Learn, Serve, Lead

The Mission, Vision, and Strategic Priorities of the AAMC

Updated March 2010

Association of American Medical Colleges
The nation’s medical schools and teaching hospitals stand at the crossroads of challenge and opportunity. Our lives and work are increasingly global, interconnected, and unpredictable. Our nation is aging and diversifying, and disparities and inequities in health care are deepening. The health care system is becoming less accessible and affordable, and a significant shortage of health professionals looms. Yet despite these challenges, the promise and potential of medicine to cure disease, alleviate suffering, overcome disability, and improve our quality of life have never been greater.

To help America’s medical schools and teaching hospitals navigate this crossroads, strengthen the communities we serve, and improve the health of the public, the AAMC initiated an intensive process of strategic thinking and positioning in 2006 to engage the AAMC constituency, staff, and stakeholder groups in vigorous thought and debate about the kind of organization the AAMC must be to meet the challenges ahead.

Beginning with an assessment of the most significant trends that will influence society, the field of academic medicine, and the AAMC, this process was shaped by several overarching strategic questions:

- How do we serve our members in a way that promotes the public good?
- Where are the AAMC’s geographic boundaries? How should our activities reflect academic medicine’s increasing global outreach?

The AAMC is a not-for-profit association representing all medical schools in the United States and Canada that grant the M.D. degree and are accredited by the Liaison Committee on Medical Education; major teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and academic and professional societies. Through these institutions and organizations, the AAMC represents the leadership of the nation’s medical schools and teaching hospitals, as well as faculty members, medical students, and resident physicians.
What is our focus? How should we balance our focus on medical education, research, and patient care with the national need for an improved health care system?

What are our disciplinary boundaries? How should we engage in and promote greater interprofessional collaboration?

While no single work can capture the richness of the conversations that occurred during the process, the clear consensus from our constituency on these questions and others led to new mission and vision statements for the AAMC as well as nine strategic priorities that will guide the association’s efforts.

During this strategic thinking and positioning process, three themes emerged as critical, cross-cutting factors for the AAMC’s continued effectiveness:

- **Alignment.** The need for better alignment is apparent within and among the educational, research, and patient care missions of medical schools and teaching hospitals, as well as at the AAMC.

- **Leadership.** The academic medicine community looks to the AAMC for leadership in different ways on many different fronts: as an advocacy champion, as a provider of services and information, as an innovator, and as a strategic partner.

- **Collaboration.** The AAMC will serve the academic medicine community most effectively by being collaborative in approach, expansive in outreach, and inclusive in process.

The AAMC and the medical schools, teaching hospitals, academic and professional societies, faculty, residents, and students we represent are committed to improving the nation’s health through medical education, research, and high-quality patient care. We are dedicated to the communities we serve, committed to advancing the public good, and steadfast in our desire to earn and keep the public’s trust for the role we are privileged to play in our society.
The key themes of alignment, leadership, and collaboration that surfaced repeatedly throughout the process of strategic thinking and positioning emerged in the context of an ever-complicated world. Six large-scale trends—trends affecting academic medicine, American society, and the world—will leave an indelible mark on the AAMC and our members in the upcoming years. It is in the context of these trends that we consider our future.

- **The composition and structures of society**—especially population demographics and workforce trends—will continue to shift dramatically.

  A society more culturally and ethnically diverse will heighten the need for a more diverse and culturally competent health care workforce and could exacerbate health disparities among racial, ethnic, and economic groups. Our nation’s growing and aging population will require new ways to help people live healthier, longer lives. Ensuring an adequate health care workforce amid these societal shifts will require a strengthened K-12 educational system, increased numbers of nonphysician providers, and changes to help health professionals achieve greater balance between their professional and personal lives.

- **The use of information technology and the need for information management will increasingly permeate society, the field of academic medicine, and the AAMC.**

  The amount of information available to educators, researchers, practicing physicians, and the public is accelerating at an unprecedented rate. Increasingly sophisticated technologies both manage this information and provide the fuel for its growth and accessibility. Information technology is transformative; it does not simply support our work, it changes the way we perform that work. Its mark is felt in emerging educational paradigms, new capabilities and collaborations in research, and improved efficiency and innovation in the delivery of health care.
Society will increase its expectations and accountability of academic medicine in fulfilling its role to the public.

Historically, the American public has given its generous support and trust to medical schools and teaching hospitals in return for a zealous pursuit of their missions of medical education, research, and patient care. Yet this relationship is continually vulnerable. At times, society shows signs of a wavering commitment to the ideal of the “public good” and growing skepticism of social institutions. Academic medicine faces greater expectations for transparency and accountability in governance and operations. Into this milieu come questions about conflicts of interest and commitment, scrutiny of the underlying causes of health disparities, questions about rising student debt levels, and calls for better health quality outcomes.

The system of health care in the United States will be altered, especially in its delivery and financing, which will affect all missions of academic medicine.

Both integral to and unique within the U.S. health care delivery system, medical schools and teaching hospitals depend heavily on this system to fulfill and finance their missions. The delivery system confronts numerous long-standing and newly emerging issues, including the large numbers of uninsured and underinsured patients, providers’ ability to cross-subsidize care, rapid changes in the appropriate sites of care, an aging population with escalating chronic care needs, and an ever-expanding array of drugs and medical technologies. These issues are all complicated by an unsustainable cost and financing structure.

Traditional methods of learning, discovery, and health care delivery will continue to be augmented by new paradigms that are increasingly technology-based, team-driven, and complex.

Spurred by public demand for quality, safety, and cost-effectiveness, the paradigm of physician education is shifting from “teaching” to “learning,” with increasing emphasis on competency, interdisciplinary team-based care, and systems skills. Simulation technology, teleconferencing, multimedia, and curriculum software are used widely to meet demand for self-paced learning. Faced with a rising burden of chronic disease and a mobile, diverse population, the health care delivery system turns increasingly to technology-enhanced strategies and skilled interprofessional teams of practitioners. In the research arena, a more quantitative and complex discovery process calls for sophisticated biotechnology and interdisciplinary research teams.
Globalization will continue to influence the academic medicine enterprise.

In today’s world, global economic markets give rise to new suppliers and new competitors in all industries, including medical and educational services. The ease with which people, ideas, and microbes cross geopolitical boundaries results in a more mobile, diverse professional workforce and additional opportunities for shared problem-solving, but also introduces the threat of pandemic disease. America’s medical schools and teaching hospitals have recognized this reality with new partnerships and collaborations with institutions in international locales involving all of their mission areas.

Upon reviewing this document in late 2009, the association staff identified another important trend that affects academic medicine, the impact of which was not fully appreciated at the time of the original document.

Staggering national debt will put severe constraints on the public financial support for the missions of academic medicine

The national debt is estimated to exceed $18 trillion by 2014—the result of increased spending to prevent an economic collapse, fund national defense activities, and support the costs of entitlement programs such as Social Security, Medicare, and Medicaid. According to estimates by the Congressional Budget Office, Office of Management and Budget, and the U.S. Treasury, unless changes occur, mandatory spending will exceed tax revenue by 2040—meaning that all discretionary spending (including medical research, education, etc.) will require borrowing and related deficit spending if they are to continue at current levels. Such a situation will focus attention and pressure on public funding, including monies provided for medical education and research.
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Mission and Vision

In this context of our future, the AAMC’s governing body adopted the following statements of mission and vision—the mission for the association, the vision for our world.

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 are a dynamic force in realizing this vision.

Mission

The AAMC serves and leads the academic medicine community to improve the health of all.
## Strategic Priorities

How will the AAMC act to meet its mission and fulfill its vision? In the process of strategic thinking and positioning, the AAMC identified and embraced the following nine strategic priorities.

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<td>Serve as the voice and advocate for academic medicine on medical education, research, and health care.</td>
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<td>Lead innovation along the continuum of medical education to meet the health needs of the public.</td>
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<td>Facilitate development of a health system that meets the needs of all for access, safety, and quality of care.</td>
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<td>Strengthen the national commitment to discovery that promotes health and enhances the treatment of disease and disability.</td>
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<td>Lead efforts to increase diversity in medicine.</td>
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<td>Be a valued and reliable resource for data, information, and services.</td>
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<td>Help our members identify, implement, and sustain organizational performance improvement.</td>
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<td>Provide outstanding leadership and professional development to meet the most critical needs of our members.</td>
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<td>Nurture a culture at the AAMC that promotes excellence in service to our members and the public good.</td>
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Horizons

In addition to the preceding nine strategic priorities, the AAMC also acknowledges two strategic areas in which we know we must engage. The question, therefore, is not should we engage, but how should we engage?

• **Interprofessional health education and practice**
  As the need for interprofessional health care teams becomes commonplace, the academic medicine community can benefit from models of cross-disciplinary education in health professions degree programs. In partnership with other associations, the AAMC can help members develop, disseminate, and promote these innovations. These collaborations can also drive new thinking and recommendations for ways to ensure adequate health care services.

• **International engagement**
  As medical schools and teaching hospitals expand their activities on the global stage, the AAMC can help members expand their mission activities internationally; for example, in developing effective practices or principles of engagement. Additionally, the AAMC can collaborate with other organizations to promote rigorous expectations for medical schools around the world. As globalization pervades world health, the AAMC will need to carefully explore the ways in which it engages other international organizations.
Organizational Competencies

To achieve these strategic priorities, the AAMC recognizes that it must possess a deep range of capabilities and proficiencies. These organizational competencies are the key talents, expertise, skill sets, and organizational characteristics that will enable the AAMC to translate association priorities into successful outcomes that deliver unique value to our members.

The competencies the AAMC possesses or seeks to possess include:

- Content expertise
- Convening and consensus building
- Policy analysis, public education, and advocacy
- Identification of emerging trends
- Synthesis and dissemination of effective practices
- Change management
- Analysis, synthesis, and delivery of data and information
- Creation of economies through centralized services
- Constituent service
- Financial stewardship.

Conclusion

The AAMC Executive Council endorsed this statement of the AAMC’s mission, vision, and strategic priorities on September 6, 2007. Although the year-long, formal process of strategic thinking and positioning has concluded, this document will be a dynamic force as the AAMC seeks to learn, serve, and lead in the years ahead.

The document was reviewed by staff in late 2009 and reaffirmed as the framework for setting its annual goals and objectives. One additional statement of environmental context was added on page 5.
About the Strategic Thinking and Positioning Process

Shortly after its presidential leadership transition in July 2006, the AAMC initiated a strategic thinking and positioning process to engage the AAMC’s constituency and staff in vigorous thought and debate about the kind of organization the AAMC should be.

The process began with surveys of the AAMC governance and senior staff to identify and prioritize the most significant trends that will influence society, the field of academic medicine, and the AAMC. Hundreds of trends were identified and categorized into the six “megatrends” outlined in the “Context” section of this document.

Discussions at the September 2006 Executive Council meeting focused on the significance of these trends for the AAMC and its members, as well as the ways in which the organization might respond. These discussions set the stage for more focused conversations at the AAMC’s Officers’ Retreat in December 2006 that resulted in consensus on new mission and vision statements for the AAMC.

While the governance was engaged in determining strategic directions, staff worked on defining organizational values and the behaviors that exemplified those values.

The process broadened in February 2007 when the association’s five administrative boards worked in cross-sectional groups and tested the degree of consensus on the association’s emerging strategic priorities. Further discussions at the spring meetings of each council, organization, and professional development group steering committee resolved remaining issues and areas requiring consensus.

These internal deliberations were accompanied by engagement with the AAMC’s external stakeholders. The leaders of 19 prominent research, education, and health care organizations were interviewed; an additional 65 individuals were invited to participate in a survey to identify AAMC strengths and weaknesses and to comment on their organizations’ relationship with the AAMC.

In June 2007 the Executive Council instructed staff to develop implementation plans for each strategic and emerging priority, a process that continues annually. These plans led to the development of the organizational competencies that conclude the document.