**Succession Planning**

Keith Ponitz, MD and Rebecca Swan, MD

Edited by Daniel Sklansky, MD and Margaret McNamara, MD

Introduction

All leadership roles benefit from succession planning and the role of the Program Director (PD) is no different. With a thoughtful, well-articulated, well-planned transition, the change in PD can not only minimize disruption to the program but can also bring about new ideas and new opportunities for the stakeholders, most notably the associate program directors (APDs), residents, and fellows. Some institutions or Departments require a national or local search for medical education leadership positions, but succession planning is important even in that scenario as it ensures that colleagues (e.g. APDs) are well prepared and positioned to apply for the role if they desire

Given that the average tenure of a PD is 4-7 years, it is reasonable to begin thinking about succession planning once the roles and responsibilities of the PD become familiar. Typically, this occurs two or three years into the job. This should allow enough time to identify and prepare a successor to ensure a smooth transition when the transition time comes. A formal process that involves a national search can be time-consuming and benefits from many months advance notice with the goal of the new PD to begin at the next academic year.

As a reminder, an ACGME Common Program Requirement addresses succession planning.

II.A.1.b) The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)

*Background and Intent: The success of residency programs is generally enhanced by continuity in the program director position. The professional activities required of a program director are unique and complex and take time to master. All programs are encouraged to undertake succession planning to facilitate program stability when there is necessary turnover in the program director position.*

As a side note, we are all aware that sometimes the decision to transition PDs may be external and unexpected. This chapter focuses primarily on a more slowly planned transition, but there are still helpful steps to consider here if you are responsible for identifying the next PD.

Anticipate Change

*Stepping Aside*

1. Is this the right time to step down as PD?
   1. Knowing when to step aside will be multifactorial but two keys areas dominate:
      1. Career Advancement -Vice chair of education, role within the medical school, and division chief are common examples
      2. Loss of enthusiasm for the role – Examples include administrative burden exceeds fulfillment; generational gaps impair connections with trainees
2. The decision is made, now what?
   1. Notify the person responsible for selecting the new PD. This will often be a Department Chair, Vice Chair of Education, or Hospital President.
      1. Discuss the timing of departure. If possible, transition is recommended at the end of the academic year to see those graduating through their residency and allow the new PD to begin with the new interns
   2. Has the new PD been identified?
      1. If yes, the transition process should be relatively smooth.
      2. If no, discuss with Chair (or other decision maker) how to identify potential candidates. The outgoing PD may have a few individuals to recommend and may facilitate the process along with the Chair. This process should remain confidential until the transition is announced (see below).
3. Benefit of Internal Candidates – often know the residents and culture of the program and hospital and can make transition easier, minimizing the disruption to residents.
4. Benefit of External Candidates – often bring new energy and ideas from their prior institutions and experiences.
   1. Search - Facilitate the process with the Chair as this will likely be a several month process. The APPD PDs can be a great source of recommendations for potential candidates.

3. What will my role in the residency be after my transition?

1. It is important to have clear expectations with the new PD about your post-transition role. This is moot If you are leaving the institution or taking a role outside of education
2. If you will continue to have a role within the department, consider the following:
   1. Promotion to Vice Chair of Education means managing the PD from above. Provide mentorship and oversight, but leave the running of the residency to the new PD.
   2. Becoming an APD means providing mentorship from below. It will be important that the PD is the main decision maker. This can be a tricky role as others may still want to come to you because of the relationships that you formed over the years. This is a time to remember to stay in your new lane. You stepped aside from the PD role for a reason.
   3. Continuing on the faculty as a medical educator without a formal program leadership role allows the former PD to provide consultation and support to the new PD that, wisely, will be limited to occasions when asked to share opinions and perspectives.

Transition process

*Announcing the change*

1. Communication is a critical part of this process.

Recognize that key stakeholders need to be notified. This group includes institutional leadership (DIO, GMEC), departmental leadership (chairman and executive leadership), residency leadership team, program administrators, division chiefs/section chiefs, faculty, residents/fellows, and the ACGME.

1. Timing is important.
2. The department chair is typically part of the initial conversation but, if not, should be made aware of the transition plan prior to the other groups.
3. It is important that the trainees hear the news in person from the outgoing PD, not via email and not through “the grapevine.”
4. Consider using a pre-set conference *or* call a Town Hall-type meeting to announce the news.
5. Consider discussing with the residency leadership shortly before the trainee meeting, to allow time to process but not much time for the news to be leaked.
6. The Chair and successor should be at this meeting to convey the stability of the program, as many residents/fellows associate their training directly with the PD and fear change will devalue their experience.
   1. If the successor has not been named, the process and timeline need to be clearly stated. Uncertainty breeds gossip and anger.
   2. Allow time for questions and prepare to answer them as honestly as possible.
   3. Share reasons for stepping down (if possible).
   4. Stress departmental commitment to the program. Express confidence that the program will continue in good hands.
7. Send an email out immediately after this meeting to all residents/fellows to ensure the information is shared.
8. When the email is sent to the trainees, the Chair should send emails to the faculty with the same message. Depending on the institution, different emails may go to division chiefs vs faculty vs executive leadership butthe message should be the same.
9. Recruitment is a consideration.
10. If transition occurs during recruitment, be prepared for questions about the transition.
11. Transparency is important for applicants.
12. Ensure all faculty interviewers have the appropriate information to handle these questions with same answers.
13. Support of residency leadership team is essential.
14. Recognize any increase in responsibility and time commitments by APDs during the transition, especially if the new PD is external or not yet named.
15. Help advocate for time to be negotiated appropriately.
16. The balance of supporting the residency leadership team, maintaining the mission and vision of the program, and (potentially) being involved in a formal search for a new PD can be stressful.

Acknowledge these emotions.

The leadership team will be stressed by the change, the (perceived) instability of the change and the (perceived) uncertainty of their roles. The PD who is stepping down can be supportive by acknowledging this and supporting within their new role (whatever that is).

Remember the focus is on the program and finding the ideal next PD, and that they may have different traits and experiences due to the evolution of the program.

1. If the PD is staying at the institution (and able), maintaining mentorship for the chief residents can be helpful. The current and next chief residents are often professionally and personally connected to the PD and may feel abandoned by the transition. Acknowledging these emotions and maintaining the mentor-mentee relationship can help support them.

*Transition to the New PD*

The goal is to work with the new PD to ensure a smooth transition.

1. Work with new PD to have mini-retreat/planning session to discuss transition plans.
2. If PD is staying at institution, he/she will need to clearly establish new role/responsibilities with clear boundaries.
   1. Interactions with coordinators
   2. Interactions with chiefs
   3. Role on committees as a participant, not chair
   4. Any change in mentorship relationship with APDs
   5. Impact on presence at conferences
3. Update appropriate regulatory agencies
   1. ACGME/WebADS
   2. ABP

*Post-transition*

Stepping down from a position can be challenging and emotional, so be prepared.

1. Your tenure as a PD may have been long and immersive, with challenges and fulfillment, and you miss that identity and routine, even if stepping down very intentionally. You may feel overwhelmed and stuck, described as a “meaning vacuum” by Bruce Feiler in a New York Times article on transitions. (Feiler B Feeling stuck? Five tips for managing life transitions. New York Times, 2020). Feiler’s five tips:
   * Start with your transition superpower.

Transitions have three phases- the “long goodbye” (mourning the past), the “messy middle” (getting rid of habits and starting new ones) and the “new beginning.” People gravitate to where they are comfortable, their “transition superpower.”

* + Identify your emotions.
  + Shed something.

Clear out the unwanted or unneeded to make way for new.

* + Try something creative. Creativity represents a fresh start.
  + Rewrite your life story. Feiler describes transitions as “a meaning-making exercise.”

1. PDs may step down due to personal life challenges/changes. Remember to address these appropriately.
2. Focus on your next career journey.
3. Be available to support the new PD if asked but do not be obtrusive.
4. Look for mentorship for support in the transition period.
   * + 1. DIO, Department Chair, Vice Chair of Education
       2. Other PDs who have transitioned to new positions.
       3. APPD resources
       4. Consider a professional coach.

*Final thoughts*

* 1. Anticipate “bumps in the road”
     1. Transparent communication helps.
  2. Reminder to invest in the residency leadership team now, so that a PD transition is minimally disruptive.
  3. Reminder to keep policies updated, paperwork current to ease transitions.
  4. Succession planning success
     1. A solid residency leadership team and current policies are most beneficial, especially in the event of an abrupt PD change.
  5. Smaller programs have additional considerations
     1. Plan transitions earlier, as identification of successor may be more challenging.
     2. PD transitions may have more significant impact on clinical environment
     3. May not have the depth of leadership team support that larger programs have.

Resources

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989543/pdf/mep-13-20885.pdf>

[Why Family Medicine Program Directors Leave Their Position (stfm.org)](https://journals.stfm.org/familymedicine/2021/may/fernald-2020-0437/)

[successionplanningguidance.pdf (umassmed.edu)](https://www.umassmed.edu/globalassets/office-of-faculty-affairs/documents/careers/successionplanningguidance.pdf)