filled by the election of one of the three remaining candidates (Dr Carreiro, Mr Hunt or Dr Thornburg).

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

Candidates Forum

Candidates Comments: Mr Standen 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 John Gimpel spoke on behalf of Dr Thornburg, who was unable to attend the meeting.

Following the candidates’ remarks, Mr Crosby and Dr Adler-Michaelson acknowledged the Board and offered remarks as their terms conclude.

Board Election Results

The Full member representatives were given their voting ballots. The Canadian Osteopathic Association (COA) granted their proxy vote to Dr Buser, while the Osteopathic Society of New Zealand (OSNZ) granted theirs to Mr Standen; the Federation Suisse des Osteopathes (FSO-SVO) did not designate a proxy.

The elections resulted in Karen Nichols being elected by acclamation to her first term. Peter Ajluni was re-elected to remain in compliance with the OIA bylaws, which require that six (6) Board members represent OIA Full member organisations. Jane Carreiro was elected to her first term. All are three-year terms.

Other Business

1 Dr Comeaux commented that the Board should consider ways in which students can be included in
2 the OIA's initiatives.
3
4 The chair thanked the membership for its continued support of the Alliance, and acknowledged the
5 VOD, DGOM and OsEAN for making this Conference a great success.
6
7 Next year's meeting is planned to be held in Paris, France, in conjunction with several sponsoring
8 French member groups.
9
10 Dr med Mayer adjourned the 2011 Annual General Meeting.
11

DRAFT

OSTEOPATHIC INTERNATIONAL ALLIANCE

Statement of Activities
For the Years 2007 to 9 Sept 2011

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
CHANGES IN NET ASSETS	\$42,691.98	\$86,300.04	\$85,995.51	\$90,907.27	\$127,190.29
APPROPRIATED FOR CONTINGENCIES:					
Revenues:					
Membership Dues					
Membership Dues	\$43,608.00	\$43,608.00	\$52,369	73,443	75,899.11
Conference Fees		14,780.00	0	14,395	0
AOA-US Grant Income	29,992.36 ¹	35,620.05 ¹	-	-	-
Non Refundable Membership	<u>\$1,300.00</u>	<u>\$600.00</u>	<u>\$400.00</u>	<u>\$1,175.00</u>	<u>\$615.00</u>
Application Fees					
TOTAL REVENUE	\$73,600.68	\$94,608.05	\$52,769.00	\$89,013.00	\$76,514.11
Expenses:					
Administrative					
Conference Calls	768.36	203.00	0 ⁴	430.14	281.08
Office Supplies	1,144.49	1,160.67	0	740.14	182.00
Delivery Service/Postage	195.59	0	1.26	26.11	40.96
Bank Fees	0	14.35	361.42	-	-
Printing	513.00	2,483.21	29.85	-	-
Legal Fees	816.30	1,183.55 ²	1,269.29	1,791.11	590.00
Consulting	8,313.36	7,417.26	9,829.85	7,741.04	6,357.85
Meeting Facilities	5,836.37	43,440.92 ³	5,580.29	6,684.37	5,458.58
Administration staff costs	Not quantified ⁴	Not quantified ⁴	Not quantified ⁴	Not quantified ⁴	Not quantified ⁴
AOA-US Service Contract	-	-	-	-	13,500.00
Board Travel ⁵	<u>12,405.15</u>	<u>39,009.62</u>	<u>30,785.31</u>	<u>35,317.07</u>	<u>22,902.07</u>
TOTAL EXPENSES	\$29,992.62	\$94,912.58	\$47,857.24	\$52,729.98	\$49,312.54
NET ASSETS	\$86,300.04⁶	\$85,995.51	\$90,907.27	\$127,190.29	\$154,391.86

¹ AOA-US provided funds to underwrite the initial financial outlay required to establish the OIA and support its early activities. These funds reflect the portion of the \$55,000.00 grant spent in 2006-2008.

² Charges for tax returns.

³ 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.

⁴ In addition to note (1) above, all costs relating to administration staff & their travel, office space, websites, office equipment, running costs & depreciation, have been met by the AOA-US.

⁵ The AOA-US has covered a significant amount of the expenses for its representatives serving on the OIA Board of Directors.

⁶ Although the Financial Summary shows a net increase in assets for this period, the figures do not reflect the *true* cost of running the OIA for a year, including OIA staff travel.

2011 New Members Approved by Full Membership

Full membership:

Federation Suisse des Osteopathes (FSO-SVO) (March 2011)

Contact: Pierre Frachon, President

Route de Lac 2

Paudex, 1094

SWITZERLAND

British Osteopathic Association (BOA) (Partner: May 2007/Full: March 2011)

Mr Michael Scott Watson, Chief Executive

3 Park Terrace, Manor Road

Luton LU1 3HN

UNITED KINGDOM

Partner membership:

**Institut des Hautes Etudes Osteopathique
de Nantes (IdHEO, Nantes) (August
2011)**

Mr Stephane Niel, Director

Contact : Mrs Nancy Macnab Gross

Forum d'Orvault, Rue du Commandant

Charcot

Orvault 44700

FRANCE

**The Irish College of Osteopathic
Medicine (ICOM)** (March 2011)

Ms Melanie Coutinho, Principal

15-16 Saint Joseph's Parade

Dorset Street

Dublin 7

IRELAND

**Ontario Association of Osteopathic
Manual Practitioners (OAO)** (March 2011)

Ms Marcee Rosenzweig, President

Contact : Ms Elizabeth Leach, Executive

Director

189 Queen Street East Suite 1

Toronto Ontario

M5A 1S2

CANADA

Board of Directors Report

September 2011 through September 2012

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

OIA Membership

As of 1 September 2012, there are sixty-seven (67) members of the Alliance.

- Eleven (11) Full members – AOA-US, AOA-AU, BOA, COA, DAAO, DGOM, FSO/SVO, GOsC, OFSD, OSNZ, VOD
- Nine (9) Associate members – SBO-SBO, CFO, CSdO, JOF, NAO, RBrO, ROB, ROR, UNRO
- Forty-seven (47) Partner members – twenty-nine (29) schools, sixteen (16) national/regional organisations and two (2) international organisations

In the last year the OIA has added one (1) new Full member and three (3) new Associate members. One (1) Partner member dropped membership.

OIA Status Reports, Stages 1 & 2

The Status Report on Osteopathy, Stage 1 was published in April and is available on the OIA’s website (<http://www.oialliance.org/osteopathy-status-report.htm>) to present the broad range of the osteopathic profession, including both streams: osteopathic physicians and osteopaths worldwide. The report has been developed by the OIA Board of Directors, with input from its member organizations and in concert with the World Health Organization (WHO). It is a resource regarding the osteopathic profession and covers:

- Osteopathy/osteopathic medicine in its historical and current context
- Osteopathic core competencies
- Existing regulatory models
- Educational standards worldwide

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

Olympic Initiative

The OIA Board of Directors surveyed and collected information from our member organisations regarding osteopathic practitioners treating Olympians, past and present. The Board polled our members about which practitioners treat or have treated Olympians; in which sports; and if the athletes won medals. This information was collated and prepared for a press release that was

released to publications in North America, Europe and Australasia, as well as being made available to our member organisations during the 2012 London Olympic Games.

2012 Midyear Meeting – March 24-25, at the AAO Convocation

The OIA Board held our midyear meeting in Louisville, KY, USA, as part of the American Academy of Osteopathy's Convocation. The Board held normal business on day one and an open forum for the OIA membership to discuss the Status Report on Osteopathy, Stages 1 & 2 on the second day. The membership provided feedback on the Stage 1 document, which was in its final draft form and were updated on the Stage 2 survey, which was sent out shortly after this meeting.

5-Year Reviews

As part of continued membership in the OIA, and in accordance with the OIA bylaws, all member organisations must participate in a membership review process every five years “to ensure consistency with membership requirements and standards” (Policy & Procedures Manual, Section II, Part k). The purpose of this review is to obtain up to date information about our member organisations' current status, including membership numbers, structure and other pertinent details.

This year saw the first 5-year review process. The information received will help the OIA ensure that our members are still in the correct membership category and, for Full members, it will determine membership dues for the next year.

Committee Reports

In addition to the Board of Directors, the OIA is currently led by five (5) committees, three (3) task forces and one (1) panel.

Chair's Standing Committee

Personnel: three (3) officers and one (1) At-Large Board Member

Mission: Oversee administrative and financial decisions of the Alliance and ensure their implementation.

Members: Dr med Johannes Mayer (Chair), Mr Clive Standen (Vice-Chair), Dr Peter Ajluni (Secretary-Treasurer), Dr Boyd Buser (Member-at-Large)

- The committee generally provides short-term guidance and input to the chair, as is needed, in between full Board of Directors meetings.

Governance Committee

Terms of reference: Consider any bylaws or structural changes that may be needed as the OIA evolves and matures. Members should be those who have a strong grounding in the issues that the OIA faces as an international alliance and be viewed as being able to look at controversial issues from a neutral perspective.

Members: Dr Boyd Buser (Chair), Mr Simon Fielding, Mr Tim Walker

- The committee was charged with reviewing the bylaws for updates, including the membership criteria. The proposed changes were approved by the Board and sent to the membership in July for consideration at the Paris AGM
- The committee was also charged with proposing revisions to the committee structure, which will be discussed at the Paris Board meeting.

Internal Affairs Committee

Terms of reference: The OIA Internal Affairs Committee aims to identify and develop resources for the OIA's members, programmes and operations. This includes management of resources for the OIA's clearinghouse website, developing a plan for better utilizing the website, orientation of a group of members to be involved in OIA outreach, and the development of toolkits.

Members: Mr Michael Mulholland-Licht (Chair), Ms Gail Abernethy, Dr Irina Egorova, Dr med Armin Geilgens, Dr Jacey Goddard, Ms Nicole Grbin, Dr Zachary Comeaux

- The committee developed the 10 Steps to utilizing the Status Report, Stage 1, which was placed online with the Report and Annexes.
- The committee oversees the implementation of the OIA Newsletter, from the quarterly schedule to the various Partner Profiles that are available through the newsletter and on the website.

2012 Olympic Games Task Force

Members: Mr Fielding, Mr Mulholland-Licht, Dr Nichols, Mr Walker

- The task force oversaw surveying our members about osteopathic involvement in the Olympics at the 2012 Games and before. We received a great response from more than 60 osteopathic practitioners.
- The task force developed and sent out a press release to media outlets across Europe, North America and Australasia, as well as to our member organisations.

External Affairs Committee

Terms of reference: The OIA External Affairs Committee aims to expand and nurture a range of external relationships. These include potential members, funders and other partners. Tasks will include: identify target areas for membership recruitment and develop strategies, developing a plan for using the consensus document, pursuing potential sources of outside funding, and other relationship building.

Members: Mr Walker (Chair), (Vice-Chair), Mr Howard Dieno, Mr Simon Duncan, Ms Marina Fuhrmann, Dr Raul Garcia, Mr Charles Hunt

- The committee has been charged with identifying potential new member organisations, to assist the Membership committee with their annual membership drive. The committee will focus on areas of current under development in the osteopathic profession, such as Asia, Africa and South America.
- The committee created guidelines about the use of the OIA's logo to ensure that the logo is used properly and the OIA can retain control of its use.

Membership Committee

Mission: Identify potential members and oversee application and approval process. Make membership category revision(s) and new member nomination recommendations to Board, and revise membership categories as needed.

Members: Mr Fielding (Chair), Mr John Crosby, Mr Mulholland-Licht, Dr William Strampel

- Since last year's AGM, the Membership committee has received seven (7) new applications. As of this publication, one (1) new Full member and three (3) new Associate members have been approved. Two (2) applications are still awaiting further documentation from many years ago. Two (2) applications are up for review and one (1) new one is under review by the committee.
- One (1) Partner member dropped membership; the Alliance currently stands at sixty-seven (67) member organisations.
- Two (2) members were placed on suspension and are awaiting further action.

2012 Nomination Task Force

Personnel: No less than three (3) individuals, at least two (2) of whom shall be current members of the Board.

Mission: Oversee the process of nomination for Board of Director elections.

Members: Dr Ajluni (Chair), Dr Nichols, Mr Michael Watson

- The Nominating committee received and approved the following five (5) nominations to stand for election at the AGM for the three (3) positions on the board that are up for election:
 - William Burke, DO (US), nominated by and representing the AOA-US (Full member - guaranteed seat)
 - Fara Catulle, BSc, DO – MROB (BE), nominated by and representing 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 by and representing the AOA-AU (Full member)
 - Dixie Tooke-Rawlins, DO (US), nominated by and representing VCOM (Partner member)

- The AOA-US (William Burke), as the largest osteopathic physician organisation, is guaranteed two seats by our statutes. Dr Burke will be filling the AOA-US seat currently held by Dr Buser.
- In order to remain in compliance with the OIA bylaws, Mr Mulholland-Licht must be re-elected to maintain the requirement of six board members representing OIA full member organizations. The remaining seat will then be filled by the election of one of the three remaining candidates (Ms Catulle, Mr Hunt or Dr Tooke-Rawlins).
- Board members terms expiring:
 - Boyd Buser, DO (US), Nominated by and representing the AOA-US (ineligible for re-election due to term limits)
 - Clive Standen, DO (UK), Vice-chair, Nominated by and representing UNITEC (ineligible for re-election due to term limits)
 - Michael Mulholland-Licht, DO (AU), Nominated by and representing the AOA-AU (completing first term – eligible for re-election)

Status Report on Osteopathy Task Force

Mission: Development the Status Report that will supplement and expand on the “WHO Benchmarks for Training in Osteopathy”.

Members: Dr Buser & Mr Standen (Co-Chairs), Mr Fielding, Dr med Mayer, Mr Mulholland-Licht

- The Status Report on Osteopathy, Stage 1 was published on the OIA’s website in April and sent to our members and the WHO. The annexes are also housed on the website, to be updated as needed.
- The task force oversaw the preparation, in conjunction with the WHO, of the Stage 2 survey, which was sent to all members and available in half a dozen languages. The results of the survey, with 1,821 responses (representing 18,200 patients) are being collated by Professor John Heard at the Kirksville College of Osteopathic Medicine, for discussion with the WHO at our OIA-WHO Meeting.

5-Year Membership Review Panel

Members: Mr Standen (Chair), Dr Ajluni, third member as needed

- The panel has sent out their first 32 5-year reviews and received back 25 for consideration. The reviews will be presented to the Board at their Paris meeting.



Board Members:
 Drmed Johannes Mayer, Chair
 Mr Clive Standen, Vice-Chair
 Dr Peter Ajluni, Secretary-Treasurer
 Dr Boyd Buser
 Dr Jane Carreiro
 Mr Simon Fielding
 Mr Michael Mulholland-Licht
 Dr Karen Nichols
 Mr Tim Walker

OSTEOPATHIC INTERNATIONAL ALLIANCE

Statement of Activities
 For the Years 2008 to 12 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	-	-	-	-
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
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	\$42,092.63
NET ASSETS	\$85,995.51	\$90,907.27	\$127,190.29	\$125,475.72	\$211,154.57

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.

Osteopathic International Alliance Strategic Plan and Chart – March 2012

2011-2013 Strategic Plan

Vision:

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

Mission:

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

Major Strategies/Activities:

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

The **Guiding Principles** of the OIA are that osteopathy is a person centred and evidence informed system of health care.

The OIA explicitly encourages:

- The development of a shared paradigm of osteopathic health care
- The understanding that osteopathic medicine is the practice of osteopaths and osteopathic physicians
- The co-existence and collaboration of osteopaths and osteopathic physicians within a nation, state or territory with high national standards of education and practice

2011-2013 Strategic Plan

1. Advocacy: Be the voice of the profession

- Finalize and disseminate ~~consensus~~ Status Report document on osteopathic medicine
- Continue to enhance WHO relationship – move on ‘through strength’
- Develop Toolkits - advocacy materials, talking points for spokespeople, sample PowerPoint(s), etc...
- Develop a plan/calendar for meetings to be present at and strategically implement this plan.

Primary responsibility: External Affairs Committee

2. Membership recruitment and engagement

- Expand and orient a larger group of members to be involved in outreach and develop a system for doing oversight of their activities.
- Identify target areas for new membership, members who can be leads in those geographic areas and a plan for where and when to be present.
- Develop Toolkits - lesson learned for members that can be shared with emerging groups.
- Develop a plan for better utilization of the website (for ex. Blog, news buttons, links to member websites, etc...etc.)

Responsibilities divided between External and Internal Affairs Committee

3. Research

- Look at idea of an osteopathic foundation, in coordination with others pursuing this idea (osteopathic field theory, etc...).
- Add research information to clearinghouse

Primary responsibility: new Research Committee

4. Financial Stability

- Pursue outside sources of funding

Primary responsibility: External Affairs Committee

Goals from 2011-13 Strategic Plan	Objectives	Tasks	Responsible Body	Status: Accomplishments	Status: Challenges
Be a Catalyst for the Profession – How to be Helpful and Supportive	Gain new associate/full members	Prospective member mailings and Membership Benefits	Membership Cmte; Internal Affairs	Ongoing: Letters sent yearly to 80+ organisations around the world, generating membership apps. Internal Affairs members contributing new contacts.	Development of a strategy to gain new members, beyond letter writing.
	5-year membership review of organisations per bylaws	Develop form and process	Membership Cmte	Developed for review by BOD; being implemented for continual review of members.	
	Better representation and unity of the profession	Develop a strategy for raising the visibility of the osteopathic 'brand'.	Internal Affairs	Developing the OIA CORE document to help lead the unity of the profession.	Creating document that will be of use to majority of members.

Be a Voice of the Profession	Clarify external agencies and potential partnerships/relationships/opportunities				
	WHO relationship	Develop potential other areas for OIA to work with WHO – look at Chiropractic and other assns’ successes	Board of Directors	The Benchmarks are released; the Consensus Status Report, Stage 1 released; document Stage 2 is being developed	WHO Benchmarks still an issue
	Expanding and updating the Clearinghouse to be a trustworthy resource	Develop a form for inputting to the Clearinghouse by member organisations	External Affairs	Form developed	Ensuring that “if you read it on the OIA website, it is Trustworthy”; verifying information from members
	Toolkits for ‘emerging’ groups and ‘developing country’ groups to provide advice on developing quality osteopathic medical programmes.	Develop the toolkit from AOA-US resources: AHP and BIOMEA	Internal Affairs; Staff	Info compiled and being revised. Toolkit presented by Internal Cmte at Louisville; available online with Stage 1 document.	Status Report will be the centrepiece to this toolkit. Other approaches?
	Sponsorship	Develop a strategy for engaging in conversation with Elsevier and other publishers. (Range of possible partnership ideas: exhibiting, e-conferences, corporate mmbership, etc)	External Affairs; Staff	External Cmte is making contacts and developing cost plan for advertising with OIA; revisiting corporate membership. Mr Walker and Mr Standen are seeking alternate funding options from other groups.	Elsevier’s proposal at Chicago Conf was too costly. Other possibilities include other publishers & others in osteo industry
		Meeting with pharmaceutical companies	Development committee sent several letters to all Pharma cos in US	Revisiting this & expanding beyond PhArma (See above)	Most OIA members do not use pharma so OIA may not be their target audience
		Develop a 2-3 year development plan: framework for corporate members; role for BOD in identifying non-dues	Staff; Internal Affairs; Sect-Treasurer	Need to update, revise, and expand past development plans.	

		revenue sources, identifying additional groups to target such as equipment manufacturers, etc...			
Surface and Disseminate Information re: Where the Profession is Playing Critical Roles					
		Develop an electronic discussion forum, inviting members to provide their input about specific topics relevant to their expertise	Staff and AOA-US IT	Long-term goal: External Affairs looking at along with website revamp <u>To be unveiled in Paris.</u>	
		Develop ideas for enhancing the website in order to provide more valuable and easily accessible information to attract new members	Internal Affairs; AOA-US IT	Newsletters, Partner Profiles, Spotlights, Digest of Global Orgs, online dues payment, regularly updated members' meetings and OIA Board meetings <u>Revamp of website underway for presentation at Paris Conference, including news page to replace newsletter.</u>	Putting together a further strategy that is feasible
	Develop a comprehensive osteopathic research databank	Develop a proposal and financial impact statement about collecting and preparing a databank to be kept online for the profession to use	External Affairs; Research Cmte	Newly formed Research Cmte will develop for a new, less costly proposal	Potentially cost prohibitive; upkeep of the database could be problematic
OIA Organisational Development	Timely processing of membership applications	Improve time from application received date to Board decision on applications – stick to 90 day turn around	Membership Cmte; Board of Directors	Improved: applications are listed on the public website when received; applications are more regularly discussed and considered by bodies –	Some applications are not completed when received and then fall by the wayside. Continuing improvements

				Board uses e-ballots for applications as needed. <u>As part of website revamp, an online application form and process is being developed. Planned for new calendar year.</u>	
	Follow up with members regarding their questions from the Membership Survey	Letter to members summarizing the Membership Survey questions and responses	Internal Affairs Cmte	Survey results for 2010 and 2011 available on website	
	Focus on issues such as individual membership, organisational responsiveness, role of Partner members, voting schematic, financial stability, etc ... to strengthen OIA as an organisation				

2011-2012 Priorities

1. **Advocacy materials** - Develop evidence based advocacy materials. Identify what research that is out there is relevant: focusing on evidence base that shows global – and cost effective - benefits of osteopathy to health care. – INTERNAL AFFAIRS COMMITTEE
2. **Osteopathic Report** - Take osteopathic guidelines (originally prepared fro WHO document), update and rework for dissemination (posting on website for dynamic updating). Can also incorporate some ‘lessons learned’ – guidance on how the guidelines can be used to advocate for osteopathy.
Work with other partners in the osteopathic community. NEW TASK FORCE LED BY CLIVE
3. **Membership** - Develop a more proactive strategy for engaging membership and helping potential members. This might include: (a) Developing a “speakers bureau” of OIA Board and others who can speak to small groups as needed to help guide their development; (b) Target a few countries where opportunities are good for osteopathic development; (c) Ask members to provide “testimonials” about benefits of being members. MEMBERSHIP COMMITTEE
4. **Regulation** – Convene regulators. ANNUAL CONFERENCE 2011 and 2012.

2009-2011 Accomplishments

Involve Partner and Associate members more	Feature “Partner Profiles” on website. Develop form and send to 4-5 Partner members 3 times a year.	Internal Affairs; Staff; Membership Cmte	Completed and Partner Profile form in use in conjunction with Newsletters and placed on website
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Disseminate more information about the profession in members' countries	Develop a template to send to members to develop Country Spotlight Reports to be placed on the website	External Affairs (Education); Staff	Completed and in use in conjunction with the Newsletters; will also be placed online
Develop "Internal Communications Strategy" to increase internal debate and exchange among members	Partner Profiles (above); Quarterly Newsletter	Internal Affairs	Profiles, Spotlights, and Newsletters scheduled for 2011
	Online listing of members' meetings; send request for update every 3 months	Internal Affairs; Staff	Requests for updates sent out ahead of quarterly newsletters
Develop a Digest of International Organisations: listing of contacts of international organisations that the OIA interacts with (not just members)	Create digest from existing lists; expand and place online with questionnaire for new organisations to submit	External Affairs	Completed: online and regularly updated
	Provide summaries of face-to-face meetings to members	Staff	Available online; also included in Newsletters
Focus on issues such as individual membership, organisational responsiveness, role of Partner members, voting schematic, financial stability, etc ... to strengthen OIA as an organisation	OIA Resolution #1, begin repayment to AOA-US for gratis staff/office space/IT/etc.	Secretary-Treasurer; Board of Directors	MOU signed and in use as of 1/1/11 for yearly payment of US \$18,000.

2012 New Members for Approval 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



OIA Annual General Meeting
23 September 2012
Paris, France

Full Member Voting Ballot
Proposed Bylaws Changes

The OIA Board of Trustees proposed the following bylaws changes:

Ratification of the following bylaws changes:

Article II: Statement of Purpose

Article III: Membership

- Section 1. Definition, Footnote
- Section 2. Representation
- Section 4. Member Classifications

Article V Section 3: Board of Directors

- Section 3. Numbers, Term and Qualifications.

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

Signed: _____



OIA Annual General Meeting
23 September 2012
Paris, France

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.

With the ending of the 2nd term of Boyd D Buser, DO (US) as one (1) of two (2) AOA-US Guaranteed Seats, William Burke, DO (US), will be elected to that seat by consent. **Because this seat is elected by acclimation, your delegation does not need to use any votes towards it.**

- William Burke, DO (US), nominated by acclimation by and representing the American Osteopathic Association (AOA-US, Full member)

In order to remain in compliance with the OIA bylaws, Mr Michael Mulholland-Licht must be re-elected to maintain the requirement of six (6) Board members representing OIA Full member organisations.

- Michael Mulholland-Licht, DO (AU), nominated by acclimation and representing the Australian Osteopathic Association (AOA-AU, 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.**

- Fara Catulle, FSc DO – MROB (BE), nominated by and representing the Register for Osteopaths of Belgium (ROB, Associate member)
- Charles Hunt, DO (UK), nominated by the General Osteopathic Council (GOsC, Full member) and the British Osteopathic Association (BOA, Full member) and representing the British School of Osteopathy (BSO, Partner member)
- Dixie Tooke-Rawlins, DO (US), nominated by and representing the Edward Via College of Osteopathic Medicine (VCOM, Partner member)

Signature of submitter: _____

OIA Proposed Bylaws Changes July 2012

Current Bylaws Wording	Proposed Changes	Rationale
Article II: Statement of Purpose		
<p>The OIA is organized as a tax-exempt not-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>The OIA is organized as a tax-exempt not-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>Update of our mission and removal of outdated goals.</p>
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>
Section 2. Representation		
<p>Each National Delegation is entitled to a minimum of two (2) Delegates carrying the delegation's votes. If one Full Member</p>	<p>Each National Delegation can have a maximum of two (2) organizations of Full Members, and is entitled to a minimum of two</p>	<p>These changes reflect the fact that we allow more than</p>

<p>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>(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 VOTE 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>2 Full member organisations from a country.</p>
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Section 4. Member Classifications

<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 Other Partners are defined as organizations/institutions with goals and objectives that are consistent with those of the OIA.</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. 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>ESTABLISHED OR EMERGING ORGANIZATIONS FROM ANY COUNTRY</p>	<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>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 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>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 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>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 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.</p> <p>-Editorial deletion; this has been addressed in the P&P Manual.</p>
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OIA Board of Directors and Nominees – Paris Overview

Current Board members (terms not expiring this year):

- Johannes Mayer, MD, DOM (DE)[°], Chair, Nominated by the DAAO and representing the DGOM
- Peter Ajluni, DO (US)[°], Secretary-Treasurer, Nominated by and representing the AOA-US
- Jane Carreiro, DO (US), Nominated by and representing the AAO
- Simon Fielding, DO (UK)[°], OBE, Nominated by AOA-US, Lay member (no organisational representation)
- Karen Nichols, DO (US)*, nominated by and representing the AOA (Full member-guaranteed seat)
- Tim Walker*, Nominated by and representing the GOsC

Board members terms expiring:

- Boyd Buser, DO (US)^{°*}, Nominated by and representing the AOA-US (ineligible for re-election due to term limits)
- Clive Standen, DO (UK)[°], Vice-chair, Nominated by and representing UNITEC (ineligible for re-election due to term limits)
- Michael Mulholland-Licht, DO (AU), Nominated by and representing the AOA-AU (completing first term – eligible for re-election)

Nominees on the Paris ballot Paris election procedure:

- William Burke, DO (US)*, nominated by and representing the AOA-US (Full member - guaranteed seat)
- Fara Catulle, BSc, DO – MROB (BE), nominated by and representing 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 by and representing the AOA-AU (Full member)
- Dixie Tooke-Rawlins, DO (US), nominated by and representing VCOM (Partner 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)

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

Paris election procedure:

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. 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 represents a partner member and Mr Fielding is a lay member, 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, Mr Mulholland-Licht must be re-elected to maintain the requirement of six board members representing OIA full member organizations. The remaining seat will then be filled by the election of one of the three remaining candidates (Ms Catulle, Mr Hunt or Dr Tooke-Rawlins).**

Board Voting Procedures

Board Elections

There are three (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.

With the ending of the 2nd term of Boyd D Buser, DO (US) as one (1) of two (2) AOA-US Guaranteed Seats, William Burke, DO (US), will be elected to that seat by consent.

In order to remain in compliance with the OIA bylaws, Mr Michael Mulholland-Licht must be re-elected to maintain the requirement of six (6) Board members representing OIA Full member organisations.

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

As laid out in the bylaws and policy and procedures manual, one additional vote is conferred on a Full member for each additional 2,000 members and no member delegation may have more than 33% of the vote. *Therefore, the UK and German delegations are granted one additional vote and the US delegation is capped at 7 votes.*

Votes per Delegation:

Australia: 2 votes

Canada: 2 votes

France: 2 votes

Germany: 3 votes (shared)

New Zealand: 2 votes

Switzerland: 2 votes

United Kingdom: 3 votes (shared)

United States: 8 votes

24 Votes Total

Procedure: Each delegation will be given one ballot for each of their allotted votes. Each delegation will have two (2) votes per open seat seats on the Board; therefore **each delegation will check two of the provided names on each of the provided ballots. There can be a total of votes for each open seat on the Board. The two candidates who receive the largest number of votes will be elected. In the event of a tie, a runoff will occur until there is one clear winner.**

Each Full Voting Member delegation will receive the number of ballots for each vote they are entitled to. Please cast your delegation's votes, choosing **two (2) of the four (4) remaining candidates on each of your ballots.**

OSTEOPATHIC INTERNATIONAL ALLIANCE 2012 BOARD OF DIRECTORS CANDIDATES' FORUM

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 one of your 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, for your consideration.



Candidate Information:

Name & Title:	William Burke, DO (US)
Organisation Name:	American Osteopathic Association (AOA-US)
Submitted by:	Ray E. Stowers, DO (US), President
Nominating Organisation:	American Osteopathic Association (AOA-US)

Brief Explanation of Competencies to Serve on the OIA Board:

Dr Burke has served on the AOA-US Board of Trustees since 2010 and has been appointed to numerous bureaus, councils and committees of the AOA-US at the pleasure of the President.

Dr Burke currently serves as Director of the International Primary Care Educational Alliance. As part of the China Primary Care Program Team he has made annual trips to Chengdu, Deyang, Leshan and Luzhou, China since 2007, to provide formal and informal education on the outpatient approach to common primary care conditions and family practice residency training.

Dr Burke, a board certified Family Physician and Fellow of the American College of Osteopathic Physicians, is the vice president of medical education at Doctors Hospital in Columbus, where he also completed his postdoctoral education, and is an associate professor of family medicine at the Ohio University Heritage College of Osteopathic Medicine.

Organisational Statement

Dear Dr Ajluni:

The American Osteopathic Association (AOA-US), a full voting member and one of the Charter members of the Osteopathic International Alliance (OIA), would like to nominate William Burke, DO, for the AOA-designated seat on the OIA Board of Directors.

Dr Burke is a board-certified family physician and Fellow in the American College of Osteopathic Family Physicians. He completed his undergraduate degree at Capital University in Columbus and, upon completion of his postdoctoral training, entered into a solo private practice in Etna, Ohio. He currently serves as vice president of medical education at Doctors Hospital in Columbus, where he also completed his postdoctoral education, and as an associate professor of family medicine at the Ohio University Heritage College of Osteopathic Medicine.

Dr Burke has served on the AOA-US Board of Trustees since 2010 and has been appointed to a number of the AOA-US's bureaus, councils and committees, including a Chairmanship. He received the American Osteopathic Foundation's Distinguished Service Award in 2008 and the Ohio Chapter of the American College of Osteopathic Family Physicians' Family Physician of the Year Award in 2010.

Dr Burke's special interests include sports medicine, women's health issues, preventive medicine and international primary care, where he currently serves as director of the International Primary Care Educational Alliance. As part of the China primary care program team, he has made annual trips since 2007 to Chengdu, Deyang, Leshan and Luzhou, China, to provide formal and informal education on the outpatient approach to common primary care conditions and family practice residency training.

Dr Burke's commitment to the osteopathic medical profession has been invaluable; he epitomizes this commitment and demonstrates the key qualities of creative thinking, action-oriented leadership, international experience and perseverance, which would make him a valuable asset to the OIA Board. I highly recommend him to the OIA Board and fully support the time commitment to serve and lead the OIA.

Sincerely,

Ray E. Stowers, DO, President-elect

Curriculum Vitae (selected):

WORK HISTORY

May 2011 – present	Vice President of Medical Education Doctors Hospital, Columbus, OH
October 2000 – May 2011	Program Director, Family Practice Residency Doctors Hospital, Columbus, Ohio
October 2000 - present	Associate Professor of Family Medicine Ohio University College of Osteopathic Medicine
Nov 1994 – Sept 2000	Residency Site Director Family Practice Residency - Grove City Site Doctors Hospital, Columbus, Ohio
Nov 1994 – Sept 2000	Medical Director, Grove City Family Practice Center Grove City, Ohio

PROFESSIONAL TRAINING

Residency:	Family Practice Doctors Hospital Columbus, Ohio August 1989 - July 1991
Internship:	Doctors Hospital Columbus, Ohio July 1988 - June 1989

EDUCATION

Medical School:	Ohio University College of Osteopathic Medicine Athens, Ohio June 1988, Doctor of Osteopathy
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ADDITIONAL ACADEMIC TRAINING

Costin Scholar: Costin Institute for Osteopathic Medical Educators,
Midwestern University, Chicago College of Osteopathic Medicine, 2007-2008

LICENSURE

State Medical Board of Ohio
June 11, 1988
#34-00-4890

BOARD CERTIFICATION

American Osteopathic Board of Family Practice
October 25, 1991; #4725

National Board of Osteopathic Medical Examiners
Diplomate, 1989



Candidate Information:

Name & Title:	Fara Catulle, BSc, DO - MROB
Organisation Name:	Register for Osteopaths of Belgium (ROB)
Submitted by:	Yves Warrinnier, BSc, DO - MROB
Nominating Organisation:	Register for Osteopaths of Belgium (ROB)

Brief Explanation of Competencies to Serve on the OIA Board:

Possesses excellent interpersonal, communication and negotiation skills and the ability to develop and maintain mutually beneficial internal and external relationships. I am a dedicated and results-driven person.

As my CV indicates, I'm very active in following additional courses and I do believe that it is extremely important to further develop more skills on a continuous basis.

As a board member of our professional organisation I have gathered knowledge of Osteopathy on many levels. As you know there is a recognition procedure of Osteopathy current in Belgium. Therefore we are very active on thoroughly study the osteopathic academy community, the ethics, the law, the insurance etc.

I am experienced in organisations such as EFO, FORE, CEN by attending meetings and to follow up the most recent developments.

I am working since 3 years as an Osteopath. Because I'm a young and motivated person I have the time and commitment to give my full dedication to this new job.

Personal Statement

There are several reasons why I decided to apply for the position as a Board Member.

Being a Board Member of the OIA is a key element to stay up to date on both National and International Osteopathy. Seeing the different developments in different cultures has always been a big motivation for me.

I am interested in this new and challenging position, one which will make best use of existing skills and experience while enabling further personal and professional development.

Throughout my professional career I always worked hard to promote public health in my practice as well as in my environment. It has always been a strong motivation for me to promote extended life expectancy and improved health status of the population to contribute to the reduction of functional problems. I think it is also a key to gather both patients as well as osteopaths experiences (e.g. via questionnaires) in order to put Osteopathy in the spotlight on certain areas (e.g. in sports, alignment with other practices, ...). Furthermore I am also motivated to apply because I am aware of the need of recognition of Osteopathy.

The last element that convinced me to apply was that I enjoy being part of a successful and productive team and thrives in highly pressurised and challenging working environments I have been strongly attracted by the OIA, to join and be its staff and do whatever I can to further promote osteopathy from a new position.

Throughout my previous work experiences as a board member of our professional organisation, I have gathered good communication skills and am able to present my ideas in a fluent and confident manner. I have learnt to work toward, and achieve my aims with great commitment and perseverance. I think it is also important to communicate actively to the board members of our professional organisation on the issues involved, so that I can gather all different opinions in order to discuss these at the OIA.

I would also contribute to the OIA by bringing my interest for languages and other cultures; I speak fluently Dutch, French and English. My CV also indicates the skills and competencies I manage to develop in this job. I would also bring my communication skills to get important messages through; and last but not least my full dedication to this new job.

Curriculum Vitae (selected):

The International Academy of Osteopathy, Ghent (Belgium) 2005-2009

- Paper “ the importance of correct information transfer of osteopathy in the internet community”
- Degree ‘Osteopath, DO, BSc.(Hons)Ost.Med’ (27th June, 2009)

Master training labour organisation & health, EHSAL, Brussels 2003-2005

- Paper “Risk analysis of a packing and shape line at Kraft Foods Halle”
- Degree ‘additional training for prevention consultant, level II’ (2005)
- Degree ‘Multidisciplinary basic education for prevention consultant’ (2005)

Modern languages – Sciences, St. Victor Institute, Alesberg (Belgium) 1997-2003 2009-2012

- Started my own practice in January 2010
- Working together with Sarah Dussart, DO (2009-2011)
- Board Member of the professional organisation R.O.B. (Register for Osteopaths from Belgium) as from 2011
 - function in 2011: assistant secretary and treasurer
 - function in 2012: assistant secretary , treasurer and responsible for the foreign politics
- Assistant Secretary of the professional organisation R.O.B. (2010)
- Osteopath in a group practice working closely together with Egwin Ponette, doctors, physiotherapist, psychologist, podiatrist (2009-2010)
- Web development & content management system employee of the website www.professioneleosteopaten.be at Osteomatics Concern bvba (2009-2010)

Additional specialisations 2010-2012

- Which data during pregnancy and birth can show us possible osteopathic problems?; de Bakker F. DO (19-20-21th January 2012)
- Balanced Ligamentous Tensions of children; Jane Carreiro DO (21-22-23th October 2011)
- Pathologies and differential diagnosis of babies; Liekens MD (30th September, 1th October 2011)
- Hartmann, short lever manipulations; Hartmann DO (18-19 march 2011)
- Myofascial therapy and triggerpoint (2010-2012)

Internship 2005-2009

- During the month of August (both 2009 and 2010 I did an internship at Osteopath Egwin Ponette. Besides these 2 months, I regularly took over patients (as from 2009 till 2010) in order to further develop my own skills
- Besides the above, I assisted on a regular basis Osteopath Sarah Dussart during the year 2010
- The International Academy of Osteopathy, Gent (Belgium) during the years 2008-2009
- In order to obtain the certificate ‘Prevention consultant level II’, I did an internship for 3 months at Kraft Foods Belgium (2005)



Candidate Information:

Name & Title: Charles Hunt, DO (UK) Pg Cert, Principal and Chief Executive
Organisation Name: The British School of Osteopathy (BSO)
Submitted by: Tim Walker, Chief Executive and Registrar, GOsC
Michael Watson, Chief Executive, BOA
Nominating Organisation: General Osteopathic Council
British Osteopathic Association

Brief Explanation of Competencies to Serve on the OIA Board:

I am a team player with experience of working at a strategic level with many different organisations, across a number of years. An example of this was setting the strategic plan 2010-2015 for the British School of Osteopathy which involved engaging with a wide range of stakeholders including faculty, students' patients and professional bodies. I have a strong knowledge of education having written many osteopathic programmes and been involved on validation panels for other schools programmes. I have been part of the Benchmarking working group that set a national Benchmarking statement for osteopathy in the UK (2007). This very much involved building on consensus and moving forward as a team.

I have experience of lobbying at government both to promote the school and osteopathy and to fundraise. I also have to manage a relationship with our patron, Her Royal Highness, The Princess Royal.

I have been a keen supporter of the OIA and have been present at the majority of their annual meetings and now sit on the External Affairs sub-committee. I have also been a supporter of its ideals and keen to share good practice contributing as a speaker in San Francisco and Sydney. I have worked with members of the OIA office when we co-hosted the International Conference in London in 2008.

I also have an understanding of the wider international environment for osteopaths and in particular Europe where we as a school have Memorandum of Understanding with osteopathic schools in France, Norway and Spain.

I am fully committed to the work the OIA is doing and have the capacity to be an active member. When I take a role on I only do it on the understanding that I have the capacity to contribute and with this in mind it would be a great honour to serve as a Board member of the Osteopathic International alliance.

Biography (Selected):

I have 14 years proven management and directorship skills within the primary healthcare and higher education sector. I provide strong and reflective leadership to the British School of Osteopathy, which has resulted in a 30% growth in turnover of the school and the development of quality degree programmes recognized as a sector gold standard both nationally and internationally. This has been underpinned by my ensuring strong governance and robust quality assurance and enhancement programmes to ensure we deliver the best possible service to the public, who attend as patients, staff and students. I am a very reflective and innovative professional using a wide knowledge and experience of the broader environment to inform all we do.

Areas of Expertise

- Healthcare legislation
- Commercial negotiations
- Project management
- Governance and process
- Strategic planning
- Higher education management
- Team building
- Leadership
- Lobbying
- Relationship management
- Quality Assurance and Enhancement
- Financial strategic management

Education

Registered Osteopath	General Osteopathic Council	2000
Diploma in Osteopathy	British School of Osteopathy	1989
Postgraduate Cert	Open University	2001
Schooling	Radley College	1983

Professional Experience and Significant Achievements

May 2006 - Present

Chief Executive Officer The British School of Osteopathy

- Responsible for budget of £4.5m, employing 175 people with 550 students registered on a variety of programmes
- In liaison with Board of Trustees setting new 2010-2015 strategic plan for school focusing on providing an evidence base for osteopathy
- Re-negotiating funding contract for undergraduate students with University of Bedfordshire, resulting in a new contract worth £13.8m net income over 6 years
- Purchasing and design of purpose built £5.5m osteopathic clinic in Southwark Bridge Road London.
- Leading fundraising campaign, raising £650k over the last 3 years
- Networking with high profile supporters including BSO's Patron, Her Royal Highness The Princess Royal, Lord Howe Conservative spokesperson on health in the House of Lords, and Baroness Morgan, and stakeholders including GOsC, QAA and our validating university
- Attending and presenting at conferences both nationally and internationally, including forthcoming lecture on the issues facing UK osteopathy at OIA/AOA conference, San Francisco in October 2010
- Reviewed QA process and management structure to ensure quality assurance and enhancement of courses and patient involvement is a high priority.
- Member of the University of Bedfordshire Academic Board 2006-2010 responsible for the strategic direction of all academic matters

1998- May 2006

Vice-Principal and Head of Clinical Practice The British School of Osteopathy

- Operational and strategic management of the largest osteopathic outpatient clinic in Europe. Management of 65 part time osteopaths to teach in the clinic, supplemented by 9 full time administrative staff, the clinic had 40,000 appointments per year
- Responsible for clinical education area of course review, leading to a new osteopathic degree validated by the University of Luton.
- Establishment and management of new community clinics following relocation to Southwark, including establishment of the first NHS funded educational clinic.
- Responsible for and reviewed patient complaints process

1989 –2011

Osteopathic Practice Gerrards Cross

Running my own successful private practice from home which employed two associates.

Other areas of achievement (Selected):

- Media exposure promoting osteopathy, the BSO and the GOsC. This has included appearances on BBC Breakfast Time, News 24, and German television and others, many radio broadcasts, and newspaper and magazine articles
- Employed by the General Osteopathic Council to mentor weaker colleagues as part of the registration process. Member of GOsC working party reviewing clinical assessment
- Member of Council of Osteopathic Education Institutes
- Advisor to NHS regarding osteopathic recruitment within East Berkshire Health Authority
- Advisory role on book: An Osteopaths Guide to Keeping out of Trouble by Paul Lambden



Candidate Information:

Name & Title: Michael Mulholland-Licht, DO (AU)
Organisation Name: Australian Osteopathic Association (AOA-AU)
Submitted by: Antony Nicholas, Executive Director
Nominating Organisation: Australian Osteopathic Association (AOA-AU)

Brief Explanation from Candidate:

Nominations Committee
Osteopathic International Alliance
142 E Ontario St., CHICAGO, IL 6061 USA

12 May 2012

Dear Colleagues,

I submit my curriculum vitae and intentions as a candidate for the 2012 Directors Elections as a nominee for the Australian Osteopathic Association, which is a full member of OIA.

My intent for OIA would be to progress good work that has been initiated under a sound strategic plan and to review that plan on a timely basis, guided by members' feedback. OIA has developed a healthy culture of rigorous debate on challenging issues and a willingness to see other views. This needs to be bolstered and encouraged.

We have achieved effective and productive unification of our profession internationally and now see osteopaths and osteopathic physicians cooperating. While this is occurring on OIA Board, committees and in several countries, it is still NOT the case in all jurisdictions. We have work ahead on this issue.

This unification is required in order to secure the essential ingredients of our osteopathic future; i.e.:

- A united voice and resource network for a global profession.
- Research. Evidence for osteopathic practice.
- Collaboration with NGO's like WHO.
- Education/ accreditation standards.
- Government representation.

If re-elected, I would bring experience from the following roles and activities:

Board Director, OIA. (Chair, Internal Affairs Committee .Status Report Task- force)
President, Australian Osteopathic Association
President, World Osteopathic Health Organisation
Review of Osteopaths Act of Parliament NSW, Australia
Chair, Australian and New Zealand Osteopathic Council
"Expert", WHO Benchmarks for Training in Osteopathy
Lecturing, Internationally

How do we achieve these goals?

- Clarify membership criteria
- Foster national unity by incentive of OIA membership
- Foster student arm of OIA
- Fair representation of osteopaths and osteopathic physicians on Board of Directors and Committees
- Facilitate access to international research, international co-operation on research projects and publication
- Continue and advance dialogue with WHO

- International accreditation of Osteopathy schools
- Foster osteopathy education and registration in developing countries
- Portability of qualifications

Yours Sincerely

Michael Mulholland-Licht DO

Biography (selected):

Graduated Doctor of Osteopathy Pacific College of Osteopathic Medicine, Sydney AUSTRALIA 1985.

NSW Osteopaths Registration board certification 1986.

Private practice Sydney, Australia 1986 – current

Guest Lecturer / Examiner University of Western Sydney, Masters Osteopathy program 2001- 2007.

Guest Lecturer / Examiner / Clinical Supervision Vienna School of Osteopathy Austria, Masters Osteopathy program 2002-current.

Author and Tutor Sydney University, Osteopathy Module distance education Pain Management 2007-current.

Guest Lecturer / Examiner Brazilian School Osteopathy EBOM 2009.

Guest Lecturer Instituto Brasileiro de Osteopatia IBO 2011

Guest Lecturer Institute of Osteopathic Medicine St Petersburg, Russia IBO 2011, 2012

Advisor to NSW Osteopaths Registration Board during review of Osteopaths Act 2000-2001 and other policies 2006-2010

President, Australian Osteopathic Association 2001-2002.

International Liaison Officer, Australian Osteopathic Association 2002 - current

President, World Osteopathic Health Organisation (WOHO) 2003-2008.

“Expert adviser”, World Health Organisation (WHO) on “Guidelines for safety and training in Osteopathy” 2004 -2007.

Chair, Australian & New Zealand Osteopathic Council (ANZOC) National accrediting authority of university programs teaching osteopathy in Australian and New Zealand and assessment of overseas qualified osteopaths. 2008 – 2011. Currently Board Director.

Board of Directors, Osteopathic International Alliance (OIA) 2009 – current.



Candidate Information:

Name & Title:	Dixie Tooke-Rawlins, DO (US)
Organisation Name:	Edward Via College of Osteopathic Medicine
Submitted by:	Jan M. Willcox, DO (US), Vice-Dean, Virginia Campus
Nominating Organisation:	Edward Via College of Osteopathic Medicine

Brief Explanation from Candidate:

Dear Members of the Nominating Task Force:

As the Dean and Executive Vice President of the Edward Via College of Osteopathic Medicine, I am writing to express my interest in consideration for the OIA Board of Directors. My interest stems from presentations at OIA and continuing support since the founding of the organization. It is a distinct honor and privilege to even be considered for service in advancing global health and osteopathic medicine with the distinguished members of the OIA Board. Yet, it would provide a great venue to advance global health which I truly believe is the way of the future for osteopathic medicine to exemplify compassionate and benevolent care.

My record as the founding Dean of the Edward Via College of Osteopathic Medicine has been to develop a network of continuous care international clinics to serve as rotation sites and a base for international medical mission trips for osteopathic medical students. I have sought to advance Global Health Leadership to combine creative masters and PhD programs with our DO degree in ways that mentor students to advance a research base for the osteopathic profession. A VCOM-initiated Global Seminar on Health and the Environment is an example of advanced education in new ways that brings together students in three international medical schools to analyze and solve cases by interactive video conferencing.

My interests and collaboration have consistently extended around the globe through partnerships with foundations, ministries of health, medical schools, the World Bank Global Development Learning Network, non-governmental agencies and other agencies such as USAID. Written agreements have forged relationships and programs among key leaders in creative new approaches where I hope my experience can be useful to the Board. These activities have given me experience overcoming logistical, political, funding and policy issues across cultures and legal issues in practice of medicine that vary by country. The results have been both humbling and rewarding, such as receiving the Distinguished Clinton Global Initiative Award, invited presentations, serving on panels and journal publications nationally and internationally.

If selected I would work to inspire and promote excellence by giving my time, expertise and energy to the Board and bring a “can do” attitude and vision to achieve the goals of the OIA Board through interactions that are personable and professional.

Respectfully submitted,

Dixie Tooke-Rawlins, DO (US), FACOFP, Dean and Executive Vice President

Organisational Statement

Dear Members of the Nomination Task Force,

It is both a pleasure and an honor to write this letter in support of Dr Dixie Tooke-Rawlins’ nomination for the 2012 OIA Board of Directors.

As founding dean of the Edward Via College of Osteopathic Medicine (VCOM), Dr Tooke-Rawlins has seen the need and value of clinical training and provision of care on a global level and has created a successful model of year-round clinics to provide sustainable health care in the Dominican Republic, Honduras and El Salvador. By partnering with respected in-country medical schools, the Ministry of Health, and other organizations, she has been able to foster an environment of sustainable health care. She is able to recognize a need and determine an action plan to respond whether the need be a student or a community. She has contributed to humanitarian efforts by developing a disaster response training program for all VCOM students. From the 2004 Tsunami, Hurricane Katrina, tornado and flood relief to the counseling of families of victims immediately following the Virginia Tech tragedy, Dean Tooke-Rawlins has personally led teams to provide care. She consistently provides an osteopathic

approach to caring for the patient by treating the whole person and utilizing and teaching osteopathic manipulation.

She is recognized for her ability to develop and assess resources and create innovative change. She was selected by Virginia Governor Bob McDonnell to serve on both the Virginia Health Reform Initiative Advisory Council and as Co-Chair of the Virginia Health Reform Initiative Capacity Task Force. She was the only D.O. chosen for the Virginia Health Reform Initiative.

Dixie Tooke-Rawlins has been recognized with awards such as the AOF Educator of the Year, the Mentor Hall of Fame Award (American Osteopathic Association), the Northrup Educator of the Year Award (Student Osteopathic Medical Association), the International Service Award (Medical Society of Virginia), Local Legends Award (American Medical Women's Association—displayed by the National Library of Medicine), the Charles Crowder Rural Health Award and the Outstanding Leadership Award (American Medical Women's Association and the National Organization of Women Physicians Association). Dr Tooke-Rawlins served the profession as a delegate to the American Osteopathic Association for the states of Missouri, Pennsylvania, and Virginia. She has served the AOA Council on Predoctoral Education, as Accreditation Team Inspector, and as Accreditation Team Evaluator for Osteopathic Postdoctoral Training Institutes.

Dean Tooke-Rawlins has contributed to osteopathic medicine awareness in global audiences through presentations at global health and innovation conferences including the Osteopathic International Alliance, the Bureau on International Osteopathic Medical Education and Affairs, Unite For Sight, and the Consortium for North American Higher Education Collaboration (CONAHEC). She has assured that key administrative and faculty members at the Via College of Osteopathic Medicine have had the resources to access global opportunities to further the osteopathic profession.

Dr Tooke-Rawlins is an excellent candidate for the OIA Board of Directors. She considers the organization to be a priority of the profession and she will dedicate the resources and commitment to partner and contribute to the Board. She exemplifies the role of service to the profession with a community and global focus and she would be a positive collaborative member of the Board of Directors.

Sincerely,

Jan M. Willcox, DO (US), FACOFP, Vice Dean, Virginia Campus

Curriculum Vitae (selected):

Education:

College: Northeast Missouri State University (now Truman State), Kirksville, MO, BS, 1976

Medical School: Kirksville College of Osteopathic Medicine, Kirksville, MO, DO 1980

Internship: Grandview Hospital, Dayton, OH, 1980-81

Fellowship: 1997-1998 Faculty Development Fellowship, Michigan State University; East Lansing, MI

Fellowship: 2000-2001, Osteopathic Health Policy Fellowship, Ohio University College of Osteopathic Medicine; Athens, OH

Licensure and Certification:

Licensed as Physician and Surgeon in Virginia, Missouri and Pennsylvania

Board Certified in Emergency Medicine, American College of Osteopathic Medicine Specialists, 1990

Board Certified in Family Medicine, American Osteopathic Board of Family Physicians (ABOFP), 1991 - current

Fellow, American College of Osteopathic Family Physicians since 1997

Positions Held:

2001-Current Founding Dean and Executive Vice President

Edward Via College of Osteopathic Medicine; Virginia Campus Virginia Tech Corporate Research Center; Blacksburg, VA

and

Founding Dean of the Edward Via College of Osteopathic Medicine's Carolinas Branch Campus in Spartanburg, South Carolina.

ARGENTINA

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

AUSTRALIA

Australian Osteopathic Association**
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

Canadian Osteopathic Association**
Canadian Federation of Osteopaths
Centre Osteopathique du Quebec
Ontario Association of Osteopathic Manual Practitioners
Registre des Osteopathes du Quebec
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 Osteopathic Medicine

ITALY

Consiglio Superiore di Osteopatia
European Institute for Osteopathic Medicine

JAPAN

Japan Osteopathic Federation**

NEW ZEALAND

Osteopathic Council of New Zealand
Osteopathic Society of New Zealand**
Unitec New Zealand**

NORWAY

Norwegian Association of Osteopathy**

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

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.
Pikeville University Kentucky College of Osteopathic
Medicine**
Student Osteopathic Medical Association**
University of New England 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