I. OPENING REMARKS

I am Thomas Ely, DO, an osteopathic board-certified Family Physician, and currently President of the American Osteopathic Association.

Even though we have been working in a “virtual world,” I can assure you that the AOA has been involved in many significant activities and areas that have, and will have, definite impact on the osteopathic profession. We are a physician-led, physician-directed organization working to measure, anticipate, and respond to YOUR needs.

II. AOA OPERATIONAL PRIORITIES

In addition to supporting physicians and students during the pandemic, the operational priorities for my presidential year have been aimed at advancing, enhancing, and building a bright future for the osteopathic profession.

My first objective is to Expand the Osteopathic Community.

Currently, osteopathic physicians represent approximately 11% of all practicing physicians in the United States, but osteopathic medicine is one of the fastest-growing segments of health care, with a growth increase of almost 300% over the past three decades.

We graduate over 7,000 new osteopathic physicians a year and by the end of this decade, we will represent an estimated 20% of all practicing physicians in the United States. We continue to add more physicians to the workforce and will top more than 127,000 DOs this year. Today, more than 30,000 osteopathic medical students (25% of medical students in the U.S.) are learning at 37 colleges of osteopathic medicine at 58 teaching locations in 33 states.

My second primary focus area is Supporting the Future of the Osteopathic Medical Profession. This past summer, we celebrated the culmination of the 5-year transition to a single
accreditation system for graduate medical education in the U.S. and 99.29% of last year’s graduating DOs matched.

ACGME Leadership

- DOs now serve on 20 of the ACGME specialty review committees
- DOs now serve on ACGME’s Board of Directors.
- AOA Past President Karen J. Nichols, DO, currently serves as Chair of the ACGME Board.

We remain focused on preserving the distinctive philosophy and principles of osteopathic medicine through expansion of Osteopathic Recognition in postdoctoral training programs.

It’s important for us to connect with and engage our osteopathic medical students and prospective students – The future of our profession who will ensure that osteopathic philosophy and practice continues to benefit patients for generations to come.

My third presidential focus is to Enhance the AOA’s Public Health Mission. On the public health front, one of my personal missions is to advocate for vaccinations and immunizations. Especially in light of COVID-19, we must encourage patients to continue routine immunizations and now that the COVID vaccines are being rolled out, we, along with our patients, need to get them, also.

Many lessons can be learned from the pandemic. However, perhaps the greatest of these is the expansion of healthcare disparities in this nation, significantly highlighted once healthcare resources became scarce and the system was stressed. Many underrepresented minority populations and communities have been disproportionately harmed by the pandemic. The AOA has amped up its game with respect to public health and we are exploring solutions to address healthcare disparities through the osteopathic philosophy. We are committing time, energy, and resources to this.

And lastly, we must expand and strengthen our efforts to address the Opioid Crisis. COVID-19 has not lessened this crisis, it has worsened it.

III. SUPPORTING DOs DURING COVID-19

Providing continued support for physicians impacted by COVID-19 is a significant focus for the AOA.

Through our grassroots “Share Your Story” campaign, the AOA has collected hundreds of first-hand accounts about how COVID-19 has impacted DOs – both professionally and personally. These stories aid our efforts to educate lawmakers on policy decisions aimed at mitigating burdens placed on physicians by the pandemic.
During the past year, the AOA has:

- sent tens of thousands of emails and social media posts from AOA members to Capitol Hill through the Osteopathic Advocacy Network
- hosted more than 30 on-demand member webinars focused on topics like incorporating telehealth into your practice, and featuring public health experts from the CDC and members of Congress
- Secured direct meetings with U.S. congressional offices for state affiliates leadership to engage with lawmakers regarding COVID policy
- Facilitated participation of AOA members in dozens of Congressional tele-town hall meetings
- AOA, Partners Issue Letter to Biden Administration Regarding COVID-19
  On March 1, AOA and 44 partner state organizations and specialty affiliates signed onto a letter of appreciation to President Biden and his administration for efforts to slow the spread of COVID-19. Representing all osteopathic physicians and medical students, the letter offered to assist President Biden and serve as a resource moving forward. Link to the Letter is Here

IV. OSTEOPATHIC BOARD CERTIFICATION

Osteopathic Board Certification should be the board certification of choice for DOs. It is the culmination of your osteopathic education indicating that you are a fully trained, certified Osteopathic Physician

1. Osteopathic Recognition
   While celebrating the many benefits this new era of single GME accreditation offers current and future DOs, the AOA remains focused on preserving the distinctive philosophy and principles of osteopathic medicine throughout the continuum of each DO’s education, training, and career. The best way to achieve this is through expansion of Osteopathic Recognition in ACGME programs. The AOA is committed to increasing the number of programs with Osteopathic Recognition by developing resources to assist programs with applying as well as offering free application assistance with an experienced Director of Osteopathic Education to review applications or answer questions.

2. There are currently 259 ACGME programs with Osteopathic Recognition in 26 specialties.

3. Ambassador Program – This is an initiative launched in January by AOA Certifying Board Services (CBS). The goal of the Ambassador program is designed to build
personal relationships with residency program directors and to firmly solidify AOA board certification as the preferred pathway for all DOs by increasing Program Directors awareness and education of AOA board certification, and motivate them to advocate for AOA board certification with their DO residents and fellows.

The Ambassadors will stress:

- inherent quality of osteopathic education and osteopathic students;
- inherent quality of osteopathic board certification and their obligation (per ACGME policy) to inform their residents of all their certification options;
- to actively promote osteopathic board certification to program directors, residents, and students; and
- to encourage program directors to seek “Osteopathic Recognition” of their residency program.

Current Ambassador Program Status

- Two kickoff meetings in January, followed by outreach to Program Directors in February.
- Goal of the Ambassador program is to grow market share by increasing Program Directors awareness and education of AOA board certification and motivate them to communicate AOA board certification with accurate Information.
- Currently, 23 programs participating with plans to grow that number throughout the year.

4. **Reciprocity Program - “Not Too Late to Come Home!” Exam-Free Pathway for ABMS-Certified DOs:**

- In November 2020, the AOA announced that all osteopathic physicians certified by an American Board of Medical Specialties (ABMS) board prior to Nov. 21, 2020 can receive reciprocal certification from the AOA’s Certifying Board Services.
- This is a time-limited, exam-free pathway for ABMS-certified DOs to obtain AOA Board Certification through their corresponding AOA specialty board.
- The option removes previous barriers to AOA certification for ABMS-certified DOs by eliminating the burden of a high-stakes exam and initial certification fees. Non-members pay a $299 application fee. More Here
- 600+ Applicants since November 2020.

5. **OCC Changes/Use of New Platforms**

AOA Specialty Certifying Boards are moving away from the high-stakes recertification exams and transitioning to longitudinal assessments for OCC Component 3. The AOA has partnered with NBOME our certifying boards will use
the NBOME’s CATALYST platform for administration of longitudinal assessments. The initial focus will be on the primary certifying boards and then to transition all sub-specialty and conjoint boards. The primary certifying boards will begin launching onto the CATALYST platform in June of this year, with the expectation that the full transition to all primary certifying boards will be complete by October 2022. Then the transition to subspecialty certifying boards will commence. You will be receiving information on this transition through your primary certifying board as they finalize their individual longitudinal assessment plans.

6. **CME**

'Self-Reporting Available for AOA CME Activities: A new tool allows physicians to easily self-report AOA Category 1 and 2 CME activities hosted by non-AOA-accredited CME sponsors online. The CME self-reporting and tracking system is free for AOA members, with unlimited access to report activities, download and print CME reports. [More Here](#)'

V. **STUDENT ISSUES**

1. **Match Day for DOs** *(News Release Link Here)*

   - Match Week began on Monday, March 15; Match Day was Friday, March 19. 7,101 graduating osteopathic students participated and matched into residency programs in 39 specialties.
   - 6,327 osteopathic medical students and 270 past DO graduates matched into postgraduate year 1 (PGY1) residency positions through the 2021 National Resident Matching Program (NRMP) Match, a net increase of 359 DO students from the prior year.
   - Additional DO applicants found their residencies earlier in Match week via the NRMP’s Supplemental Offer and Acceptance Program (SOAP).
   - Additionally, this match season, 269 graduating osteopathic fourth-years and 76 graduates were placed via the military match, which places applicants into programs run or sponsored by the military.
   - A small number of graduating osteopathic fourth-years and recent graduates were placed into programs via smaller specialty matches such as the Urology Match and San Francisco Match.
   - Final placement numbers will not be available until the end of May, but the percentage of secured residencies is expected to align with the 99% rate reported in 2020.

'Specialty Areas – For graduating fourth-year osteopathic medical students, the top 15 specialties by number of PGY1 matches are:'
1. Internal medicine  
2. Family medicine  
3. Emergency medicine  
4. Pediatrics  
5. Psychiatry  
6. Transitional Year (PGY1 only)  
7. Anesthesiology  
8. Surgery  
9. OB-GYN  
10. Internal medicine-preliminary (PGY1 only)  
11. Neurology  
12. Orthopedic surgery  
13. Pathology  
14. Physical medicine and rehabilitation  
15. Surgery-preliminary (PGY1 only)  

In all, 2,918 positions were filled in non-primary care specialties. View the NRMP data.

The specialty breakdown is consistent with the osteopathic profession’s historic emphasis on careers in primary care, with 55.8% choosing family medicine, internal medicine, pediatrics, and combined primary care residencies.

2. USMLE/COMLEX-USA  
   USMLE STEP 1/COMLEX-USA LEVEL 1 EXAMS – Pass/Fail  
   USMLE STEP 2 CS/COMLEX-USA LEVEL 2 PE EXAMS  

Comments:  
**COMLEX-USA Level 1 Exam** – In August 2020, the AOA was requested by NBOME to provide comments with respect to changing the Level 1 Exam from numerical scoring to “Pass/Fail” (in light of the fact that USMLE had announced that their USMLE Step 1 Exam was being converted to “pass/fail.”). The AOA sought input from resident, student and medical education leaders serving on its Bureaus, Councils, and Committees. After receiving comments, the AOA notified NBOME that if they decided to convert this examination to pass/fail, the AOA would not object to that decision. NBOME did make the decision convert their Level 1 Exam to Pass/Fail scoring.

**COMLEX-USA Level 2 PE Exam** –  
- On January 26, 2021, USMLE announced that they were discontinuing their USMLE Step 2 CS (Clinical Skills) Exam effective immediately. There had been
no pre-notice that they were considering this action. AOA Leadership immediately contacted NBOME and AACOM leadership and a virtual joint leadership meeting occurred within 48 hours. The following day AOA Leadership had a collegial, virtual meeting with SOMA leadership and key SOMA members to ascertain a “sense” of the position of our Osteopathic Medical Students. All three organizations (NBOME, AACOM, AOA) are in agreement that a timely decision is needed and are continuing dialogue. NBOME has the authority and responsibility to make a decision in this matter.

- **Joint Statement Supports COMLEX-USA Level 2-PE Examination Suspension:**
  In February, AACOM, the AOA with support from COCA, and the NBOME issued a joint statement in support of NBOME’s decision to suspend COMLEX-USA Level 2-PE administrations indefinitely given the COVID-19 pandemic. We also stand united in the need for assessment of the unique aspects of osteopathic medical practice within the undergraduate medical education curriculum leading to the DO degree, as an important part of the eventual pathway leading to licensure. The decision to suspend the COMLEX-USA Level 2-PE helped to address some of the burdens and multiple stressors placed upon our osteopathic medical students during the pandemic. A Special Commission on Osteopathic Medical Licensure Assessment was created to explore future mechanisms to assess clinical skills competency in the future.

- **In March, the first goal for the Special Commission on Osteopathic Medical Licensure Assessment endorsed, and the Board of Directors of NBOME approved, temporary pathways for the Class of 2021 and 2020 to be eligible for the COMLEX-USA Level 3. For these graduates, eligibility to take COMLEX-USA Level 3 will be based on an attestation of their fundamental clinical skills from Deans and Residency Program Directors. The Special Commission has turned their focus to addressing pathways to Level 3 Eligibility for the Class of 2022, the second of their Phase 1 objectives. Recommendations regarding fundamental osteopathic clinical skills and pathways for the Class of 2022 will be submitted to the NBOME Board of Directors in late April, and a public announcement is anticipated by April 30, 2021.**

- **On April 29th, the NBOME Board of Directors approved new requirements for eligibility for COMLEX-USA Level 3 for the graduating DO Class of 2022. For the Class of 2022 only, candidates may earn eligibility for COMLEX-USA Level 3 through an enhanced attestation of fundamental osteopathic clinical skills by their College of Osteopathic Medicine (COM) Deans. It is a temporary process to provide validation of assessment of fundamental osteopathic clinical skills competencies for members of the Class of 2022. Graduates in the Class of 2022**
will not be required to take a national standardized examination at NBOME testing centers nor will it include any candidate fees. This decision by the NBOME Board of Directors was based on recommendations endorsed by the Special Commission on Osteopathic Medical Licensure Assessment. The Special Commission continues its progress, including work related to fundamental osteopathic clinical skills and other competencies—with updates expected by January 2022 and at the completion of their work in July 2022.

For current Updates, go to: Update on Special Commission, COMLEX-USA Level 2-PE and Phase 1 of Stakeholder Surveys and Position Statements — NBOME

3. **Student Advocacy**

Many osteopathic medical students have reported intermittent professional inequities/professional discrimination, either due to higher visiting student rotation fees compared to their allopathic medical student colleagues or outright exclusion of osteopathic candidates from applying. We suspect that this discriminatory behavior is not escalating, as much as we are being made aware of these instances more frequently.

The Bureau of Emerging Leaders (BEL) has connected students and residents with the AOA legal team when they encounter discrimination from audition rotation sites and residency programs that exclude DO applicants.

The AOA has advocated on behalf of our students in instances where osteopathic students were not being treated equally with allopathic medical students with respect to clinical rotations. We have been successful in almost every instance so far.

Examples of this discrimination include:

1. At Washington University, DO students were being excluded from clinical rotations. Washington University recognized that it was an error and reversed the policy

2. At the University of Virginia, where the AOA was contacted by a DO student reporting that the description of a University of Virginia (UVA) internal medicine residency program on the AMA’s FEIDA website indicated the program was only accepting applications from MD students. This language was updated to include DOs

3. In December, the AOA learned that the San Francisco Plastic Surgery Residency Matching Program required applicants to prove eligibility to obtain board
certification from the American Board of Plastic Surgery (ABPS). This policy discriminated against DOs who trained in AOA residencies and were not eligible for ABPS board certification. The AOA collaborated with the plastic surgery Match, the ABPS, the ACGME and the American Council of Academic Plastic Surgeons to update the requirement to reflect eligibility for both ABPS- and AOA-eligible physicians.

4. In March 2021, AOA CEO Kevin Klauer, DO, EJD, contacted the Hospital for Special Surgery, regarding language on the institution’s website that excluded DO students from clinical rotations. HSS officials said it was an administrative oversight and corrected it.

5. The AOA’s legal team is currently working to discontinue policies that allow institutions to charge osteopathic medical students higher fees than those charged to MD students for completing audition rotations.

Additionally, due to the time sensitive nature of these concerns and the volume we are receiving, we have taken our advocacy efforts to the court of public opinion on social media. We are creating greater awareness of this issue and making progress convincing institutions to either update outdated language and/or update their policies to avoid such professional discrimination.

Association of State and Territorial Health Officials Student Advocacy
In support of osteopathic medical students and in response to a request for assistance from the SOMA leadership, Darcy Steinberg-Hastings directly intervened with the Association of State and Territorial Health Officials to advocate for osteopathic medical student prioritization to receive COVID-19 vaccinations.

VI. ADVOCACY

1. **DO Day** ([The DO Coverage Link Here](#))


- More than 850 osteopathic physicians, medical students and affiliate leaders came together to enhance their advocacy and leadership skills and advocate for critical legislation that impacts the osteopathic profession and the patients they serve.
- After receiving training, many DO Day advocates met with their members of Congress to advocate for the following legislation and health policy:

  The Dr. Lorna Breen Health Care Provider Protection Act: This legislation supports suicide prevention training in health professional training programs,
increases awareness and education on suicide and mental health concerns among health care professionals, and helps support mental and behavioral health among those working on the frontlines of the pandemic.

The Medicare Sequester COVID Moratorium Act: This bill helps alleviate the unrelenting fiscal demands of the pandemic by postponing a 2% cut to Medicare reimbursement for physicians during the public health emergency.

- I am pleased to announce that efforts paid off. This bill was passed and signed into law in March about a week following DO Day.

Additional Funding for the Teaching Health Center Graduate Medical Education Program: Advocates urged Congress to provide additional funding for the Teaching Health Center Graduate Medical Education Program (THCGME) in the American Rescue Plan Act of 2021.

- We are pleased to announce that our advocacy efforts also paid off with respect to this bill. Congress included $330 million in additional funding for the THCGME program in the American Rescue Plan Act of 2021. It was signed into law on March 11.

2. The AOA also supported efforts that secured additional Medicare funding in December 2020 that will support 1,000 new residency slots, which prioritize training programs at rural hospitals, hospitals that are already above their Medicare cap for residency positions, hospitals in states with new medical schools, and hospitals that serve Health Professional Shortage Areas will be eligible for these new positions.

VII. MARKETING CAMPAIGN

1. Marketing Campaign Highlights Osteopathic Physicians (Link Here)

- With support from several osteopathic organizations, the AOA partnered with content marketing company Mediaplanet to deliver positive stories about the profession to hundreds of thousands of readers across the U.S.
- The campaign is called Empowering DOs and is in digital format. Total digital reach is expected to include more than 500 markets.
- The print edition inserted in USA Today, ran March 24 to 600,000 readers, in more than 15 U.S. markets
- The digital version is being delivered via web platforms, social media, e-newsletters, blogs, and other online distribution channels, and is expected to include more than 500 markets.
Empowering DOs includes:

- Several articles about osteopathic physicians making a difference in health care along with information about what makes DOs distinct
  A feature on Barbara Ross-Lee, DO, the first Black woman to lead a U.S. medical school.
- An article on J.D. Polk, explaining what it’s like to be NASA’s chief health and medical officer
- An article on the whole-person approach to medicine looks at the history of osteopathic medicine and its recent growth.

VIII. JOURNAL OF OSTEOPATHIC MEDICINE (JOM)

1. Journal of The American Osteopathic Association (JAOA) Transformation Continues with New Website

   - New Journal launched in late January
   - Name changed from Journal of the American Osteopathic Association to the Journal of Osteopathic Medicine (JOM)
   - New JOM is an online-only, open access publication
   - New website launched on Friday, April 2
   - The Journal also grants access to CME with the latest clinical updates. Earn AOA Category 1-B CME credit or AMA PRA Category 1 Credits™ by completing Journal of Osteopathic Medicine CME activities.
   - All JOM CME activities are hosted on AOA Online Learning, are free to members, and are available to nonmembers for $22 per credit hour.

   See The New Site

IX. 2021 – 2026 AOA STRATEGIC PLAN

We are excited to announce the launch of the AOA's new Strategic Plan, which will guide our work in service of our members and the osteopathic profession during the next five years. Because of the critical role you play in serving the osteopathic community and supporting the work of the AOA, we are providing you with access to the new Strategic Plan in advance of release to the full membership tomorrow. View the full AOA Strategic Plan.

This was the culmination of a nine-month planning process through virtual focus groups and membership survey findings. The new Strategic Plan sets us on a path to redefine, redirect and revitalize the impact of the AOA within the osteopathic profession and in the lives of the 157,000 osteopathic physicians and medical students we serve. Your involvement is key to the success of this plan, and we look forward to continued
partnership in alignment with a common vision and shared strategy for advancing the distinctiveness of osteopathic medicine.

In addition to identifying seven priority objectives and supporting strategies for implementation, the Strategic Plan establishes new Mission and Vision Statements that redefine the AOA’s purpose, values and outlook for our members and profession.

We are pleased to share the following statements with you:

Mission
The AOA is the professional home for osteopathic physicians and students, providing education, board certification and is the champion of the advancement of the distinctive osteopathic profession.

Vision
The AOA aspires to be the “North Star” of the osteopathic profession by advancing the interests of osteopathic physicians and students and promoting excellence in patient care consistent with the distinctive osteopathic philosophy.

X. AOA DIVERSITY, EQUITY, and INCLUSION POLICY

At the AOA, we aspire to be a model organization creating and sustaining a community that promotes and values diversity, equity, and inclusion (DEI), including the equitable delivery of health care. We are committing to these practices for our people, association, and profession.

This month the AOA BOT approved a Diversity, Equity, and Inclusion (DEI) Policy to develop and promote our DEI efforts. Our objectives include:

1. Developing and maintaining an inclusive workplace environment that welcomes and incorporates diverse perspectives and backgrounds at all levels within the organization.
2. Creating processes and programs to ensure our physician leadership are reflective of the osteopathic community and that the profession more broadly reflects the patient populations it serves.
3. Demonstrating the organizational impact of diversity, equity, and inclusion on our professional community, membership, leadership, and workforce.
4. Communicating our progress with internal and external stakeholders.
With respect to age and gender diversity, currently 66% of all actively practicing DOs are under age 45; 42% of actively practicing DOs are women; and 73% of actively practicing female DOs are under age 45.

As part of our commitment to creating a safe and welcoming workplace and in compliance with AOA policy and federal and state law, the AOA will provide training on an on-going basis to all employees and B/C/C members. In order to best serve our workforce, we have partnered with a compliance training firm to offer an online delivery of this mandatory training. B/C/C members will be contacted later this year, around September with details on how to complete the training.

XI. PROTECTION OF OUR PROFESSION

1. **American Board of Internal Medicine (ABIM) Lawsuit**
   
in January, the AOA and seven individual physicians have filed suit against the ABIM in the U.S. District Court in Philadelphia. The lawsuit challenges an ABIM policy stating that program directors must be certified by ABIM to qualify their residents for the ABIM exam. The only purpose served by the ABIM requirement is to create a competitive advantage for the ABIM. This is harmful to program directors, residents, and our graduate medical education system at-large. AOA leadership and our entire Board of Trustees stand united in support of our osteopathic colleagues.

2. **Media Assault**
   
The first week in October 2020, as the Immediate Past-President of the United States battled COVID-19 under the care of Sean Conley, DO, his personal physician, and a team of supporting physicians, the nation’s 157,000 osteopathic physicians and medical students were confronted with a wave of confusion and broad mischaracterizations of osteopathic medicine. Comments made online and in printed news made it clear that many in the media, and some celebrities, do not understand the scope or status of osteopathic medicine. Many incorrectly implied and in some cases outright claimed that osteopathically trained physicians (DOs) are less qualified than allopathic physicians (MDs).

   A special meeting of the Board of Trustees and President’s Advisory Council was held on October 7, we were proactive in mobilizing the AOA’s public relations SWAT process in response to the attack on our profession and professional credentials. An immediate, timely, aggressive public response to these libelous insults was initiated.
Our overall goal was not to suppress the negativity, but to seize the conversation and opportunity, amplifying awareness of the issues and replacing the negative and inaccurate narrative with our accurate and positive narrative.

Our final goal was to create a movement, using the AOA’s resources and expertise to advocate loudly for our profession. Your AOA Leadership believes this should be one of the AOA’s primary responsibilities, an obligation to the profession and perhaps one of the greatest values provided by the AOA. It has been truly inspiring to see DOs, MDs, patients, and many others come to the defense of our profession.

3. Advertising Assault
A second assault on our professional identity occurred, or was discovered, mid-October 2020. This attack came in the form of an advertising concept from FIGs, a professional scrub manufacturing company. The advertisement displayed a woman, dressed in scrubs, holding a book (upside down) entitled “Medicine for Dummies,” and wearing a name tag labeled “DO.” This attack not only maligned DOs, but also was denigrating specifically to women, women DOs and women leaders. The company was contacted, and we demanded immediate removal of the advertisement. Within hours, we were in contact with the principal owners of the company, ironically three women. They were engaged and committed to correcting this mischaracterization. They acknowledged an error in judgment and agreed to the following restitution:

- An apology and removal of the advertisement (the ad had already been removed prior to the call)
- they would publish a statement of apology (they did so later that day)
- they would send 15 members of their marketing team to OMED 2020 to learn about the osteopathic profession
- a $100,000 donation was made to the AOA, which will be used to focus on our diversity and inclusion efforts; gender equity in medicine; and creating awareness and understanding of the osteopathic profession
- In addition, they will exhibit at OMED 2021 in Phoenix.

Second FIGS mishap
In late November 2020, it was noted by one of the AOA Trustees that another FIGS advertisement was released that was not favorable to the women DOs, women physicians, or the osteopathic profession. The advertisement depicted an actual DO playing the child’s board game, “operation.” Dr. Klauer (AOA CEO) immediately reached out to the FIG leadership team and the advertisement was expeditiously withdrawn.
Dr. Klauer spoke the next morning with the FIGS CEO and expressed surprise and discontent over this new campaign, highlighting their lack of recognition of how portraying a woman DO playing "operation" may be reasonably interpreted to trivialize the practice of medicine by women, women DOs and DOs in general. Although their intent did not appear to be nefarious, this lack of understanding and insensitivity to the issues previously discussed were disappointing.

Outcomes:
• FIGS legal department will review all advertisements prior to release.
• Hiring a new Chief Marketing Officer (previous one is gone).
• An AOA focus group comprised of women DOs and female osteopathic medical students will be assembled for unbiased and unfiltered input to be provided outside of the FIGS company advisory group, which has obviously failed to produce critical appraisals of their ad concepts.
• An advertisement (most likely via nationally televised media) will include a woman DO to positively portray our profession, women DOs and women physicians.
• Alexis Cates, DO is representing us in that endeavor with honor, poise, and distinction. The media buy has already been purchased for production. They changed their structure for this advertising campaign’s production very late in the process to accommodate this request.

FIGS WEAR Update 12/20/2020
• Dr. Cates met with the FIGS CEO, and she and Dr. Klauer subsequently met with the FIGS SVP for Brand.
• The FIGS team is committed to using their marketing platform to further promote awareness and understanding of our profession, and we emphasized that Dr. Cates’s involvement must positively highlight the osteopathic profession, as opposed to result in marketing materials that simply include a D.O.
• Dr. Cates and the AOA have editorial control and the right to withdraw at any point should we be displeased with the approach of the campaign.
• They committed to using multiple media channels, including a televised media piece in 2021, an imperative for the resolution of their most recent misstep.

FIGS WEAR – Current Update 4/23/2021
• We are pleased to report that our relationship with and input provided to the FIGS leadership is producing positive results. Below is a link to a video of a national, primetime advertisement that was recently launched.
This advertisement features Julia Iafrate, DO, a sports and dance medicine physician from New York. We believe the commercial portrays Dr. Iafrate, women physicians women DOs and osteopathic physicians in an incredibly positive light.

https://www.youtube.com/watch?v=7ISffJEB9k

4. **Colorado and OIG**

Via reports from concerned members in Colorado, it was brought to our attention that a physical therapist in Colorado is advertising her offering of “osteopathic services.” It is our belief that such claims are not only deceptive to the public, but are also tantamount to the practice of osteopathic medicine without a license.

A complaint letter was sent from the AOA to the appropriate licensing bodies in the state of Colorado and a notification to the OIG of suspicions of potential false claims.

These decisions required immediate action and were successful. Be assured the AOA Board of Trustees fully supports these aggressive responses. Current AOA Leadership is committed to aggressive, consistent response to any actions that degrade the osteopathic profession.

XII. **NEWS HIGHLIGHTS**

1. **Osteopathic Medicine Ranks High in Several U.S. News and World Report Rankings**

   U.S. News and World Report Released its Annual Rankings for 2022 on April 1.

   • Osteopathic medical schools make up nine of the top 10 U.S. medical schools with the most graduates practicing in primary care specialties; [Link Here](#)
   • Six of the top 10 U.S. medical schools with the most graduates practicing in rural areas; [Link Here](#)
   • Four of the top 10 U.S. medical schools with the most graduates practicing in underserved areas; and
   • Six of the top 10 U.S. medical schools producing the most primary care residents.

2. **House of Delegates and Annual Business Meeting Update**

   The 2021 AOA Annual Business Meeting of the Board of Trustees (BOT) and Annual House of Delegates (HOD) will convene this July.

   • The BOT will gather for its 2021 annual meeting on Monday, July 12 through Wednesday, July 14 at the AOA headquarters in Chicago.
• The HOD annual meeting will be held virtually on Friday, July 16 - Sunday, July 18.

XIII. FINAL COMMENTS
Although the medical profession has endured a year of immense challenges, I have never felt prouder to be a DO or more excited about all the promising advancements on the horizon for osteopathic physicians.

In addition to taking advantage of all the AOA has to offer throughout your education, training, and career, I sincerely hope you will remain connected to your osteopathic family. I strongly encourage you to be an active member of the AOA, your state osteopathic medical association and your specialty society, and every student should be a member of SOMA and the AOA.

The osteopathic profession is making a significant impact on the health of our country.

Don’t be a DO in name only. Join the rest of our family as we move osteopathic medicine forward.

Thank you again for the privilege of addressing and serving you, and especially “Thank you for what you DO”!

BE – “DO PROUD”

Thomas L. Ely, D.O., FAAFP, FACOFP