President and Chief Executive Officer

Leadership Profile

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The Opportunity

The Alliance for Academic Internal Medicine (AAIM) seeks a strategic, mission-oriented, and highly respected physician leader to serve as its next President and Chief Executive Officer. After serving with great success as the inaugural leader for the integrated Alliance, Dr. Craig Brater has announced his intention to retire after 15 years in the role. Structured as a 50 percent-time role, the President acts as a chief advocate for academic internal medicine, providing guidance to member councils, convening partnerships vital to AAIM's goals, and working closely with the Deputy CEO and Executive Vice President to ensure the organization's continued growth. The incoming President will arrive at an exciting time in the organization's history, as AAIM has embarked on an ambitious strategic plan, seeks to advance diversity, equity and inclusion, and continues to be a convener of key partners to transform internal medicine.

AAIM is committed to defining and promoting excellence in medical education, scientific discovery and patient care in departments of internal medicine. AAIM was created as a consortium of five academically focused specialty organizations representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. The consortium consisted of the Association of Professors of Medicine (APM), the Association of Program Directors in Internal Medicine (APDIM), the Association of Specialty Professors (ASP), the Clerkship Directors in Internal Medicine (CDIM), and the Administrators of Internal Medicine (AIM).

Relocation is not required for this position, though it is expected that the President will be a visible leader for the staff, board, member and partner constituents.

Organization Overview

AAIM is headquartered in Alexandria, VA and has 26 current staff. Membership across the councils consists of 11,000 individuals in the U.S., Canada and Puerto Rico. More than 92 percent of academic medical centers and 78 percent of teaching hospitals are institutional members of the Alliance. The budget for AAIM is approximately $7 million, with meetings income and membership dues forming the vast majority of revenues, and with educational programs and sponsorship programs also contributing. The Alliance has strong financial reserves and assets in excess of $12 million. AAIM has weathered the pandemic well, capitalizing on meeting insurance for 2020, retaining membership levels and holding successful online meetings.

During fiscal year 2009, the members of the consortium voted to formalize the entities' business relationships by moving from a staff sharing agreement to a single corporate entity. They became the founding members of the Alliance, and all assets and liabilities for the five member councils were conveyed to the Alliance by 2013.

Our Mission

The Alliance for Academic Internal Medicine (AAIM) promotes the advancement and professional development of its members who prepare the next generation of internal medicine physicians and leaders through education, research, engagement, and collaboration.
Our Vision

Academic internal medicine, as the home of medical education and research, is the generator of innovation for health care, now and for the future.

Governance

The Alliance is governed by a representative board of directors that includes three elected officers (Chair, Vice Chair, and Secretary Treasurer) as well as three representatives from each of the founding councils (AIM, APDIM, APM, ASP, and CDIM). The AAIM President and the AAIM Deputy Chief Executive Officer also serve as ex officio members of the board. The chairs of bylaws-required committees (compensation, compliance, governance, and finance and audit) are appointed from among board members.

Founding councils are composed of four officers (president, president-elect, past president, and treasurer) and six to nine councilors, all elected by member majority voting; most councils also include committee chairs, which are appointed positions. Constituent councils (which are structured in the same way as founding councils) represent large member groups within APDIM and CDIM; the chairs of the constituent councils hold an ex officio position on the respective founding council.

Current Board and Council leadership, as well as current by-laws can be found at https://www.im.org/about/governance.

AAIM Strategic Plan

The AAIM Board of Directors approved the AAIM Strategic Plan in September 2020 with a charge to elevate diversity, equity, and inclusion to become the foundation from which it launches all initiatives. The plan has two main goals: 1) AAIM will provide transformational professional development to physician and administrative leaders in academic internal medicine; and 2) AAIM will redesign the transitions across the continuum of internal medicine education. The plan can be viewed at https://www.im.org/about/about-strategic-plan

Position Summary

Responsibilities

The President and Chief Executive Officer (President) position was created in 2007 as a reflection of AAIM’s growth in size and stature stemming from the alliance of its Founding Members, including the Association of Professors of Medicine (APM), Association of Program Directors in Internal Medicine (APDIM), Association of Specialty Professors (ASP), Clerkship Directors in Internal Medicine (CDIM) and Administrators of Internal Medicine (AIM). Given the current size and organizational structure of AAIM, the President is expected to dedicate approximately 50% full time equivalent effort, with additional time and travel as needed.

The President is responsible for the overall management and performance of AAIM and ensures the development and execution of a progressive strategic vision. The President acts as the primary representative of AAIM to a wide range of important external and internal stakeholders, including aligned academic and medical professional societies, government and medical education leaders and to AAIM members as represented by the distinct member councils, among others. The President is
accountable for the existence of a high performing and effective management team for the organization. The President acts as counsel to the Board of Directors and senior executive staff on strategic issues as well as current and emerging policies and trends affecting the organization and its members; the President will evaluate existing relationships and partnerships and seek out new relationships which ensure AAIM has an active voice in shaping external factors which will influence academic internal medicine education, research and patient care. The President is expected to ensure and enhance AAIM’s organizational and institutional tone and philosophy and its relationships with other interacting national and international organizations.

The President must assure that the Board of Directors and member councils are regularly and adequately informed of the organization’s progress towards strategic initiatives and large operational priorities. The President must also assure diversity among the employees and maintain an institutional environment which is inclusive. The President and Deputy Chief Executive Officer / Executive Vice President work in close concert for executing the strategic priorities of AAIM as set by the Board of Directors.

Reporting Relationships

The President reports to the Board of Directors for AAIM and serves as an ex-officio, non-voting member of the Board of Directors. As instructed by the Board, the President works directly with the AAIM Executive Committee to ensure timely performance assessment, goal setting and annual performance evaluation.

The President serves as an ex-officio, non-voting member of the Executive Committee of the Board of Directors.

Reporting to the President is the Deputy Chief Executive Officer / Executive Vice President of AAIM.

Goals and Objectives

The AAIM Board seeks an inspirational leader with the people skills to work with the founding member organizations to enable all of AAIM to speak with a single voice. A leader with the passion to guide the organization to realize its potential and steer it toward successfully achieving the goals laid out in its strategic plan. And a forward-looking leader with the knowledge and experience to understand the broader academic medical community to look to the future and position AAIM for success.

Continue to advance AAIM as one united organization

AAIM has successfully undergone the process of merging the operations, finances, governance, and staffing structures into one legal corporate entity. The creation of the Alliance and the hiring of the organization’s President has meant the Alliance’s Founding Members now have reached a size and scope which allows them to collectively have mutually beneficial goals and strategies and to engage departments of medicine across the country in a more cohesive and meaningful way. At the same time, the diversity of the professional groups represented by the alliance, the continuing need for active and distinct member councils and the historical autonomy of each founding member has meant that the organization must continue to focus on ways to streamline processes, policies, and common strategic aims. The unified Board of Directors, with representatives from each council has addressed a number of these issues, as well as the ongoing, active involvement of the President and
of the Deputy CEO at the individual council meetings. The next several months and years will see a
continuation of these efforts, along with the ongoing need to focus on member education and
advocacy which addresses individual council professional needs.

**Ensure AAIMs influence for key issues facing academic internal medicine**

Significant progress has been made in the last few years in ensuring AAIM has a seat at the table
amongst the leading medical education and professional organizations working to affect national
policy of importance to AAIMs membership. Stronger relationships have been formed with allied
organizations including the American College of Physicians, American Board of Internal Medicine,
American Council for Graduate Medical Education, Association of American Medical Colleges and
others. AAIM has often been the convener of these organizations to address issues affecting its
members. Specific issues which will continue to be a major area of focus in the coming months will
be graduate medical education funding advocacy, new requirements for accreditation of graduate
medical education programs, the transition to residency, supporting mentorship and scholarship,
developing physician investigators and clinical leaders, and maintenance of certification
requirements. Not only are these vital issues for AAIM members, but more so the relationships and
precedence set during AAIM’s interaction with external organizations will shape the way the
organization is viewed and consulted for significant future issues.

**Ensure the success of the strategic plan from a foundation of diversity, equity and
inclusion**

AAIM and its member councils have a clear and ambitious strategic plan which will require the
President’s focus and guidance to accomplish. AAIM is also uniquely positioned to ensure that
diversity, equity and inclusion is elevated within academic internal medicine. AAIM has the potential
to be the leading voice and influencer for making impactful change for DEI for pipeline development,
professional development, undergraduate, graduate and continuing medical education.

**Enhance member engagement**

AAIM has seen a significant growth in membership over the past several years, stemming from the
merger and from the change in focusing on departmental invoicing versus individual invoicing. With
the growth in membership, the question is how to best engage new members to assure the
integrity, sustainability, and relevance of the AAIM organization. Although the variety of constituent
members make AAIM strong and influential in the medical training space, the unique interests of
constituent groups is a force that could fracture the organization. The CEO will need to balance
member interests and needs to assure the integrity of the organization.

Professional networking and education are hallmarks of any society and while the wealth of
“competition” for members who may be a part of several organizations is great, it presents some
risk to maintaining and growing membership into the future. The Board, President and Deputy CEO
are working to reach members in new ways through technology, enhancing annual meeting
participation and utilizing cross-professional education opportunities. The organization will also
begin to explore the formation of additional councils for academic internal medicine professionals
not directly represented by the existing AAIM councils.
Explore opportunities to diversify revenue streams

Through diligent management and oversight, AAIM remains financially strong with a healthy operating margin. Continued growth in membership dues and recent efforts to streamline operations and create efficiencies have created a stable financial platform for the organization for the foreseeable future. As is the case however, with any organization heavily reliant on dues and meetings for income, a longer-term goal for AAIM is to explore the diversification of its revenue streams. Expanded technology and the success of online educational platforms during the pandemic have opened up additional opportunities, and the Board has discussed other opportunities to grow sponsorships.

Candidate Qualifications

Education and Experience

▪ A physician with board certification in an internal medicine discipline is required.

▪ A trusted and recognized leader in academic internal medicine and a record of thought leadership on issues facing internal medicine and medical education.

▪ Current or past involvement in AAIM.

▪ Demonstrated executive leadership experience overseeing a sizeable professional staff within a medical school, academic medical center, professional medical organization or similarly complex, mission driven organization.

▪ Strong medical education, research and/or clinical credentials. Knowledge of and experience with programs of medical education at the undergraduate and graduate levels.

▪ Experience as an active voice in national medical education or internal medicine issues and policy, including advancing diversity, equity and diversity in internal medicine.

▪ Evidence of strong external-facing skills in areas of advocacy, forming alliances and serving as credible "face" for an organization.

▪ Significant experience in both working with and serving on boards, preferably within professional medical societies.

▪ Track record of fiscal acumen and guidance, with experience building new programs and services which have positively affected an organization’s bottom line.

▪ Track record of advancing diversity, equity and inclusion in current and prior leadership roles.

Leadership Skills and Competencies

▪ An outstanding communicator, able to build trust across a wide-spectrum of constituents and cultures.

▪ An active listener, who is comfortable delegating while providing oversight.
Committed to promoting the organization and its mission rather than personal gain.

Adept at establishing strong personal relationships quickly; welcome at any and all tables.

Politically savvy, able to be persuasive amongst peers and build meaningful consensus to advance organizational goals.

Process oriented and committed to good governance and policy.

Comfortable as a senior counsel and confidant.

Unquestionable integrity and strong moral compass.

Mission driven.

Strategic and entrepreneurial mindset, with the energy and will to put in the work personally to achieve organizational goals.

Personal commitment to diversity and inclusion and in advancing an inclusive environment amongst members, staff, and organizational leadership.

Society, academic medical center, or comparable not-for-profit or relevant for-profit organizations.

Working in-depth knowledge in one or more areas including: society management best practices; medical education and healthcare practice; public relations; meeting planning; and adult professional education.

Demonstrated experience successfully leading an organization through a changing landscape relating to shifting membership profile, evolution of revenue models, expansion of service lines and/or international expansion.

Experience working and supporting a volunteer board of directors.

Significant experience in metrics driven process improvement, strategic planning and risk and change management.

History of ensuring accountability in operations.

In-depth and relevant experience overseeing an organization’s business operations.

A solid understanding of internal control concepts and their implementation and management within a complex business environment.

Track record of developing others, delegating responsibility and empowering front line managers to make key decisions.

Strong financial acumen and experience effectively utilizing technology to improve operations.
▪ Well-established advocacy experience and skills, with a personal track record of interacting regularly and effectively with, state and national government officials, other healthcare organizations and the media.

▪ This position is not responsible for the day-to-day operations of AAIM. See attached organizational chart for the reporting relationships with AAIM.

**Timeline and Procedure for Candidacy**

The Board has appointed a Search Committee to identify and screen candidates. Applications should be received by November 10, 2021 for full consideration.

Please direct all nominations, inquiries and applications (including a CV/Resume, Cover Letter, and Statement on Contributions to Diversity) to Rachel Polhemus and Jeff Schroetlin through the office of Lyndsey Nicodem at AAIMPresident@wittkieffer.com.

*The Alliance for Academic Internal Medicine values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, sex, sexual orientation, veteran status or any other status protected by law.*
AAIM Governance and Leadership Chart
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