

# Why Your Best Clinicians Are Leaving And Why More Money Isn't the Fix

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A field guide for physician leaders who are done losing good people and ready to find out what's actually broken.

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## Picture this.

**You're sitting across from a clinician you've invested in. Someone good. Someone your patients love and your team respects. And they slide a resignation letter across the desk.**

You saw it coming. Kind of. There were signs — a little more quiet in meetings, a little less engaged in hallway conversations. But you told yourself it was a busy season. That things would settle.

They didn't settle. They left.

And now you're doing what every physician leader I've ever talked to does in that moment — replaying the last six months, trying to figure out where it went wrong. Was it the call schedule? The compensation? The new EHR nobody wanted?

Here's what I want to offer you, physician leader to physician leader: it probably wasn't any of those things.

What you're most likely dealing with is a structural problem. Authority that doesn't match responsibility. Accountability that gets applied to some people and quietly excused for others. Compensation that doesn't reflect what people are actually carrying.

That combination — even in a practice with good people and good intentions — will quietly drive your best clinicians out the door every single time.

That's what this guide is about. And I promise it's worth the next fifteen minutes of your time.



# THE THREE SIGNALS YOUR PRACTICE IS ALREADY SENDING

Most retention strategies live at the surface. New benefits packages. Engagement surveys. Wellness initiatives. And none of those things are inherently bad. But if the structure underneath is misaligned, those strategies are essentially decorating a house with a cracked foundation.



The *Clinician Retention Blueprint™* starts with the foundation.

Retention stabilizes — really stabilizes, not just temporarily improves — when three structural layers are working together:



## Layer 1: Accountability *Everything else sits on top of this one.*

Here's something I've watched happen in practice after practice. Standards exist on paper. Expectations get communicated in onboarding. And then, slowly, accountability starts getting applied selectively — to some people, in some situations, when the conversation feels manageable. Your high performers notice this faster than anyone. They're watching. And they're keeping score in ways you might not realize until it's too late.

**Honest question:** *Is accountability applied consistently across your clinical staff — regardless of tenure, revenue production, or how uncomfortable the conversation would be?*



## Layer 2: Authority

*Who actually gets to make decisions – and does everyone know it?*

When authority is unclear, friction follows. Not dramatic, blow-up friction. The quiet kind. The kind where a clinician keeps running into invisible walls, keeps getting second-guessed on decisions that should be theirs to make, keeps doing the job without actually having the power the job requires. That frustration compounds. Slowly. Until one day they decide their energy is better spent somewhere else.

**Honest question:** *Do your clinicians have clearly defined authority that actually matches their stated responsibilities?*



## Layer 3: Compensation

*And we're not just talking about the number.*

A competitive salary with incentives can absolutely coexist with a compensation structure that feels deeply unfair. When clinicians can't see the logic behind how compensation is determined – when it feels arbitrary, or misaligned with actual contribution – trust erodes. Quietly. Long before anyone brings it up in a meeting.

**Honest question:** *Does your compensation structure reinforce the behaviors and contributions you actually want to retain?*



# THE 60-SECOND STRUCTURAL RETENTION SCAN

Be honest with yourself here. Nobody's grading you, and nobody's watching. This is just you and a PDF. *(No judgment. We've all been there.)*

|                                                                                       | Yes | No | Not<br>Sure |
|---------------------------------------------------------------------------------------|-----|----|-------------|
| Can every clinician on your team clearly articulate who they're accountable to?       |     |    |             |
| Are performance standards enforced consistently — regardless of who the clinician is? |     |    |             |
| Do your clinicians have authority that matches their listed responsibilities?         |     |    |             |
| Has your compensation structure been reviewed for alignment in the last 18 months?    |     |    |             |
| Do your high performers carry a disproportionate load with no structural recognition? |     |    |             |
| Is there a formal process for addressing leadership credibility concerns?             |     |    |             |

## What your answers are telling you:

### 5–6 YES:

Your structure is in solid shape. The work now is staying honest about drift — because even healthy structures need tending.

### 3–4 YES:

There's misalignment here. It may not feel urgent yet. But it's already costing you more than your turnover numbers are showing.

### 0–2 YES:

Your structure is actively working against you right now. This deserves your attention — sooner rather than later.

Sat with more than two "Not Sure" answers? That uncertainty is information. Worth paying attention to.

THE TRUTH ABOUT BURNOUT

# BURNOUT IS THE WARNING LIGHT. NOT THE ENGINE PROBLEM.

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I want to spend a minute here because I think this reframe matters.

We've gotten very good at treating burnout as a personal experience — something that happens to individual clinicians who need better coping strategies, more PTO, more mindfulness resources. And those things matter. I'm not dismissing them.

But in practice after practice, what I've actually seen is this: **burnout shows up first**. And underneath it, almost every time, there's a **structural problem that's been running quietly in the background**.

*A clinician carrying a load that should have been distributed differently.*

*Operating inside authority that doesn't match their actual responsibilities.*

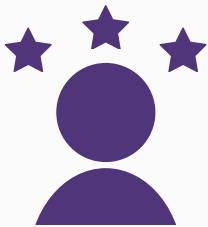
*Watching accountability get applied inconsistently around them while they keep holding the line.*

**That's exhausting in a way that a wellness stipend cannot fix.**

And here's the part I want you to really sit with: when you address burnout without addressing the structure underneath it, you might stabilize that person for a while. Long enough to feel like you handled it. But the structure keeps doing what structures do — and eventually, you're right back in the same place, having a version of the same conversation, with a different person sitting across from you.

# THREE THINGS THAT SHIFT WHEN YOU GET THE STRUCTURE RIGHT

I've watched this happen enough times that I can say it with real confidence now.



**Your high performers stop leaving first.**

High performers are the most structurally sensitive people in your practice. They have options — they know it, and frankly, so do you. When authority is clear and accountability is consistent, **they stop quietly calculating whether staying makes sense.** Because it does. The math works.



**Your leadership team gets out of firefighting mode.**

When structure is clear, the endless cycle of mediating role conflicts, smoothing over accountability gaps, and managing friction that shouldn't exist in the first place — **it quiets down.** What felt like a people problem starts revealing itself as a design problem. (That realization is usually equal parts humbling and relieving, in my experience.)



**Recruitment starts working in your favor.**

Word travels in medical communities. Faster than most executives realize. When your practice develops a reputation for clear structure, consistent standards, and compensation that actually makes sense — you **start attracting clinicians who are looking for somewhere to plant roots.** That's a competitive advantage. And most practices aren't even trying to build it.

## SO. WHAT DID YOUR SCAN TELL YOU?

If you're sitting with a score of 3 or below — or if the "not sure" column has you a little unsettled — I want to offer you something genuinely useful.

**A FREE \*\*20-MINUTE STRUCTURAL RETENTION CLARITY CALL\*\* WITH ME.**

Here's what that actually looks like: we spend twenty minutes looking at what your scan results are telling you, talking through what's showing up in your practice right now, and I give you at least one concrete thing you can take back with you — something useful, something specific to your situation, something you can act on.

You'll leave the call knowing which structural layer needs the most attention in your practice, whether what you're experiencing is early-stage misalignment or something that needs more urgent focus, and what your most important next move looks like.

And yes — if it becomes clear during that conversation that your practice needs deeper structural work, I'm going to tell you that. Directly and honestly, the way I'd want someone to tell me. We'll talk about what working together could look like and whether it makes sense for where you are right now.

*No pressure. No obligation.* But no dancing around it either, if the fit is obvious.

What I can promise you is this: **you'll leave that call with more clarity than you walked in with. Whatever comes next.**

## READY TO FIND OUT WHAT'S ACTUALLY DRIVING YOUR TURNOVER?

[BOOK YOUR FREE 20-MINUTE CALL](#)

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ABOUT DR. LAURA SUTTIN

# I BUILT THIS FRAMEWORK BECAUSE I NEEDED IT.



I'm Dr. Laura Suttin — *physician, Clinician Retention Architect, and the creator of the **Clinician Retention Blueprint™**.*

I work with chief medical officers, medical directors, and practice executives who are watching good clinicians walk out the door and running out of explanations for why the usual fixes keep falling short. Because they've already tried the usual fixes. Multiple times.

My work lives at the intersection of leadership structure, accountability design, and the kind of honest organizational assessment that requires someone willing to say the uncomfortable thing out loud — respectfully, but clearly.

I didn't come to this work from the outside. I came to it from inside a practice that was struggling, leading a team that deserved better, and realizing that the answers I needed didn't exist in any framework I could find. So I built one.

That's the **Clinician Retention Blueprint™**. And it's what I bring to every practice I work with.

Find me at

[DRLAURASUTTIN.COM](https://DRLAURASUTTIN.COM)

or connect with me on



Dr. Laura Suttin