Upskill for Health: Phase 1 - Reimagine Planning Awards

Request for Proposals

1. Project Description

Purpose

The Council of Medical Specialty Societies (CMSS) and the American Academy of Nursing (AAN) are founding partners of **Upskill for Health: Advancing Interprofessional AI Readiness**. With support from Google.org, this new initiative will advance interprofessional coalitions to reimagine how frontline care can be delivered to improve patient-centered care and how clinical teams can be upskilled to effectively deliver AI-augmented care. CMSS and AAN have assembled an interprofessional Advisory Committee to provide strategic guidance, subject matter expertise, and stakeholder perspectives to support this new initiative.

The initiative has two phases. In **Phase 1, Reimagine**, CMSS and AAN will make up to 10 planning awards to interprofessional coalitions through an external review process. In **Phase 2, Rebuild**, a subset of coalitions that received Phase 1 awards will receive a second award to implement their interprofessional training and care models into practice at partner health systems. This request for proposals (RFP) is for Phase 1 planning awards.

Background

In Summer 2026, CMSS and AAN completed parallel landscape analyses of AI readiness in their respective professions. CMSS and a team at the University of Michigan reviewed the published and grey literature and conducted interviews and surveys with medical education leaders to evaluate physician AI readiness across undergraduate, graduate, and continuing medical education. AAN conducted a complementary analysis by reviewing the published literature, analyzing national educational standards, including accreditation, holding focus groups of nurses whose expertise

was AI, and surveying nursing leaders in academia and practice to explore the AI readiness of the nursing workforce. The two analyses yielded some similar themes and conclusions, which include:

- **AI use is rapidly outpacing AI education**. AI is embedded in clinical workflows and encounters, while education programs are mostly still at the proposal or pilot stage. In nursing, the share of nurses using AI at least weekly rose from 46 percent in 2025 to 70 percent in 2026. In medicine, AI education is accelerating but early-stage: broad in rationale, frameworks, and small pilots, but thin in implemented, validated programming. No domain of physician AI education at any level of training has reached the point where effectiveness has been consistently demonstrated.

- **Faculty are not prepared to teach about AI**. In medicine, a lack of faculty development is one of the most consistently documented barriers at every level of training, and the published evidence shows that no faculty development programming has been delivered, evaluated, and funded. In nursing, the literature shows the profession has been slow to adopt AI in education, and nursing faculty need training and support to understand what AI can and cannot do before they can teach it.

- **Governance has not kept pace with adoption**. In nursing, only about a third of nurses report that their organizations have published policies on generative AI use, and fewer than a quarter report required training before deploying a tool. In medicine, existing AI policies at medical schools focus mainly on academic integrity rather than clinical use, and studies demonstrating the effectiveness of governance structures at the health systems where clinicians use these tools are lacking.

- **Competencies and outcome measures are lacking**. No binding accreditation standard in medicine requires AI competency, and a review of publicly posted state board of nursing licensure requirements found no continuing education requirements on AI or its clinical implications. In nursing education, AI remains a specialized area rather than content threaded through the curriculum. In medicine, validated tools to assess AI competency are essentially absent, and reported outcomes of AI education stop at learner knowledge; no study has measured changes the effect of AI education on clinician behavior or patient outcomes.

- **Readiness means more than knowing how to operate a tool.** Clinicians need to understand what an AI tool is doing, judge whether to act on its output, and remain accountable for the care the patient receives. Because care is delivered by teams, readiness is also a property of the team. Readiness also depends on clinicians engaging with a tool across its lifecycle; nurses remain underrepresented in the design, governance, and implementation of the AI that will shape their practice.

While the reports demonstrate gaps within each profession, we need to learn more about how AI will affect the interdependence of the health professions and how it will affect roles,

responsibilities, accountability, and interactions. The health professions must learn together, given the interprofessional nature of health care and how AI has disrupted current care models. Preparing clinicians for AI-enabled practice in an interprofessional manner will be critical to realizing the potential of AI and to safe and effective patient care. Education and care delivery must be collaboratively redesigned by the clinicians, the systems in which they work, and patients who can jointly reimagine the work and the patients who receive it.

Program Approach

Upskill for Health funds interprofessional coalitions organized around a clinical domain. A clinical domain is an area of care defined by the patients it serves and the problems it addresses, rather than by a single specialty or profession. Examples include maternal health, surgical care, and medication safety. CMSS and AAN do not prescribe a list of domains.

Each coalition will begin by identifying an opportunity within its clinical domain where AI could make a significant difference in care delivery and will work with clinicians and patients to design the care model needed to address it. The starting point is the opportunity to improve care, not the technology. Coalitions should define their domain in terms that bring the right professions to the same table. Terms used in this RFP are defined in **Appendix A**.

Phase 1 (Reimagine) planning awards support coalitions in reimagining care within their domain, assessing readiness across health professions, and preparing interprofessional teams to deliver AI-augmented care within their clinical domain and team-based clinical workflows. At the end of Phase 1, CMSS and AAN will select a subset of coalitions to receive Phase 2 implementation awards. **Phase 2 (Rebuild)** implementation awards will support operationalizing AI tools into practice and evaluating care and training models within partner health systems.

Coalitions will organize their work around the cross-cutting **9 C's Framework for AI-ready Interprofessional Teams** developed by CMSS and AAN in collaboration with the initiative's Advisory Committee. The framework, which was informed by established team-based care, value-based care, learning health system, and health professions education competency frameworks, addresses readiness at the individual, team, and organizational levels and is summarized in **Appendix B**. Successful proposals will describe how their proposed work would address each domain (e.g., competency, communication) in the framework. Consistent with the 9 C's framework, coalitions should address the following core questions when performing readiness assessments and developing their care plan and training interventions:

- *Individual level*
    - Does each team member have the knowledge, skills, and attitudes their role requires?
    - Does each team member critically appraise AI outputs and exercise sound clinical judgment?
    - Does each team member know when to trust an AI output, and when not to?
- *Team level*

    - Is the whole team, across shifts and settings, aligned on where and how AI can improve care and on each member's role?
    - Is AI's role shared openly within the team and with patients and families?
    - Can anyone on the team question AI outputs, AI-informed decisions, and how AI is used, and does the organization act on what they raise?
- *Organization level*
    - Do the team and organization build quality and safety by sharing accountability, respecting evolving roles, and learning from misses and near misses?
    - Does the system provide the time, tools, and workflows to use AI safely, without adding burden?
    - Is AI used in cost-effective ways that lower rather than raise costs for patients and the organization?

Because early-career health professionals are often early adopters of AI, with deep content expertise in the use of AI in clinical practice, each coalition will be required to include early-career professionals from both medicine and nursing. CMSS and AAN are working with the National Academy of Medicine to create a collaborative learning opportunity within the NAM Clinician's Forum on AI in Health and Medicine for early-career professionals from awardee coalitions to share best practices in education, training, and clinical practice across professions and clinical domains.

Program Scope

Phase 1 awards support assessment, planning, and development. Planning means understanding the care problem and what it will take to solve it before committing to a solution; coalitions are not expected to arrive with a finished model to implement during this phase. During phase 1, coalitions should ask: *How can AI-augmented interprofessional teams, including patients, improve patient outcomes, and what training, resources, and systemic support do individuals, teams, and organizations need to effectively adopt these practices?* At a minimum, Phase 1 includes the following:

- Defining the care problem with input from an interprofessional and interdisciplinary team that includes clinicians, patients, and early-career professionals.
- Assembling an interprofessional coalition of clinicians, educators, and patients to develop a reimagined AI-enabled care model that addresses the care problem.
- Using the 9 C's framework to guide:
    - Designing the AI-enabled care model, including changes to roles, workflow, and workload of an interprofessional team.
    - Designing the interprofessional training that is necessary to implement the AI-enabled care model safely and effectively.
- Assessing the baseline individual, team, and organizational AI readiness across the coalition.

- Engaging health system partners, including frontline health care organizations, including hospitals, clinics, rural facilities, or home-based care organizations on an implementation plan for Phase 2, if selected.

Program Requirements

Award recipients are expected to:

- Participate in a kick-off call with CMSS and AAN at the start of the award period.
- Submit two progress reports and respond to reasonable requests from CMSS and AAN for information needed for reporting to Google.org.
- Submit a final report and deliverable package by December 31, 2027. The deliverable package will include the coalition's reimagined care model, interprofessional training approach, including on-site or asynchronous training materials (e.g., facilitator guides, web-based modules, assessment rubrics), a readiness assessment, and a Phase 2 implementation plan with at least 5 identified clinical partners, which will serve as the basis for Phase 2 selection. The five may include the clinical partners named in the application; coalitions are expected to identify additional partners during the planning period.
- Participate in three virtual pacing events hosted by CMSS and AAN during the award period.
- Identify two early-career project team members from medicine and nursing in each coalition, who will participate in the collaborative learning opportunity described in Program Approach.
- Make deliverables available as open-source materials per the terms specified by Google.org as described in **Appendix C**, so that they can inform the final national framework and playbook.
- Follow all guidelines for acknowledgment of support and use of logos, which will be provided with the grant agreement.

2. Award Information

Award Amount

CMSS and AAN anticipate awarding up to 10 Phase 1 planning awards of up to $250,000 for a nine-month period of performance, April 1, 2027 to December 31, 2027. Awards will be made to the prime applicant organization, which is responsible for distributing funds to coalition partners and for financial and programmatic reporting.

Award funds may be used for personnel, coalition meetings and convenings, patient and early-career partner engagement, readiness assessment, and other direct costs of the planning activities described in Program Scope. Indirect costs may be charged at up to 15 percent by each participating organization. The total award, inclusive of indirect costs, may not exceed $250,000. Applicants will submit a budget using the template posted to the Upskill for Health Submission Portal.

Key Dates

- RFP released: November 16, 2026
- Informational webinar: December 8, 2026
- Letters of Intent due: December 15, 2026
- Applications due: February 1, 2027 at 5:00 PM ET
- Awardees notified: March 2027
- Phase 1 Period of performance: April 1, 2027 – December 31, 2027

Phase 1 awardees selected for Phase 2 will be eligible for larger implementation awards for 12 months; anticipated Phase 2 Period of Performance: March 1, 2028 - February 28, 2029.

Eligibility

Who may apply

- Applicants must be coalitions of organizations organized around a clinical domain with medicine and nursing represented, but inclusion of other professions is encouraged.
- Each coalition designates one prime applicant organization to receive and administer the award. Prime applicants must be professional membership organizations or societies in medicine or nursing. Each prime applicant may only submit one proposal, but an organization may participate as a partner in more than one coalition.
- Prime applicants must be non-profit organizations based in the U.S.

Coalition composition

- Leadership must be shared across the participating professions, with a named co-lead from each.
- Inclusion of advanced practice providers, pharmacists, and other professions is encouraged where appropriate to the clinical domain.
- Coalitions must include patient or consumer partners, one early-career professional from both medicine and nursing, and health system leaders from at least three clinical partners. Coalitions are expected to expand to at least five clinical partners by the end of Phase 1 (see **Program Requirements**).
- Coalitions are encouraged to include experts in informatics or data science; health professions education, including interprofessional education and collaboration, professional identity; implementation science and culture change; ethics and legal; and entrepreneur or industry partner familiar with the AI landscape.

Other requirements

- Applicants must agree to the open-source terms described in **Appendix C.**
- Applicants are encouraged, but not required, to submit a letter of intent. See **Section 3**.

3. Letter of Intent

Applicants are encouraged to submit a letter of intent by December 15, 2026. Letters of intent should be submitted through the Upskill for Health Submission Portal and should include:

- Prime applicant organization and primary contact
- Clinical domain
- Names of partner organizations, including any candidate health systems identified to date
- One paragraph describing the opportunity to improve care delivery the project intends to address
- Any technical assistance or partnership needs

Letters of intent will not be scored and will not affect proposal review. A letter of intent is not required to submit a full proposal.

4. Application Instructions

Proposals must be submitted through the Upskill for Health Submission Portal by **Monday, February 1, 2027 at 5:00 PM ET**. Proposals consist of three parts. Please use the sections of the proposals as headers.

Part 1. Technical proposal (page limit: 8 to 10 pages, single-spaced, 11-point font or larger)

1. **Problem statement** (150 words maximum). State the clinical domain and the opportunity to improve care delivery the coalition will address. Explain how AI could make a significant difference.
2. **Reimagined care.** Describe what improved care would look like, which patient-centered outcomes it would change, how it would affect clinician well-being, and how clinicians, patients, and other partners will shape the design during the planning period. Describe anticipated changes to team roles, workflow, workload, and estimated costs.
3. **Training approach.** Describe how the coalition will develop interprofessional training interventions, such as scalable faculty development and practical evaluation and assessment rubrics that can scale over time, that prepare clinicians to work in the reimagined care model, and how it aligns with the 9 C's framework (**Appendix B**).
4. **Coalition.** Describe members, their roles, and how the coalition will be governed. Describe how leadership is shared across professions. Identify the patient or consumer partners and early-career professionals and describe their roles.
5. **Patient engagement.** Describe how patient partners will participate in defining the opportunity to improve care and designing the care model, and how the coalition will address communication with patients about AI use.
6. **Health system engagement.** Define how health system leaders from clinical partners will meaningfully engage in the planning phase to ensure alignment and readiness for participation in Phase 2 implementation awards, if selected. Describe their commitment to the coalition.

7. **Work plan and timeline.** Describe the activities, milestones, and deliverables for the nine-month planning period.
8. **Readiness assessment and evaluation.** Describe how the coalition will assess baseline AI readiness across its professions, and identify how the proposed plan will improve individual, team, and system-based readiness.
9. **Evaluation**: Describe the proposed evaluation plan for the Phase 1 planning award. Potential metrics for the planning award should be appropriate for the proposed clinical and training interventions at the individual-level (e.g., increased time in direct patient care), team-level (e.g., role clarity, coordinated decision-making), and system-level (e.g., safety practices). Further, coalitions must describe how the effectiveness of the interventions to train clinicians and teams to work in the reimagined AI-enabled clinical domain will be measured (e.g., OSCE's, simulations). Explain how these measures would relate to potential Phase 2 measures of improved clinician upskilling and patient-centered outcomes, including but not limited to patient safety and quality, patient and clinician experience, team performance, and cost-effectiveness.
10. **Personnel.** Identify key personnel and their roles, including the co-leads from each profession.
11. **Capability.** Provide examples of prior relevant work in care redesign and clinical training, including interprofessional collaboration, education, and patient engagement. Share prior AI-focused efforts among lead applicants and explain potential partnerships with entities with more advanced AI experience.

Part 2. Appendices (no page limit)

- Biosketches for co-leads from each profession and two early-career professionals.
- Letters of commitment from coalition member organizations, patient partners, and candidate health systems.

Part 3. Budget

- Budget using the Excel template posted to the Upskill for Health Submission Portal.

5. Review and Selection

Selection Criteria

Proposals will be evaluated on the following criteria:

1. **Problem statement.** The clinical domain and opportunity to improve care delivery are clearly defined, and the case for AI as part of the solution is convincing.
2. **Reimagined care.** The proposed care model is well-reasoned, addresses a meaningful, real-world problem, and reflects meaningful input from clinicians and patients.
3. **Training approach.** The plan for interprofessional training is feasible, aligned with the cross-cutting 9C's framework, and realistic for the planning period.

4. **Interprofessional integration.** The coalition brings together the right professions for the domain, and leadership and decision-making are shared.
5. **Patient engagement.** Patient partners have a defined role in shaping the opportunity to improve care and the care model.
6. **Health system engagement.** Health system leaders have a defined role in shaping the AI-enabled opportunity to improve care and have demonstrated commitment to participate in Phase 2 implementation awards, if selected.
7. **Readiness assessment.** The baseline readiness assessment plan is feasible and considers how they will improve individual, team, and system-based readiness.
8. **Evaluation.** A comprehensive evaluation plan that addresses the key elements laid out in Application Instructions above.
9. **Feasibility.** Activities, timeline, and budget are appropriate for a nine-month planning period.
10. **Capability.** The coalition has relevant experience and the capacity to deliver, including prior efforts in quality improvement, care and educational redesign, and evaluation.

Preference will be given to coalitions partnering with rural and underserved health systems, community-based and lower-resourced institutions, clinical domains or professions with limited AI education to date, and proposals that address equity.

Advisory Committee & Review Process

The Upskill for Health Advisory Committee includes expertise, experience, and perspectives that align with the initiative's mission and objectives. Members possess AI expertise or relevant experience in patient populations, healthcare delivery system science, health professions organizations, education and accreditation, industry, science and research, ethics and law, and early-career professionals in medicine and nursing.

CMSS and AAN will screen proposals for completeness and eligibility. The Advisory Committee is responsible for reviewing eligible proposals and making funding recommendations for awardees of Phase 1 and Phase 2 grants. CMSS and AAN may request clarification or additional information from applicants before final decisions are made. CMSS and AAN will make final selections and notify all applicants in March 2027.

6. CMSS and AAN Support

CMSS and AAN will support applicants and awardees in the following ways.
For applicants

- An informational webinar in December 2026, with a recording and FAQ posted afterward. Webinar details are below:
  Date: Tuesday, December 8, 2026
  Time: 12:00 PM- 1:00 PM ET
  Registration: Click here to register
- Technical assistance on program requirements and the application process.

- Matchmaking to connect prospective applicants with potential partners, including organizations from other professions, patient partners, and health systems. Organizations seeking partners are asked to indicate this in their letter of intent.

For awardees

- A learning collaborative with three pacing events during the award period, where coalitions share progress, work through common challenges, and contribute to the national framework.
- Synthesis of coalition work into a national framework for interprofessional AI readiness and an open-source National Playbook.
- Support for disseminating coalition work, including through CMSS and AAN channels and member organizations.
- Opportunities to attend or present at Google, CMSS, AAN, or other related professional meetings.

7. Additional Information

Questions about this RFP should be directed to:

- Programmatic questions: Upskill@AANnet.org
- Application questions and questions about the OpenWater Application Submission Portal: Claire Holland, Associate Director of Membership, American Academy of Nursing, cholland@AANnet.org
- Budget and grant questions: Upskill@cmss.org

A recording of the informational webinar and an FAQ will be posted on the Upskill for Health website. The FAQ will address questions received during the webinar and by email, including the scope of professions eligible to participate, inclusion of advanced practice providers, and expectations for health system partners.

8. References

1. James CA, Chang TH, Chowdhury S, James LN, Li BY, Burstin H. *Physician Readiness for Artificial Intelligence in Clinical Practice: An Analysis of the Medical Education Landscape*. Council of Medical Specialty Societies; September 2026.

2. American Academy of Nursing. Artificial Intelligence Landscape Analysis: A Readiness Scan for Nursing's Adoption and Integration. July 2026.

3. Wolters Kluwer. 2026 Future Ready Healthcare Survey Report: Patients, Doctors, and Nurses on AI: Similar Tools, Different Pathways, One Destination. 2026.

4. Wolters Kluwer. 2025 Future Ready Healthcare Survey Report: Nursing Insights: Redefining Nursing Practice for an AI-Driven Future. 2025.

Appendices

A. Glossary of terms

B. The 9 C's: An AI Readiness Framework for Interprofessional Teams (Summary)

C. Required Terms

Appendix A. Glossary of terms

Advanced practice provider. A licensed clinician who provides care under an advanced scope of practice, including nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants or associates. Advanced practice providers may be included in a coalition where appropriate to the clinical domain.

Clinical domain. An area of care defined by the patients it serves and the problems it addresses, rather than by a single specialty or profession. Examples include maternal health, surgical care, and medication safety. Each coalition defines its own domain in terms that bring the right professions to the same table. CMSS and AAN do not prescribe a list of domains.

Early-career professional. Each coalition must include early-career professionals from at least two professions and must identify two who will participate in the collaborative learning opportunity described in Program Approach. For medicine, within 10 years of completion of professional training. For nursing, within the first 15 years of professional practice (post-baccalaureate) and hold a master's degree or completed doctoral course work/doctoral degree.

Health system partner. A hospital, health system, clinic, rural facility, home-based care organization, or other frontline care delivery organization that joins the coalition, participates in Phase 1 planning through representatives on the planning team, and is a candidate site for Phase 2 implementation.

Implementation award. The Phase 2 (Rebuild) award. At the end of Phase 1, CMSS and AAN will select up to half of Phase 1 coalitions to receive an 12-month implementation award, anticipated to begin March 2028, to operationalize and evaluate their care and training models at partner health systems. Selection is based on the Phase 1 deliverable package.

Interprofessional coalition. A group of organizations representing at least two health professions, including medicine and nursing, organized around a clinical domain. Leadership is shared across the participating professions, with a named co-lead from each. One member organization serves as the prime applicant. Coalitions must also include patient or consumer partners, early-career professionals, and partner clinical sites.

Patient or consumer partner. An individual with lived experience as a patient, family member, or caregiver in the coalition's clinical domain who serves as a member of the coalition, participates in defining the care problem and designing the care model, and advises on communication with patients about AI use. Patient partners should be compensated for their time [at fair market value, using a reference such as the National Health Council or PCORI compensation tools].

Planning award. The Phase 1 (Reimagine) award. CMSS and AAN anticipate making up to 10 planning awards of up to $250,000 each for a nine-month period of performance to support

assessment, planning, and development activities. Awardees submit a final report and deliverable package, which is the basis for Phase 2 selection.

Prime applicant organization. The single organization that a coalition designates to receive and administer the award. The prime applicant must be a U.S.-based nonprofit organization and a professional membership organization or society in medicine or nursing. It distributes funds to coalition partners, is responsible for financial and programmatic reporting, and may submit only one proposal, although it may participate as a partner in other coalitions.

Readiness assessment. A coalition's assessment of AI readiness at the individual, team, and organizational levels across its participating professions, covering AI tools currently in use or under consideration for adoption or development in its clinical domain. The assessment is conducted during Phase 1, is organized around the 9C's framework, informs the training approach and Phase 2 implementation plan, and is included in the deliverable package.

Upskilling. The process by which clinicians and clinical teams gain the competencies needed to deliver care in an AI-enabled environment, organized around the 9C's framework at the individual, team, and organizational levels. A clinician or team is upskilled when it can understand what an AI tool is doing, judge whether to act on its output, coordinate with other professions in the reimagined care model, and remain accountable for the care the patient receives.

Appendix B. The 9 C's: An AI Readiness Framework for Interprofessional Teams (Summary)

Preparing every health care team for AI-enabled care that improves patient outcomes and clinician well-being



Figure 1. The 9 C's: An AI Readiness Framework for Interprofessional Teams

Grounded in national physician and nursing landscape analyses and in established frameworks for team-based care, interprofessional education, learning health systems, and trustworthy artificial intelligence (AI), the 9 C's describe what interprofessional health care teams and their organizations need to use AI in ways that improve patient outcomes and clinician well-being.

The framework offers a shared language and common reference point for everyone who shapes or is affected by AI-enabled care, from clinicians, patients, and educators to developers, health system leaders, professional societies, funders, and policymakers. It can be used to start cross-professional conversations, assess readiness, plan workflows, training, and governance, and evaluate impact through a learning health system. The 9 C's are meant to be adapted to each setting and revisited as AI evolves.

The 9 C's Framework should be used to guide all proposals to this Phase 1 RFP. Visit our website to review the complete 9 C's Framework.

Appendix C. Required Terms

The following terms are required by Google.org per the prime funding agreement and apply to the prime Grantee, all coalition partners, and grant work product generated under the agreement.

Submission of an application in Phase 1 confirms that all coalition partners have reviewed and agreed to these terms.

1. If Funding is used to create intellectual property, Grantee will place (i) any code or other inventions under the Apache 2.0 license (https://opensource.org/licenses/Apache-2.0), and (ii) any other intellectual property (e.g. creative works that are not code, or patentable) under the CC-BY 4.0 International license (https://creativecommons.org/licenses/by/4.0/), each within six (6) months of the date of creation. Such intellectual property will be made freely available and searchable by major Internet search engines. For any intellectual property rights (including patent and trade secret rights) not licensed by Grantee under one of the above licenses, Grantee will place such intellectual property in the public domain. Grantee will not file any patent applications in connection with any intellectual property created with Funding. With respect to any data created with Funding, such data will be made freely available and searchable by major internet search engines, subject to any data privacy laws.
2. If Grantee utilizes any Google products, services, or technologies ("Google Products") in the course of the Project, the terms of use or Google policies generally applicable to such Google Products (as may be updated from time to time) will apply.
3. If the Project involves artificial intelligence ("AI"), the Project will comply with the Google AI Principles set forth at https://ai.google/principles/.