

It didn't take long for the question to be raised. Gathered to brainstorm on the policies of an emerging organization of worldwide osteopathic medical and osteopathy groups, many attendees were likely wondering the same thing as Michael Hutson, MD, of the United Kingdom.

At the first opportunity for group discussion, Dr Hutson raised his hand. He asked whether the Osteopathic International Alliance (OIA), as the organization is called, is intended for osteopathic physicians only or nonphysician osteopathic practitioners as well.

Then a German physician who practices osteopathy asked about the definition of an osteopathic physician. Is it only someone with a DO degree? Or are MDs who have training in osteopathic principles and practice also considered osteopathic physicians?

Their legal recognition varies. Their ability to work outside the guidance of a physician varies.

"The only way we're ever going to resolve these issues and move the profession forward on a worldwide basis is by bringing people together to talk about them," says meeting attendee Boyd R. Buser, DO, the associate dean for clinical affairs at the University of New England College of Osteopathic Medicine in Biddeford, Maine.

The OIA complements the AOA's other international initiatives, such as

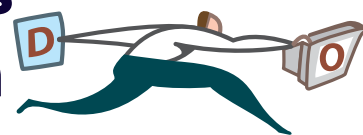
tional Alliance, held June 5-6 in Toronto. More than two dozen osteopathic physicians, nonphysician osteopaths and other health professionals, representing seven countries, gathered to hammer out the initial programmatic focus for the OIA, membership criteria and the OIA's operational structure. The profession's interests in Canada, England, France, Germany, New Zealand, Switzerland and the United States were represented.

The OIA will be an educational not-for-profit organization that will assemble national organizations of both osteopathic physicians and nonphysician osteopaths "for the common goal of promoting osteopathic medicine and osteopathy internationally," says AOA Trustee Larry A. Wickless, DO, who chairs the OIA steering committee.

"The OIA can help to facilitate communication and the sharing of ideas and

DOs, foreign osteopaths progress on new international organization

PATRICK SINCO
STAFF EDITOR



Such questions point to some of the challenges of organizing the world's osteopathic professional groups under one umbrella association.

Beyond agreement on the core principles set forth 130 years ago by Andrew Taylor Still, MD, DO, there is not much common ground between the professional careers of an American osteopathic physician, a French physiotherapist schooled in osteopathic manipulation, a Greek nonphysician osteopath and a Swiss medical doctor with specialty training in osteopathy.

Their scopes of practice vary. Their national reputations vary. Coverage of their work by major health insurers varies.

working to expand the practice rights of US-trained DOs and working with the World Health Organization to develop standards for manual medicine and improve the legal status of osteopathic manipulative treatment. (For more information, see the accompanying article on Page 39, the "President's Voice" column in the June issue and the "Executive Director's Desk" column in the May issue of *The DO*.)

Organization of organizations

While many details remain to be ironed out, a clearer picture of the OIA's mission emerged during the Second Invitational Conference for the Osteopathic Interna-

expertise developed over many years," adds Peter J. Adler-Michaelson, DO, PhD, who also serves on the OIA steering committee.

The OIA intends to help foreign nations develop standards of training and patient care and to help with legal aspects of the training and practice, says Dr Adler-Michaelson, a US-trained DO who practices with an unlimited license in southern Germany.

Meeting attendee Toni Graf-Baumann, MD, who is the secretary of the European Register for Osteopathic Physicians, expects the OIA to influence governmental acceptance of osteopathic medicine. In Germany, Dr Graf-Baumann



Marina Fuhrmann (center), a nonphysician osteopath in Germany, listens carefully during the final day of the Second Invitational Conference of the Osteopathic International Alliance in Toronto. Fuhrmann, the president of the German Osteopathic Association, points out one difference between the osteopathic professions in Europe and North America: "In Europe, we are completely without structure. So it's very difficult for American or Canadian people to understand our situation," she says. (Photo by Patrick Sinco)

explains, "the so-called experts all the time write that it's not evidence-based medicine. So we're looking for arguments from this side."

For the osteopathic medical profession in the United States, the OIA should improve opportunities to establish broader practice rights for US-trained DOs in other countries, says Dr Buser, who chairs the Board of Directors of the National Board of Osteopathic Medical Examiners and is now the AOA's 3rd vice president. "That's a big piece."

With initial funding and administrative support provided by the AOA, the OIA steering committee hopes to incorporate the OIA later this year, most likely in Illinois. The committee also hopes to draft a policy and procedure manual

and a set of by-laws for consideration at next year's meeting of the OIA.

"We're starting from scratch and trying to organize all these separate bits and pieces into a cohesive, functional, interactive group that satisfies most people's needs," Dr Wickless explains. "It will take years to get this organization firmly established. We're only in our second year. We hope to make the correct decisions, but if we make the wrong decisions, we'll

have to change them. It may take five to seven years for this organization to really get off the ground."

Steps forward

Much has changed since the organization's first meeting, in 2003 in Chicago. Before that meeting, there was not even consensus that a new international osteopathic organization was needed, says Bonnie Koenig, an organizational consultant who has been working closely with the OIA.

"There were a number of international activities that were happening at the same time, and it wasn't clear what this group was going to represent," Koenig says. But by the time the first

AOA Trustee Larry A. Wickless, DO, leads a breakout discussion group on the governance structure of the Osteopathic International Alliance (OIA). Dr Wickless, who chairs the OIA steering committee, served for three years as the first chairman of the AOA Council on International Osteopathic Medical Education and Affairs. (Photo by Patrick Sinco)



Boyd R. Buser, DO, makes a point during the final day of the Second Invitational Conference of the Osteopathic International Alliance in Toronto. "With osteopathic medicine being a distinctly American profession in its creation and with us being the most established and most successful, it's appropriate for us to be taking a leadership role in forming the OIA," says Dr Buser, a former president of the American Academy of Osteopathy. (Photo by Patrick Sinco)



meeting ended, the participants had agreed to establish a steering committee to explore creating an international organization.

In the year since then, the OIA's steering committee identified projects that it thought would be helpful to the osteopathic medical profession and osteopathy.

"Clearly, there were enough things that needed to be done in the international osteopathic community that there was a role for a new organization that could represent the community and help advance the philosophy and practice of osteopathy worldwide," says Koenig, who is the author of *Going Global for the Greater*

Good: Succeeding as a Nonprofit in the International Community, which was published earlier this year.

The OIA steering committee also saw how well its members have been working together and how much it accomplished relatively quickly.

"Through the activity of the steering committee and through the work that they were able to accomplish over the past year, there was a feeling that this could be a very effective group," Koenig

says. "There was a fair amount that was accomplished over a short period of time in the past year."

Nonetheless, the group has grappled with establishing a firm direction. In separate conversations, both steering committee chairman Dr Wickless and Dr Graf-Baumann cited finding consensus on the OIA's direction and purpose as the most difficult challenge facing the organization.

"We are trying to create something where there are no roadmaps," Dr Wickless says. "There has been no manual written about this. How do we get from here to there?"

Likewise, meeting attendee Marina Fuhrmann, a nonphysician osteopath who is the president of the German Osteopathic Association, or Verband der Osteopathen Deutschland, comments, "It is interesting to be here. But we are looking and waiting to see where it will go."



Daniel J. Marazon, DO (left), and Laurent Kestelyn share a moment during a break. Dr Marazon is an associate professor of family medicine at the Ohio University College of Osteopathic Medicine in Athens. Kestelyn is the communications director for the French osteopathy school CEESO, or Centre Européen d'Enseignement Supérieur de l'Ostéopathie. (Photo by Patrick Sinco)



Toni Graf-Baumann, MD (left), Debra A. Smith, DO, and Xiaorui Zhang, MD, share a laugh during a break in the conference. Dr Graf-Baumann was representing the Germany Society of Osteopathic Medicine, or Deutsche Gesellschaft für Osteopathische Medizin, and the European Register of Osteopathic Physicians. Dr Smith serves on the AOA Council on International Osteopathic Medical Education and Affairs. Dr Zhang is the traditional medicine coordinator for the World Health Organization. (Photo by Patrick Sinco)

Disseminating information

One of the initial aims of the OIA will be to act as a clearinghouse of accurate and timely information related to the osteopathic medical profession and osteopathy worldwide. The need for such a service helped convince the group members that the OIA could be a worthwhile organization, Koenig says.

“After looking at a range of activities, they focused on the concept of a clearinghouse. They identified a need for gath-

ering very useful information about what was happening in each osteopathic community in each country,” Koenig says. “There are many activities they could have looked at, but they felt that in the first year, it was important to focus on something that could be done well.”

The clearinghouse will be made available through the OIA’s Web site, at www.oialliance.org. (As of late June, a very limited version of the Web site was available.)

“I think the Internet can be a very powerful tool to advance the purposes of an organization that cuts across national borders and time zones and languages,” says Michael J. Zarski, JD, the executive director of the American Osteopathic Information Association, which is developing the Web site. “It helps us break down some of those barriers.”

Eventually, the Web site is to contain information on the state of the osteopathic medical profession and osteopathy in many countries, including the relevant laws,

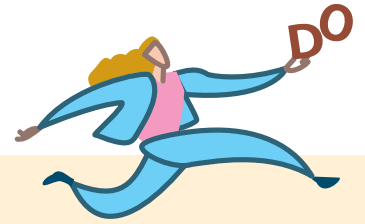
contacts and educational requirements. The information is intended for participating organizations, as well as interested governmental, regulatory and non-governmental bodies that play a role in advancing the interests of osteopathy.

“We wish to have a clearinghouse that will be able to disseminate accurate, timely information to anybody inquiring about osteopathic medicine and osteopathy in the world,” says Dr Wickless.

Physicians and osteopaths

In response to Dr Hutson’s question early in the conference, John B. Crosby, JD, the executive director of the AOA, indicated that nonphysician osteopaths would be represented in the OIA.

“We have been trying to embrace all of the legitimate organizations that are involved in osteopathy and osteopathic medicine worldwide,” Crosby says. “Whether the organizations represent osteopathic physicians or osteopaths, they can petition for membership in the OIA



Canadian barriers continue to fall

Several key obstacles to US-trained DOs practicing with unlimited rights in Canada have been knocked down in the past few years. And a few more appear ready to topple, says Charles E. "Ted" Findlay, DO, the president of the Canadian Osteopathic Association (COA), who attended the Second Invitational Conference for the Osteopathic International Alliance, held June 5-6 in Toronto.

"There's a long history of osteopathic medicine in Canada, but there's also a long history of running into barriers for full registration of American-trained physicians," explains Dr Findlay, a graduate of the Ohio University College of Osteopathic Medicine in Athens, who has full practice rights in the province of Alberta.

But late last summer, one influential regulating body—the College of Physicians and Surgeons of Ontario—agreed to recognize DO degrees as equivalent to MD degrees for the purposes of registration. The change means that US-trained DOs are now eligible for the same full practice rights that US-

trained MDs have in Ontario, the most populous Canadian province.

And earlier in 2003, the Canadian accrediting body for family physicians opened its eligibility requirements to osteopathic physicians. The College of Family Physicians of Canada resolved that a US-trained osteopathic physician who meets certain requirements, including having completed a residency accredited by the Accreditation Council for Graduate Medical Education, is eligible to take the college's family medicine certification exam and to serve a family medicine residency in Canada.

Final barrier

The COA is currently negotiating with the Royal College of Physicians and Surgeons of Canada (RCPSC), the country's specialist accrediting body, which Dr Findlay calls the final primary barrier. This September, the college is to decide whether to recognize US DO degrees as equivalent to US MD degrees.

Historically, the RCPSC has shown little interest in evaluating the graduates of foreign training programs. But Dr Findlay is hopeful that the college's deferment of the decision—which was originally scheduled for February—to allow time to evaluate "further information" is a sign of changing attitudes.

Adding pressure to the RCPSC, an osteopathic physician has been accepted into an orthopedic medicine fellowship at the University of Western Ontario, scheduled to begin this summer. "It will be difficult for the RCPSC to ignore this precedent and the

wishes of the program directors to have DO participants," Dr Findlay wrote in the COA's annual report, released on June 7.

"Assuming we are successful, there will be no barriers to American-trained DOs participating in any residency in Canada," he says.

Recognizing US exams

Yet another significant development looms for US-trained osteopathic physicians who want to practice in Canada.

At the moment, US-trained DOs still need to pass the Medical Council of Canada's Evaluating Examination before taking its Qualifying Examination, the standard for licensure across Canada. The exams are an expensive hurdle for graduates, Dr Findlay notes.

However, to address the physician shortage in Ontario, the College of Physicians and Surgeons of Ontario recommended earlier this year to recognize several screening examinations as equivalent to the Medical Council of Canada's exams for registration purposes. Among them is the Comprehensive Osteopathic Medical Licensing Examination—USA (COMLEX-USA).

"This is hugely important," Dr Findlay says. "If it goes through, it would eliminate the requirements for further examinations for American DO applicants to the province of Ontario and very likely would then spread to the other provinces quite quickly."

J. William McCord Jr, DO, the vice chairman of the Board of Directors of the Federation of State Medical Boards of the United States, says the worldwide implications of such a decision would be "terribly significant."

Dr Findlay agrees, adding that he believes it would be the first time that COMLEX-USA would be recognized outside of the United States for full practice rights.

"The osteopathic banner was flown to the breeze more than 100 years ago," Dr Findlay says, paraphrasing A.T. Still. "Nobody said the breeze stopped at the 49th parallel. It's time for us to take our rightful spot on the global stage, and I'm really excited."

—Patrick Sinco



Charles E. "Ted" Findlay, DO, participates in a discussion during the Second Invitational Conference for the Osteopathic International Alliance, held June 5-6 in Toronto. Dr Findlay, who is the president of the Canadian Osteopathic Association, says that Canadian medical regulators have undergone a "sea change" in their attitudes toward US-trained DOs in the past few years. (Photo by Patrick Sinco)



Peter J. Adler-Michaelson, DO, PhD, believes that the Osteopathic International Alliance (OIA) should stay focused on international issues and not try to settle problems within a member organization. "We don't want a group coming to the forum and expecting us to help them solve internal problems," notes Dr Adler-Michaelson, who has been board-certified in family medicine and manual medicine in Germany. "The OIA should be and stay an umbrella organization." (Photo by Patrick Sinco)

as long as they meet the agreed-upon criteria."

After seven years of working on the AOA Council on International Osteopathic Medical Education and Affairs, Dr Wickless says that he is only beginning to understand the many international definitions of *osteopath* and *osteopathic physician*.

"Through the efforts of the OIA membership committee and through the relations that we're going to develop, we will be able to define this on an interna-



Laurent Kestelyn (center) and Hyder H. Makki, DO (left), pay close attention during a break-out discussion. Six break-out sessions were held to iron out plans for the Osteopathic International Alliance's membership, potential affiliates, activities, planning mechanisms, governance and financing. Kestelyn is the communications director for CEESO, or Centre Europeen d'Enseignement Supérieur de l'Osteopathie, a French school of osteopathy, and Dr Makki is a psychiatrist in suburban Detroit. Dr Makki is also fully licensed to practice medicine in Lebanon. (Photo by Patrick Sinco)

tional basis," Dr Wickless says. "I think that's what we have to do."

For someone with the *DO* designation after his or her name, Dr Wickless suggests also including the country where it was obtained. So the designations may become *DO-USA* and *DO-UK*.

"We want to define this with clarity, so everybody understands where we're coming from," he says. "I think our ultimate goal in the short term should be to define all of these terms and elucidate them clearly so they can be understood by anybody in the international community, both healthcare providers and patients."

Preliminary membership plans

The chairman of the OIA membership task force, W. Douglas Ward, PhD,

admits it has not been easy to set the preliminary criteria for what types of osteopathic organizations can belong to the OIA.

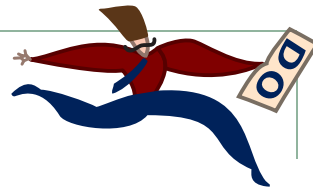
"Many people have many ideas on who it is they ought to associate with, who it is that becomes a full member, or who it is that perhaps comes in at another level of membership," says Dr Ward, the former associate executive director for educational affairs of the AOA Department of Education.

The OIA is planning on having three levels of membership. A draft of the membership criteria includes full membership recognition for qualifying organizations representing both osteopathic physicians and osteopaths.

To qualify for full membership, the organization must be governmentally recognized and represent the whole of licensed or legally recognized osteopathic physicians or nonphysician osteopaths in any one country.

"This is going to address the question of osteopathic physicians on the one hand and the nonphysician osteopaths on the other," says Dr Ward, who emphasized that the membership categories are "very fluid" and subject to change.

As it stands now, the second category, associate members, would be composed of governmentally recognized authori-



ties that oversee the regulation of osteopathic medicine. Also, emerging non-physician osteopathic groups that are working toward governmental recognition of nonphysician osteopathy would be eligible for this category.

The final level of membership, partners, would be for supporting organizations that can contribute to advancing the work of the OIA.

“The original purpose of getting together was to embrace—to put our arms around—what has happened throughout the world in osteopathic medicine,” Crosby says. “We do not want to be exclusive or close off avenues of information. We’re looking to be an inclusive organization of organizations.”

Questions remain

While many of the OIA’s functions and processes are now mapped out, some key aspects of the OIA remain to be determined.

For example, what will the OIA’s governance structure look like? Now, while in its organizational process, the OIA settles issues by consensus. There will likely come a time, however, when a vote will instead be taken, Dr Wickless says. Will each organization vote equally? Or will a vote be weighed according to the size of the member organization? Will there be an assembly where all the members vote? Or will that be delegated to a governing council?

The OIA’s growth model needs to be decided. Koenig has charted two distinct growth patterns that international non-governmental organizations tend to follow. They either start in a few countries and are tasked to expand, or they start globally and are tasked to sustain that international presence. Which model will the OIA follow?

Also, the OIA lacks a business plan at this point. “Before we can start to call ourselves a full, active organization, we have to develop a good business plan,” Dr Wickless explains.

A timeline for all of these decisions, however, has been proposed. “We can’t

meander and wait for things to occur,” Dr Wickless says.

A conference call at the end of this summer and a face-to-face meeting during the 109th Annual AOA Convention and Scientific Seminar in November in San Francisco will be used to resolve some of these remaining issues.

“We are trying to create something where there are no roadmaps. There has been no manual written about this. How do we get from here to there?”

—Dr Wickless

United profession

Several meeting participants agree that the timing is right for such an international undertaking, given the advances in communications technology in the past decade.

“The world has changed so much, and there are so many opportunities to communicate internally within the osteopathic world, as well as externally to advance the perception of the profession,” says



“It’s not an easy question to set the criteria, the standards as to who enters and becomes a part of the Osteopathic International Alliance,” says W. Douglas Ward, PhD, the chairman of the OIA membership task force. Dr Ward is a consultant to the AOA. (Photo by Patrick Sinco)

Koenig. “There’s a better understanding of what is going on internationally. And it’s much easier to get information to base decisions on than it ever has been.”

“There are so many aspects of life, revealed through the Internet and other communications, that have people thinking more about the place of osteopathic

medicine in the world,” Dr Buser says. “There’s just more awareness of osteopathic medicine than there was even 10 years ago.”

Although a fair amount of work needs to be done before the OIA becomes a fully functioning organization, there was unanimous consent during the Toronto meeting that the group is heading in the right direction.

Previous attempts at forming an international osteopathic organization have moved at a “glacial pace,” says Dr Buser. “This is like light speed now, just in the last year or two. That’s very good for osteopathic medicine,” he says.

Simon Fielding, OBE, a retired non-physician osteopath in the United Kingdom and an OIA steering committee member, agrees. “I really do feel that my dream of a united osteopathic profession is achievable in my lifetime, rather than in my grandchildren’s,” he says.

“I’ve been at these kinds of meetings in the past, and they were unpleasant and sometimes bloody affairs,” offers Clive Standen, an associate professor and associate head for the School of Health & Community Studies, Unitec New Zealand in Auckland. “The history of our profession is littered with clubs that failed. The last thing our profession needs is another club. But an alliance is a really good idea, and I think it has a long and hopefully very healthy future.”

