Request for Proposal for
Rebranding the Association of Medical Illustrators

7 January 2011

Please direct all questions and submissions to:

Tracy Tucker, Executive Director
Association of Medical Illustrators (AMI)

859-514-9194
hq@ami.org
subject line: AMI RFP Response

KEY DATES:

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Creative Design Brief

Introduction

The Association of Medical Illustrators (AMI) is seeking a consulting agency or design firm to work with us as a strategic partner for purposes of rebranding our organization. We are looking for a partner who is experienced in branding for non-profit organizations and is comfortable working in the areas of technology, arts, science and/or healthcare. This Creative Design Brief provides background information about our organization and our reasons for rebranding, along with guidance for responding to this request.

We are requesting that interested firms respond to this RFP on or before January 24, 2011.

Who we are

The AMI is an international non-profit founded in 1945 and incorporated in Illinois as a 501(c)(6) professional association (http://www.ami.org).

Our organization includes over 800 members across 4 continents. We are a diverse group brought together by shared interests in life science, medicine, art, technology, media, education, and communications. Many of our members have completed rigorous professional training at one of five accredited graduate programs in North America. Historically, the roots of our profession are in the creation of illustrations for medical textbook and journal publishing. Now, as technology and digital media transform both science and communication, AMI members push the edge of a dynamic multidisciplinary frontier in visual communications.

In August 2010, the AMI adopted the following new mission, guiding principles, and vision statement to better reflect the growing diversity of the interdisciplinary roles our members play within the rapidly changing environment of our work:

Mission
The Association of Medical Illustrators furthers the use of visual media to advance science, medicine, and healthcare through a worldwide network of highly specialized interdisciplinary professionals.

Guiding Principles:

❖ We promote the highest levels of competency, professionalism, and ethics among our members and throughout our community of industry partners.

❖ We cultivate collaboration within a global network of colleagues who can contribute to our mission.

❖ We serve society as visual translators between the expert and novice, the scholar and student, the physician and patient.

Vision Statement
The Association of Medical Illustrators will be recognized as the premier global resource for promoting the power of visual media to advance scientific understanding,
communication, education, and research. We will be key partners in the process of scientific discovery, knowledge transfer, and innovation.

Why our work matters

Forces that are transforming our globe are also transforming our profession. The huge volume of information generated in our society is making visual communication an imperative for delivering medical, healthcare, and science information clearly, readily, and accurately. In addition, computer-based new media and imaging technologies are creating a fertile common ground for collaboration between visual communicators and those working in science, medicine, and healthcare. Our skills can bridge the growing gap between those who have scientific and medical knowledge and those who need it.

We have the unique ability to transform complex scientific information into visual images, animations, simulations, games, courtroom presentations and other tools that are understandable and accessible to multiple audiences. We utilize our in-depth interdisciplinary training in visual communication and the sciences to create informed, visual communication solutions that advance science, medicine, and healthcare.

The diverse, multidisciplinary nature of our work grants us exciting opportunities. It also presents difficult challenges when presenting our capabilities to our audiences.

Our audiences – those we are trying to reach

We have been reasonably successful in communicating with our current members and our partner associations (Vesalius Trust, Journal of Biocommunications). There is, however, widespread agreement in our organization that if we rebrand, we could reach a much larger audience than we are currently. Many we consider key stakeholders have never heard of our organization or even our profession, nor do they know the breadth of work we undertake and the specialized expertise and education of our members.

Some of the key stakeholders we would like to reach more effectively include:

- Practicing life science illustrators who are not current members, some of whom know about us, some of whom don’t know about us
- Collaborators/clients who are professionals in life sciences fields, such as physicians, scientists, and attorneys
- Businesses in life science fields such as pharmaceutical and biotechnology companies and medical device manufacturers
- Organizations and businesses involved in science/medical/healthcare communications such as publishers, medical education companies, and animation companies
- Institutions and foundations involved in life sciences education or research such as NIH, NSF, museums, hospitals, medical schools, and institutes (e.g. Howard Hughes, Broad, Scripps)
- Those working in fields with related emerging technologies such as computer graphics, educational gaming, medical imaging, surgical simulation, bioinformatics, and data and molecular visualization.
Those working in fields related to the visual arts such as information design, photography, educational psychology, commercial illustration, and user interface design.

*see Addendum 1: AMI Key Stakeholders.

Our current branding and its history

Our name was established at our founding in 1945. Most of our branding, such as our logo, has remained essentially the same since the 1970’s. In December 2008 the AMI launched a new website that has proven to be an extremely successful upgrade from our previous site http://www.ami.org. The new website was recognized in 2009 as an Adobe Site of the Day and a winner of the Interactive Media Council’s "Best in Class Award" in the category of “Medical” with a score of 490 out of a maximum 500 points. It includes both a public section and an interactive online community section (OMC) available only to members. The success of our website overhaul has encouraged us to pursue this examination of our other communication tools and our branding in general.

The following URL provides links to other elements of our current branding: http://www.ami.org/about-the-ami/collateral-materials.html

Reasons for this RFP

In 2010, in the process of developing a new five year AMI Strategic Plan, we examined strengths and weaknesses of our organization. The good news was that members recognized great opportunities in the technology explosion that is expanding markets for our skills in areas such as new media, educational gaming, scientific animation, and molecular visualization. The range of employment alternatives for graduates of accredited masters programs is becoming more expansive. Graduates are being hired by media and animation companies, medical-legal companies, and medical advertising and education firms, as well as academic departments and science institutes.

However, at the same time, membership in our organization declined from a peak of roughly 1,000 members in 1993 to a low of only about 600 members in 2009. We now have 800+ members. Some members see us as failing to encompass the broader diversity and scope of our interdisciplinary roles and the emerging opportunities in nontraditional markets. Phrases such as “narrow, inwardly focused, in-bred, elitist, cliquish, homogeneous, complacent, and slow to change” have been used by members to describe the AMI.

Our financial model is not viable at low membership numbers. We believe that we are not addressing the needs of members and potential members in emerging disciplines, and that we are losing members who are pursuing work in nontraditional markets.

Equally important in terms of our branding is the observation that we have poor visibility as a profession, and that key audiences misperceive our skills – with awareness of our technical skills and services, but not of our science knowledge and our broader abilities as content developers and problem-solving communication strategists.

So, the number one goal of our Strategic Plan is to “expand our scope to include the growing diversity of our interdisciplinary roles, and to leverage emerging opportunities that will extend our impact”.

The first step of this process has been to adopt our new mission, guiding principles, and vision statement. This has been accomplished. Our next step is to bring our branding into alignment with the AMI’s new mission and vision.
What we want from our branding

We know that the AMI’s branding will play an important role in the successful implementation of our five year Strategic Plan. We recognize that our branding includes both tangible elements such as our name, logo, website, and annual conference and promotional materials, as well as intangibles such as our image, visibility, and our reputation.

We’ve established the following as our Top Ten Criteria for what the AMI’s branding should do:

1. Increase awareness of our profession and enhance our visibility.
2. Promote the AMI as a global organization.
3. Position the AMI as a premier resource in medical, scientific and healthcare communication, and position AMI members as leaders in the field.
4. Convey our very high level of professionalism, from our scientific knowledge, to our training and certification programs, and our commitment to lifelong learning.
5. Promote our conceptual skills as problem-solvers and communication strategists, rather than our technical skills.
6. Convey the diverse, interdisciplinary nature of our profession
7. Encompass not only our traditional markets such as illustrations for medical book and journal publishing, but also emerging dynamic market opportunities such as animation, new media and molecular visualization.
8. Encourage alliances with and sponsorships by others who have similar missions/visions/goals.
9. Attract new members, retain existing members, and increase our overall total membership by emphasizing member benefits.
10. Convey a sense of our profession’s evolution, from our historic roots in medicine to our expansion over time into a larger role in medical, scientific and healthcare communication.

Our expectations for the selected agency or design firm

The Association of Medical Illustrators is seeking a consulting agency or design firm to work with us as a strategic partner as we progress in the branding portion of our Strategic Plan implementation. We seek a partner who is experienced in branding for non-profit organizations and is comfortable working in the areas of technology, arts, science and/or healthcare.

We are looking for professional advice on allocating our resources to best accomplish the branding objectives listed above. We recognize that this process may unfold in phases, and that the outcomes of early phases might determine where we go from there. However, we are seeking recommendations about how that process should be undertaken, and what should be included. Specifically, we are interested in hearing from you about the following:
What experiences do you have with similar organizations and similar goals?
How do we best approach the consideration of changing the name our organization?
What are important considerations for nonprofit membership-based professional organizations like us?
What additional research (if any) would you recommend?
What media would be the most effective for reaching our goals?
What timeline and cost parameters are appropriate for us?

Elements of branding may include: name, logo, letterhead, envelopes, identity standards, tagline, messaging, application to existing branding media including website, and new branding media such as advertising, and multimedia promotional pieces.

Instructions for responding to this RFP

We request that submissions in response to this RFP be provided in digital form and include the following sections:
1. Analysis of AMI’s current branding and messaging
2. Strategic recommendations
3. Creative approach recommendations
4. Agency or firm overview including capabilities and experience with similar clients
5. Key partners and creative personnel who will be largely responsible for the work, including their backgrounds and experience
6. Implementation plan by phases, including proposed timeline
7. Pricing and fee schedule, including hourly rates and anticipated expenses

Please direct all contact, questions, and submissions to:
Tracy Tucker, Executive Director
Association of Medical Illustrators
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hq@ami.org
Please use “AMI RFP Response” in the subject line.
No hard copies please.

RFP process timeline

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Review and evaluation criteria

Review of submitted proposals will be performed by a task force of seven professional members of the AMI who currently hold leadership positions in the AMI governance.

Important considerations in evaluating and selecting a strategic partner include:
- Quality of the proposal
- Branding and communication expertise, particularly with similar clients and projects
- Concepts of strategic partnership
- Quality, experience, and appropriateness of the project team
- Appropriateness of implementation plan and timeline
- Appropriateness of proposed fee schedule
Terms

The AMI reserves the right to make an award at any time during this process, is under no obligation to award a contract on the basis of this RFP nor explain its rationale for the selection or rejection of potential firms. The AMI is committed to equal opportunity employment.

This RFP is both confidential and proprietary to the AMI, and the AMI reserves the right to recall the RFP in its entirety or in part. If any information submitted in response to this RFP is to be considered confidential, we must be advised of this in writing at the time of submission of the proposal.

This RFP shall not be deemed to be an offer by the AMI. It represents an invitation to recipients to submit a response addressing the communication challenges currently under consideration. All information submitted must be valid for a period of at least 90 days from the date of the RFP.

The AMI is an international non-profit 501(c)(6) professional association and relies heavily on its volunteers to carry out its work. AMI has no staff and contracts with AMR Management Services for headquarters and administrative support.

Resources for additional information

Twitter input: In July 2010, the AMI held a Members Forum that collected live Twitter streaming of members’ input on words that describe “what we do, who we are, what we provide”, as well as names of other organizations with which we may pursue alliances. The top 15 responses in each category are listed.
*see Addendum 4: AMI Members Forum Twitter Input

Similar Organizations: Although relatively small in numbers, the AMI is the largest of all organizations with a similar mission. And the other organizations all differ in important ways. So, the AMI now occupies a distinctive niche. Other organizations that share similar interests and goals, along with their URL’s and logo marks, are listed.
*see Addendum 5: Similar Organizations

Survey input: In December 2010, we conducted online anonymous surveys of both our members and our key stakeholders to help us evaluate our current communications and current knowledge about our profession and association. The surveys and survey summaries are available at the following links:

AMI member survey -

AMI key stakeholder survey –
http://www.surveymonkey.com/sr.aspx?sm=xU2YtdND9Q8wZAVy_2bxnNYGXJ1lKYwp5k939Zj00C9Nsg_3d

Online Member Community (OMC): Join the OMC for an inside look at our membership -
http://community.ami.org/?xqi=gujQNkT
Addendum 1: AMI Key Stakeholders

Affiliated Members / Schools / Organizations / Companies:

- AMI members
- AMI former members
- Practicing nonmember medical illustrators
- Accredited school programs: directors, staff & students
- Non-accredited school programs: directors, staff & students
- BCMI: Chair
- Vesalius Trust: President/Other
- GNSI
- HeSCA
- BCA
- ABCD
- SPAR (Society of Photographer and Artist Representatives)
- AACA (American Association of Clinical Anatomists)
- International Anaplastology Association
- European Associations: AEIMS, MAA, IMI
- MM&M (Medical Marketing & Media, formerly Medical Marketing Association)
- TATRC (Telemedicine & Advanced Technology Research Center)
- MMVR (Medicine Meets Virtual Reality)
- HBA (Healthcare Businesswomen’s Association)
- American Medical Writers Association
- TED MED
- AAAS (American Association for the Advancement of Science)

Companies specializing in the profession:

- MediVisuals, Artery Studios, High Impact Litigation, Seif & Associates, InVivo, AXS, Trial Graphics, Nucleus, Amicus, Hurd Studios, Biodigital, Biolucid, Anatomical Travelogue, ADAM, etc.

Professionals in Life Sciences Related Fields:

- Physicians:
  - AMA, ACC, ACOG, etc.
- Surgeons:
  - ACSSTS
- Attorneys:
  - Medical Malpractice, Personal Injury, Product Liability, General Negligence, Wrongful Death, Criminal & Civil, etc.
- Allied Health Professionals
  - Nurses and Physical Therapists
  - Chiropractors
    - National University of Health Sciences, School of Chiropractic Medicine
  - Legal Nurse Consultants
- Veterinarians
- Scientists:
  - Molecular biology, cell biology, neuroscience, cognitive neuroscience, etc.
- Biomedical engineers
  - Orthopedic bioengineers
- Visualization scientists
- Science writers
- Science educators:
  - K-12, college-level, post-grad/professional, public
- Patient educators
- Associations
  - American Heart Association, American Cancer Society, etc.
Businesses – Pharma, Biotech & Instrument:
  • Pharmaceutical companies:
    Brand/Product Managers, Med Liaisons, Sales Training
    Merck, Pfizer, Sanofi-Aventis, GSK (Glaxo Smith Kline); BMS (Bristol Myers
    Squibb); AstraZeneca; Takeda; Novartis; Johnson & Johnson; Proctor & Gamble;
    Abbott; Eli Lilly; etc.
  • Medical device manufacturers:
    Medtronic, Edwards Lifesciences, Zimmer, etc.
  • Medical imaging manufacturers:
    GE, Siemens, Philips, etc.
  • Biotechnology Companies:
    Genentech, Amgen, ImClone, Genzyme, Celgene, Biogen, Idec, Gilead, etc.
  • Animal Health Companies:
    Pittman Moore, etc.

Science / Medical / Healthcare Communication:
  • Publishing Companies (Textbook, Journal, Online, Media):
    PMPH-USA, National Geographic, Elsevier, Wolters-Kluwer, Lippincott, Scientific
    American, Nature, NEJM, etc.
  • Pharmaceutical Advertising/Marketing Companies:
    Hal Lewis Group; Harrison & Star; Ogilvy CommonHealth World; Sudler &
    Hennessey; Cline, Davis Mann; Grey Healthcare Group (ghg), LLNS; etc.

Medical Communications Companies including Public Relations
  • Medical Education Companies:
    IMSci (International Meetings and Science), Phase Five Communication,
    Embryon, ProCom, etc.
  • Design Firms with Life Science/Medical/Biotechnology Clients
  • Animation, Media & Production Companies with Medical or Life Science Clients:
    Biodigital, Hybrid, InVivo, Shaw Science Partners, Anatomical Travelogue,
    Biolucid, 3Fx, Flying Foto Factory, etc.

Media Companies:
  • Television & Film:
    Discovery Health, David Grubin Productions, etc.
  • Websites:
    WebMD, Healthwise, etc.
  • Virtual Reality and Simulation

Fields with Related Emerging Technologies / Interests:
  • Animation & computer graphics
    SIGGRAPH
  • Radiology/medical imaging
    RSNA
  • Engineering
    IEEE
  • Minimally invasive surgery
    SAGES
  • Biological data visualization
    VIZBI, EMBO
  • Bioinformatics, biomedical & surgical simulation design
  • Biological medical visualization, telemedicine
    OsiriX
  • Educational gaming
Institutions:

• **Life Science and Medical Research Institutions:**
  Howard Hughes Medical Research Institute, Scripps Research Institute, Broad Institute, etc.

• **Medical Schools:**
  University of Illinois at Chicago, University of Toronto, Medical College of Georgia, McGill University, University of Texas at Dallas, Johns Hopkins University School of Medicine, etc.

• **Schools of Allied Health Professionals:**
  University of Illinois College of Applied Health Sciences, etc.

• **Hospitals:**
  Mayo Clinic, Cleveland Clinic, Memorial Sloan-Kettering Cancer Institute, M.D. Anderson, etc.

• **Museums, zoos, aquariums, libraries:**
  Smithsonian Institute; Museum of Natural Science, NYC; etc.

• **Government Institutions:**
  National Institutes of Health, National Library of Medicine, National Science Foundation

Art Schools:

• **Iowa State University** Biological & Pre-Medical Illustration (BPMI)

Visual Arts/Design:

• Instructional design
• Information design/visual thinking:
  Vizthink, etc
• Education psychology
• Graphic design
  AIGA
• User interface design
• Web Developer and Information Architect
• Industrial design
• Commercial Illustration:
  ASIP, Society of Illustrators, etc.
• Photography
• Litigation Support Studios

Law Schools
Addendum 2: AMI Strategic Plan

Mission
The Association of Medical Illustrators furthers the use of visual media to advance science, medicine, and healthcare through a worldwide network of highly specialized interdisciplinary professionals.

Guiding Principles
- We promote the highest levels of competency, professionalism, and ethics among our members and throughout our community of industry partners.
- We cultivate collaboration within a global network of colleagues who can contribute to our mission.
- We serve society as visual translators between the expert and novice, the scholar and student, the physician and patient.

Vision
The Association of Medical Illustrators will be recognized as the premier global resource for promoting the power of visual media to advance scientific understanding, communication, education, and research. We will be key partners in the process of scientific discovery, knowledge transfer, and innovation.

Goals
1. We will expand our scope to include the growing diversity of our interdisciplinary roles, and to leverage emerging opportunities that will extend our impact.
2. AMI will align its governance and organization structure to effectively carry out its strategic plan.
3. AMI will double its 2010 membership complement by 2015.
4. AMI will add value for members by offering Online and On-Demand Continuing Educational Resources.
5. The AMI will achieve and maintain non-dues revenue so it is at least 60% of all revenue by 2015 to ensure long term financial viability.
6. AMI will expand and develop new external alliances with other professional associations, government non-profits, and industry partners to encourage mutual collaboration and education.

Objectives and Strategies
GOAL 1: We will expand our scope to include the growing diversity of our interdisciplinary roles, and to leverage emerging opportunities that will extend our impact.

1.1 OBJECTIVE: Rebrand the AMI
   1.1.1 STRATEGY: Create taskforce to present rebranding implementation plan at interim Board meeting
   1.1.2 STRATEGY: Develop identity (logo, tagline, etc.) and consistent messaging
   1.1.3 STRATEGY: Apply new branding (identity and messaging) to all existing communications (website, etc.)
1.2 OBJECTIVE: Establish a unit within communications board standing committee to maintain ongoing use of branding
   1.2.1 STRATEGY: Develop speakers bureau - key thought leaders who are available to make presentations to outside groups on a variety of subjects related to our profession
   1.2.2 STRATEGY: Develop media list of at least 50 contacts
   1.2.3 STRATEGY: Send out a press release at least once per month

GOAL 2: AMI will align its governance and organization structure to effectively carry out its strategic plan.

2.1 OBJECTIVE: Categorize committees under each strategic priority, eliminating or combining committees where overlap is determined and re-classifying some bodies as needed
   2.1.1 STRATEGY: Review current structure with fellow point system in mind and develop recommendation for restructure to Board by July 2010
   2.1.2 STRATEGY: Upon approval from Board, contact committee chairs/vice-chairs to discuss restructure by September 2010
   2.1.3 STRATEGY: Implement new committee structure by July 2011

2.2 OBJECTIVE: Reexamine the composition, size, and organizational structure of the board of governors and executive committee to streamline their effectiveness and encourage members to become involved in leadership roles in the association
   2.2.1 STRATEGY: Immediately restore the original role of the Executive committee to meet and act on behalf of the Board of Governors in an emergency only (i.e., monthly meetings are no longer needed)
   2.2.2 STRATEGY: Develop recommendation for Board by Interim meeting 2011

2.3 OBJECTIVE: Evaluate bylaws to determine change that need to be made to reflect new governance and organizational structures.
   2.3.1 STRATEGY: Hire attorney to draft new bylaws.
   2.3.2 STRATEGY: Formalize existing relationship of partners.
   2.3.3 STRATEGY: Bring bylaws concurrent with state laws.

GOAL 3: AMI will double its 2010 membership complement by 2015.

3.1 OBJECTIVE: Expand membership recruitment
   3.1.1 STRATEGY: Recruit from affiliated organizations by offering co-membership options
   3.1.2 STRATEGY: Give discounts and other incentives to companies that pay for multiple professional memberships
   3.1.3 STRATEGY: Create taskforce to explore revising membership categories

3.2 OBJECTIVE: Increase the conversion rate from student/trial members to professional members
   3.2.1 STRATEGY: Each Fall, contact Student members who graduated during that year to encourage them to apply for Professional membership (their first year is free) Additionally, each Fall, contact recent graduates who are completing their first free year of Professional membership, and encourage them to renew
   3.2.2 STRATEGY: Send targeted email communications to trial members from AMI president prior to annual meeting and during renewal period

3.3 OBJECTIVE: Increase outreach to potential members who don’t know about the AMI
3.3.1 STRATEGY: Communicate AMI benefits to potential new members through a revamped member benefits document that answers frequently asked questions

3.3.2 STRATEGY: Invite a prominent local person (e.g., physician/scientist/industry head) to open Salon (See 5.2) as well as potential new members to the opening (medical/scientific/ artist communities) making the salon more of a PR event

3.3.3 STRATEGY: Advertise the annual conference more broadly, to encourage others to attend (medical/scientific/ artist communities), through local media, press list and through broadcast emails from Serbin or other venues

3.4 OBJECTIVE: Increase outreach to potential members who do know about the AMI

3.4.1 STRATEGY: Communicate AMI benefits to existing members through a revamped member benefits document that answers frequently asked questions and reinforces positive perceptions about being a member

3.4.2 STRATEGY: Follow-up with lapsed or non-renewing AMI members – contact by Membership Committee, Board members, Executive Director and/or President

3.4.3 STRATEGY: Send AMI newsletter to board members of affiliated North American organizations

3.5 OBJECTIVE: Increase outreach to potential global members

3.5.1 STRATEGY: Send AMI newsletter to board members of affiliated international organizations

3.5.2 STRATEGY: Continue to offer complimentary membership to President of AEIMS and pertinent other national groups

3.5.3 STRATEGY: Investigate co-sponsoring other conferences outside the AMI annual meeting

3.5.4 STRATEGY: Send AMI President to attend the AEIMS conference every year

3.6 OBJECTIVE: Ensure value of AMI membership

3.6.1 STRATEGY: Educate members about OMC benefits

3.6.2 STRATEGY: Boost value of OMC/dotorg by assigning content creators to update them regularly and highlight changes, to give people a 'reason' to check out the OMC and dotorg regularly

3.6.3 STRATEGY: Kick off internal PR campaign – including member snapshots, testimonials, etc., to reinforce the positive identity of belonging to the AMI

3.6.4 STRATEGY: Investigate bundling meeting registration with membership dues

3.6.5 STRATEGY: Create Continuing Education options for members (see Goal 4) and advertise this broadly.

GOAL 4: AMI will add value for members by offering Online and On-Demand Continuing Educational Resources.

4.1 OBJECTIVE: Record and catalogue four select program sessions in Portland and make all four sessions available online for all members by January 15, 2011

4.1.1 STRATEGY: Coordinate video recording of four select Portland sessions (obtain speaker permissions

4.1.2 STRATEGY: Organize, upload, and publish all four recorded Portland sessions to a section of the AMI website with member-only access (i.e. OMC)

4.1.3 STRATEGY: Develop a communication plan intended for membership that explains the current intent and future plans of adding new Online and On-Demand Continuing Educational Resources, as well as announcing the release of the Portland sessions

4.2 OBJECTIVE: Invest in and implement a subscription-based e-learning platform to be integrated with www.ami.org by December, 2012
4.2.1 STRATEGY: Develop and implement an AMI philosophy and strategy for implementing subscription-based e-learning content for member and potentially non-members.

4.2.2 STRATEGY: Develop and send RFP to e-learning technology vendors.

4.2.3 STRATEGY: Integrate a chosen technology into current website environment.

4.3 OBJECTIVE: Continue recording and data-basing Annual Meeting content and develop 10-15 new/current/relevant e-learning modules to populate AMI’s e-learning platform by December 2013.

4.3.1 STRATEGY: Establish an e-learning support component within the Annual Meeting Planning Process.

4.3.2 STRATEGY: Identify topics and standards for new content modules.

4.3.3 STRATEGY: Recruit content creators.

GOAL 5: The AMI will achieve and maintain non-dues revenue so it is at least 60% of all revenue by 2015 to ensure long term financial viability.

5.1 OBJECTIVE: Enhance revenue-generating sections of the AMI website.

5.1.1 STRATEGY: Seek sponsorship (work with V.T. for grant research & BCMI), grants or other sources of funding for continuing professional development courses including live-presentation Webinars and e-learning.

5.1.2 STRATEGY: Recruit more corporate sponsors, and highlight their presence on the web site and within the OMC.

5.1.3 STRATEGY: Incorporate selective advertising (e.g., banner ads; tie in with web committee).

5.2 OBJECTIVE: Enhance revenue at annual conferences.

5.2.1 STRATEGY: Expand the number of corporate sponsors and enhance their profile.

5.2.2 STRATEGY: Advertise/promote the AMI to affiliated associations.

5.2.3 STRATEGY: Explore the feasibility of an exhibitors section at meetings.

GOAL 6: AMI will expand and develop new external alliances with other professional associations, government non-profits, and industry partners to encourage mutual collaboration and education.

6.1 OBJECTIVE: Develop formal affiliations with five non-artist associations by 2015 to encourage mutual collaboration on best practices.

6.1.1 STRATEGY: Identify and prioritize advocacy and education topics (e.g., fair use, contract and rights issues, metadata, open source publishing, and adoption of PLUS standardized licensing) to explore with associations such as: Association of American Publishers (AAP), American Medical Association (AMA), American Association of Anatomists (AAA), American Medical Writers Association (AMWA), National Science Foundation (NSF), American Association of Advertising Agencies (AAAAA), American Trial Lawyer’s Association, American Association for Advancement of Science, Radiological Society of North America, etc.

6.1.2 STRATEGY: Send letters of engagement requesting collaboration with AMI representatives or delegates on specific topics.

6.1.3 STRATEGY: Co-develop best practice guidelines and/or white papers with our affiliated associations to further our educational efforts about creative rights and fair business practices between industries; participation of associations would be based on the topic.
6.2 OBJECTIVE: Develop formal affiliations with other professional artists associations to increase awareness of our skills and services, encourage mutual collaboration, exchange imaging, e-learning and interactive technology

6.2.1 STRATEGY: Continue and strengthen our ongoing participation in Illustrators’ Partnership of America (IPA), American Society of Illustrators’ Partnership (ASIP), and Picture Licensing Universal System (PLUS)

6.2.2 STRATEGY: Sponsor AMI members (from AMI funds or membership exchanges) to serve as representatives or delegates to affiliated artists associations such as: Guild Natural Science Illustrators (GNSI), BioCommunications Association (BCA), Health & Science Communications Association (HeSCA), American Society Media Photographers (ASMP), American Institute of Graphic Artists (AIGA), etc.

6.2.3 STRATEGY: Develop contacts and communication with leading animation groups including Leonardo/ISAST, SIGGRAPH, International Association of Medical Science Educators (IAMSE), and CG Society by December 2010

6.3 OBJECTIVE: Develop contacts and communication methods with the public to increase awareness and education of advocacy topics

6.3.1 STRATEGY: Develop area on AMI website for non-members to subscribe to email alerts or RSS feeds

6.3.2 STRATEGY: Develop an externally focused e-newsletter that can be sent to affiliated organizations and publicly downloaded

6.3.3 STRATEGY: Improve the Advocacy section of ami.org

6.4 OBJECTIVE: Develop contacts with media outlets to increase awareness of our field and business issues
Addendum 3: Summary of AMI Strategic Plan Development

Introduction
A strategic plan provides a framework for ongoing decision-making throughout the association. It’s a tool that helps us leverage our resources efficiently and effectively by focusing our efforts on our highest priorities. A strategic plan gives us a vision of where we want to be in approximately five years, and helps us find the best ways of getting there. Strategic planning is an ongoing process that will continue on a yearly basis.

One of the first steps in the development of the new AMI Strategic Plan was to gather feedback from members with experience spanning different aspects of our profession – academic, self-employed, business owner, seasoned professional, recent grad, traditional markets, new media.

We worked with a professional strategic planning consultant, Michele Lewski, PhD, who created a framework for gathering input. Questions were posed in the form of a SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) and Vision Statements that encouraged respondents to imagine the AMI in its ideal form.

An intense strategic planning session took place at the Interim Board Meeting in Lexington, Kentucky on February 27, 2010, facilitated by Dr. Lewski.

What emerged were areas of consensus we called “Shifts” which encapsulated the difference between where the AMI is now and where we want to be.

In developing the Strategic Plan, our goal was to respond to the issues of greatest concern to our members.

Below is a summary of the input we received. What you see is taken directly from the respondents’ words whenever possible, summarized, and grouped to be more concise and accessible.

SUMMARY of SWOT ANALYSIS

STRENGTHS:

People (who make up our profession and the membership of this organization):
Talented, creative, intelligent, enthusiastic, passionate, interesting, innovative, motivated, dedicated.

Skill set: Unique, scarce, high professional level, requires specialized education and training, accomplished in diverse ways, knowledge base is broadly interdisciplinary across art/science/communication, our field is dynamic, constantly evolving, and is of interest to the public.

Community: Rich history, sense of family, close-knit society, a hub, interconnectedness, networking opportunities, generous sharing of knowledge and skills.

Stature: AMI contributes to legitimacy of our profession, individual professional growth through certification, continuing education, online presence, online resources, support of academic programs, potential for advocacy for public policy issues of importance to us, gives us an interface with outside world through website and journal.

WEAKNESSES:
Lack of assets (money and members): Places limits on the benefits we can provide to our members, want more continuing education (especially online) and more diverse topics at annual meetings, want “big names” brought in to present & judge, need more programs to improve members’ business acumen, better guidance for recent grads, more long term financial stability, more legal support.

Too narrowly focused and exclusive: Insular, we feed on our own, inwardly focused, in-bred, resistant to outward perspectives, elitist, cliquish, narrow, too much focus on five graduate programs, haven’t saturated market (many successful illustrators not members), lack of partnerships, apolitical, too homogeneous, lack of diversity (under-represented minorities).

Lack of leadership: Unwilling to take risks, complacent, slow to adapt and change, afraid of technology, poor development of new leaders, too focused on older and existing markets -- not on emerging markets, too much focus on operations -- not vision.

Poor representation of our profession: Poor visibility, our skills are misperceived -- too much focus on our technical skills and services, not enough on our interdisciplinary skills, lack of power in supporting our intellectual property rights, lack of peer-reviewed research.

Unwieldy governance structure: Too many committees, unwieldy decision-making process, complex structure, overly complicated internal processes/regulations, too great a need for volunteers, not enough volunteers.

OPPORTUNITIES:

Identity/Mission/Branding: Recognize our diversified professional roles as creative problem-solvers, content specialists, and collaborative team members. Broaden and market our identity as unique interdisciplinary visual communicators. Publicize projects where members played a broader role beyond creation of illustrations. More aggressively market our profession. Actively train and encourage members to become art directors and managers. Enhance our status in the science world by encouraging PhD’s.

The technology explosion: Look to emerging media and new business models as expanding markets for our skills.

Ongoing trends in science/medicine: Recognize new opportunities in state-of-the-art imaging technologies, discoveries on the cellular/molecular/nano levels that need to be visualized, and in the move toward more interdisciplinary research and treatment modalities.

The power of the internet and social media: Use internet/social media more dynamically to position ourselves as a resource, showcase our work, publicize events and news, expand PR and outreach, gather input through surveys and polls, communicate more fully with members, and for continuing education and remote learning. Our website could be the TED of health communication.

Membership: Tap into the vast numbers of potential members who are working in allied fields and parallel disciplines, and outside North America. Identify future leaders who aren’t now members and actively recruit them.

Globalization: Look at worldwide markets for expanding job opportunities. Think globally for increasing membership. Use technology for global virtual meetings and online educational offerings.

Strategic partnerships/affiliations/sponsors: Reach out to other organizations with which we share common interests. Think about collaboration, not isolation. Attend each other’s conferences.
and join in cooperative efforts, such as disseminating scientific information to the public through jointly produced Wikis. Bring in a broader audience to our annual meetings. Actively pursue new non-dues revenues by developing sponsors.

**Leadership role:** Act on this window of opportunity to take a leadership role in emerging media, to be in the forefront health/science communication.

**New management company:** Get a fresh start with the new perspectives and added resources of AMR.

**THREATS:**

**Isolation:** Inward focus, lack of collaboration & affiliation with other creative groups, lack of corporate involvement & partnerships, no formal connections to client-based associations, isolation from scientific community, underexposure in marketplace.

**Resistance to change:** Maintaining status quo over new visions, being stagnant, being too near-sighted, not keeping up with fast-paced technological environment, not preparing for evolving markets, needing to transition from traditional to new media, resistance to change resulting in irrelevancy and ultimate death of profession.

**Narrow perceptions of who we are (external & internal):** Our service/work perceived as low value by art buyers, focus on technical/production skills overshadows our communication skills/scholarly contributions, considered peripheral not “at the table”, not valued without PhDs, self-perception as producers not consultants, animation could be splitting off as separate field, we need to broaden the vision of our profession and job market.

**A competitive marketplace:** Low cost competition both global and domestic, cheap alternatives to custom work available via internet, outsourcing, stagnant or dropping rates/fees, compensation not commensurate with level of expertise, underbidding, we devalue our work thru low fees, techie people with no science background dominate high end, we compete with agencies for high end and lose, become subcontractors.

**Weakening intellectual property protection:** Open source movement, Orphan Works Act, copyright infringements, ease of access to property through internet, lack of visibility/power/leverage on larger national scale (i.e. lobbying).

**As an association:** Loss of membership, small size of membership, not casting a broader net to include people outside our graduate programs, competition from other associations which are more progressive & nimble, narrow definition of who we are, diversity of roles we play draws MI’s away from AMI to other specialized associations (i.e. HeSCA, SIGGRAPH), lack of money, challenge to provide enough value/benefits (i.e. high level conferences), small/overworked pool of volunteers, flawed organizational structure, in danger of becoming irrelevant and fading away.

**SUMMARY OF VISION STATEMENTS**

**Our Identity**

What if…
- We had a clear concise mission
- We were a diverse community
- Our name reflected the many roles we play
- We changed our name to something more inclusive and contemporary
- We focused on content creation over execution
- We were a forward-thinking, growing organization
We were a truly global organization
We were the hub of an international network of science communicators
We were the authoritative resource on biomedical visuals in the world
We were the “go-to” association for medical communication
We were the premier organization for all aspects of biomedical visualization (including molecular visualization, medical gaming, 3D CT/MRI, animation, interactive, virtual reality, etc)

External Outreach
What if…
- More people knew who we are and what we do
- We attracted more members, sponsors, and partners
- Our annual meeting attracted people from outside our organization
- We had partnerships with other associations, organizations, and corporate entities to develop synergies and strengthen our industry
- We had ongoing outreach programs like a speakers bureau, videocasts, and web workshops
- Our website had offerings of interest to scientists, educators, entrepreneurs, patients, consumers, and potential clients
- We could leverage emerging opportunities in the job market
- We initiated a serious marketing campaign
- We had an ongoing PR effort

Our Membership
What if…
- We doubled or tripled the size of our membership
- Most practicing medical illustrators were members
- We attracted colleagues in allied disciplines
- All graduates/alumni of our accredited programs were members
- We were a parent association with regional affiliates

Member Benefits
What if…
- People could buy medical art from our website
- Every piece of medical art could be traced to its creator through the AMI

Knowledge Foundation
What if…
- Our academic programs had a broader reach
- We opened avenues for PhDs in our field
- We had a steady stream of future academics in our profession
- Our scientific expertise was more valued
- Our work was highly valued in the science community and referenced in publications
- There was an accredited graduate program on each continent

Income
What if…
- We had lots of money
- We could fund our strategic priorities
- We could afford to advocate for public policy issues of importance to us
- We had sponsors and strategic partners who helped support many of our activities
- We ran an eStore that generated money for our organization and members
- Every trained medical illustrator had enough work
- We ran a comprehensive online continuing education program (AMI Online University) with learning modules, credentialing, and a resources/products library, that brought in income and new members
Governance
What if…

- We were efficient and streamlined
- We had far fewer committees
- Our strategic priorities shaped our committees and conferences
- Temporary taskforces tackled our top priorities
- We had bylaws that enabled us to be flexible and nimble
- We ran a leadership development program to cultivate new AMI leaders

SUMMARY OF SHIFTS

- From narrow to broad
- From insular to inclusive
- From internal dialogue to external dialogue
- From service provider to content developer
- From sole provider to collaborator
- From producer to director
- From art focus to science focus
- From north American to global
- From following technology to leading technology
- From traditional markets to emerging/unlimited markets
- From follower to leader
Addendum 4: AMI Members Forum Twitter Input

Branding – Top 15 Words to Describe “what we do, who we are, what we provide”

1. International
2. Illuminate
3. Biomedical
4. Visualization
5. Global
6. Translate
7. Interpretive
8. Illustrate
9. Bio-visualization
10. Communication
11. Visualize
12. Medical
13. Scientists
14. Elucidate
15. Educate

Alignment – Top 15 Potential Alliances

1. SIGGRAPH
2. American Association of Anatomists
3. American Association for Advancement of Science
4. Guild of Natural Science Illustrators
5. American Trial Lawyer Association
6. American Association of Clinical Anatomists
7. American Medical Association
8. American College of Radiology
9. AIGA
10. National Science Foundation
11. American Medical Writers Association
12. American Society of Cell Biology
13. American College of Surgeons
14. American Society of Illustrators Partnerships
15. National Library of Media
Addendum 5: Similar Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
</tr>
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<tbody>
<tr>
<td>VT - Vesalius Trust</td>
<td><a href="http://www.vesaliustrust.org">www.vesaliustrust.org</a></td>
</tr>
<tr>
<td>GNSI – Guild of Natural Science Illustrators</td>
<td><a href="http://www.gnsi.org">www.gnsi.org</a></td>
</tr>
<tr>
<td>HeSCA – Health and Science Communications Assoc.</td>
<td><a href="http://www.hesca.org">www.hesca.org</a></td>
</tr>
<tr>
<td>BCA – BioCommunications Assoc.</td>
<td><a href="http://www.bca.org">www.bca.org</a></td>
</tr>
<tr>
<td>ABCD – Association of Biomedical Communications Directors, Inc.</td>
<td><a href="http://www.abcdirectors.org">www.abcdirectors.org</a></td>
</tr>
<tr>
<td>AEIMS - Association Européenne des Illustrateurs Médicaux et Scientifique</td>
<td><a href="http://www.aeims.eu">www.aeims.eu</a></td>
</tr>
<tr>
<td>MAA- Medical Artists’ Association of Great Britain</td>
<td><a href="http://www.maa.org.uk">www.maa.org.uk</a></td>
</tr>
<tr>
<td>IMI – Institute of Medical Illustrators</td>
<td><a href="http://www.imi.org.uk">www.imi.org.uk</a></td>
</tr>
<tr>
<td>MM&amp;M - Medical Marketing and Media</td>
<td><a href="http://www.mmm-online.com">www.mmm-online.com</a></td>
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</tbody>
</table>

Other organizations that share some of our interests and goals and appeal to many of our members or potential members include:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGGRAPH</td>
<td><a href="http://www.siggraph.org">www.siggraph.org</a></td>
</tr>
<tr>
<td>TEDMED</td>
<td><a href="http://www.tedmed.com">www.tedmed.com</a></td>
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