Succession Planning Best Practices for Alzheimer's Disease Research Centers (ADRCs)

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Background:

This guidance package was developed by the ADRC Administrators Steering Committee and is informed by insights, lessons learned, and best practices shared during the ADRC Network Succession Planning Webinar Panel held on December 11, 2025. The materials reflect collective experience across the ADRC network and are intended to support proactive, equitable, and sustainable leadership continuity.

Executive Summary for ADRC Directors

Why Succession Planning Is Mission-Critical
Succession planning is a core leadership responsibility for Alzheimer's Disease Research Center (ADRC) Directors. ADRCs are complex, grant-funded enterprises whose success depends on leadership continuity, institutional knowledge, and operational stability. Proactive succession planning mitigates risk to NIH funding, protects staff and trainee wellbeing, and ensures continuity of scientific, clinical, and community impact.

Importantly, succession planning should be framed as proactive continuity and stewardship, not as a signal of imminent departure. NIH increasingly expects credible leadership continuity plans particularly for P30 renewals, supplements, and periods of leadership transition. ADRCs that normalize succession planning are better positioned to weather transitions without disruption to funding, operations, or morale.

Core Expectations for ADRC Directors
As ADRC Director, you are responsible for ensuring that:
- Mission-critical leadership and operational roles are clearly defined and documented.
- Interim and emergency coverage plans exist for all critical functions.
- Leadership pipelines are actively developed across scientific, clinical, and administrative domains.
- Institutional knowledge is shared and not concentrated in single individuals.
- Leadership transitions are managed transparently, respectfully, and in alignment with institutional and NIH expectations.

Succession planning should be reviewed annually and at major grant milestones and should be institutionalized rather than held informally by current leaders.

What Effective Succession Planning Looks Like
High-functioning ADRCs demonstrate the following characteristics:
- Leadership transitions are anticipated rather than reactive.
- Emerging leaders are intentionally developed through stretch assignments, mentorship, and sponsorship.
- Interim leadership pathways are pre-identified and supported.
- Outgoing leaders contribute to knowledge transfer while empowering new leadership.
- Succession planning advances equity by making leadership pathways transparent and accessible.

Director Takeaway
Succession planning is not about replacing individuals; it is about protecting the ADRC mission. When embedded into routine leadership practice, succession planning strengthens funding competitiveness, supports workforce development, and reinforces trust with NIH, institutional partners, staff, and participants.

Succession Planning Best Practices

Purpose and Scope
This guide provides a comprehensive, actionable framework for succession planning within Alzheimer's Disease Research Centers (ADRCs). It is designed for ADRC Directors, Associate Directors, Core Leaders, Administrators, and institutional partners who are responsible for ensuring leadership continuity, operational stability, and long-term sustainability across complex, grant-funded research enterprises.

Succession planning in ADRCs should be understood as risk mitigation, stewardship, and capacity-building, not as a signal of imminent departure. When embedded into routine operations, succession planning protects funding, preserves institutional knowledge, supports workforce development, and advances equity across the ADRC network.

Guiding Principles
Effective succession planning in ADRCs is grounded in the following principles:
- **Proactive, not reactive**: Planning occurs well before transitions are imminent.
- **Mission-driven**: Succession planning protects scientific, clinical, and community impact.
- **Transparent and equitable**: Leadership pathways are visible and accessible.
- **Institutionalized**: Plans are documented, reviewed, and shared appropriately on a regular basis.
- **Respectful of people and roles**: Transitions honor contributions while enabling new leadership.

1. Make Succession Planning Routine, Not Reactive
Best Practices
- Treat succession planning as a standing leadership responsibility.
- Review succession plans annually and during major grant milestones (e.g., P30 renewals, supplements, leadership changes).
- Normalize conversations about leadership transitions as part of strategic planning.

Practical Tips
- Frame succession planning as continuity planning, not replacement planning.
- Include succession planning as a regular agenda item in leadership retreats or annual planning meetings.
- Explicitly link succession planning to risk management and sustainability.

2. Define and Document Mission-Critical Roles
Action Steps
- Identify mission-critical roles across:
  - ADRC Director and Associate Director
  - Core Leaders (Administrative, Biomarker, Clinical, Data, Neuropathology, Neuroimaging, Outreach, Recruitment, and Engagement, and Research Education Component)
  - Key administrative and operational leadership roles
- Maintain up-to-date role descriptions that clearly articulate:
  - Primary responsibilities
  - Decision authority
  - Key internal and external relationships
- Document workflows, escalation paths, and dependencies.

Outcomes
- Reduced disruption during planned or unplanned absences.
- Greater clarity for interim leaders and institutional partners.
- Decreased reliance on informal or undocumented knowledge.

3. Build Leadership Pipelines Intentionally
Strategies
- Identify emerging leaders early across scientific, clinical, and administrative domains.
- Use stretch assignments tied to real ADRC needs, such as:
  - Leading sections of P30 renewals or supplements
  - Chairing cross-core initiatives or working groups
  - Representing the ADRC in institutional or network forums
- Provide access to leadership development opportunities, including:
  - Formal training programs
  - Mentorship by senior leaders
  - Exposure to and participation in budgetary, regulatory, and strategic decision-making

4. Cross-Train and Share Institutional Knowledge
Best Practices
- Cross-train staff and leaders for key operational and leadership functions.
- Identify and address single-point-of-failure roles.
- Maintain centralized, accessible documentation, including:
  - Standard Operating Procedures (SOPs)
  - Grant timelines and calendars
  - Key contacts and institutional knowledge repositories

Recommended Tools
- Shared SOP libraries
- Responsibility and coverage matrices
- Transition and onboarding checklists

Benefits
- Enhanced resilience during staff turnover or leadership transitions.
- Faster onboarding for interim and permanent successors.
- Reduced operational risk.

5. Plan for Interim and Emergency Coverage
Recommendations
- Pre-identify interim leaders for all critical roles.
- Clearly define authority, scope, and reporting structures for interim appointments.
- Document emergency coverage plans for unexpected absences.

Communication Considerations
- Communicate interim plans clearly to staff, institutional leadership, and external partners.
- Ensure interim leaders are visibly supported by senior leadership.

6. Manage Transitions with Transparency and Respect
Key Principles
- Communicate early and often with internal and external stakeholders.
- Use gradual transitions whenever possible rather than abrupt handoffs.

- Clearly define the outgoing leader's advisory role, duration, and boundaries.

Effective Transition Practices
- Parallel leadership periods where incoming and outgoing leaders overlap.
- Delegation of operational authority before formal role changes.
- Clear delineation of decision-making authority during transition phases.

Transition Considerations
- Celebrate contributions of outgoing leaders.
- Signal confidence in incoming leadership.
- Reinforce continuity of mission and values.

7. Align Succession Planning with Institutional and NIH Considerations
Institutional Considerations
- Engage Deans, Department Chairs, Faculty Affairs, and Research Administration early.
- Clarify pathways for interim versus permanent appointments.
- Align succession planning with promotion, tenure, and HR processes.

NIH Considerations
- Anticipate NIH expectations for leadership continuity in P30s and other center-level grants.
- Communicate leadership transitions proactively with NIH Program Officers when appropriate.
- Ensure leadership plans are credible, documented, and defensible in competing renewals.
- Ensure compliance with [NIH Prior Approval for Changes in Key Personnel](#) process

8. Leverage the ADRC Network
Network-Level Opportunities
- Share templates, case studies, and lessons learned across ADRCs.
- Establish peer mentoring relationships among administrators and leaders.
- Use NACC and ADRC forums to normalize succession planning discussions.
  Consider serving on steering committees.

Benefits
- Reduced duplication of effort.
- Stronger, more resilient ADRC network.
- Collective advancement of best practices.

9. Foster a Culture of Stewardship
Indicators of a Healthy Succession Culture
- Leadership transitions are anticipated, planned, and supported.
- Knowledge transfer is expected, documented, and rewarded.
- Leadership evolution is valued over permanence.
- Planned exits are encouraged and handled with dignity and recognition.

Long-Term Impact
- Stronger continuity of scientific and community impact.
- Improved staff morale and retention.
- Enhanced credibility with NIH and institutional partners.

Summary
Succession planning is a core leadership function for ADRCs. When embedded into routine practice, it strengthens organizational resilience, protects funding and operations, supports

workforce development, and advances equity. By treating succession planning as stewardship of the ADRC mission, rather than a reactive response to change, centers position themselves for long-term success and stability.

Annual ADRC Succession Planning Checklist

This checklist is designed to be completed annually by ADRC leadership and revisited during major grant cycles.

1. Leadership Roles and Coverage
☐ Mission-critical leadership roles are identified (Director, Associate Director, Core Leaders, key administrative leads).
☐ Current role descriptions are up to date and documented.
☐ Interim coverage is identified for each critical role.
☐ Emergency coverage plans exist for unexpected absences.

2. Knowledge Management and Cross-Training
☐ Key workflows and decision authorities are documented.
☐ SOPs are current, centralized, and accessible.
☐ No single-point-of-failure roles exist without backup coverage.
☐ Grant timelines, key contacts, and institutional processes are documented.

3. Leadership Pipeline Development
☐ Emerging leaders have been identified across scientific, clinical, and administrative domains.
☐ Stretch assignments are intentionally assigned and aligned with ADRC needs.
☐ Mentorship relationships are explicit rather than informal.
☐ Sponsorship is occurring for individuals preparing for leadership roles.

4. Considerations for Broad Representation
☐ Leadership development opportunities are transparent and equitably distributed.
☐ Succession planning expands the leadership pipeline.
☐ Potential bias or informal gatekeeping has been actively addressed.

5. Transition Readiness
☐ Likely transitions (retirements, sabbaticals, grant cycle changes) have been discussed.
☐ Transition timelines and triggers are documented where appropriate.
☐ Outgoing leader advisory roles and boundaries are defined.

6. Institutional and NIH Alignment
☐ Institutional leadership (Dean, Chair, Research Administration) is aware of succession plans.
☐ Interim vs permanent appointment pathways are clear.
☐ Succession planning aligns with faculty affairs, HR, and promotion processes.
☐ NIH expectations for leadership continuity have been considered for upcoming submissions.

7. Review and Communication
☐ Succession plans were reviewed within the past 12 months.
☐ Updates were communicated to appropriate leadership stakeholders.
☐ Action items and gaps have assigned owners and timelines.

Summary
Succession planning is a core function of ADRC leadership and a hallmark of mature, resilient centers. By routinely assessing leadership coverage, developing pipelines, and aligning with institutional and NIH expectations, ADRCs safeguard their mission, people, and funding.

Treating succession planning as stewardship, rather than contingency, positions ADRCs for long-term success.