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Group on Institutional Planning
Association of American Medical Colleges
Strategic Planning Process and Final Strategic Plan
June 2006

Background

The current strategic plan for the Group on Institutional Planning was developed in 1994. At its Fall 2004 meeting, the GIP Steering Committee reviewed the Strategic Plan and decided that it was no longer meeting the needs of the Group's members. Notably, some of the plan's objectives no longer applied, while others had never been pursued. The Steering Committee concluded that an updated strategic plan was needed in order to set the foundation for future GIP initiatives, to better respond to the interests and the changing interests of its members, and to ensure that the Group remains in alignment with the direction of planning in academic medical centers.

Methodology

The GIP Steering Committee initiated a planning process in the Spring of 2005, with the goal of presenting a new (draft) strategic plan for discussion by the members at the GIP/GBA conference in April 2006.

A GIP Strategic Planning Committee consisting of the GIP Steering Committee and 6 additional invited GIP members directed the process. An initial information gathering phase included an online member survey and interviews with a group of Deans. This was followed by a 2-day facilitated strategic planning workshop in September 2005 where the group developed proposed Vision and Mission statements and Strategic Goals. Following the workshop, the group formed task forces. Each task force was assigned a strategic goal and charged with the responsibility for vetting the goal and developing a specific set of implementation initiatives. The methodology involved in creating this strategic plan included information gathering, such as the member survey and deans interviews, and the facilitated workshop.

This draft GIP Strategic Plan represents the collective work of the Strategic Planning Committee with valuable input from all the members and deans who chose to participate in the surveys.

GIP Information Gathering

Member Survey

An on-line survey was sent to the estimated 1,000 people listed by their institutions as GIP members. The survey included questions about respondents' profiles, their assessment of the GIP, and their ideas

for direction to the GIP. A total of 185 people responded to the survey. Highlights of the survey include:

- Respondents' organizational locations:
 - The majority of respondents (59%) were from schools of medicine. About 29% were from affiliated medical center, hospital or health system organizations. Another 8% came from a University office.
 - Of those with school or center affiliations, about 66% represented "central" offices.
- Respondents' areas of responsibility:
 - Institutional Planning and Facilities Planning represented the two dominant areas of planning responsibility of the respondents.
 - Of respondents with Institutional Planning responsibilities: strategic, long-range resource, program/business planning accounted for 65-75% of the respondents. Institutional assessments and Institutional research were also significant areas of responsibility.
 - Of those respondents with Facilities Planning responsibilities: project programming and management, capital planning and budgeting, academic space assignment, facilities master planning accounted for 45-55% of respondents. Land Use Planning and Facilities Operations Management were also significant.
- GIP assessment:
 - Of the 9 "benefits" thought to be provided through GIP membership, all were ranked by respondents, on average, as falling somewhere between "Not Meeting" and "Partially Meeting" their needs.
 - The "best" scores were associated with benefits relating to the annual meeting, including:
 - Informal networking with colleagues
 - Conference activities – joint meetings with other groups
 - Conference activities – networking
 - Conference activities – learn from proceedings.
 - Only one other benefit – Benchmark/survey data from other institutions – was ranked within this group.
 - GIP benefits that were reported as failing to meet members' needs included:
 - Professional development outside the annual meeting
 - Conference activities – campus tours
 - Publications
- GIP Priorities:
 - Not surprisingly, respondents felt the highest priorities for the GIP were Publications, Professional Development (outside the annual meeting) and the GIP Listserve.
- Directions for GIP:
 - Almost half of the respondents felt that the GIP should "continue as is".
 - About a third of respondents felt that the GIP needed to "redefine its mission and vision in order to be more focused."
 - Themes that emerged for a more focused GIP included:
 - Planning as discipline, importance of planning process
 - Define interface between academic side and hospital side in AMCs

- Determine our core constituency
- Develop member skills
- Address both broad issues and focused topics
- Serve as clearinghouse on data, trends, projects

Conclusions

The GIP continues to carry a “paper membership” that far exceeds its active membership. The 18% response rate for this survey reflects that phenomenon. The preponderance of respondents from schools and from central offices, and the dominance of institutional and facilities planning responsibilities, also reflect the traditional focus of the GIP.

The activities of the GIP are relatively well-received by its members that choose to be involved, which creates a bit of a self-fulfilling prophecy. These activities are also relatively passive (networking meetings). New ideas that have been suggested for the GIP are much more active and much less episodic.

For the GIP to successfully pursue a mission that reaches out to new and previously inactive members, and that involves a much broader array of programs than the current annual meeting, significant operational and organizational changes may be required.

Dean Interviews

The Steering Committee employed the services of strategic planning consultant Alan Cox (The Planning Edge) to interview the deans of 12 medical schools from across the country. Results of his interviews are summarized as follows:

- Dean awareness of the GIP is low
- Services that the GIP can provide that would be of value to the deans include:
 - Benchmarking
 - Being a resource for information, planning, and implementation
 - Helping with the planning process
- What can the GIP do to serve its mission of advancing the practice of planning in academic medicine (highly rated):
 - Enhance planning skills
 - Establish network
 - Serve as a planning resource

Conclusions

Based on the deans’ interviews, the GIP suffers from low awareness and understanding, but is still able to provide a value-added service to its members. There are some clear service areas that deans generally believe would be beneficial and are not duplicative.

Facilitated Workshop

In September 2005, Alan Cox facilitated a 2-day workshop attended by the GIP Strategic Planning Committee. As part of the methodology, this workshop drew on the information gathered and learned in the two surveys. In this workshop, the Committee reviewed and discussed the findings of the member survey and deans’ interviews and developed draft statements of the GIP vision, mission, and goals as part of a new strategic plan.

Association of American Medical Colleges
Group on Institutional Planning
Strategic Plan

Vision

To be the foremost professional resource for planners in advancing academic medicine.

Mission

To advance the discipline of planning in academic medicine by:

- Enhancing the skills and knowledge of professional planners,
- Promoting the value of planning, and
- Connecting people, resources and ideas;

to continue to fulfill the promise of academic medicine and meet the challenges of the future.

Goals

To achieve its stated mission, the leadership developed a set of goals to focus the group's efforts, as follows:

- 1) Broaden and increase active participation in GIP

Identify new members and keep current members engaged.

- Answer the question "Why do people want to participate in the GIP?"
- Determine which medical schools and teaching hospitals do not have representatives in the GIP and consider ways to reach possible members at these organizations.
- Develop information materials about the GIP (e.g. "Welcome" letters from current GIP members to be sent to potential new members.)
- Design and support a Mentorship Program. The program would welcome new people to the GIP, engage new planners early, and keep veteran members involved to help facilitate the program.

- 2) Provide professional development opportunities to increase knowledge and skills

Enhance planning skills, tools and knowledge

- Develop robust annual spring meeting program partnering with other AAMC interest groups.
- Alternate annual training workshops among facilities planning, strategic planning and institutional planning workshops each year. These workshops will provide members and AAMC non-members with a targeted and intensive training program.
- What do new planners need to know? (e.g., New Planners Training Program)
- What do experienced planners want to know to further their professional development? What kind of programs should the GIP offer?

- 3) Increase the visibility and relevance of planning

Position GIP with other AAMC Groups to reflect core function of planners at the hub of the academic medicine enterprise.

- Reach out to other AAMC groups for partnership in annual meetings – beyond the GBA (and/or GIR) (e.g. the GEA, GIR, GIA, GRMC)
- Reach out to other AAMC groups for focused and topical meetings (e.g. subject-focused)
- Look to make presentations at other AAMC sponsored meetings – New Dean Program, Associate Dean Program, NMTP
- Consider submitting proposals with colleagues for presentations at other AAMC meetings. Partner with colleagues who are members of other Professional Development Groups

Increase communication and dissemination of information.

- Collect, organize, and distribute relevant information for planning in academic medicine.¹
- Increase information on the GIP website (or some other venue).
- Serve as the library of information for planners – a clearinghouse of information, data and benchmarking applications, trends, e.g. space, compensation, profiles, LCME, etc.
- Track and discuss emerging issues via various forums.

4) Create structure to implement and maintain strategic goals

Identify, staff, and coordinate new committees

- The committee members will consider the role and process of the committee, metrics of success, time lines and committee budgets.
- The committee structure is described in detail in Appendix A

¹ Please note that this was initially a separate goal. Upon further consideration, this step emerged as more of an implementation strategy to achieve the three goals described.

Appendix A

Implementation: Next Steps

In order to achieve the stated goals, the GIP will create and sustain a relevant organizational structure to support the mission of the GIP. Recognizing the diverse makeup of the GIP, the group will establish committees responsible for each major area of focus. These committees will provide an organized venue for members to get more involved with the Group and help to meet the needs of all disciplines of planning.

Committee structure:

Membership Committee

- Mentorship program coordinator
- “Public relations” coordinator: Consider the best ways to reach new members to participate in the GIP (an example may be to write letters that AAMC staff can send out to potential GIP members such as planners at medical schools that do not currently have GIP representation, COTH members) to introduce people to the GIP, develop other promotional materials
- Consultant group coordinator: Compile list of names, contact information and planning expertise and make available to GIP members as a resource for people to contact if they have questions and want to talk to someone directly

Professional Development Committee

- Annual Meeting Chair: Serves as the committee chair that represents the GIP in planning the Annual Spring meeting
- Skills workshop/other professional development coordinator: helps plan the skills workshop, identifies other professional development opportunities for GIP members
- AAMC Outreach coordinator: Considers programming for the AAMC Annual meeting, identifies other meetings within the AAMC to present a planning-centric program (e.g. New Dean’s program, Associate Dean program, New Managers’ Training Program, other Professional Development Groups)

Information Management Committee

- Advise the AAMC on appropriate information to include in a “Reference Section” on the GIP website. This could include materials such as member surveys, meeting presentations, school/hospital specific planning policies, strategic plans, facilities summaries, space plans and other items of use
- Advise AAMC staff on Frequently Asked Questions to post on GIP website: Could be coordinated with list of consultants (mentioned above).
- Help jump start the GIP Listserve – compile a list of questions that can be posted weekly/bi-weekly, then archived.