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What Is an AAMC Professional Development Group?

An AAMC professional development group is a formal constituency recognized by the AAMC Board of Directors with approved rules and regulations related to the entity’s membership and functions.

Criteria for Establishment of an AAMC Professional Development Group

- A defined community of common interest by virtue of members having similar responsibilities within the academic medical community
- Evidence that specific staff development needs of this particular community are not served by existing organizations and professional societies
- Potential for meaningful AAMC staff involvement indicated by the existence of a specific AAMC locus of expertise and association resources committed to the issues represented by the community
- The community has the capacity to contribute to AAMC programs and policies through the mobilization of special expertise
- Evidence that the needs of the community cannot be met simply by establishing a special interest section of an existing AAMC group

AAMC Professional Development Group Characteristics

- Membership defined by individuals who have similar administrative roles at their home institutions
- Membership appointed by the senior administrator of an AAMC-member institution (e.g., dean, hospital CEO, or academic society president)
- Additional membership in the group may be allowed by self-designation or by recommendation of other members of the group. A group can specify the voting status and levels of participation of such additional members through rules and regulations
- An elected steering committee, which might also include appointed and/or ex officio members
- AAMC staff member designated as group program leader
- A group may choose to organize itself into subsets, each of which might be identified as tracks or by a similar designation. These subsets would have membership distinguished by individuals with similar institutional administrative roles and responsibilities (e.g., committees, sections, forums, tracks)
- Groups should be governed by rules and regulations (not bylaws) approved by the AAMC Board of Directors

Core Services for an AAMC Professional Development Group

- Designation of an individual to serve as the group program leader
- Two steering committee meetings per year where AAMC bears the expense of the meetings and travel costs related to attending the meetings
- Support services for national, but not regional meetings
- Regular conference calls of the steering committee
- Conference call expenses for committees doing the work of AAMC
- Access to public and private locations on the AAMC Web site
- Electronic communication tools, including a Web site, listserv, online directory, and newsletter
- Additional activities for the group can be funded by requests during the annual AAMC budget process
The AAMC Group on Institutional Planning (GIP) is one of many professional development groups supported by the AAMC to further its mission to serve and lead the academic medicine community to improve the health of all. The professional development groups were formed to help professionals within academic medicine grow and learn in their professional roles and develop their leadership capacities. The GIP is committed to being the foremost professional resource to advance the practice of planning in academic medicine. Additionally, the GIP facilitates the realization of several of the AAMC’s strategic priorities, primarily:

- **Lead innovation along the continuum of medical education to meet the health needs of the public.**

- **Be a valued and reliable resource for data, information, and services.**

- **Help our members identify, implement, and sustain organizational performance improvement.**

- **Provide outstanding leadership and professional development to meet the most critical needs of our members.**

The GIP fosters the exchange of ideas using various vehicles (e.g., listserv and networking) and provides professional development opportunities (e.g., annual meetings, workshops, articles and tools) through which the knowledge and experience of the GIP community can be leveraged and advanced.

While there are common characteristics of academic medicine organizations, the organizational structure and planning requirements of each is unique. Given the complexity and breadth of planning in academic medicine, and the manner in which planning resources are allocated throughout the various organizations, the membership of the GIP is necessarily broad so that all professionals whose positions require the use of core planning tools and methods may be included. Members of the GIP are involved in planning processes that can be strategic or targeted; institution-wide or centered on a specific department or program; long-, intermediate or short-range; focused on a specific area of the tripartite mission of research, education or patient care; or inclusive of all three. Other areas of planning include physical space, capital projects and manpower (whether faculty or staff).

To advance the discipline of planning in academic medicine by:

- **Facilitating and promoting innovative techniques, methods, and approaches in the discipline of planning to meet the changing landscape of academic medicine and the challenges of the future.**

- **Providing opportunities for planning professionals to connect through multiple venues designed to facilitate the sharing of information and ideas.**

GIP Strategic Framework
GIP Strategic Framework

To be the professional development and networking organization of choice for all planning professionals in academic medicine.

PROFESSIONAL DEVELOPMENT

Provide planning information and professional development opportunities to increase knowledge, foster innovative thinking and develop leadership and planning skills.

- Develop a robust annual spring meeting program and collaborative opportunities with AAMC and other interest groups as appropriate
- Develop resources (e.g., a planner's toolkit) to improve the core competencies of new planners
- Conduct assessments of membership to understand professional development needs
- Maintain an up-to-date repository of information to include data, benchmarking applications and trends (e.g. space, compensation, profiles, LCME, etc.), professional literature, videos, and other resources
- Track and discuss emerging issues via various fora (e.g. symposia, website, social media, etc.)
- Provide ongoing development, workshops, training, tools and resources (project management, facilitation, process improvement, strategic alignment, change leadership, etc.) for members that are necessary to transform our own institutions.

ENGAGEMENT & GROWTH

Increase active participation of the GIP membership by keeping current members engaged and identifying new members to further the discipline of planning.

- Develop programs to engage the new members early and keep veteran members involved
- Improve the relationship with current members through increased communications
- Encourage the leadership of medical schools and teaching hospitals to designate representatives and/or encourage their participation.

COLLABORATION & NETWORKING

Enhance and strengthen the interactions within the GIP and bridge knowledge-sharing with other AAMC professional groups.
Facilitate networking opportunities through traditional and innovative venues, including social media and other platforms

Facilitate connections between GIP members to content experts

Reach out to other AAMC groups for collaboration (e.g. Annual Meeting, webinars, Symposia, projects, etc.)

Subcommittees exist to implement the strategic initiatives and actions of the GIP. Subcommittees are chaired/co-chaired by members of the Steering Committee who report back to the Steering Committee on activities and progress. The Steering Committee will consider additional subcommittees to further address the interest of the GIP membership.

PROFESSIONAL DEVELOPMENT SUBCOMMITTEE

Develop a robust annual spring meeting program and collaborative opportunities with AAMC and other interest groups as appropriate

Alternate the focus of the biennial training workshop between facilities planning, strategic planning and other relevant institutional topics. These workshops will provide GIP members and other interested AAMC members with a targeted and intensive training program to develop new competencies

Develop resources (e.g., a planner's toolkit) to answer the question “What do new planners need to know?”

Facilitate introductions between current GIP to content experts

Conduct assessments of membership to understand professional development needs

MEMBERSHIP ENGAGEMENT SUBCOMMITTEE

Encourage the leadership of medical schools and teaching hospitals to designate representatives and/or encourage their participation.

Send “Welcome” letters to new members.

Design and support New Member Navigator Program during the annual meeting. The program would welcome first time/new attendees to the GIP spring meeting, engage the new members early, and keep veteran members involved to help facilitate the program.

Provide regular (quarterly) updates on GIP activities.

Identify and connect a network of young professionals

Identify key actions to enhance the GIP LinkedIn site
GIP Strategic Framework

DATA AND INFORMATION SUBCOMMITTEE

• Maintain an up-to-date repository of information to include data, benchmarking applications and trends (e.g. space, compensation, profiles, LCME, etc.), professional literature, videos, and other resources

• Track and discuss emerging issues via various fora (e.g. symposia, website, social media, etc.)

• Work to identify data desired by GIP members that do not exist elsewhere

• Develop online resources that make available and expand upon the content of Symposium topic.

Revised November 2012
If you regularly attend the GIP's professional development programs, you will not only gain new insights into your work but how to do it more skillfully. Starting with your first meeting you can develop a network of colleagues and peers who not only understand the challenges you confront daily in your position but who also are open and willing to share their own experiences coping with similar issues. In the GIP you can potentially forge friendships that will last throughout your career.

GIP members are representatives of AAMC member institutions. Therefore, to become a member, an individual must be appointed by his or her medical school dean or teaching hospital director. A letter from a dean or teaching hospital director is sufficient to establish membership. Letters of appointment should be sent to:

**Heather Sacks**  
Director, Planning and Administrative Affairs  
GIP Group Program Leader  
Association of American Medical Colleges  
655 K Street NW, Suite 100  
Washington, DC 20001  
hsacks@aamc.org  
Fax: 202-828-1125

There is no cost to join.

There is no limit to the number of institutional representatives appointed to the GIP. However, only one representative may be designated as the institution’s Principal Contact.

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**Membership Categories:**

**Principal Contact**

This individual is the most senior person in the AAMC-member medical school or teaching hospital with planning as his or her principal responsibility. The principal contact is the person with whom the GIP most frequently communicates and through whom the GIP is able to reach specific audiences within the institution.

**Other Representative**

Any individual from an AAMC-member medical school or teaching hospital with professional responsibilities in the areas of planning addressed by the GIP.
I. Name

The name of the organization shall be the “Group on Institutional Planning” (hereinafter referred to as the GIP) of the Association of American Medical Colleges (hereinafter referred to as the AAMC).

II. Purpose/Mission

The Group on Institutional Planning is committed to advancing the practice of planning in academic medicine. GIP members work in medical schools, teaching hospitals, academic health science centers, and related organizations. Their responsibilities include strategic planning, academic planning, clinical services planning and marketing, facilities planning, information systems planning, and resource planning, among others. The primary purposes of the GIP are to:

- Enhance the planning skills and knowledge base of its members.
- Establish an active network of communication among its members in order to speed the dissemination of creative ideas and learning experiences
- Serve as a planning resource to AAMC member institutions.
- Encourage members to contribute to the fundamental body of knowledge about planning theory and applications.

III. Membership

1. Designated members shall be faculty or staff involved in the coordination of planning in a medical school, or more broadly, in an academic health science center.

2. The members shall be representatives of institutions holding institutional, provisional or affiliated membership in the AAMC.

3. Institutional representatives shall be appointed by medical school deans or chief executive officers of teaching hospitals after consultation, where appropriate, with individuals more directly responsible for planning at echelons outside the medical school. Members shall serve at the pleasure of their appointing authority.

4. Each institution so represented shall be entitled to one vote. The institutional representatives appointed to the GIP shall establish their institution’s procedure for determining this vote.

5. Other interested individuals without voting rights may be elected to the GIP by the membership or by its Steering Committee.
IV. National Meetings

Meetings of the national GIP membership shall be held annually at the time of and in connection with the GIP spring meeting. Additional meetings may be called by the GIP Steering Committee, as desired.

In the conduct of meetings, the order of business shall be under the direction of the National Chair, who shall make all parliamentary decisions. The chair’s decisions may be reversed by a two-thirds majority of the membership present.

Twenty percent of the designated members (as defined in Section III) shall constitute a quorum.

Formal actions may be voted on by mail ballot or taken at the GIP spring meeting in which a quorum is present. Decisions shall be made by a majority vote of those members voting.

V. Officers

The national GIP officers shall include a National Chair, a National Chair-elect, the past-National Chair, and an executive secretary. The National Chair-elect shall be elected annually by a simple majority of the members present at the GIP spring meeting.

Nominations for a National Chair-elect shall be made by a nominating committee appointed by the National Chair of the GIP Steering Committee. Nominations for consideration by the committee may be made by any GIP designated member directly to the committee, provided the consent of the nominee has been received.

The National Chair shall preside at all meetings, appoint committees chairs as required, serve as an ad hoc (nonvoting) member of all committees, with the assistance of the executive secretary prepare an annual report to the membership, and perform such other duties and functions as may be necessary in order to provide proper leadership to the GIP.

The National Chair-elect, in the absence of the National Chair, shall preside at all meetings and shall fulfill such other functions as may be delegated by the National Chair.

The executive secretary shall be an AAMC staff member appointed by the president of the AAMC. The executive secretary shall coordinate the provision of appropriate staff support and assist in the general direction of the GIP. The executive secretary shall prepare minutes of all GIP meetings for approval by members of the appropriate committee.

Terms of office of the national GIP officers shall extend from the closing session of the GIP spring meeting, at which they assume office, to the closing session of the next GIP spring meeting.
If a vacancy in one of the GIP national offices occurs during the normal term of office, a temporary replacement will be appointed by the GIP Steering Committee to serve until the next GIP spring meeting. Should this vacancy occur in the office of the GIP National Chair, the temporary replacement will automatically be the GIP National Chair-elect and a new temporary National Chair-elect will be appointed by the Steering Committee to finish the term of office.

VI. Committees

The GIP Steering Committee shall be composed of (a) the national officers of the GIP; (b) six members elected by the general membership; (c) the Professional Development Committee chair; (d) the Space Advisory Committee chair; and (e) chairs of the GIP committees duly established. The Steering Committee shall meet at least twice a year to set policy for the GIP and manage GIP affairs.

The six at-large Steering Committee members shall serve two-year staggered terms, three members each in even- and odd-numbered years. Each year the Nominating Committee shall select three individuals for presentation to the general membership. Recommendations for consideration by the Nominating Committee may be made by the GIP members. In making this selection, the Nominating Committee’s goal will be to achieve a balance by reviewing the demographic composition of the GIP, and the nominations will take into consideration regional distribution, disciplinary background and work responsibilities, type and size of schools represented and such other factors as may be necessary to achieve a balanced and representative committee structure.

The Professional Development Committee shall be composed of (a) a chairperson appointed jointly by the National Chair and National Chair-elect, (b) a vice-chairman/chair-elect, (c) the National Chair, and (d) such other persons the committee chair may appoint to meet the work of the committee. Appointments are made annually to this committee following the GIP spring meeting. The Professional Development Committee shall (a) plan the GIP spring meeting, (b) plan programs at the AAMC Annual Meeting, and (c) provide leadership on professional development activities within the GIP as required.

Minutes shall be kept of all meetings of the Steering Committee, Professional Development Committee, and other committees, as appointed. These minutes shall be circulated to all committee members and to the members of the GIP Steering Committee.

VII. Parliamentary Authority

For matters not covered in these Rules and Regulations, the parliamentary authority shall be Roberts Rules of Order revised.
VIII. Amendments

Subject to the approval of the AAMC Executive Council, these Rules and Regulations may be altered, repealed or amended or new Rules and Regulations adopted by a two-thirds vote of those present and voting at the GIP spring meeting for which thirty days written notice of the proposed Rules and Regulations change has been given. In the case of mail or electronic balloting, the vote should be returned in no more than forty-five days after receipt of the proposed amendment.

Revised as of February 2002

Did you know?

Each year, the AAMC offers a free one-day orientation at the AAMC headquarters in Washington, D.C. The session provides an overview of the AAMC organization, structure, and its programs, as well as an opportunity to network with academic medicine colleagues working in various facets of our community. Attendance is appropriate both for individuals who are new to their positions in academic medicine or who have new responsibilities requiring a better understanding of the AAMC. Attendance is limited to individuals from AAMC-member institutions and peer organizations.

Visit www.aamc.org for additional information.
The Distinguished Service Award program was created to recognize the contributions of members (current and/or former) of the Group on Institutional Planning (GIP) who, by virtue of their effort and service, contributed significantly to the advancement of the mission of the GIP. Learn more>>

**Introduction to the Planners’ Toolkit**

The role of the planner in academic medicine is rich and varied. Projects may encompass strategic, programmatic, space, capital, and operational planning (to name a few), and can span the clinical, research, academic, and community missions of our institutions. Depending on the size, scope, and organization of the institution, roles may be highly specialized or very broad.

With this in mind, the Association of American Medical Colleges Group on Institutional Planning has developed a Planners’ Toolkit, which is intended to provide an overview of planning in academic medicine. Whether you are new to a planning role, a seasoned veteran with new roles and responsibilities, or an occasional participant, it is our hope that the toolkit can be used as an introduction to the field, as well as to some of the key issues and activities it encompasses. It includes a series of short introductory articles by some of our most experienced members on:

- Planning in Academic Medicine
- Organizational Structures and Planning
- Strategic Planning in Academic Medicine
- Master Planning
- Space Planning: Clinical, Research, Education
- Space Management/General Facilities Information
- Data and Benchmarking (forthcoming)
- Why We Love Working in Academic Medicine
- Appendix A – About the Group on Institutional Planning (GIP) and the AAMC
- Appendix B – Master Planning

We hope the toolkit will become a living document that will continue to expand as our members contribute new topics from their various areas of expertise. We welcome your comments and thoughts on how we can continue to make this a useful resource. The toolkit will be distributed to all newcomers to the Group and is also accessible on the GIP website.
Subcommittees

**Data and Information Subcommittee**
Serves as a primary resource for information that is useful to institutional planners and other AAMC members. Activities and tasks include but are not limited to:

- Collecting, organizing, and disseminating relevant information for planning in academic medicine,
- Evaluating, increasing, and updating information on the GIP website,
- Serving as the library of information for planners—a clearinghouse information, data and benchmarking applications, to identify trends in the areas of space, compensation, LCME, profiles, etc., and
- Tracking and discussing emerging issues via various fora.

For more information please contact the Subcommittee Chair:

**Pam Bounelis, Ph.D.**
Assistant Dean for Biomedical Research
University of Alabama School of Medicine
bounelis@uab.edu

**Membership Engagement Subcommittee**
Responsible for increasing active participation in GIP by keeping current members engaged and identifying new members to further the discipline of planning. Activities include but are not limited to:

- Implementing strategies to encourage medical schools and teaching hospitals that do not have representatives in the GIP to appoint a member;
- Sending “Welcome” letters to new members encouraging involvement in one of the three subcommittees;
- Designing and supporting New Member Navigator Program during the annual meeting. The program welcomes first time/new attendees to the GIP spring meeting and engages new members early and provides a way for veteran members to stay involved by helping to facilitate the program. With assistance from AAMC representatives, organize the newcomer’s breakfast including identifying navigators and pairing with self-identified newcomers, seating arrangements, and initial and follow-up correspondence;
- Providing regular (quarterly) updates on GIP activities; and
- Encouraging “liaison” relationships from representatives to other AAMC professional groups.
For more information please contact the Subcommittee Co-chairs:

**Katy Stevenson**
Senior Planning Analyst
University of Rochester SOM and Dentistry
Katy_Stevenson@URMC.Rochester.edu

**Shari Capers**
Associate Vice President, Strategic Planning
Emory Healthcare
shari.capers@emoryhealthcare.org

**Professional Development Subcommittee**
Plans and provides leadership on professional development activities within the Group on institutional Planning. Activities and tasks include but are not limited to:

- Assisting in the development of a robust annual spring meeting program, partnering with other AAMC interest groups as appropriate;
- Planning and developing targeted and intensive training workshops in the areas of facilities planning, strategic planning and other relevant institutional topics. With assistance from AAMC representatives, organize the biannual workshops including site selection, program content, and speaker selection and recruitment;
- Developing and maintaining resources such as the planner's toolkit to answer the questions “What do new planners need to know?”;
- Facilitating introductions to content experts and members; and
- Understanding what experiences planners want to know to further their professional development and offering opportunities to learn.

For more information contact the Subcommittee Chair:

**Rebecca Saavedra, EdD**
VP - Strategic Management
University of Texas Medical Branch School of Medicine
rsaavedr@utmb.edu

**Upcoming Meetings**

**Annual Meetings**

2015 DATA – Data Analysis Teams Action
A Symposium in Collaboration with the GIP, GBA, and GIR
September 30 – October 2, 2015
JW Marriott Austin, Austin, Texas
Learn more about the Symposium.

2016 GBA/GIP Joint Spring Meeting
April 12–15
Sheraton Toronto
Toronto, ON

**Learn Serve Lead: The AAMC Annual Meeting**
November 6–10, 2015
Baltimore, MD

November 11–16, 2016
Seattle, WA

November 3–8, 2017
Boston, MA
GIP Member Resources

Symposium
Space Management Symposium – September 2008
Institutional Preparedness Symposium – September 2011
Strategic Planning Workshop – September 19 - 20, 2013
2015 DATA – Data Analysis Teams Action
A Symposium in Collaboration with the GIP, GBA, and GIR
September 30 – October 2, 2015, JW Marriott Austin, Austin, Texas
For more information visit www.aamc.org/meetings

Communications:
- **AAMC Related Reports and Activities** – A monthly newsletter that highlights news from the AAMC
- **The GIP Chair Quarterly Newsletter** – A message about the latest GIP happenings from the Chair of the GIP
- **GIP listserv** – The Group on Institutional Planning (GIP) listserv is a general electronic forum for discussion of any matter related to academic medical center planning e.g., strategic planning, academic planning, clinical services planning and marketing, facilities planning, information systems and telecommunications planning, and resource planning, among others. The GIP listserv is open to representatives of AAMC member institutions. Send a blank email message to subscribe-gip@lists.aamc.org.
- **Linkedin** – A private group for networking, idea-sharing, hot topic discussions, and professional development. Linkedin registration required.

Initiatives:
- **Emergency Preparedness** – As a follow-up from the recent Emergency Preparedness Symposium, the Group on Institutional Planning (GIP) has developed an online resource on this topic. The site augments professional knowledge around: prevention-mitigation, preparedness, response, and recovery.
- **Greening and Sustainability Best Practices** – Resources compiled by the GIP’s Information Management Committee on best practices in eco-conscious planning and building, with many specifically related to universities and academic medical institutions.
- **New Buildings** – Listing of buildings planned for or under construction at medical schools and hospitals nationwide.

Directories:
- **GIP Membership Directory** – Searchable online database
- **GIP Knowledge Sharing Directory** – This directory provides contact information for GIP members who have volunteered to respond to questions from fellow GIP members on certain topics
GIP Member Resources con’t

Meetings:
• Announcements, calls for proposals, agendas, and logistics for upcoming professional development conferences and meetings.
• Presentations, agendas, and participant lists from past professional development conferences and meetings.

Data Resources:
• Benchmarking Applications Book
• Capital Investment Data
• Survey Projects Schedule
• Medical School Profile System
• Medical School Faculty Salary Survey Reports
• Faculty Roster
• AAMC Data Book
• Organizational Characteristics
• Faculty Personnel Policies

AAMC News and Publications
• Academic Medicine
• Academic Medicine Articles of Interest to GIP Members
• News Releases
• AAMC Reporter
• STAT (Short, Topics and Timely)
• Washington Highlights
About the AAMC

Mission
The AAMC serves and leads the academic medicine community to improve the health of all.

Founded in 1876 and based in Washington, D.C., the Association of American Medical Colleges (AAMC) is a not-for-profit association representing all 141 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 62 Department of Veterans Affairs medical centers; and 93 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians.

Through its many programs and services, the AAMC strengthens the world’s most advanced medical care by supporting the entire spectrum of education, research, and patient care activities conducted by our member institutions. The AAMC and our members are dedicated to the communities we serve and steadfast in our desire to earn and keep the public’s trust for the role we play in improving the nation’s health.

Vision
The vision of the AAMC and its members is a healthy nation and world in which:

- America’s system of medical education, through continual renewal and innovation, prepares physicians and scientists to meet the nation’s evolving health needs.

- The nation’s medical students, biomedical graduate students, residents, fellows, faculty, and the health care workforce are diverse and culturally competent.

- Advances in medical knowledge, therapies, and technologies prevent disease, alleviate suffering, and improve quality of life.

- The nation’s health system meets the needs of all.

- Concern for compassion, quality, safety, efficacy, accountability, affordability, professionalism, and the public good guide the health care community.

- Medical schools and teaching hospitals continually earn the trust and support of the public for their special missions.
The AAMC and our members envision an affordable, safe, equitable, and high quality health care system, an educational continuum that produces the workforce for today and tomorrow’s health needs, and science that constantly improves care.

To achieve this vision, the AAMC and its member medical schools and teaching hospitals are committed to being part of the solution to improve the nation’s health care system and to leading the change that improves health.

**The AAMC’s Areas of Impact**

Working within and across the missions of medical education, care delivery, research, and diversity and inclusion, the AAMC works to promote:

- A continuum of medical education that inspires learners to serve the public, promote health, and improve care.
- A sustainable health care system in which academic medicine plays a unique and important role.
- New knowledge throughout the full spectrum of medical research that improves the health of all.
- A culturally competent, diverse, and prepared health and biomedical workforce that leads to improved health and health equity.

**Strategies for Impact**

The AAMC’s efforts are focused on four strategic portfolios:

- **Policy and Advocacy:** The AAMC is the leading voice of the nation’s medical schools and teaching hospitals with the public and before Congress, federal regulatory agencies, and the executive branch.
- **Learning and Leadership:** The AAMC helps individuals within academic medicine grow and learn in their professional roles and develop their leadership capacities.
- **Member Capacity Building:** The AAMC accelerates the capacities of medical schools and teaching hospitals to tackle their biggest challenges.
- **Services for Aspiring and Current Physicians:** The AAMC plays a continuous role in the educational and career development of health professionals from their first inspiration until retirement.
Operational Strategy

To achieve impact within each of these four portfolios, the AAMC strives to be a high-performing organization. The association has four domains in which it seeks operational excellence:

- **People:** The AAMC places a high priority on attracting, developing, engaging and retaining the talent needed to meet current and future organizational needs.

- **Culture:** The AAMC’s culture of innovation, collaboration, and excellence propels its strategy and impact.

- **Finances:** The AAMC sustains and enhances its financial commitments to execute its strategic portfolio and achieve its mission through effective stewardship.

- **Infrastructure:** The AAMC’s solid and capable infrastructure in information technology, data, facilities, and operations accelerates our ability to achieve our mission.
The AAMC is governed by a 17-member Board of Directors:

- Chair, chair-elect, and immediate past chair
- President/CEO
- Chair and chair-elect of each AAMC membership council (academic societies, deans, teaching hospitals and health systems)
- Seven at-large members to include a student, a resident, and a public member

Visit www.aamc.org for additional information.
AAMC Leadership Team

Visit www.aamc.org for additional information.

Darrell G. Kirch, MD
President and Chief Executive Officer

Ann Bonham, PhD
Chief Scientific Officer

Diana Bourke
Chief Information Officer

Gabrielle V. Campbell, MBA, LLM
Chief Services Officer

Constance M. Filling
Chief Learning Officer

Atul Grover, MD, PhD
Chief Public Policy Officer

Carol Aschenbrener, MD
Chief Medical Education Officer

Bernard K. Jarvis, MBA, CPA
Chief Financial and Administrative Officer

Yvonne Massenburg
Chief Human Resources Officer

Marc A. Nivet, EdD
Chief Diversity Officer

Janis M. Orlowski, MD, MACP
Chief Health Care Officer

John E. Prescott, MD
Chief Academic Officer

Jennifer M. Schlener
Chief of Staff

Elisa K. Siegel
Chief Communications and Marketing Officer

Frank Trinity, JD
Chief Legal Officer
AAMC Staff to the GIP Committee are part of the AAMC’s Academic Affairs cluster.

The Academic Affairs cluster is committed to helping lead administration and management at AAMC member medical schools by providing the tools and resources they need to build strong educational infrastructures and working environments with the capacity to reach their individual missions.

- The cluster’s key constituent contacts are through 7 constituent groups (Group on Women in Medicine and Science, Group on Faculty Affairs, Group on Student Affairs, Organization of Student Representatives, Group on Business Affairs, Group on Institutional Planning, and the COD), which feature professional and leadership activities.

- The cluster’s services and programs are intended to strengthen organizational infrastructures.

Did you know?

AAMC member institutions include:
- the 141 accredited U.S. medical schools
- the 17 accredited Canadian medical schools
- nearly 400 major teaching hospitals and health systems, including 62 Department of Veterans Affairs medical centers
- 93 academic and professional societies

Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians. Each AAMC-member medical school has one primary and up to three alternate student participants in the Organization of Student Representatives. Members of the Organization of Resident Representatives are appointed by academic societies that represent department chairs and program directors.

Visit [www.aamc.org](http://www.aamc.org) for additional information.
AAMC Member Communities

AAMC Membership Councils and Organizations
Council of Academic Societies (CAS)
Council of Deans (COD)
Council of Teaching Hospitals and Health Systems (COTH)
Organization of Resident Representatives (ORR)
Organization of Student Representatives (OSR)

AAMC Professional Development Groups
Chief Medical Officers Group (CMOG)
Government Relations Representatives (GRR)
Graduate Research, Education, and Training Group (GREAT)
Group on Business Affairs (GBA)
Group on Diversity and Inclusion (GDI)
Group on Educational Affairs (GEA)
Group on Faculty Affairs (GFA)
Group on Faculty Practice (GFP)
Group on Information Resources (GIR)
Group on Institutional Advancement (GIA)
Group on Institutional Planning (GIP)
Group on Regional Medical Campuses (GRMC)
Group on Research Advancement and Development (GRAND)
Group on Resident Affairs (GRA)
Group on Student Affairs (GSA)
Group on Women in Medicine and Sciences (GWIMS)

Other AAMC-Member Communities
Compliance Officers’ Forum (COF)
Forum on Conflict of Interest in Academe (FOCI Academe)

Additional Information
For a description of each member community, see below or please visit https://www.aamc.org/members.
AAMC Annual Meeting

National meeting for medical education professionals to present, discuss, exhibit, network, and interchange ideas among diverse segments of the academic medicine community on the major issues and challenges facing medical schools and teaching hospitals.

**Future Annual Meetings**

Nov. 6–11, 2015 – Baltimore

Nov. 11–16, 2016 – Seattle

Nov. 3–8, 2017 – Boston

**Aligning and Educating for Quality (ae4Q)**

The ae4Q initiative is designed to assist the continuing medical education units of academic medical centers to more effectively integrate with performance improvement goals.

**Research on Care Community**

ROCC is the research arm of the AAMC’s Best Practices for Better Care initiative, but is also open to all interested member medical schools and teaching hospitals.

**Joining Forces**

The AAMC is working with practitioners who care for our nation’s military members and their families.

**Leadership and Talent Development**

Working with our member medical schools and teaching hospitals, the AAMC is developing resources and tools to help institutions improve the process by which they search for and select institutional leaders.

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**Current AAMC Initiatives**

**Format**

- Major AAMC programs such as plenary and focus sessions
- Primarily large group sessions
- Some group concurrent sessions
- Collaborative sessions among AAMC memberships
- Networking sessions and opportunities

**Content**

- Major AAMC plenary sessions and discussions focus on national issues in medical education across all AAMC memberships
- Focus on policy over pragmatics
- AAMC technology and services
- Interaction and networking among AAMC groups and external national organizations
AAMC Selected Data Services on the Web

The AAMC maintains a variety of Web resources to support the mission of improving the nation’s health by enhancing the effectiveness of academic medicine. A few of these Web resources are listed below. Medical schools, federal agencies, professional organizations, and the AAMC use these Web resources for various management, planning, evaluation, and research activities. These data services help to inform decisions about important aspects of medical education while protecting individual and institutional confidentiality. Unless noted, users may access each data service at the following site: www.aamc.org/data

The **Medical School Profile System** allows users to produce reports from the annual surveys of the Liaison Committee on Medical Education (LCME). Information is available on a variety of topics, such as on faculty counts, research grants and contracts, student counts, financial aid awards, graduate indebtedness, and revenue sources. Users can pull hundreds of data elements to build custom reports at the password-protected Web site.  
[https://www.aamc.org/data/msps/](https://www.aamc.org/data/msps/)

The **Faculty Salary Survey Reports** display compensation in a number of ways, such as by department, degree, rank, region, and institutional ownership. Access to nine years of standard tables is available to general users. Principal business officers and their designees can create custom benchmarking groups and data displays.  
[https://services.aamc.org/fssreports](https://services.aamc.org/fssreports)

The **Faculty Roster** contains data on faculty and chairs broken out by fields such as department, rank, degree, specialty, sex, and race/Hispanic origin. A password-protected site, [https://services.aamc.org/famous](https://services.aamc.org/famous), permits users to create retention reports, promotion reports, alumni reports, demographic reports, educational reports, and other reports at the institutional and national levels. However, potential users must contact each medical school’s faculty roster representatives about the possibility of receiving access rights. To identify these representatives, visit [https://www.aamc.org/data/facultyroster/](https://www.aamc.org/data/facultyroster/).

The **AAMC Data Book** collates a variety of historical and current information on medical schools, teaching hospitals, faculty, students, applicants, matriculants, graduates, GME programs, health care finances, and biomedical research. The AAMC Data Book is published each year as a bound publication. As new data become available, revisions appear at [www.aamc.org/data/databook](http://www.aamc.org/data/databook).

The **Organizational Characteristics Database** shows institutional-level data about each medical school and its affiliated teaching hospitals, including the relationship of the medical school to its parent university, the ownership of the integrated hospitals, and the legal structure of the practice plans. These data are updated yearly and are available at [www.aamc.org/data/ocd](http://www.aamc.org/data/ocd).

The **Faculty Personnel Policies Database** presents information on the appointment, promotion, and tenure policies for all LCME-accredited medical schools. Since 1994, the AAMC has administered the survey every three years. Among the items addressed on the survey and which comprise the database are probationary period length, stop-the-clock policies, collective bargaining, and financial guarantees associated with tenure.  
[www.aamc.org/members/gfa/private](http://www.aamc.org/members/gfa/private)
The AAMC FACTS tables comprise the most comprehensive and objective data on U.S. medical school applicants, matriculants, enrollment, graduates, Electronic Residency Application Service (ERAS) applicants, and M.D.-Ph.D. students available to the public free of charge. www.aamc.org/data/facts/

*Analysis in Brief* presents recent findings from the AAMC’s data collection and research activities in a concise, easy-to-read report. Published several times a year, it addresses a wide range of topics and trends that affect medical schools and teaching hospitals.

www.aamc.org/data/aib/

Data Requests

To request data or data reports please visit the AAMC Data and Analysis Website at www.aamc.org/data and fill out the online data request form.