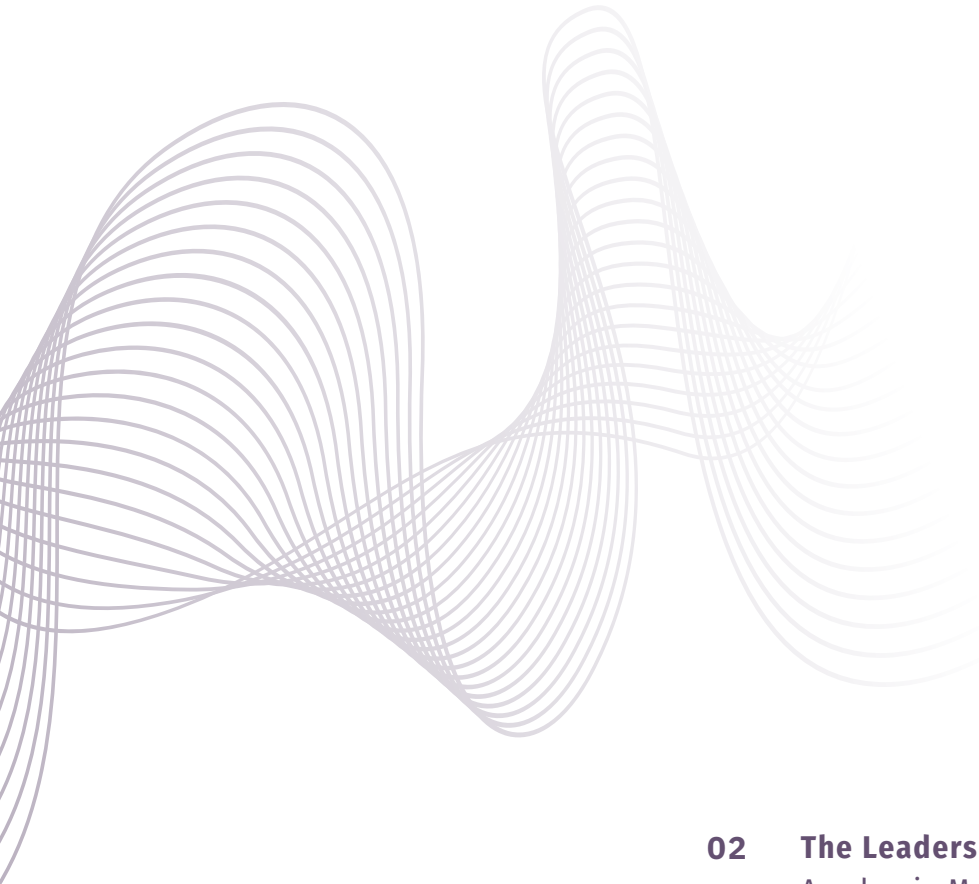


# Leading Academic Medicine through Transformation

CEO PERSPECTIVES ON  
NAVIGATING COMPLEXITY  
AND CHANGE




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# The Leadership Landscape:

## Academic Medicine in Transformation

A blurred photograph of two people, a man in a dark suit and a woman in a light-colored top and dark pants, walking on a modern building walkway with large glass windows. The image is out of focus, creating a sense of motion and a professional, contemporary atmosphere.

The role of the academic medical center (AMC) CEO has never been more consequential and more demanding. Leading an AMC today means orchestrating a multi-dimensional enterprise where clinical care, research, and education intersect with disruptive market forces, unprecedented regulatory volatility, and rapidly evolving community expectations. It is a leadership challenge unlike any other in healthcare or education, shaped by the structural duality at the core of academic medicine itself.

AMCs operate as inherently paradoxical organizations: rooted in academic values yet driven by business imperatives. They are often deeply integrated at the enterprise level while remaining highly distributed operationally. An AMC CEO may oversee billions in revenue and tens of thousands of employees yet operate with far less direct authority than peers in broader healthcare. Faculty governance, academic freedom, and shared decision-making are not constraints to be overcome; they are foundational features that shape how leadership must be exercised in practice.

These dynamics are further complicated by the reality that organizational form matters. An AMC CEO leading a fully integrated academic health system faces a very different set of challenges than one navigating a complex affiliation model with distributed governance across a university, medical school, and clinical enterprise. These are not marginal differences. They represent distinct leadership contexts and effectively different jobs, requiring different capabilities, relationships, and approaches to decision-making and execution.



Running an academic health system is like managing a three-dimensional cube with matrices, nodes, and decision-making knots — and a red cherry on top: the CEO. If you don't activate the network and allow for shared ownership, the cube will eventually reject the leader or break apart.”

— Cory D. Shaw, President and Chief Executive Officer of UC Health

At the same time, the role itself is evolving in real time. The AMC CEO is shifting from institutional steward to complex-systems orchestrator. Where earlier generations of leaders operated within more predictable environments, today's CEOs must lead amid near-constant disruption: reimbursement models under pressure, persistent workforce shortages, rapid technological advances, intensifying competition from both traditional and non-traditional players, and policy changes that frequently reshape the rules of the game. Transformation is no longer episodic; it is continuous and simultaneous across every dimension of the enterprise.

To better understand how AMC CEOs are navigating this environment, we undertook a multi-method research effort in partnership with Vizient. The work combined a national survey of sitting AMC CEOs with a series of in-depth interviews across a diverse set of organizational models, geographic markets, and leadership backgrounds. Together, these perspectives illuminate not only how the role is changing but also how experienced leaders are adapting as conditions change — often through deliberate trade-offs, strategic improvisation, and recalibrated notions of authority, influence, and success.

What emerges is a portrait of a role that resists simplistic characterization. The AMC CEO must operate comfortably at multiple altitudes: inspiring faculty pursuing breakthrough discovery while negotiating payer contracts, advancing community health while protecting financial resilience, and developing the next generation of leaders while managing immediate workforce instability.



This research report draws directly from those navigating these realities today. It reflects the lived experience of AMC CEOs who are succeeding not by reducing complexity, but by engaging it thoughtfully: knowing when to impose structure and when to allow flexibility, while bringing clarity where possible, discipline where needed, and adaptability where required. Rather than offering a single model of leadership, it surfaces patterns, capabilities, and practices that distinguish impactful leadership across today's wide range of AMC contexts.

## RESEARCH METHODOLOGY

This report was developed in partnership with Vizient, Inc., and informed by the collective insight of members of the Vizient AMC CEO Network, drawing on a national survey of Network members and in-depth conversations with a diverse group of CEOs. These perspectives were complemented by broader leadership and governance insights from WittKieffer's experience in academic medicine through its executive search and leadership advisory engagements. Together, these inputs ground the report in practical, peer-informed frameworks on leading academic medicine amid increasing complexity.

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# The Expanding Mandate:

## When “More” becomes “Different”



“Ten years ago, there were more leaders across the hospitals. Leadership consolidation has fundamentally changed the game. Now, you must adjust your leadership style to be able to manage at scale.”

— Wendy Horton, PharmD, Senior Vice President and President of Adult Services of UCSF Health

### MARKET FORCES CONVERGING SIMULTANEOUSLY

AMC CEOs have long operated in complex environments. What sets the current moment apart is not complexity itself, but convergence. Multiple external forces, each significant in its own right, are now unfolding simultaneously, reshaping the CEO role in ways that are structural rather than incremental. The result is not simply more to manage, but a leadership context that increasingly operates by a different set of rules.

**Reimbursement pressure** stands out as the most widely cited force, having shifted from a financial management issue to a core leadership challenge. Declining reimbursement adequacy, payment delays and denials, and the expansion of value-based care models are undermining long-standing economic assumptions within academic medicine. The challenge now goes beyond optimization within existing payment models to a more fundamental question: how to sustain a mission-intensive enterprise when the clinical margin can no longer reliably underwrite research, education, and community benefit.

**Workforce dynamics** reflect a similarly structural shift, as traditional assumptions about the pull of academic mission, the durability of existing employment structures, and the predictability of career pathways are proving less reliable. Shortages are persistent rather than episodic, affecting clinical and administrative functions alike, with vacancy rates remaining elevated. Labor costs continue to rise, and burnout and retention challenges extend from frontline staff to senior physicians and executives. The leadership challenge is no longer limited to recruitment and development but extends to rethinking how work is designed, supported, and sustained.



“In the next five years, AMC CEOs will be much more externally focused: engaging in state and federal advocacy and navigating a competitive landscape shaped by new market entrants and service line disruptions.”

— Thomas M. Gronow, EdD,  
President and Chief Executive  
Officer of University of Colorado  
Hospital

**Policy and regulatory forces** are pushing the CEO role decisively outward. More than four in five AMC CEOs (85%) report spending significantly more time with government and regulatory bodies than they did three years ago, reflecting a clear reallocation of attention at the top. Regulatory uncertainty complicates planning when conditions may shift mid-implementation, while state-level variation demands increasingly localized responses, even within multi-state systems. Engagement in policy, advocacy, and government relations is now a core part of the role, rather than adjacent to it.

**Competitive pressure** has intensified across multiple fronts at once. Market consolidation continues as larger systems expand geographically, altering local competitive dynamics and turning long-standing neighbors into rivals or, at times, partners. Simultaneously, non-traditional entrants like digital health platforms, retail care models, and venture-backed specialty providers are moving quickly into service lines and talent pools, unencumbered by academic mission or legacy infrastructure.

**Technology and AI transformation** introduce perhaps the most acute tension of all. Advances in AI, analytics, and digital care models create real opportunities for quality improvement, operational efficiency, and research acceleration. Against this backdrop, the pace of change consistently outstrips organizational readiness, testing governance structures, culture, and workforce capability. The challenge is not adoption alone but building organizations able to absorb continual technological disruption without eroding trust, academic values, or the human core of care and teaching.

Taken together, these forces signal a shift from sheer expansion to structural evolution. The AMC CEO role is no longer expanding only in scope; it is changing in kind.



**85%**  
**of AMC CEOs**  
**report that their**  
**responsibilities**  
**increased**  
**significantly (63%)**  
**or slightly (22%) in**  
**the last 3 years**

## STRATEGIC FORESIGHT

These converging forces are profoundly reshaping what it takes to lead an AMC. The scale of change is evident in the data: 85% of AMC CEOs report that their responsibilities have increased in just the past three years. And the more consequential shift lies not in the volume of work, but in its nature.

Time and attention at the CEO level are increasingly directed toward building what comes next rather than managing what already exists. Sixty-eight percent of AMC CEOs report spending significantly more time identifying growth opportunities, diversifying revenue streams, and pursuing strategic partnerships. This represents a clear reorientation of the role from stewardship of established institutions to active construction of future capacity. Rather than being discretionary, growth becomes the primary mechanism for sustaining mission amid persistent financial, workforce, and policy pressure.

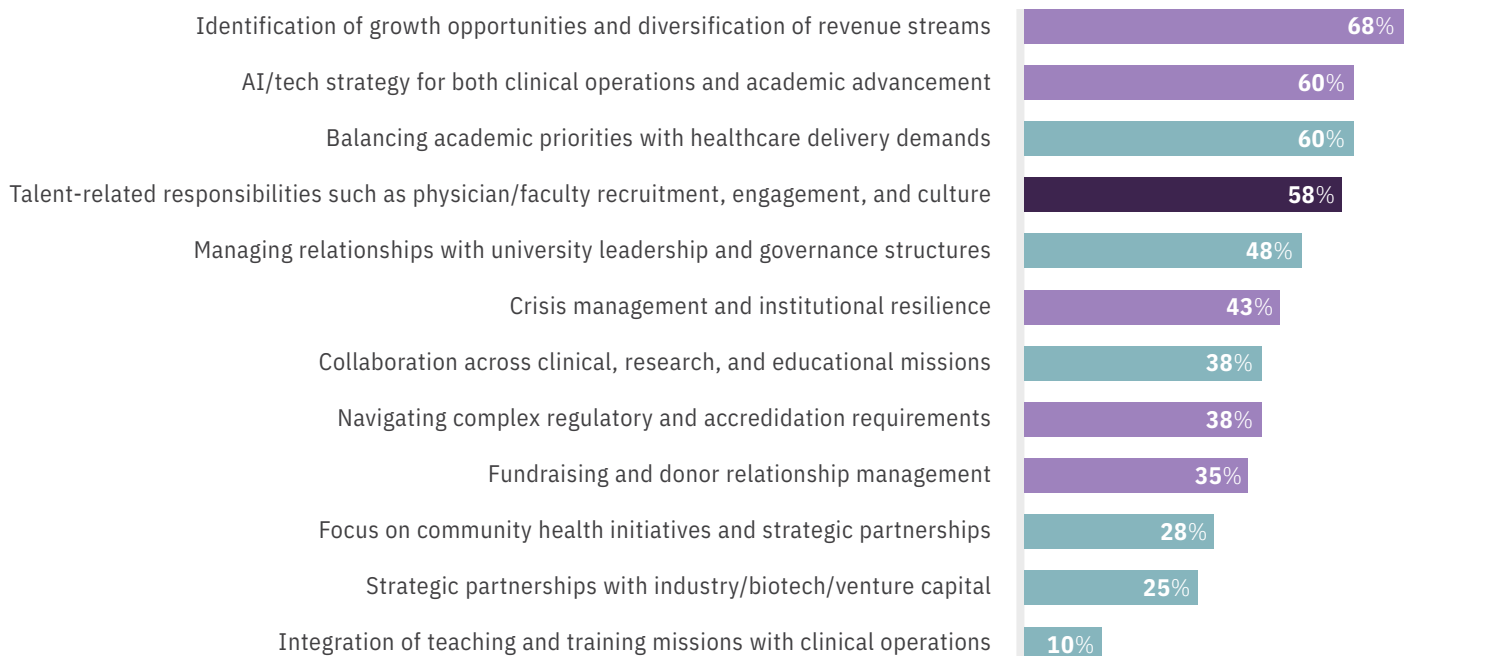
## THE EXPANDING AMC CEO MANDATE

### AREAS OF INCREASED RESPONSIBILITY

■ People

■ Finance & operations

■ Mission integration





Strategic improvisation is not about chasing every new trend; it's about having a clear blueprint and adjusting our sails as the winds change. No overreacting or knee-jerking. Instead, being comfortable with the uncomfortable, staying nimble and agile, and allowing for local innovation.”

— John D. Couris, President and Chief Executive Officer of Tampa General Hospital, and President and Chief Executive Officer of Florida Health Sciences Center

This shift has elevated **proactive strategic** positioning as a core leadership capability. Traditional planning cycles (linear, multi-year, and execution-driven) are increasingly misaligned with an environment defined by volatility and interdependence. Leading effectively now requires setting clear strategic direction while preserving flexibility in how that direction is pursued. Scenario-based planning, decision frameworks built for speed, and leadership teams able to adapt without losing coherence are now essential. The challenge is not abandoning planning but planning with the expectation that change is constant rather than exceptional.

**Leadership across complex**, distributed networks is another defining requirement of the role today. Sixty percent of AMC CEOs identify balancing academic priorities with healthcare delivery as an area of increased responsibility. Education, research, and clinical care operate across distinct governance structures, funding models, and cultures, often spanning inpatient, ambulatory, and virtual settings. Authority is diffuse, and alignment cannot be assumed. Progress depends less on hierarchical control and more on shared purpose, influence, and integration across domains and sites.

In this context, **mission-driven inspiration** re-emerges as a potential competitive advantage, particularly in talent attraction and retention. However, mission alone is no longer sufficient. Effective leaders connect mission to tangible experience, linking purpose with professional development, stability, and credible leadership. Financial discipline and mission commitment must now advance together. When aligned, mission becomes more than an organizing principle; it becomes a reason people choose to join, stay, contribute, and lead.



Administrations will come and go, creating both problems and opportunities. What we do might change, but how I lead people won't. How you recruit, how you show up — those fundamentals stay the same.”

— John Fernandez, President and Chief Executive Officer of Brown University Health

**The academic–business tension** that has long characterized AMC leadership has also intensified. Nearly half of AMC CEOs report increased responsibility for managing relationships with university leadership and governance structures. The role increasingly demands fluency in business fundamentals, such as revenue cycle management, capital allocation, market strategy, and operational performance, while respecting academic culture, shared governance, and scholarly independence. The challenge is not choosing between academic and business priorities but sustaining both through leadership that acknowledges and manages the tension rather than attempting to resolve it.

Finally, **community-centered leadership** shifts from underlying promise to strategy. CEOs are increasingly shaping priorities around local population needs, demographics, and access gaps, using community insight to guide service development, investment decisions, and research translation. This represents a move from positioning (“we serve the community”) to strategy (“community needs shape our actions”). In a climate of heightened competition and fragile institutional trust, deep community integration supports both mission fulfillment and long-term differentiation.

These strategic responses point to an evolved leadership model for academic medicine — one grounded in adaptability, integration, and credibility. Even as pressures evolve and leadership demands shift, the fundamentals of leadership remain remarkably consistent: clarity of purpose, trust, judgment, and the ability to bring people along through change. The AMC CEOs navigating the current environment most impactfully are not abandoning what has always mattered. Instead, they are applying enduring leadership principles in far more complex and fluid contexts. They lead differently not by replacing core principles, but by exercising those principles under radically different conditions.

# Leading with Impact: AMC CEO Success Today



At the C-suite

level, we must inspire and connect to our organization's mission to motivate our workforce. Talking about changes in payer mix doesn't resonate with nurses; instead, we need to understand and address their diverse needs, from paychecks to purpose."

— Robert W. Cannon, President of BJC Health's East Region

## THE LEADERSHIP STANCE

The leadership environment for AMC CEOs has not only grown more complex; it has become more exacting. The breadth of stakeholders, the pace of change, and the simultaneity of pressures mean that leadership impact increasingly depends less on positional authority and more on how leaders show up: how they think, decide, communicate, and sustain credibility across disparate audiences.

The expanding stakeholder ecosystem places AMC CEOs at the center of a dense web of relationships that demand very different forms of engagement. Government and regulatory actors require translation and advocacy. Clinical and academic leaders expect credibility, partnership, and respect for professional autonomy. Boards seek strategic dialogue and confidence in judgment. Community partners look for presence, responsiveness, and trust. Meeting these expectations consistently requires leaders to operate with range, adaptability, and emotional intelligence.

Importantly, these expectations are not additive. They are concurrent. AMC CEOs must move fluidly between roles — strategist, advocate, educator, and integrator — often within the same day. This reality places a premium on leaders who can quickly read context, adjust posture, and remain grounded in purpose even as demands shift rapidly, all without becoming reactive or fragmented.



Leadership at scale further intensifies these demands. With workforces distributed across geographies, care settings, and organizational boundaries, AMC CEOs cannot rely on proximity or direct oversight to create alignment. Influence replaces visibility. Trust replaces control. Connection must be built deliberately rather than assumed. The ability to create coherence across varied environments while allowing for local leadership and adaptation emerges as a defining leadership challenge.

At the same time, governance dynamics in academic medicine require particular sophistication. Shared governance, faculty representation, and university affiliation introduce layers of complexity not present in most healthcare organizations. Effective CEOs navigate these structures not by circumventing them, but by understanding their logic, respecting their intent, and working within them to enable timely and effective decision-making. This requires patience, clarity, and credibility — qualities that cannot be improvised in moments of strain.

This environment places unprecedented demands on AMC CEOs as humans, not simply as executives. Success now depends on a set of integrated leadership characteristics that enable effectiveness across complexity, ambiguity, and sustained pressure.

## ESSENTIAL LEADERSHIP CHARACTERISTICS

Four interdependent leadership domains distinguish impactful AMC CEOs today. These characteristics do not represent a checklist or hierarchy; rather, they operate as a system. Strength in one domain reinforces the others, while weakness in any one area limits overall effectiveness.

### *Strategic Innovation*

Strategic innovation reflects the ability to look beyond immediate constraints and toward future possibilities, even amid uncertainty. For AMC CEOs, this means maintaining clear strategic direction while remaining flexible in how that direction is pursued. It requires anticipating shifts rather than reacting belatedly, whether driven by market dynamics, funding models, technology, or talent.

In practice, strategic innovation shows up as disciplined curiosity: asking where growth can come from, how partnerships can extend capability, and how research, clinical care, and education can be more tightly integrated to create value. It also involves comfort with calculated risk. In an environment where inaction carries its own dangers, effective leaders are willing to make informed bets, test new models, and adjust course as evidence emerges, without losing strategic coherence.

### *Operational Excellence*

For AMC CEOs today, operational excellence goes well beyond efficiency or budget management. It encompasses deep understanding of financial stewardship, ability to manage performance across complex and often opaque systems, and comfort making trade-offs in resource-constrained environments. It also requires mastery of integration across missions and sites. Clinical operations, research enterprises, and educational programs follow different rhythms, incentives, and compliance requirements. Effective CEOs understand these differences and design operating models that respect them while still driving enterprise-level performance.

Accountability plays a central role here. In distributed organizations, accountability must be reinforced through clear expectations, consistent measurement, and direct conversations. Leaders who excel operationally create environments where performance is transparent, progress is tracked, and responsibility is shared without slipping into micromanagement or punitive oversight.



Trust is the kahuna — the foundation of everything. It’s about credibility, doing what you say you’re going to do, and showing up with integrity every single day. And integrity isn’t just honesty — it’s also courage and humility. Sometimes it requires taking on the things that are most important and not shying away from them.”

— Rodney B. Hanners, Chief Executive Officer of Keck Medicine of University of Southern California

### ***Inspiring Alignment***

Among the most distinctive challenges of AMC leadership is the need to align people who are motivated by different values and measures of success. Clinicians, scientists, educators, administrators, and community partners do not respond to the same incentives or language. Inspiring alignment means translating strategy into narratives that resonate across these groups, without diluting substance or credibility.

This domain draws heavily on leading change and navigating ambiguity. Absent the luxury of full clarity, CEOs help others move forward amid ambiguity, framing direction in ways that are honest about constraints while still instilling confidence.

Inspiring alignment also extends externally. Advocacy with policymakers, engagement with regulators, and collaboration with university leadership require the ability to communicate complex realities clearly and persuasively, serving as “educator-in-chief” across multiple audiences.

### ***Internal Foundation***

Underlying the other three domains is a strong internal foundation. This includes self-awareness, integrity, resilience, and learning agility — the personal qualities that enable leaders to sustain impact over time. Humility and curiosity are central here. Effective AMC CEOs actively seek input, value diverse perspectives, and adapt their thinking as conditions change. In parallel, they provide clarity and steadiness, especially during periods of disruption.

Trust consistently emerges as the bedrock. Trust is built through consistency between words and actions, decisions and values. It enables influence without authority and creates the conditions for collaboration, healthy conflict, and shared accountability.



Be humble — you don't have all the answers, and you never know where a good idea might come from. But also be brave — we have to take some shots at things because the status quo is not working.”

— Steve Leffler, MD, Chief Executive Officer of University of Vermont Health, and President and Chief Operating Officer of University of Vermont Medical Center

Finally, sustaining this internal foundation requires attention to personal resilience. The AMC CEO role is demanding and often isolating. Leaders who endure treat themselves with the same intentionality they apply to their organizations; they invest in coaching, build recovery into their schedules, and remain anchored in purpose.


Together, these four domains define what it means to lead impactfully in academic medicine today. They are mutually reinforcing and must be exercised continuously. Strategic innovation without operational excellence leads to drift. Operational discipline without inspiring alignment breeds resistance. Alignment without a strong internal foundation lacks staying power.

This framework does not imply that leadership fundamentals have changed. Qualities such as clarity, judgment, trust, and purpose remain essential. What is different is the intensity, visibility, and complexity of the environment in which they must now be exercised, placing far greater demands on leaders' internal foundation and capacity for sustained impact.



# Building Your Team:

## Maximizing C-Suite Performance



The complexity of leading an AMC cannot be carried by a single individual, no matter how capable. The leader's impact is amplified, or constrained, by the quality, alignment, and performance of the executive team.

When asked about their greatest challenges vis-à-vis the C-suite, 90% of AMC CEOs identify enhancing team culture and collaborative decision-making, signaling that this is a central leadership imperative. The next tier of challenges centers on executive development and attraction: addressing burnout and wellbeing, creating meaningful growth pathways, hiring and retaining high-impact leaders, and strengthening succession planning.

Building a high-performing C-suite requires deliberate, ongoing attention across three interconnected dimensions: aligning the team, developing executives, and architecting the right leadership structure.

### **ALIGNING THE TEAM**

Collaborative decision-making is no longer optional in the matrixed environment of academic medicine, where leadership effectiveness depends on collective intelligence. As a result, CEOs increasingly treat culture as a strategic asset rather than a soft attribute. High-performing organizations monitor culture and team dynamics with the same discipline applied to financial or operational metrics. Alignment, trust, and collaboration are understood as prerequisites for execution.



“I am a strong believer in organizational culture – and that starts at the top. To create an environment where staff and faculty feel comfortable reporting errors, improving performance, and providing the best care possible, we must build a foundation of trust and support where everyone feels valued.”

— Carol A. Gomes, Chief Executive Officer and Chief Operating Officer of Stony Brook University Hospital

The CEO’s role is pivotal. Leaders set the tone through their behavior; it matters how they invite input, surface disagreement, make decisions, and manage tension. At the C-suite level, this requires intentional practices: clear decision rights, structured forums for debate, norms that encourage diverse perspectives, and shared expectations about how the team operates.

Healthy conflict is particularly critical. The inherent tensions of academic medicine – short-term financial pressure versus long-term mission investment, standardization versus innovation, enterprise efficiency versus local autonomy – cannot be resolved; they must be actively managed. Effective teams surface these tensions openly and work through them constructively. The CEO’s responsibility is not to eliminate disagreement but to ensure it remains focused on issues rather than individuals, and that, once decisions are made, the team collectively commits to execution.

### **DEVELOPING EXECUTIVES**

As organizational complexity grows and executive bandwidth tightens, developing C-suite leaders becomes both more difficult and more essential. CEOs identify progressive responsibility (69%), cross-functional exposure (54%), and executive coaching (51%) as the most effective development approaches for building the executive bench. Significant barriers persist: competition for talent, limited capacity for development amid operational demands, and challenges aligning individual growth with organizational priorities.

The most effective development strategies balance rigor with realism. Formal leadership programs and coaching provide valuable structure and outside perspective, but the deepest learning occurs through real work: leading enterprise-level



initiatives, navigating crises, managing complex stakeholder dynamics, and operating in the face of ambiguity. Development is most effective when these experiences are designed intentionally, supported by feedback, and treated as strategic investments rather than discretionary activities.

Unwanted executive turnover intensifies these challenges. While organizational culture and mission alignment remain central to retaining executives, they are no longer sufficient on their own. Compensation, talent caliber and collaboration in the C-suite, and autonomy and decision-making authority increasingly influence whether executive leaders stay.

Executive development includes proactive, strategic CEO succession planning. Despite its importance, 47% of surveyed organizations lack a structured, long-term succession process. Where plans do exist, they often lack essential elements: a clearly defined leadership profile for the future CEO, consistent use of assessment, and formal development pathways for potential successors. Treating succession as a continuous process, anchored in future enterprise needs rather than current conditions, strengthens leadership continuity and organizational resilience.

### **BUILDING THE C-SUITE**

C-suite structures in academic medicine are evolving in response to shifting strategy and scale. Emerging roles reflect areas of heightened focus: ambulatory leadership as care moves beyond hospital walls, AI and technology roles oriented toward tech-enabled care transformation rather than IT infrastructure, integration and transformation leaders charged with managing systemness, and chiefs of staff who expand CEO capacity through more effective coordination amid growing organizational complexity.



Competence is critical, but I'd select an A-minus in competence with an A-plus in teamwork over the reverse. I seek mature individuals without ego issues, driven by mission.”

— Peter Healy, Divisional President of Metro Boston for Beth Israel Lahey Health, and President of Beth Israel Deaconess Medical Center



“ I have a very low tolerance for unresolved, avoidable conflict. If there’s an issue impacting our doctors, nurses, or leadership team, I’d rather deal with it and make the best decision possible so we can move on to different alligators we’re wrestling with.”

— Ric Ransom, JD, Chief Executive Officer of University of Missouri Health Care

A notable trend is the emphasis on responsibilities over titles: rather than layering on permanent roles, effective CEOs reassess structure continuously, adjusting portfolios based on strategic priorities and individual strengths. This flexibility allows organizations to adapt without becoming rigid or over-engineered.

Physicians in executive roles represent another important evolution. As clinical transformation, quality, and workforce engagement move to the center of strategy, clinical credibility at the executive table becomes increasingly valuable. Many organizations deliberately invest in developing physician leaders, recognizing their ability to bridge clinical and business perspectives and lead change with medical staff.

Attracting executive talent in this environment depends less on geography or compensation alone and more on organizational reputation and culture. AMC executives are drawn to environments where the work is meaningful, the leadership team is strong, and the organizational culture enables impact. The implication is clear: the quality of the C-suite becomes both a product of effective leadership and a magnet for future leaders.

Ultimately, building a high-impact C-suite is how AMC CEOs extend their leadership reach. Alignment enables speed. Development builds resilience. Structure creates focus. In an environment where complexity continues to intensify, the executive team becomes the primary multiplier of leadership impact and the foundation for sustaining mission, performance, and trust over time.

# Charting the Path Forward



Effective leadership in academic medicine today requires both strategic clarity and adaptive execution. The environment is too dynamic – and too varied across institutions – for a single blueprint to apply. What distinguishes leaders who navigate this complexity well is not adherence to a fixed playbook but the ability to apply core leadership principles with range, judgment, and flexibility as conditions evolve.

**Leadership increasingly becomes an exercise in adaptability and resilience.** Expectations rise quickly, external pressures compound, and market conditions shift with little warning, driving continuous expansion in the scope and intensity of the AMC CEO role. Sustaining impact in this environment requires the capacity to absorb change without becoming reactive, to make decisions amid uncertainty, and to recalibrate leadership approach as demands grow. The ability to learn continuously and remain grounded, clear, and responsive over time is now as critical as strategic insight.

**The C-suite team becomes the primary mechanism through which leadership intent is translated into action.** In organizations as complex and matrixed as AMCs, progress depends less on individual heroics and more on collective performance. Strong executive teams are marked by clarity of roles, trust, and the ability to engage in productive debate. When all members of the C-suite work as a cohesive unit, the organization gains speed, resilience, and consistency. Over time, the executive team becomes not only a delivery mechanism but a stabilizing force amid continuous change.

**Culture and mission remain powerful differentiators, particularly in attracting and retaining talent.**

Leaders are drawn to environments where the work feels meaningful, the leadership bench is strong, and collaboration is real. Mission carries weight only when it is visible in daily decisions: how resources are allocated, how leaders behave, and how tensions are handled. Financial discipline and operational performance are not at odds with purpose; they are what enable mission to endure.

**Trust underpins it all.** In an era of heightened scrutiny and institutional skepticism, leadership effectiveness depends heavily on the ability to build credibility quickly and sustain it over time. Trust is reinforced through consistency between words and actions, decisions and values. It enables influence without authority and allows organizations to move with confidence when speed is required.

What emerges is not a call to reinvent leadership, but to practice it under more demanding conditions. The fundamentals — clarity, judgment, trust, and purpose — remain durable anchors. What is changing is the terrain on which they must be applied: broader span, greater visibility, faster cycles of change, and sustained uncertainty. The leaders who succeed are those who apply these enduring principles with greater intentionality and range, knowing when to hold steady, when to adapt, and how to bring others along as the work continues to evolve.

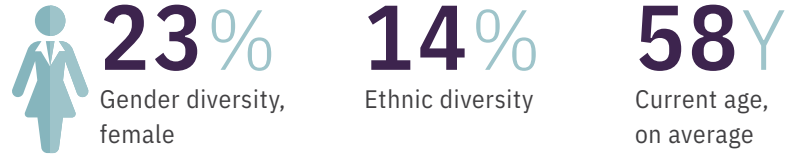


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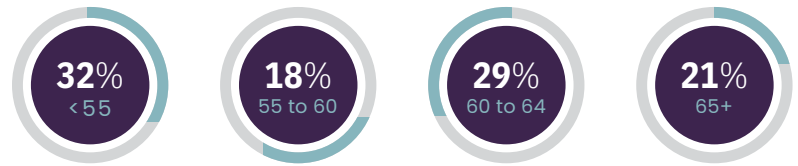
## The Modern AMC CEO Portrait

Based on WittKieffer's analysis of the profiles of 150 sitting CEOs in academic medicine, 2026

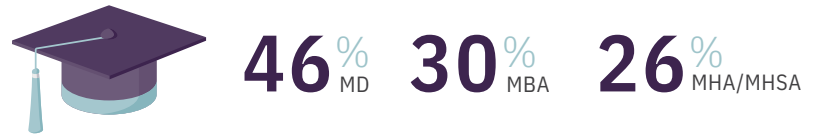
### DEMOGRAPHICS



### DISTRIBUTION BY AGE



### EDUCATION – TOP 3 DEGREES



### CURRENT POSITION



### ROUTE TO THE TOP: MAIN ARCHETYPES

Based on the immediate previous position before current CEO appointment

**45%** **GENERAL MANAGER**  
Led a smaller health system as CEO, or ran a division, region, medical center, or hospital as a business leader. Most common pathway across all AMC models except medical school-based.

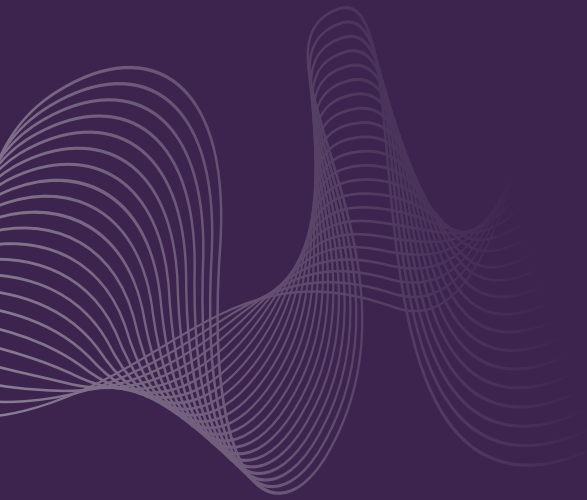
**25%** **EXPERIENCED COO**  
Built their career in operations before stepping into the CEO role. Most common in medical school-based and standalone AMC models.

**21%** **CLINICAL EXECUTIVE**  
Served as Chief Medical Officer, Chief Nursing Officer, or equivalent clinical leadership role. Found across all AMC models.

**9%** **CLINICAL EXECUTIVE**  
Rose through strategy, finance, administration, or research. Found especially in medical center-based and university-based AMC models.

Source: WittKieffer proprietary research on the career paths of CEOs at 150 academic medical centers, based on publicly available data from BoardEx, LinkedIn, organization websites, press releases, and news articles; January 2026. ©WittKieffer, all rights reserved.

# About WittKieffer



WittKieffer is the premier executive search and leadership advisory firm developing impactful leadership teams for organizations that improve quality of life. We work exclusively with organizations in healthcare, science, and education — the Quality of Life Ecosystem — and provide essential knowledge, analysis, and perspective that produce effective leaders and inclusive cultures. Through our executive search, interim leadership, and leadership advisory solutions, we strengthen organizations that make the world better. WittKieffer is proud to be 100 percent employee-owned.

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