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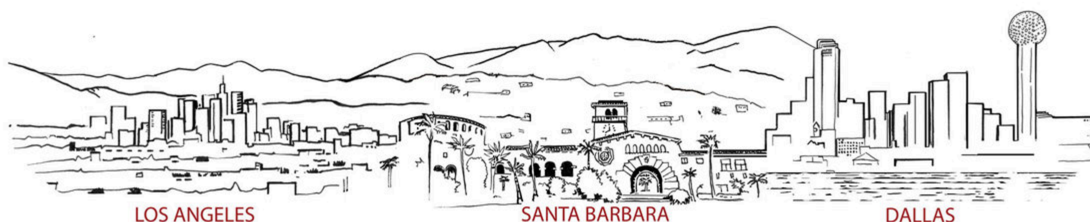

November 21, 2025

Medical groups don't usually collapse because their revenue dropped 3% last quarter. They collapse because someone, usually someone important, disappears, and no one bothered to think about what happens next.

Call it magical thinking, call it hubris, call it garden-variety procrastination. Whatever you call it, it's remarkable how many medical groups operate on the assumption that their leaders are immortal, infallible, and, in some cases, incapable of being recruited away by someone who promises them fewer headaches and a bit more time off.

Here's a newsflash: Leaders leave. They burn out. They get sick. They die. Sometimes they're asked to leave. Sometimes they leave you right when the group needs them most. And sometimes they stick around far longer than they should, which is a different kind of succession problem but a succession problem, nonetheless.

Yet many groups have no real plan for what happens when the person with the keys to the kingdom suddenly isn't there to open the door. Instead, they trust that the team will figure it out. The same team that can't agree on where to have the holiday party is supposed to execute emergency governance transitions? Good luck with that.

A legitimate succession plan isn't a warm-fuzzy exercise. It's a blunt recognition that your group is one bad day away from a leadership vacuum. And if you're with a very large group and think that it's immune, you're missing the point: the larger the organization, the bigger the crater when a leader disappears.

A real plan answers actual questions:

• Who takes over tonight if the group's president or its CEO has a stroke this afternoon?

• Who has signing authority tomorrow when payroll must be approved?

• Who communicates with hospital partners, key business contacts and advisors, and so on, so they don't panic and assume you've imploded?

• Who has been trained, not merely anointed, to lead?

• And the big one: How do we prevent internecine warfare during the leadership gap?

And yes, this must all be in writing. Not in a partner's memory, not "in the bylaws somewhere," not "I think we talked about that once." Ink on paper. Or digital ink in a PDF. Preferably something someone can find faster than the group can schedule a meeting.

The irony is that leadership succession is far easier to plan for than to survive without. You can either choose the transition or have the transition choose you. One is manageable. The other is far more difficult.

Because at the end of the day, if your medical group can't function when one person is gone, you don't have a leadership structure. You have a single point of failure dressed up as an organization. And single points of failure? They always fail. Usually when you're least prepared.

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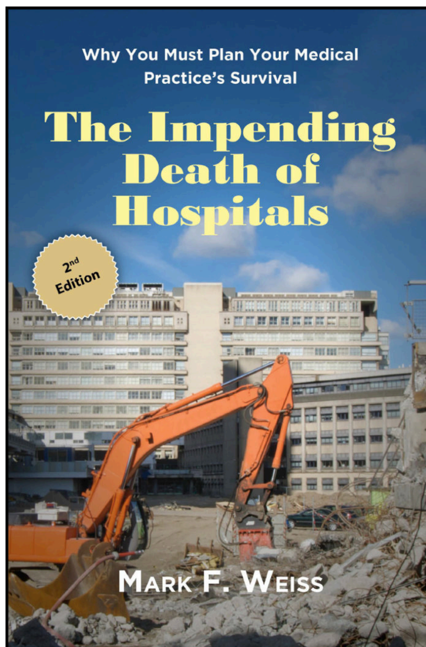

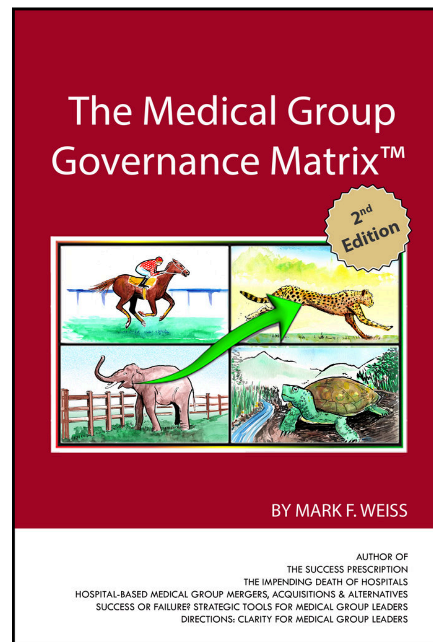

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