Dear Board Members,

I would like to begin by first thanking the Board for your continued commitment to students and engagement with SOMA. Soon after our board transitioned, Vice President Alana Castro-Gilliard, OMS IV and I met with NBOME leaders to discuss ways our organizations might work together in order to strengthen the future of osteopathic medicine. Evident from this meeting was that students and osteopathic institutions benefit from collaboration that coalesce voices of current and future leaders. Soon, SOMA and NBOME partnered to host a Town Hall attended by Board members present here today. Our National Treasurer Amir Khiabani, OMS IV was selected for the Special Commission. Most recently, we nominated our highly qualified National Community Outreach Director Polly Wiltz, OMS IV to the NBOME Student Experience Panel. If confirmed, we have no doubt Polly will do a great job.

Since the last Liaison Committee meeting, SOMA welcomed 140 students, including 102 new chapter leaders, to our Spring Convention in early March. Our Spring Convention is crucial to the continuity of our organization; it serves as a time for outgoing chapters and national leaders to mentor, train, and transition their successors. Upon closing of the Convention, 147 students and chapter delegates joined us for the SOMA House of Delegates where attendees debated 37 member-originated resolutions. 16 resolutions passed by our House to become official SOMA policy; 8 of these resolutions will be introduced at the AOA House of Delegates in July. March concluded with SOMA’s participation in the AOA DO Day. SOMA Leadership collaborated with the AOA this year to create a student track that sent 262 of our members to meet with congressional offices. Members urged lawmakers to combat physician burnout by passing the Dr. Lorna Breen Health Care Provider Protection Act. They implored congress members to stave off cuts to physicians through support of the Medicare Sequester COVID Moratorium Act. Alongside fellow attendees, we advocated for Congress to expand funding for the Teaching Health Center Graduate Medical Education (THCGME) program through the American Rescue Plan Act of 2021.
Advocacy continues to be an emphasis of our organization. Since March, we have signed onto statements that support diversity, equity and inclusion (DEI) within medicine. This has included signing on with the Asian Pacific American Medical Student Association (PAMSA) “Petition to Med Ed Leadership” statement that addressed hatred toward Asian heritage groups and created a framework for equitable change in Med Ed; as well as signing the American Medical Women’s Association’s (AMWA) “In Support of S.162 and H.R.666 The Anti-Racism in Public Health Act” statement that would establish a National Center for Anti-Racism and a law enforcement violence prevention program within the CDC. We have advocated to COCA on resolutions passed within SOMA’s House, addressing “Inclusion of Medium and Dark Skin Tones in Medical Education” and calling for evaluation of “Non-discrimination and Respecting Diversity in Peer-physical Examination Courses.” SOMA has met with members from the Coalition for Physician Accountability (CPA) to discuss preliminary recommendations concerning the transition from Undergraduate Medical Education to Graduate Medical Education. Just this week even, SOMA collaborated with AOA on an Advocacy Alert that urged lawmakers to support S.834/H.R.2256 the Resident Physician Shortage Reduction Act, legislation that would create 14,000 new residency positions over a seven-year period and help train a greater number of physicians to meet the growing health care needs of the nation.

In addition to our outward facing advocacy, SOMA continues to develop programming focused on the personal and professional development of our membership--future leaders of osteopathic medicine. In March, SOMA hosted the first of a workshop series with the Student National Medical Association (SNMA) and Association of Native American Medical Students (ANAMS) to develop toolkits for instructing blocks of medical education involving medium and dark skin tones. In April, SOMA’s pre-medicine group, Pre-SOMA, hosted a virtual Sha-DO week for 851 undergraduate registrants interested in pursuing osteopathic medicine. Sha-DO week was followed by a DATA Waiver Training that educated 20 osteopathic students on substance-use disorder treatment. SOMA is currently in the process of finalizing its committees and task forces for the next year, creating more than 20 additional leadership positions for osteopathic medical students within our programming arm. Thereby establishing an avenue for even more opportunities for personal and professional development for our members.

Finally, I am pleased to inform this Board that our Trustees have approved a new Strategic Plan that will ensure membership, policy and healthcare advocacy, visibility and public image, and organizational growth continues to be at the forefront of SOMA’s advancement over these next four years. We will prioritize DEI, seek international recognition, build upon existing and new
relationships with stakeholders, create a new avenue for alumni to be involved, and further infuse resources into Pre-SOMA chapters across the nation. In conclusion, this next year will prove to be another transformative time for our organization. As always, a large part of our success will depend upon our stakeholders such as the NBOME. We are thankful for the Board’s time today and I look forward to answering any questions you may have.
Good evening board members, liaisons, and attendees. My name is Nicholas Harriel, I am a rising fourth year medical student at NYITCOM at Arkansas State University and serve as the National SOMA President. It is a privilege to be in a meeting with so many stakeholders. I would like to share SOMA’s official opinion on the future of COMLEX and advocate for the more than 15,000 students we represent. As requested, SOMA has used feedback collected from our members to weigh in on the current status and future strategic plan regarding COMLEX-USA.

Regarding COMLEX Level 1, In October of 2020, SOMA released a statement calling for the COMLEX Level 1 to go pass/fail. Our stance stemmed from member concerns that addressed the need for a more holistic residency applicant review, a desire to pursue equity among students, and concerns surrounding negative impacts on student wellness as a result of stratifying performance on an already high stakes and difficult exam. We applaud NBOME’s decision to transition COMLEX Level-1 to pass/fail, and believe osteopathic students will benefit from this decision.

More recently with respect to COMLEX Level 2, we cited the responses of 3,209 respondents in a statement that outlined reasons we believe national skills examinations should be shifted to the COM-level. In this statement, SOMA called for NBOME to end its clinical skill examinations within the osteopathic national licensure pathway. Additionally, we asked for NBOME to collaborate with COCA and AACOM in order to shift these clinical skill examinations to COMs. We appreciate NBOME’s inclusion of osteopathic medical students in its Special Commission and appreciate the opportunity to represent our members and the interests of osteopathic medical students during these important discussions involving our future. I will now hand things off to our National SOMA Board of Trustees member Melanie Weyers who will help me present this information.

Thank you Nic. Greetings to NBOME board members and attendees. I am a rising OMS III from Alabama College of Osteopathic Medicine and have the pleasure of serving as a National SOMA Trustee this year. We have used member feedback to identify four areas of strategic focus for NBOME as it continues to enrich the COMLEX-USA series in upcoming years:
First, we ask NBOME to seek additional ways to reduce financial barriers and mental fatigue associated with board examinations. Specifically, we ask NBOME to explore avenues to further reduce examination fees, to further mitigate financial burdens associated with travelling to testing centers, and to reduce the number of test questions required to complete the COMLEX series.

SOMA acknowledges NBOME’s hard fought work to advance COMLEX and its acceptance among residency programs. However, the reality is that many students still find themselves taking two board examinations in order to be competitive for many residencies. We encourage NBOME to identify the collective residency programs that do not accept COMLEX for osteopathic students and to leverage stakeholders in order to address this. Eliminating the need to complete two licensure pathways will further reduce the testing and financial burdens that disproportionately affect osteopathic medical students.

This leads into our third recommendation for strategic focus. We believe work should be continued to further distinguish unique ways that COMLEX-USA promotes ‘Osteopathic Distinctiveness.’ We believe a better and more specific understanding among our peers will further promote confidence within the COMLEX series and aid students in identifying the unique ways our profession navigates medical education.

Lastly, we strongly believe that NBOME should continue its strategic focus on promoting diversity, equity, and inclusion in every facet of osteopathic leadership and licensure. Culturally, ethnically, and religiously diverse medical students, physicians, and educators are assets to our medical education. We ask that NBOME continue its efforts in the inclusion of underrepresented and marginalized groups and to prioritize diversity, equity and inclusion within groups that form and revise the COMLEX-USA series. I thank you for your time and ask for your support. We look forward to seeing ways NBOME and stakeholders will move to further enhance osteopathic medical licensure. I will now hand things back off to our National President to lead questions.

[Harriel] Thank you Melanie. Pending any questions, this concludes SOMA’s feedback on COMLEX-USA.