2013 AAMC Annual Report
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This is a publication of the Association of American Medical Colleges. The AAMC serves and leads the academic medicine community to improve the health of all. www.aamc.org.
President and Chair’s Message

Dear Friends of the AAMC:

It has been a tumultuous year for all of us who deliver health care, educate or train physicians, conduct medical research, or work in the trenches of health care policy. Faced with the sweeping demands of a changing health care landscape, the AAMC focused its efforts this past year on strategies that would make the most impact in four primary areas: policy and advocacy, learning and leadership, member capacity building, and services for aspiring and current physicians.

AAMC initiatives in 2013 addressed critical issues on all fronts in medical education, care delivery, medical research, and reducing health care disparities. In this annual report, you will see examples of the progress we have made through our work with legislators on Capitol Hill, through holistic review seminars that helped members increase the diversity of medical students, through best practice studies that are leading to better outcomes for patients, and through the development of resources to boost the success of medical school applicants and students. These and other AAMC efforts help strengthen and support the missions of the nation’s medical schools and teaching hospitals, and in turn, the communities they serve.

The AAMC is grateful for all of the support we received from our member institutions during the year. Your voice strengthened our voice in Washington throughout 2013, advancing the commitment we share to improve the health of all. But we are far from done, and 2014 no doubt will bring additional challenges and opportunities for us to address. We look forward to continuing our collaboration into the coming year.

Darrell G. Kirch, M.D.
AAMC President and CEO

Valerie N. Williams, Ph.D., M.P.A.
2012–2013 AAMC Chair
AAMC by the Numbers

The AAMC works to advance members’ missions, provide professional development, and deliver services to the nation’s medical schools and teaching hospitals, applicants, medical students, and residents.

Here are some figures that reflect our efforts in 2013.

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<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>101,242</td>
<td>Medical College Admission Tests® (MCAT® exams) administered</td>
</tr>
<tr>
<td>47,300</td>
<td>Applicants who applied to medical school for the 2013 entering class, as recorded by the AAMC’s American Medical Colleges Application Service (AMCAS®)</td>
</tr>
<tr>
<td>9,534</td>
<td>Number of individuals approved for the AAMC’s Fee Assistance Program, which provides MCAT examinees and AMCAS applicants with financial assistance</td>
</tr>
<tr>
<td>55,872</td>
<td>Electronic Residency Application Service (ERAS®) users</td>
</tr>
<tr>
<td>60</td>
<td>Meetings and conferences hosted</td>
</tr>
<tr>
<td>7,179</td>
<td>Registrations for all AAMC meetings and conferences</td>
</tr>
<tr>
<td>313</td>
<td>Webinars conducted</td>
</tr>
<tr>
<td>10,000+</td>
<td>AAMC webinar participants</td>
</tr>
<tr>
<td>14,103</td>
<td>Constituents who participated in at least one of the AAMC’s 16 professional development groups</td>
</tr>
<tr>
<td>$3,216,338</td>
<td>Dollar amount of grants the AAMC distributed to support member initiatives</td>
</tr>
<tr>
<td>13,193</td>
<td>Number of medical students from the class of 2013 who registered and used the Careers in Medicine® website during their four years of medical school</td>
</tr>
<tr>
<td>408,980</td>
<td>Unique visitors to the Medical School Application Requirements (MSAR®) online directory</td>
</tr>
<tr>
<td>192</td>
<td>Countries represented in MSAR online directory visits</td>
</tr>
<tr>
<td>850,000</td>
<td>Average monthly visitors to the AAMC’s website</td>
</tr>
<tr>
<td>18,756</td>
<td>Followers of @AAMCToday on Twitter</td>
</tr>
<tr>
<td>21,113</td>
<td>Fans of the AAMC Facebook page</td>
</tr>
<tr>
<td>7,288</td>
<td>Subscribers to the AAMC Reporter</td>
</tr>
<tr>
<td>5,806</td>
<td>Number of times Academic Medicine articles were cited</td>
</tr>
<tr>
<td>3,830</td>
<td>Average number of times MedEdPORTAL® educational tools were downloaded each month</td>
</tr>
<tr>
<td>198</td>
<td>Number of countries accessing and using MedEdPORTAL</td>
</tr>
</tbody>
</table>
2013 Year in Review
The AAMC was in high gear this year as the leading advocate of the academic medical community before Congress, the executive branch, and the public. Our battles surrounded federal budget cuts to medical research and teaching hospitals, implementation of the Affordable Care Act, and expanding the number of residency training slots to alleviate the impending physician shortage.

Rallying Against Sequestration

In the face of a $1.5 billion hit to the National Institutes of Health (NIH) and a 2 percent reduction in Medicare payments, AAMC advocacy and communications efforts urged members of Congress to end sequestration cuts to programs vital to the missions of the nation’s medical schools and teaching hospitals.

The AAMC Deans’ NIH Working Group met with officials from the Office of Management and Budget and NIH Director Francis Collins, M.D., to highlight the devastating effects of sequestration on medical research, education, and patient care. In the fall, nearly 200 medical school deans and teaching hospital CEOs signed an AAMC letter to members of Congress that called for a halt to further sequestration budget cuts. The Huffington Post published the letter in its entirety. The AAMC-led Ad Hoc Group for Medical Research also submitted a letter to Senate and House Budget Committee chairs about the damaging impact sequestration has had on the country.

In an opinion editorial published in "Congress Blog," The Hill’s forum for lawmakers and policy professionals, AAMC President and CEO Darrell G. Kirch, M.D., described how patients would be hurt by sequestration’s cuts.

A series of “Second Opinion” podcasts by AAMC Chief Public Policy Officer Atul Grover, M.D., Ph.D., additionally educated congressional staff and the public about the importance of sustaining the nation’s investment in medical research and health care providers.
Advocating for Medical Research

As the sequestration fallout rippled through medical research programs at the nation’s medical schools and teaching hospitals, the AAMC galvanized its resources to educate Congress and other opinion leaders about the consequences of cutting research investments. The AAMC’s Research Means Hope campaign underscored the message through newspaper and radio advertising, as well as through electronic and social media. Twelve leading patient advocacy organizations joined the AAMC in a print ad campaign in key Capitol Hill publications.

In April, the AAMC also participated in the Rally for Medical Research, an event that brought more than 10,000 researchers, patients, and staff from medical schools and teaching hospitals to Washington, D.C., to voice their concerns.

Additionally, the AAMC introduced a new social media resource to spread the word about the importance of sustaining support for publicly funded medical research. Launched in July, the Research Means Hope Tumblr feed highlights the life-changing research medical schools and teaching hospitals are conducting across the country. Hundreds of blog posts, patient stories, and videos submitted by AAMC-member institutions illustrate the advances scientists and physicians are making at the nation’s medical schools and teaching hospitals. The entries are searchable by state, disease category, institution, and funding source.
Increasing Support for Graduate Medical Education

With a shortage of 90,000 doctors across all medical specialties predicted by 2020, the AAMC seized every opportunity to educate Congress and the public about the impact of potential budget cuts to graduate medical education (GME) and the need to expand the number of residency training slots at the nation’s teaching hospitals.

Central to this effort, the association pushed for legislation to expand Medicare’s support of GME and enhance teaching hospital accountability for this funding. Academic medicine advocates also supported legislation (the Resident Physician Shortage Reduction Act) that would create an additional 4,000 residency training slots at the nation’s teaching hospitals.

To advance these efforts, the AAMC, in conjunction with more than 40 physician and hospital groups, led an advocacy campaign that consisted of advertisements in Capitol Hill publications, a letter to Congress co-signed by the groups, and a series of briefings on Capitol Hill urging lawmakers to increase federal funding for GME.

In a letter to the editor published in *The New York Times*, AAMC President and CEO Darrell G. Kirch, M.D., noted that new technology and new models of care, while essential, are not enough to stem the impending physician shortage; more physicians—in all specialties—are needed as well. AAMC Chief Public Policy Officer Atul Grover, M.D., Ph.D., reinforced this message in appearances on NBC News and Fox News, and in other major media outlets.
Working to Repeal the Sustainable Growth Rate

The AAMC worked closely with congressional leaders to try to reform the Medicare physician payment system and repeal the sustainable growth rate (SGR) without cutting GME to do so.

The AAMC provided expertise to House and Senate committees about the necessity of repealing the flawed SGR formula to return stability to Medicare physician payments and ward off a shortage of physicians who treat Medicare patients. In a sign of progress, three congressional committees passed legislation that incorporated AAMC-supported amendments to reform Medicare physician payment, repeal the SGR, and move toward paying for quality rather than quantity. Unfortunately, the congressional calendar ran out of time at year’s end, and Congress once again was forced to pass another short-term SGR patch.

Expanding Coverage Through the Affordable Care Act

As one of the first health care organizations to publicly support passage of the Affordable Care Act (ACA), the AAMC continued its support of the new law by assisting in a nationwide effort to help the public learn more about the changes to the health insurance marketplace and how to enroll in health plans. As a participant in the federal “Champion for Coverage” outreach initiative, the AAMC encouraged physicians, staff, students, and others at medical schools and teaching hospitals to share ACA coverage information with patients, families, and community groups. Examples of these efforts were shared with the White House and Centers for Medicare & Medicaid Services to show other groups what can be done in their communities.

Moving Forward After Fisher

As part of its national public policy efforts to advance diversity, the AAMC, along with 29 other leading health education and professional organizations, filed an amicus brief in support of the policy of the University of Texas to consider an applicant’s race as part of a holistic review process to increase diversity in the student body. Although the U.S. Supreme Court sent the case back to the appeals court for review, its June decision in Fisher v. University of Texas at Austin reaffirmed the educational benefits of diversity and the appropriateness of individualized holistic review in admissions.

In the wake of the decision, the association also produced a variety of resources to provide guidance to medical school admissions officers on the potential consequences of the case’s outcome. Resources included a podcast, an interactive webinar, a session at the 2013 annual meeting in Philadelphia, and an update of the publication, Roadmap to Diversity: Key Legal and Educational Policy Foundations for Medical Schools.
Learning and Leadership

The AAMC continued to offer a robust array of programs, resources, and print and online offerings in 2013 to help faculty and staff within academic medicine grow in their professional roles, develop their leadership capacities, and prepare for the health system of the future. As part of the association’s expanding offerings for faculty members, the association launched an intensive two-year certificate program for early to mid-career faculty focused on successful leadership in academic medicine, among several other new initiatives.

AAMC, BMJ Collaborate to Create Online Platform

To help academic medical centers shift from standard fee-for-service to value-based payment models under the Affordable Care Act, the AAMC began a new collaboration with BMJ, a leading global health information provider. Drawing on the lessons learned from the AAMC’s role as a facilitator/convener in the Bundled Payments for Care Improvement Initiative established by the Centers for Medicare & Medicaid Services, the AAMC and BMJ worked together to develop e-learning and online tools to help teaching hospitals and other health care professionals navigate new alternate payment systems. The online platform, “Maximizing Value: Payment Models and Care Redesign,” contains CME-accredited learning modules; in-depth reviews of inpatient, primary care, and post-acute care redesign; evidence-based guidelines; and proven engagement strategies that have worked in real-life settings. An institutional license provides unlimited access, and a free readiness assessment is available to help organizations determine if they are ready to transition from a fee-for-service to a value-based payment model.

Advancing Diversity and Inclusion

With growing recognition that diversity and inclusion are driving indicators of excellence in academic medicine, the AAMC bolstered efforts to help members enhance their cultural competence and reduce health care disparities. The association released the Diversity Engagement Survey in collaboration with the University of Massachusetts Medical School and DataStar to provide institutions the opportunity to analyze and track their progress in achieving diversity goals. The association also launched its Diversity 3.0 Learning Series, including a webcast and guide on Assessing Institutional Culture and Climate. The AAMC’s Healthcare Executive Diversity and Inclusion Certificate Program and the Learning Lab on Unconscious Bias in the Health Professions provided additional vehicles for professional development.

At the same time, the AAMC employed grassroots and community initiatives to improve access to its resources and programs in underserved communities. The Tour for Diversity in Medicine and Young Docs DC encouraged and supported minority students interested in health care careers. In addition, the AAMC signed a memorandum of understanding with the Association of American Indian Physicians, National Hispanic Medical Association, and National Council of Asian Pacific Islander Physicians to solidify their partnerships.
New Chief Learning Officer and Learning Unit

Constance Filling joined the AAMC in 2013 to serve as the association’s first chief learning officer. In this capacity, Filling leads a newly created learning unit and is responsible for developing an overall strategy and suite of programs that support the association’s vision and mission in advancing medical education, research, and patient care through learning. Filling previously served as chief education officer of the American Academy of Orthopaedic Surgeons. Prior to that, she worked for the College of American Pathologists, first as vice president of education and then as vice president of learning and publications.

Select 2013 Publications

Producing compelling publications on topics related to academic medicine is an essential component of the AAMC’s service to its members and the public. All publications are available from the AAMC Publications site, many as free, downloadable files. Following are some of the works published in 2013.

The AAMC Handbook of Academic Medicine: How Medical Schools and Teaching Hospitals Work (3rd Edition)

Report on Medical School Faculty Salaries 2012–2013

Becoming a New Teaching Hospital: A Guide to the Medicare Requirements 2013

Diversity in Medical Education: Facts & Figures 2012

Physician Education Debt and Cost to Attend Medical School 2012 Update

MSAR®: Getting Started (2013 Edition)

AAMC Data Book: Medical Schools and Teaching Hospitals by the Numbers 2013

The Official Guide to the MCAT® Exam, 3rd Edition

Promising Practices for Promoting Faculty Engagement and Retention at U.S. Medical Schools

2013 State Physician Workforce Data Book

Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident, and Advisor Needs to Know 2013
AAMC Convenes Academic Medicine Leaders to Plan for the Future

The AAMC gathered deans, CEOs, practice plan leaders, and chief medical officers for the first of what will be an annual meeting to shape the business, clinical, and education models for the year ahead. The 2013 Joint Gathering of the Council of Deans (COD), Council of Teaching Hospitals (COTH)/Chief Medical Officers Group (CMOG), and Group on Faculty Practice (GFP) in Arizona featured plenary sessions and breakout groups that allowed leaders to develop and share strategies for organizational improvement and providing quality care.

Academic Medicine and Health Affairs Hold Joint Workforce Briefing

The health care workforce of the future was the focus of companion theme issues and a joint briefing by Academic Medicine, the AAMC’s peer-reviewed journal, and Health Affairs in November in Washington, D.C. The December issues of both journals featured a collection of articles on workforce topics ranging from graduate medical education to new models of care delivery. At the November briefing, panelists presented from both collections. The program also included a keynote address by Princeton professor Uwe Reinhardt and remarks by Reps. Allyson Schwartz (D-Pa.) and Aaron Schock (R-Ill.). The articles are available for free in a special Academic Medicine issue.

Leadership Forum Summit Underscores Need for Health Care Changes

To help leaders of academic medical centers deepen their understanding of the shifting economic landscape, the AAMC held a Leadership Forum Summit in February. The meeting brought together more than 100 leaders from the nation’s medical schools and teaching hospitals to discuss Navigating the New Realities of Academic Medicine: Implications and Opportunities for a Sustainable Future. Guest speakers framed the policy and finance challenges faced by academic medical centers and provided practical ideas for executing change. In addition, participants generated creative ideas in breakout discussions about future models of research, clinical care, medical education, and leadership in academic medicine. A publication summarizing the forum discussions, including tools for developing institutional strategies, is available free of charge to AAMC members.
The AAMC works to accelerate the capacities of its member medical schools and teaching hospitals to help them tackle their biggest challenges in research, education, and patient care. AAMC programs cover a broad range of partnerships, hands-on workshops, consulting and technical assistance, and quality-improvement initiatives. More than 100 medical schools and 100 teaching hospitals participated in at least one AAMC capacity-building program in 2013.

The Case for Research Evaluation
To help medical schools demonstrate the impact of their research investments, the AAMC launched an effort to develop better evaluation frameworks to communicate research outcomes to various public stakeholders. Known as the Research Evaluation Initiative, the project began with a report commissioned from RAND Europe reviewing current research evaluation frameworks and tools. Three panels of key research leaders and stakeholders are laying the groundwork for recommendations in 2014 that will help AAMC members develop reliable metrics to evaluate the outcomes and impacts of their research investments.

Bundled Payments for Care Improvement
With the Affordable Care Act in place, health care providers are being challenged to provide more value-based care. Fourteen academic medical institutions convened by the AAMC and selected by the Centers for Medicare & Medicaid Services (CMS) are among those taking a leading role in Bundled Payments for Care Improvement (BPCI). The CMS initiative will test how bundling payments for episodes of care can result in more coordinated care for beneficiaries and lower costs for Medicare. Fifty other academic medical centers will participate in the initiative as well. In collaboration with global health information provider BMJ, the AAMC also created a subscription-based online platform for navigating alternative payment models.
Spearheading Quality Improvements

Through consultations and support services, the association’s ae4Q (Aligning and Educating for Quality) initiative helped the continuing medical education units of 23 academic medical centers align their efforts with system-wide performance improvement goals. In addition, a pilot study of 11 sites conducted by AAMC staff demonstrated high-impact educational and organizational enhancements and measurable improvements in clinical outcomes. This included the appointment of performance/quality improvement faculty liaisons in many clinical departments and the development of cross-departmental training and education programs in quality improvement. One pilot site, for example, reported a decline in venous thromboembolism (blood clots) as a result of a system-wide education campaign.

Enhancing Research Capacity

The AAMC honored 13 institutions for winning the association’s Learning Health System Challenge and Planning Awards that encourage medical schools and teaching hospitals to seek innovative system-wide processes to improve medical education, care delivery, research, and diversity and inclusion.

Best Practices for Better Care Initiative Leads to Performance Improvements

Case studies at five academic medical institutions published this year showed that the Best Practices for Better Care (BPBC) initiative was effective in substantially improving quality and safety performance. The AAMC and the University HealthSystem Consortium established the BPBC initiative in 2011 to identify and share proven practices in quality and patient safety from the perspective of the clinical learning environment. These practices include use of surgical checklists, central line protocols, and strategies to reduce infections and cut hospital readmissions.

BEST PRACTICES FOR BETTER CARE
LEADING CHANGE TO IMPROVE HEALTH

Tackling Health Care Disparities

As a partner in the Urban Universities for HEALTH project, the AAMC focused attention on the shortage of diverse and culturally prepared professionals to deliver health in urban underserved areas. The project convened 50 university leaders in June to discuss evidence-based approaches to tackling health disparities through workforce development. Afterward, the group released an action plan that addressed cultural competence, recruitment and admissions practices to achieve diversity, and urban education programs. In addition, the project received supplemental federal funding to launch a national study to gather data on the impact of using holistic review in the admissions process—with a particular focus on nursing—as a means to create a more diverse, culturally competent workforce of health professionals.
Boosting Faculty Engagement and Organizational Performance

Faculty satisfaction and engagement are linked to higher quality patient care, lower mortality rates, increased productivity, and an improved bottom line, research confirms. The AAMC developed the Faculty Forward Engagement Survey to help member institutions assess and respond to faculty needs—a key to attracting and retaining exceptional faculty members and raising the performance level of the organization.

The success of six medical schools that used the survey data to improve their institutions are chronicled in a new AAMC publication, *Promising Practices for Promoting Faculty Engagement and Retention at U.S. Medical Schools*. The report compares faculty engagement and retention data from the institutions’ AAMC Faculty Forward Engagement Surveys in 2009 and 2011. With information from the reports, the institutions were able to raise faculty engagement levels by making improvements to the workplace, providing support to build faculty morale and motivation, and offering resources for professional development.

Achieving Diversity Through Holistic Admissions

Since the association established the Holistic Review Project in 2007, the effort has continued to develop tools and resources to help medical schools create and sustain diversity in the student body. Following the Supreme Court’s *Fisher* decision in June, the AAMC responded to questions from members with a host of tools and resources to guide them through the complex issues associated with holistic admissions. The third *Roadmap to Excellence* report features concepts and tools to help medical schools assess the impact of holistic admissions on enrollment management, the learning environment, and workforce outcomes at institutions.

For institutions reassessing their admissions and enrollment management policies in light of the *Fisher* decision, the Holistic Review Project offered a podcast and interactive webinar as well as a session at Learn, Serve, Lead: the AAMC 2013 Annual Meeting. In addition, the association held workshops for admissions committees on the campuses of 11 member medical schools.
Throughout the year, the AAMC worked to expand and improve its service programs in an effort to create a more unified, customer-friendly experience for medical school applicants, students, and residents transitioning into their professional careers. The association also helped its member medical schools and teaching hospitals navigate the medical education landscape through better data tools, increased information access, online resources, partnerships, and quality initiatives.

The Pivio™ System: The Preferred Standard in Lifelong Career Documentation for Aspiring and Practicing Physicians

After several years of development, the AAMC and the National Board of Medical Examiners (NBME) began beta testing a new career management tool, known as the Pivio™ System. The service allows premedical and medical students, residents, and physicians to store, review, and transfer their education and career data. The system also will enable users to document, track, and share data easily with licensing and credential verification organizations.

Ultimately, the system is being designed to serve as an essential tool for competency mastery and lifelong learning, which ultimately should lead to even better patient care. When launched in 2014, the Pivio System will integrate with NBME and with AAMC services, and connect with organizations that assess and license physicians.

A Suite of Student Services

The AAMC’s services programs enable individuals to manage all phases of their medical careers, from aspiring doctors to practicing physicians. At Learn, Serve, Lead: the AAMC 2013 Annual Meeting, association staff introduced members to some of the newest services, such as the Pivio™ System, in a large exhibit area that highlighted the interconnectedness of AAMC programs.
Competition Spurs Creative Video Tutorials for MCAT® Exam Prep

The AAMC collaborated with the Khan Academy and the Robert Wood Johnson Foundation on a project to help prospective medical students prepare for the newly revised Medical College Admission Test® (MCAT® exam) that will be administered in spring 2015. Through the partnership, the groups sponsored a competition to develop online video tutorials for the new exam.

The 15 contest winners were invited to Silicon Valley, where they received training on how to create effective interactive online educational videos. The new tutorials are available in the Pre-health Collection of the AAMC’s MedEdPORTAL® iCollaborative, a searchable online repository of instructional materials for teaching pre-health curricula. The tutorials, available free of charge, are expected to be especially useful to students who cannot afford to take test preparation courses.

Data Commons, LLC: New AAMC Partnership Improves Access to Physician Data

The AAMC, in partnership with five other leading physician education and assessment organizations, launched Data Commons, an online hub where selected information from the groups’ databases can be shared with researchers, policymakers, analysts, and others seeking data about U.S. physicians. The ability to gather physician information simultaneously from six national organizations saves significant time and expense. Beginning early in 2014, users will be able to access data ranging from basic demographics to educational background, training, credentialing, and practice specialty in one transaction, for one fee. The AAMC’s joint partners for Data Commons include the American Board of Family Medicine, American Board of Pediatrics, Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, and National Board of Medical Examiners.

AAMC Launches Global Health Education Collaborative

More than 50 U.S. and international medical schools now participate in the AAMC Global Health Learning Opportunities (GHLO®) Collaborative. The GHLO network, launched as a pilot in 2012, was established by the AAMC to facilitate international mobility of final-year medical students as well as support faculty wanting to expand the global reach of their institutions. Through the GHLO Application Service, participants have access to clinical, research, and public health opportunities around the world. The intent of the program is to reinforce the value of cultural contexts in medical education and develop greater cross-cultural understanding and awareness.
LCME Council Established to Support Accreditation Activities

To codify their ongoing commitment to support the medical education accreditation process, the AAMC and the American Medical Association (AMA) signed a formal memorandum of understanding in 2012. The agreement established the Liaison Committee on Medical Education (LCME) Council to provide ongoing strategic planning and communications support for LCME accreditation activities. The council, which began its work in 2013, will lead multiyear planning for the LCME, identify strategic opportunities, allocate resources, and support LCME standard revisions. The nine-member council includes representatives from the AAMC, AMA, and LCME.

Agreement Formalizes Accreditation of U.S. and Canadian Medical Education Programs

In another initiative to ensure quality standards in medical school programs, the Liaison Committee on Medical Education and the Committee on Accreditation of Canadian Medical Schools formalized their partnership through a memorandum of understanding. The landmark agreement, signed at the Canadian Embassy in December by leaders of the AAMC, American Medical Association, Canadian Medical Association, and Association of Faculties of Medicine of Canada, reflects six principles of accreditation, as well as components that are specific to U.S. and Canadian medical program accreditation. Regular review of the principles will ensure both countries continue to meet the high standards of a premier medical education system.

Medloans® Organizer and Calculator Tailored for Dental Students

More than 20,000 medical students or recent graduates have taken advantage of the AAMC’s free online Medloans® Organizer and Calculator since its introduction in 2010. This year, the association customized the popular debt management tool so that dental students could organize, store, and track information securely on their student loans, too. The Dental Loan Organizer and Calculator was designed to calculate and evaluate a variety of repayment schedules based on each student’s individual education and career plans. The AAMC collaborated with the American Dental Education Association to make this interprofessional initiative possible. The calculator is free for all dental students and graduates.
Learn, Serve, Lead: The AAMC 2013 Annual Meeting

The AAMC 2013 Annual Meeting attracted nearly 4,800 registrants—the highest number ever. With a theme of “The Change Imperative,” the meeting featured an energizing roster of speakers and hundreds of sessions addressing issues that will shape the future of medical education, research, and clinical care.

In his address, “Our Moment of Truth,” AAMC President and CEO Darrell G. Kirch, M.D., spoke about the need for medical schools and teaching hospitals to assume responsibility for transforming the health care system.

AAMC Chair Valerie N. Williams, Ph.D., M.P.A., used a dance metaphor to outline her vision for change in academic medicine, urging meeting attendees to remain steady and to partner with each other during this major transitional period for the health care system.

Keynote speakers Joe Scarborough and Mika Brzezinski, co-hosts of MSNBC’s Morning Joe, offered their perspective on the political gridlock in Washington, D.C. Plenary speakers included Ian Morrison, Ph.D., health care futurist and author; Daphne Koller, Ph.D., professor of computer science at Stanford University and co-founder and CEO of Coursera; and Adam Grant, Ph.D., author and professor at the Wharton School of Business, University of Pennsylvania. In addition, Kirch and members of the AAMC Leadership Team answered questions from a virtual and live audience during an hour-long Town Hall meeting.

Plenary speakers examined the imperative for change through a variety of lenses. Pictured left to right are Ian Morrison, Ph.D., health care futurist and author; Daphne Koller, Ph.D., professor of computer science at Stanford University and co-founder and CEO of Coursera; and Adam Grant, Ph.D., author and professor at the Wharton School of Business.

AAMC President and CEO Darrell G. Kirch, M.D., and members of the Leadership Team answered questions from a virtual and live audience during an hour-long Town Hall meeting with a live-streaming webcast.
Thought Leader session speakers included Pulitzer Prize-winning journalist and author Anna Quindlen (pictured above); Aaron Shirley, M.D., chair, Jackson Medical Mall Foundation; Jeffrey Brenner, M.D., medical director, Urban Health Institute at Cooper University Healthcare, and executive director, Camden Coalition of Healthcare Providers; Heerad Sabeti, co-founder, transForms, FB and Fourth Sector Network; and Deborah Estrin, Ph.D., professor of computer science, Cornell Tech; professor of public health, Weill Cornell Medical College; and co-founder, Open mHealth.

Bringing Members Together

This year, the AAMC encouraged institutions to attend the annual meeting in teams through the “Making the Most” program. More than 1,000 individuals from 62 institutions took advantage of the opportunity. The meeting’s exhibition hall featured 188 booths, demonstrations, and opportunities to connect with exhibitors showing their products and services. The AAMC also debuted an interactive pavilion where attendees could learn about the association’s programs and services, watch video displays, view demos, and talk with staff.

The AAMC website features meeting highlights and photos.
2013 AAMC Award Winners

Each year at the annual meeting, the AAMC presents its major awards honoring individuals and programs making significant contributions in the fields of medical education, research, and community service. Read more about these outstanding individuals and view photos from the AAMC Annual Meeting awards dinner.

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<tr>
<th>Award</th>
<th>Winner</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAMC Award for Distinguished Research in the Biomedical Sciences</td>
<td>Huda Akil, Ph.D.</td>
<td>University of Michigan Medical School</td>
</tr>
<tr>
<td>Arnold P. Gold Foundation Humanism in Medicine Award</td>
<td>Lee Todd Miller, M.D.</td>
<td>University of California, Los Angeles (UCLA)</td>
</tr>
<tr>
<td>Abraham Flexner Award for Distinguished Service to Medical Education</td>
<td>Deborah E. Powell, M.D.</td>
<td>University of Minnesota Medical School</td>
</tr>
<tr>
<td>David E. Rogers Award</td>
<td>Gilbert S. Ommen, M.D., Ph.D.</td>
<td>University of Michigan Medical School</td>
</tr>
<tr>
<td>Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award</td>
<td>Cynthia Lance-Jones, Ph.D.</td>
<td>University of Pittsburgh School of Medicine</td>
</tr>
<tr>
<td>Herbert W. Nickens Award</td>
<td>Aaron Shirley, M.D.</td>
<td>Jackson Medical Mall Foundation</td>
</tr>
<tr>
<td>Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award</td>
<td>Stuart Slavin, M.D., M.Ed.</td>
<td>Saint Louis University School of Medicine</td>
</tr>
<tr>
<td>Spencer Foreman Award for Outstanding Community Service</td>
<td>University of Wisconsin School of Medicine and Public Health</td>
<td></td>
</tr>
<tr>
<td>Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award</td>
<td>Roy Ziegelstein, M.D.</td>
<td>Johns Hopkins University</td>
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</tbody>
</table>
About the AAMC
AAMC Mission and Membership

The mission of the AAMC is to serve and lead the academic medicine community to improve the health of all. The AAMC represents all 141 accredited U.S. medical schools and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and nearly 90 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 America’s medical schools and teaching hospitals.

Learn more about the AAMC’s mission, vision, and areas of strategic focus.

AAMC Deepens Commitment to Faculty

To enhance the role of medical school faculty in the AAMC, the Council of Academic Societies (CAS) transitioned to become the Council of Faculty and Academic Societies (CFAS) in July. The new council includes two faculty appointments from each AAMC-member medical school (including one junior and one senior faculty member) and two representatives from each of the existing academic and scientific society members of the former CAS. The chair and chair-elect of the new CFAS serve on the AAMC Board of Directors. The new structure reflects a growing consensus that academic medicine needs to engage current and future leaders to successfully address pressing national challenges.

AAMC Welcomes New Chief Information Officer

Diana Bourke became the association’s new chief information officer in September. Her role includes the development of long-term strategic plans in information technology and governance processes. Most recently, Bourke served as senior vice president of operations and technology at LifeCare, Inc., where she was responsible for service delivery operations, IT, and software development. Prior to LifeCare, she worked in a variety of businesses, from technology start-up firms to large corporations.
AAMC 2012–13 Board of Directors

Chair:
Valerie N. Williams, Ph.D., M.P.A.
University of Oklahoma
Health Sciences Center

Chair-elect:
Lorris Betz, M.D., Ph.D.
University of Utah

Immediate Past Chair:
Mark R. Laret
University of California, San Francisco

President and CEO:
Darrell G. Kirch, M.D.

Marna Borgstrom
Yale-New Haven Health System

Sheila P. Burke, R.N., M.P.A.
Harvard University

Ruth-Marie E. Fincher, M.D.
Georgia Health Sciences University

Rosemarie L. Fisher, M.D.
Yale University

Robert J. Laskowski, M.D., M.B.A.
Christiana Care Health System

Brenessa M. Lindeman, M.D.
Johns Hopkins University

J. Lloyd Michener, M.D.
Duke University

Kathleen G. Nelson, M.D.
University of Southern California

Harold L. Paz, M.D.
Pennsylvania State University

Marsha D. Rappley, M.D.
Michigan State University
College of Human Medicine

Benjamin P. Sachs, M.D., M.B., B.S., D.P.H.
Tulane University

David J. Skorton, M.D.
Cornell University

Catherine S. Spina
Boston University
The AAMC is governed by a 17-member board of directors, which manages the affairs of the association by providing strategic direction, fiduciary oversight, and generative thinking. The board includes the AAMC chair, AAMC chair-elect, AAMC past chair, AAMC president and CEO, the Council of Deans chair and chair-elect, Council of Teaching Hospitals and Health Systems chair and chair-elect, Council of Faculty and Academic Societies chair and chair-elect, a resident physician, a medical student, at least one public member, and various at-large members.

Significant actions of 2013 include:

- Granting AAMC membership to Akron General Medical Center, Albert Einstein Medical Center, Denver Health and Hospital Authority, Erlanger Health System, and Sentara Norfolk General Hospital
- Granting AAMC corresponding membership to West Kendall Baptist
- Granting AAMC full membership to Florida International University Herbert Wertheim College of Medicine, Texas Tech University Health Sciences Center Paul L. Foster School of Medicine, and University of Central Florida College of Medicine
- Granting AAMC membership to the American Board of Addiction Medicine Foundation, Consortium of Academic Health Centers for Integrative Medicine, and Society of Academic Anesthesiology Associations
- Approving revisions to the rules and regulations of the Group on Regional Medical Campuses (GRMC) and Group on Women in Medicine and Science (GWIMS)
- Approving M. Roy Wilson, M.D., to complete the term of David Skorton, M.D.
- Approving the 2013–14 Board of Directors slate
- Endorsing the continuation of the Leadership Forum
- Convening the February 2013 Leadership Forum Summit, “Navigating the New Realities of Academic Medicine: Implications and Opportunities for a Sustainable Future”
- Approving the June 2014 Leadership Forum focus on faculty
- Awarding Distinguished Service membership to Thomas J. Lawley, M.D., and Anthony A. Meyer, M.D., Ph.D.
- Awarding emeritus membership to Luis (Gabe) Navar, Ph.D.
- Awarding Special Recognition Awards to Carolyn M. Clancy, M.D.; Arnold P. Gold, M.D.; Sandra O. Gold, Ed.D.; Joan Rachlin, J.D., M.P.H.; and Marjorie A. Speers, Ph.D.
Councils and Organizations

Council of Deans (COD)
The purpose of the Council of Deans (COD) is the continuing improvement of the nation’s medical schools. As a forum, the COD identifies issues affecting academic medicine and develops strategies to achieve the various missions of medical schools.

Council of Teaching Hospitals and Health Systems® (COTH®)
The AAMC’s Council of Teaching Hospitals and Health Systems (COTH) is composed of approximately 400 major teaching hospitals and health systems, including 51 Veterans Affairs medical centers.

Council of Faculty and Academic Societies (CFAS)
The Council of Faculty and Academic Societies (CFAS) represents academic faculty within the governance of the AAMC. It includes faculty representatives from all member AAMC medical schools and member academic societies. The CFAS provides a strong faculty voice within AAMC’s leadership structure and represents the full range of faculty at medical schools and teaching hospitals.

Organization of Resident Representatives (ORR)
The mission of the Organization of Resident Representatives (ORR) is to improve resident physician education and training for the purpose of improving the quality of health care.

Organization of Student Representatives (OSR)
The Organization of Student Representatives (OSR) represents medical students nationwide and provides an active role for students in advancing the AAMC mission to improve the nation’s health. Additionally, the OSR seeks to ensure that students actively participate in directing their education, preserving their rights, and delineating their professional responsibilities. To this end, the OSR gives medical students a voice in academic medicine at the national level and strives to foster student involvement and awareness in this arena at a local level.

Professional Development Groups

Chief Medical Officers Group (CMOG)
The Chief Medical Officers Group (CMOG) provides information, networking opportunities, and professional development resources for CMOs and other physicians who lead clinical programs in AAMC-member organizations.

Compliance Officers’ Forum (COF)
The Compliance Officers’ Forum (COF) is composed of compliance leaders from AAMC-member medical schools, teaching hospitals, and health systems. The COF provides a national forum for networking, professional development, and collaborative opportunities.

Forum on Conflict of Interest in Academe (FOCI Academe®)
The Forum on Conflict of Interest in Academe offers educational opportunities related to conflict of interest issues; provides a national forum for discussion of the development and application of conflict of interest standards related to research, medical education, and clinical decision-making; and serves as a resource for institutions, policymakers, the media, and the public.

Government Relations Representatives (GRR)
The Government Relations Representatives (GRR) advances nonpartisan advocacy for academic medicine by providing a forum for federal relations staff at medical schools, teaching hospitals, and academic societies to consult with AAMC staff on evolving federal legislative and regulatory issues, initiatives, and strategies.

AAMC AFFINITY GROUPS

The AAMC’s affinity groups provide constituents from AAMC-member institutions with opportunities for professional development, networking, and collaboration.
Group on Business Affairs (GBA)
The Group on Business Affairs (GBA) advances administrative and fiscal management in academic medical institutions to support medical education, research, and health care.

Group on Diversity and Inclusion (GDI)
The Group on Diversity and Inclusion (GDI) serves as a national forum and recognized resource to support the efforts of AAMC-member institutions and academic medicine at the local, regional, and national levels to realize the benefits of diversity and inclusion in medicine and biomedical sciences.

Group on Educational Affairs (GEA)
The purpose of the Group on Educational Affairs (GEA) is to advance medical education and medical educators through faculty development, curriculum development, educational research, and assessment in undergraduate, graduate, and continuing medical education.

Group on Faculty Affairs (GFA)
The mission of the Group on Faculty Affairs (GFA) is to build and sustain faculty vitality in medical schools and teaching hospitals. The GFA supports faculty affairs deans and administrators in their development and implementation of institutional policies and professional development activities that advance the academic missions of teaching, research, and clinical care.

Group on Faculty Practice (GFP)
The Group on Faculty Practice (GFP) is composed of physician leaders and administrative executives from medical school-affiliated faculty practice plans. The GFP works to advance the clinical mission of academic medical centers.

Group on Graduate, Research, Education, and Training (GREAT)
The Group on Graduate, Research, Education, and Training (GREAT) provides professional development to, and fosters the exchange of information and ideas among, the faculty and administrative leaders of biomedical Ph.D., M.D.-Ph.D., and postdoctoral programs.

The Group on Institutional Advancement (GIA)
The Group on Institutional Advancement (GIA) is the only national professional development group devoted exclusively to the role of institutional advancement in academic medicine. GIA resources and peer-to-peer connections enable members to increase awareness, understanding, and support among the public, the media, alumni, policymakers, and donors for medical education, health care, and biomedical research. The GIA supports all advancement professionals whose work largely falls within five broad disciplines: alumni relations, communications, development, marketing, and public affairs.

Group on Information Resources (GIR)
The Group on Information Resources (GIR) promotes excellence in the application and integration of information resources in academic medicine. In an age when information technology is a strategic asset, GIR's research, professional development, and policy setting is vital to the advancement of medical teaching institutions.

Group on Institutional Planning (GIP)
The primary mission of the AAMC’s Group on Institutional Planning (GIP) is to advance the discipline of planning in academic medicine by enhancing the skills and knowledge of professional planners; to promote the value of planning; and to connect people, resources, and ideas.

Group on Regional Medical Campuses (GRMC)
The Group on Regional Medical Campuses (GRMC) fosters professional growth and development, information sharing, communication, and discussion of key issues among administrators, staff, and faculty of regional medical campuses.

Group on Research Advancement and Development (GRAND)
The AAMC’s professional development group for research deans provides a national forum for action on issues critical to the research enterprise, and for linking advances in research with improvements in health.

Group on Resident Affairs (GRA)
The Group on Resident Affairs (GRA) promotes exemplary leadership for high-quality graduate medical education (GME) and is the authoritative source on GME principles and practices in the medical education continuum within the AAMC and nationally.

Group on Student Affairs (GSA)
The Group on Student Affairs addresses issues in medical school admissions, student financial aid, medical student diversity, student affairs, and student records at all member medical schools.

Group on Women in Medicine and Science (GWIMS)
The Group on Women in Medicine and Science (GWIMS) advances the full and successful participation of women within academic medicine by addressing gender equity, recruitment and retention, awards and recognition, and career advancement.
The AAMC provides an array of essential services and resources to member medical schools and teaching hospitals, applicants, students, residents, and medical education.

**American Medical College Application Service (AMCAS®)**
AMCAS is a centralized application processing service for first-year applicants to participating medical schools. Most U.S. medical schools used AMCAS as the primary application method for the 2013 entering class.

**Careers in Medicine® (CiM)**
CiM is designed to help medical students identify career goals, explore specialty and practice options, choose a specialty, select and apply to residency programs, and make career decisions.

**Electronic Residency Application Service (ERAS®)**
ERAS streamlines medical students’ transition to residency by transmitting standardized applications, letters of recommendation, Medical Student Performance Evaluations, transcripts, and other supporting credentials to residency program directors.

**FindAResident®**
This Web-based service is designed to help administrators and program directors fill open residency and fellowship positions.

**Global Health Learning Opportunities (GHLO®)**
Global Health Learning Opportunities (GHLO®) is an application service that facilitates clinical, global health, and research elective rotations globally for final-year medical students. The GHLO application service utilizes a Web-based platform that streamlines the process for students, enables home schools to endorse student applications and track progress, and allows host institutions to publish and manage elective offerings, student selection, and evaluation.

**GME Track®**
A resident database and tracking system, GME Track assists GME administrators and program directors in the collection and management of GME data.

**MedEdPORTAL®**
A free online database, MedEdPORTAL facilitates sharing of peer-reviewed educational material.

**Medical College Admission Test® (MCAT®)**
The MCAT exam is a standardized test that assesses knowledge of science concepts necessary for the study of medicine, as well as problem solving, critical thinking, and writing skills.

**Visiting Student Applicant Service (VSAS®)**
VSAS makes it easier for U.S. medical students to apply online for elective courses at other LCME-accredited medical schools or independent academic medical centers by submitting a single application for all institutions.

**Pivio™**
This new interactive tool, developed by the AAMC and the National Board of Medical Examiners (NBME), enables premedical and medical students, residents, and physicians to store and view their educational and professional data in one secure place. Over time, the Pivio™ System will allow physicians and physicians in training to monitor and track competency development, and ultimately will be integrated with AAMC services such as the Electronic Residency Application Service (ERAS®).

Find more information about these and other AAMC services.
Financial Report

Financial Position
FY 2013

Highlights

• Total assets as of June 30, 2013, were $418.9 million, $21.5 million more than the previous year. The increase is attributable primarily to construction of the new AAMC headquarters building and investment gains.

• The total values of cash and investments as of June 30, 2013, were $153.7 million, an increase of 4.1 percent from the prior year.

• For the year ended June 30, 2013, the AAMC had an increase in net assets from operations of $12.1 million, compared with $5.2 million in the previous year. Adding non-operating gains of $2 million resulted in a total increase in the AAMC’s net assets of approximately $14.1 million. Total net assets as of June 30, 2013, were $146.8 million.

Operating Results
FY 2013

• Operating revenues increased by $16.5 million, or 13.1 percent, over the prior year. Net service program revenue and modest increases to publications and meetings revenues accounted for the increase. Revenue from the Electronic Residency Application Service (ERAS®), the Medical College Admission Test® (MCAT®), and the American Medical College Application Service (AMCAS®) increased as the total number of applicants and examinees increased.

• Operating expenses increased by $9.6 million, or 8 percent, over the prior year. The increase is attributable to program and administrative expenses to meet the association’s strategic initiatives and objectives, and volume-related expenses associated with revenue-generating services.
Operating Statement Highlights
Year ended June 30, 2013

Operating revenues and support:
- Dues: 12,863,735
- Service programs: 107,049,004
- Publications: 6,542,043
- Meetings and workshops: 6,908,693
- Government grants and contracts: 1,141,065
- Investment and interest income: 5,186,869
- Other: 2,389,977

Total operating revenue and support: 142,081,386

Operating expenses:
- Mission and service programs: 89,906,325
- Public policy and strategic relations: 13,927,286
- Membership services: 12,390,410
- Mission and general support: 13,768,595

Total operating expenses: 129,992,616

Increase in unrestricted net assets from operations: 12,088,770

Nonoperating income, expenses, gains, and losses:
- Investment gain (loss), net: 2,773,490
- Loss on extinguishment of debt: (815,841)

Total nonoperating gain (loss): 1,957,649

Increase (decrease) in unrestricted net assets: 14,046,419
The AAMC is pleased to receive generous support from various foundations with strong commitments to medical education, health care, diversity, and the physician workforce.

**PRIVATE GRANTS**

**The Arnold P. Gold Foundation**

During the association’s annual meeting, an award is presented to a medical school faculty physician who exemplifies the qualities of a caring and compassionate mentor. The Arnold P. Gold Foundation Humanism in Medicine Award is supported in part by a $15,000 grant from the foundation.

**American Society of Association Executives (ASAE) Foundation**

The ASAE Foundation awarded an $8,970 innovation grant to support the AAMC’s efforts to expand its capacity to provide services, programs, and offerings to its members to help them transform the health care system in the United States.

**Donaghue Foundation**

A four-year $600,000 grant from the Donaghue Foundation is supporting the development of a new approach to stimulate and enhance the creation of learning health systems within medical schools and teaching hospitals.

**Jewish Healthcare Foundation**

The AAMC received a $40,000 grant from the Jewish Healthcare Foundation for meetings to identify gaps in current medical education activities, curriculum, interprofessional participation, and systems-based practice competencies to create a national framework for reform.

**Josiah Macy Jr. Foundation**

The AAMC received a three-year $900,000 grant from the Josiah Macy Jr. Foundation for the Education in Pediatrics Across the Continuum: A Competency-based Medical Education Pilot to support four training sites in establishing a new competency-based model for training physicians.

The foundation also awarded a $35,000 grant to the AAMC for a monograph addressing the lack of lesbian, gay, bisexual, and transgender cultural competency requirements in the medical school curriculum.

With a $100,100 grant from the foundation, the AAMC continues to work with Interprofessional Education Collaborative health profession education associations to expand an online MedEdPORTAL® platform for hosting an international collection of peer-reviewed educational modules, innovative tools, and continuing education activities that are linked to core interprofessional competencies.

A four-year $482,670 grant from the Macy Foundation continues to support a project initiated by the AAMC in 2009 on the development of new medical schools, allowing them to share their experiences, projects, and innovations; learn from each other; and maintain a history of the development of new schools.

A multiyear $269,500 grant from the foundation supports AAMC activities associated with a meeting on the content and delivery of continuing education in the health professions.

The foundation also awarded a one-year $35,000 grant for an AAMC conference, Team-based Competencies: Building a Shared Foundation for Education and Practice.
Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation awarded the AAMC a one-year $95,460 grant in support of a forum of female leaders in health care to create a sustainable health care system through collective impact.

The Summer Medical and Dental Education Program has been a signature program of the Robert Wood Johnson Foundation and the AAMC since 1988. Supported by a $999,790 grant from the foundation, the program helps increase diversity in the medical and dental fields and has provided technical assistance and direction for nearly 1,000 students to date.

The Robert Wood Johnson Foundation also supports the AAMC as the primary source of data on minorities in medical education. An eight-year grant of $328,940 from the foundation supports the analysis, writing, and production of two AAMC publications, Minority Students in Medical Education: Facts and Figures and Diversity in Physician Workforce: Facts and Figures.

At the association’s annual meeting, an award is presented to a medical school faculty member who has made major contributions to improving health and health care delivery. The David E. Rogers Award was established with the help of a 10-year grant of $277,353 from the foundation.

FEDERAL GRANTS

Health and Human Services

The AAMC continues to drive improvement of health outcomes by strengthening academia’s linkages to public health practice through a five-year $1,450,000 cooperative agreement from the Centers for Disease Control and Prevention (CDC). The award supports enhanced teaching concepts of population health and provides practical, hands-on experience at the community level for public health, medical, and nursing students.

Through that cooperative agreement, the CDC also awarded the AAMC a two-year $150,000 grant that supports systematic integration of population health-related concepts in graduate medical education program curricula.

The AAMC is continuing to develop a framework for a MedEdPORTAL® peer-reviewed, online model curriculum for integrating oral health training into medical education through a three-year $599,156 grant from the Health Resources and Services Administration.

The association continues the development and maintenance of the Faculty Roster database through the Faculty Administrative Management Online User System (FAMOUS) with the support of a five-year $3,051,084 contract from the National Institutes of Health.

A five-year $4,183,044 grant from the National Institutes of Health continues to support the efforts of the UUHealth Learning Collaborative to expand and enhance a culturally sensitive, diverse, and prepared health workforce to improve health and reduce health disparities in urban communities.

The National Institutes of Health and the Health Resources and Services Administration awarded a one-year $265,000 grant for the Urban Universities for HEALTH Improving Evidence in Admissions project, which is associated with the UUHealth Learning Collaborative. The supplemental project will establish, implement, and evaluate mission-driven, student diversity-related policies, processes, and practices that help build a nursing workforce capable of and committed to improving the health of all.

The National Network of Libraries of Medicine issued a one-year $9,000 Express Digitization and Conservation grant to support preservation and increased access to the most significant documents in the AAMC historical archives collection.
Leadership

Darrell G. Kirch, M.D.
President and Chief Executive Officer

Carol Aschenbrener, M.D.
Chief Medical Education Officer

Ann Bonham, Ph.D.
Chief Scientific Officer

Diana Bourke
Chief Information Officer

Gabrielle V. Campbell,
M.B.A., J.L.M.
Chief Services Officer

Joanne M. Conroy, M.D.
Chief Health Care Officer

Constance M. Filling
Chief Learning Officer

Atul Grover, M.D., Ph.D.
Chief Public Policy Officer

Roby A. Hunt, S.P.H.R.
Chief Human Resources Officer

Bernard K. Jarvis,
M.B.A., C.P.A.
Chief Financial and Administrative Officer

Robert F. Jones, Ph.D.
Chief Operating Officer

Marc A. Nivet, Ed.D.
Chief Diversity Officer

John E. Prescott, M.D.
Chief Academic Officer

Jennifer M. Schlener
Chief of Staff

Elisa K. Siegel
Chief Communications and Marketing Officer

Frank Trinity, J.D.
Chief Legal Officer

Ann Bonham, Ph.D.
Chief Medical Education Officer

Diana Bourke
Chief Information Officer

Gabrielle V. Campbell,
M.B.A., J.L.M.
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