

GEA Steering Committee Letter to AAMC Leadership Regarding Affinity Group Evolution

October 24, 2025

Dear Dr. David Skorton,

The email communication from you on Friday, October 3, 2025, came as a complete surprise and shocked us as leaders of the AAMC – Group on Educational Affairs Steering Committee. As key leaders within the existing affinity group structure, having less than a two-hour notice and minimal additional details prevented our ability to help our constituents navigate this tremendous new uncertainty within a group that means so very much to us. We respectfully seek responses in the following areas

First, what analysis was conducted (e.g., SWOT, financial, etc.) that led to this decision? The drivers for change articulated in the email communication and associated FAQ are already core to GEA's structure and function. The GEA is a collaborative affinity group across the continuum of medical education, which creates numerous engagement opportunities, or on-ramps, for medical educators and staff professionals and provides a diverse approach (e.g., special interest groups, sections representing the continuum of education and those engaged at all levels, sections representing scholarship and research, and regions). The GEA and each regional GEA are a professional home for numerous members. By dispersing the affinity group members, our community, as it appears the presented group structure may do, across multiple new affinity groups, dilutes the community, the connections, and the collaboration.

- **Action: Please explain the “why.” Specifically, we seek clearly articulated drivers regarding how this change supports our community of medical educators and leaders across the continuum.**

Second, who was involved in this decision? As stated in the FAQs, the “volunteer group steering committee members, in particular, are an essential link between the AAMC and its member institutions” yet we were not engaged in this decision. The decision was made for us (the GEA). We, as the steering committee, voluntarily lead and we wholeheartedly agree, the “affinity group members ... are at the heart of America’s medical schools and academic health systems and serve as an essential link between the AAMC and its member institutions” and “are a valuable source of professional growth, leadership development, networking, and collaboration for the individuals at our member institutions.” The leadership networks at all levels (national, regional, section, and special interest groups) run deep as we stand on the shoulders of those that came before us - learning from the

past to build the future. We know our community because people and relationships are the foundation of our core.

- **Action: (1) Provide a detailed explanation of the reason that affinity group steering committee members were excluded from the process. (2) Clearly articulate the role current affinity group leaders and steering committees have in future planning (e.g., convenings, governance, recognition).**

Third, the perceived unilateral decision and communication with no foreshadowing or involvement of constituents raises questions of trust in the AAMC. At a time when higher education and medical education, medicine and research are being severely challenged – the purpose of this change is unclear. The GEA is a professional home built on shared values of collegiality and belonging which enable deep, professional relationships and friendships, citizenship expectations to mentor and collaborate, leadership succession development cycles inclusive of ongoing active engagement, and outcomes of innovation and scholarship. To have a professional home is to have trust, and as a professional home we have successfully partnered with AAMC to “to advance medical education and the faculty and professional staff working in the fields of faculty development, curriculum development, education research and scholarship, and assessment in undergraduate, graduate, and continuing medical education”.

- **Action: Provide clearly articulated responses to these critical questions:**
 - **(1) What is the future vision for AAMC and medical education?**
 - **(2) How does this approach move us towards the vision?**
 - **(3) How will individuals interested in medical education (from junior to senior faculty) be actively engaged in the new model?**

GEA Steering Committee and Group Member Concerns

Additional questions will be forthcoming as we connect with our GEA community virtually as well as in-person at the 2025 Learn – Serve – Lead meeting. In the meantime, several common concerns have been continuously raised among our constituency, which we will seek to address/have addressed in the coming weeks:

1. The impact of the new affinity group structure on the Regions.
2. The impact of the new affinity group structure on the Sections.
3. The impact of the new affinity group structure on the Special Interest Groups.

4. Whether any new leadership and governance structure will be intentionally designed to ensure the work within and across the affinity groups meets constituent needs and interests including term limits and ensuring continuity of leadership.
5. Whether the new leadership and governance structure will be intentionally designed with a faculty and staff co-chair model to support professional growth, career development, and leadership opportunities for our staff professionals. Our staff professionals' engagement is a differentiator and a critical link to our medical schools and academic health systems.
6. The recognition of GME as a new group, but not UME and CPD.
7. The implications of splitting out GME specifically and not UME and CPD.
8. The vision in the new GME structure that supports the shared goal of the continuum of medical education.
9. The impact on regional GEA custodial accounts and their existing budgets.
10. The impact on future regional meetings, including how they will be funded.
11. The impact on grant funding.
12. The impact of dispersing the GEA across many new affinity groups. The title "Educational Affairs" allowed the affinity group to evolve. *Curriculum, Instruction, Research, and Assessment* may aim to focus or clarify the group's scope but raises questions about maintaining the breadth of community and scholarship that has long defined the GEA.
13. Details on forthcoming communication plans given many constituents are not receiving emails communications.
14. Detailed information regarding the preservation of the history of the affinity groups, especially the GEA.

Additionally, numerous requests have come forth for open forums, including:

- Arrange a GEA Steering Committee meeting with you Dr. Skorton.
- Open listening sessions to past GEA chairs as well as regional and section steering committees.
- Convene an open forum at AAMC Learn Serve Lead during which the leadership involved in this decision explains the above with Q&A.

- Convene virtual follow-up open forums post AAMC to provide continued updates and openness to answer questions.

We look forward to an open dialogue about the affinity group structure and involvement of AAMC affinity group members in the process as it moves forward. Thank you in advance for your prompt response addressing our collective concerns.

Sincerely,

The AAMC Group on Educational Affairs Steering Committee*

Elissa Hall, EdD, MA, GEA Chair

Bill Cutrer, MD, Past GEA Chair

Judy Brenner, MD, NEGEA Chair

Komal Kochhar, MD, CGEA Chair

Roy Strowd, MD, SGEA Chair

Christy Boscardin, PhD, WGEA Chair

Tyrese Hinkins Jones, MEd, EdS, SPACE - National Section Lead

Heeyoung Han, PhD, MESRE - National Section Lead

Karina Clemmons, EdD, UME - National Section Lead

Phoenix Chen, PhD, GME - National Section Lead

Matt Orr, PhD, CPD - National Section Lead

Julie Youm, PhD, GIR Representative

Michael Campion, MEd, GIR Representative

Kathleen Kashima, PhD, GSA Representative

AAMC Leadership Response to GEA Steering Committee Letter

October 27, 2025

Dear Dr. Hall and Members of the GEA Steering Committee,

Thank you for writing to me with your questions and concerns about the evolution of our affinity groups. At the outset, I also want to thank you for your recent call to the GEA community to navigate this change together, encouraging them to take advantage of the

feedback vehicles we have established. The feedback we have received since we made this announcement has been incredibly valuable.

Admittedly, I do not yet have answers to several of your questions. While there never is a perfect time to initiate a major change effort, it was indeed by very thoughtful design that we announced this change on October 1, providing nine months to gain insights from our constituent communities, engage in-person at the upcoming Learn Serve Lead meeting, seek feedback via focus groups as we build various components of this new structure, and equally important, honor and celebrate the work of our current groups.

Over the last 12-18 months, I have acknowledged publicly across our membership that, like many of your institutions, the AAMC was strategically considering how we do our work. As part of a broader assessment of work across the AAMC in early 2025, we considered various data points, including our own internal resource constraints, our imperative to strategically lead and serve the broad community of academic medicine, and how we leverage all our resources during these unprecedented times to ensure even greater access to AAMC's resources. As a Leadership Team, we also reaffirmed AAMC's commitment to being the premier source of convening, leadership development, and learning. We hear our community: we know that you expect this from your national membership association. And this convening is also critical for us, for the AAMC to lead and serve.

While I acknowledge that change is all around us, this set of changes is a necessary evolution of our 60-year affinity group structure to ensure the AAMC is convening constituents together around broader themes, while continuing to provide ways for constituent leaders to come together with role-based peers. And as noted above, we intentionally designed a nine-month pathway to build out the operational components of this structure.

I personally take to heart your sentiments that the GEA has been a "professional home built on shared values, professional relationships and friendships, mentorship and collaboration, and outcomes of innovation and scholarship." Our goal is for the new structure, while different, to continue to afford these opportunities and more. We see great opportunity in creating structures and processes that will facilitate far more movement between and among groups, for engagement, and even membership. And for those who seek a true connection with a number of like-minded colleagues, there will be that opportunity as well.

The AAMC was chartered 149 years ago to "advance medical education," and that remains our north star, in all our work across the association. Under Dr. Alison Whelan's extraordinary leadership, we have advanced our work in medical education in many

strategic, relevant, and timely ways, including in how we engage constituents via our affinity groups, and work that Alison's Academic Affairs team leads. Our commitment to medical education is unwavering, and that will not change. We remain committed to advancing medical education, convening educators, professional development for educators, and the scholarship of education. What forms these take must continue to evolve and we look for you and others to continue to work with Alison and her team in forging the future of medical education

I ask that you continue to remain in meaningful dialogue with me and my leadership colleagues, especially Alison, Jennifer Schlener, my chief of staff, and Amy Mathis, our senior director of constituent engagement. We are all committed to effectively launching these new groups in July 2026.

As always, I, along with my colleagues, welcome the opportunity to engage directly with the GEA community. Dr. Hall, I am grateful for your outreach and look forward to continuing this dialogue.

All best,
David