### Challenge

An academic medical center's 60-resident flagship program faces an imminent leadership gap as its long-serving Program Director nears retirement. With no formal succession plan—and uneven faculty performance across multiple sites, plus unclear leadership responsibilities—the program risks accreditation compliance issues, erosion of program identity, and inconsistent resident training quality; these vulnerabilities threaten patient care, institutional reputation, and long-term stability.

## Approach Overview

Treat the missing succession plan as the trigger for a focused diagnostic that uncovers structural, performance, and market factors requiring attention. TMS Associates delivers an integrated sequence—Advisory, Recruitment (only if diagnostics indicate external hire is required), and Retention & Development—each phase directly mapped to identified risks. This ensures clarity of purpose and measurable impact on accreditation, resident outcomes, and patient care.

# Advisory Phase: Diagnose and Correct Underlying Risks

- Needs Assessment & Impact Analysis: Partner with GME leadership, HR, and stakeholders to map governance, site leadership roles, faculty responsibilities, workload distribution, and performance metrics (e.g., teaching evaluations, site-specific outcomes). Quantify how Program Director overextension and uneven oversight contribute to variability in resident experience and performance.
- Role Definitions & Reporting Structure: Define or refine site director and Associate Program Director roles with clear scopes, accountability measures, and performance standards aligned to accreditation requirements (supervision, faculty-to-resident ratios) and resident quality metrics. This foundation ensures a successor inherits a well-structured model rather than

ambiguity.

- Market & Compensation Benchmarking: Analyze peer institutions' leadership structures, compensation ranges, and role scopes for Program Director, Associate Program Director, and relevant faculty roles. Use these benchmarks to assess the viability of internal candidates and to position external recruitment competitively, if needed.
- Succession Framework Co-Creation: Specify required competencies, transition timeline, interim coverage arrangements, and contingency plans. Tie each competency to accreditation standards (e.g., oversight of multi-site rotations, teaching quality thresholds) and program performance indicators (e.g., board pass rate improvement targets). This prevents "succession on paper" from overlooking operational realities.
- Governance & Communication Plan: Draft stakeholder communication strategies for faculty, residents, and accrediting bodies, detailing the transition path, timelines, and interim supervision arrangements. Secure necessary documentation and approvals before the leadership change to protect the accreditation status.
- Deeper Turnover Drivers Analysis: Examine exit interviews, engagement survey data, and workload analytics to identify root causes of faculty turnover. Use insights to shape targeted retention measures in the subsequent Retention & Development phase.

Recruitment Phase: Execute Only If Diagnostics Indicate External Hire Is Required

 Internal Candidate Viability Assessment: Based on advisory-phase criteria and competency assessments, determine whether existing faculty are ready and willing to assume Program Director or Associate Program Director roles. If internal succession aligns with benchmarks and stakeholder confidence, prioritize development; otherwise, justify external search with clear rationale tied to performance gaps or market opportunities.

- Data-Informed Search Campaign: When external recruitment is indicated, partner with Talent Acquisition to craft a compelling role profile. Emphasize how the role directly addresses accreditation risks and performance variability, highlight institutional strengths (e.g., multi-site collaboration, supportive culture), and present compensation aligned with benchmarking insights. This clarity attracts candidates motivated by impact on resident success and program excellence.
- Targeted Sourcing & Screening: Leverage TMS Associates' healthcare network and proprietary tools to identify candidates with proven track records in multi-site program leadership, improving board exam outcomes, and faculty development. Use data-driven screening to focus on profiles matching defined competencies.
- Structured Selection Aligned to Risks: Convene co-interview panels—including current Program Director (if available), GME leadership, resident representatives, and HR—to evaluate candidates against criteria tied to accreditation standards, mentorship philosophy, and ability to manage site variability. Use standardized scorecards referencing advisory findings for objective decisions.
- Parallel Specialty Faculty Searches (If Needed): If diagnostics reveal unfilled or vulnerable specialty roles contributing to uneven performance, plan parallel or subsequent targeted searches for those positions. Ensure alignment with a governance model and mentorship frameworks defined earlier.

Retention & Development Phase: Secure Transition and Build Future Resilience

 Onboarding & Support for New or Internal Successor: For an external hire, activate an 18-month retention support program featuring executive coaching on multi-site dynamics, leadership workshops on accreditation management, and integration into existing talent development initiatives. For an internal successor, provide targeted leadership development and career advisory to fill competency gaps identified.

- Strengthen Site Leadership Consistency: Organize ongoing leadership
  workshops and peer-network sessions across all sites, enabling the Program
  Director (new or promoted) to align site directors on standardized
  performance expectations, teaching best practices, and mentorship
  approaches. This directly addresses uneven faculty performance and ensures
  consistent resident experiences.
- Formal Mentorship Pipeline: Empower the Program Director or Associate Program Director to mentor emerging faculty, pairing them with experienced educators. Define milestones (e.g., teaching evaluation improvements, involvement in accreditation tasks) and feedback loops. This embeds continuous development, addresses the original lack of succession pipeline, and prepares for future leadership transitions.
- Career Advisory & Incentive Alignment: Collaborate with HR to integrate individualized development plans into the institution's career framework, aligning clinical and academic aspirations with program needs. Link these plans to enhancement opportunities (such as scholarships and leadership tracks) and compensation/incentive structures identified through benchmarking to reduce turnover drivers.
- Metric Monitoring & Early Warning Signals: Implement dashboards to track faculty retention rates, resident satisfaction (mentorship quality, training consistency), board exam pass rates, and workload balance indicators. Establish thresholds that trigger proactive interventions (e.g., supplemental coaching, workload adjustments) to safeguard accreditation and ensure optimal resident outcomes.
- Ongoing Communication and Progress Reviews: Schedule regular meetings with GME leadership and stakeholders to review metrics, address emerging

issues promptly, and adjust support mechanisms as needed. Transparent reporting sustains stakeholder confidence and alignment with institutional priorities.

#### Outcomes & Impact

- Accreditation Compliance Maintained: Preemptive governance actions, clear oversight structures, and timely filling of leadership gaps ensure accreditation reviews note no deficiencies related to supervision or faculty-to-resident ratios.
- Improved Resident Performance: Structured mentorship and standardized teaching practices contribute to an increase in board exam pass rates, aiming to achieve a rise from below-average to at or above peer benchmarks within 12–18 months.
- Reduced Faculty Turnover: Filling leadership roles, clarifying career paths, and embedding development opportunities lead to a decline in annual turnover (e.g., 20-30%), preserving institutional knowledge and reducing recurring recruitment costs.
- Enhanced Program Cohesion: Resident satisfaction and engagement scores rise (e.g., 15% + improvement in mentorship quality), reflecting consistent guidance and a collaborative culture across sites. This strengthens program identity and reinforces patient-care continuity.
- Sustainable Leadership Pipeline: The formal mentorship framework readies emerging faculty for future leadership roles, preventing the recurrence of leadership gaps and ensuring resilience as the program evolves.
- Demonstrable ROI: Shorter vacancy durations, fewer accreditation-related remediation costs, and stabilized training quality translate into measurable savings and support institutional reputation, underscoring TMS Associates'

value as a performance-guaranteed partner.

## **Next Steps**

- 1. Review advisory findings with GME leadership and HR to confirm whether internal succession is feasible; if not, authorize external search with documented rationale.
- 2. Finalize role profiles (Program Director and any parallel specialty roles) using benchmarking insights; secure stakeholder approvals (faculty committees, accreditation liaison).
- If proceeding externally, launch a targeted recruitment campaign immediately, while interim supervision arrangements and temporary mentorship maintain resident support.
- 4. Upon selection or promotion, activate the retention & development program: schedule executive coaching sessions, leadership workshops, and mentorship milestones.
- Implement metric-tracking dashboards and establish regular review meetings (e.g., quarterly) to monitor progress, address challenges early, and adapt strategies as needed.
- 6. Document and share outcome metrics (turnover reduction, board pass improvements, satisfaction gains, accreditation status) for continuous refinement and case study development.