Centering the Role of the GME Director in Institutional Success

Lisa Payne[1], Donna Guidroz[2]

[1] UCLA [2] Ochsner Health

ABSTRACT

Graduate Medical Education (GME) Directors are essential to the operational and regulatory success of residency and fellowship programs, yet their contributions often remain underrecognized. Drawing on findings from the 2025 GME Director Survey, this article highlights the evolving role of GME Directors, the challenges they face, and the importance of strengthening their authority, visibility, and leadership development. It also emphasizes the value of physician-administrator dyad leadership and calls for greater institutional investment in these professionals to ensure the long-term success and sustainability of graduate medical education.

Introduction

Behind every compliant, learner-centered, and mission-driven graduate medical education (GME) program is a GME Director, a professional whose formal job description captures only a fraction of their contributions. While Program Directors, faculty, and institutional leaders are the clinical and academic face of residency and fellowship programs, GME Directors provide the operational and regulatory integrity that allows those programs to function. They are the quiet foundation, the throughline across systems, programs, and people.

A national survey conducted in 2025, The GME Director Survey: Summary Report, gathered insights from 101 GME Directors and senior institutional leaders across a wide range of institution types and sizes, from academic medical centers to community hospitals. It revealed an experienced, highly educated workforce navigating increasingly complex responsibilities. These professionals are essential to program stability and compliance, yet their authority often does not match the scope of their work. This article synthesizes those findings to highlight the indispensable role of GME Directors and calls for intentional investment in their authority, visibility, and development, especially as dyad partners alongside physician leaders.

A Highly Qualified Yet Under-Empowered Workforce

The survey found that 72% of GME Directors hold a graduate or professional degree, and 57% have worked in GME for more than a decade. Many have advanced internally, with 30% previously serving as residency or fellowship coordinators. This path reflects deep institutional memory and a strong commitment to academic medicine. Despite their qualifications, only 52% reported having sufficient authority to fulfill their role. Another 36% answered "somewhat," while 12% said they lacked meaningful authority entirely. Barriers to effectiveness include:

- Limited decision-making power (57%)
- Insufficient resources (52%)
- Undefined roles and responsibilities (50%)
- Limited influence as non-physicians (43%)

These limitations are systemic. They hinder GME leaders from operating at their full potential and, if left unaddressed, they risk institutional compliance and trainee support.

Responsibility Without Recognition

The survey showed a clear disconnect between the responsibilities GME Directors carry and the ways their success is measured. Nearly all respondents are accountable for:

- ACGME compliance (98%)
- Budget and financial oversight (86%)
- Institutional goal execution (82%)
- Program growth and innovation (74%)

Yet the most frequently cited weekly challenges included:

- Managing HR and personnel issues (67%)
- Space and facility constraints (54%)
- Day-to-day accreditation logistics (52%)
- Budget management and reconciliation (48%)

A full 75% of respondents spend most of their time on operational logistics. These vital functions, including onboarding, documentation, faculty development, and compliance tracking, are often unrecognized in formal evaluations. This disconnect contributes not only to role ambiguity but also to burnout.

Article DOI: 10.70785/LLJT5147
Cite as: FULGME. 2026;00(03):2-5.
The author(s) declares no conflict of interest.

Over 90% of GME Directors reported at least occasional burnout. A quarter (25%) cited frequent symptoms, and 7% reported constant burnout. These levels rival those of clinical providers, yet GME Directors rarely receive the same wellness supports, professional safeguards, or institutional prioritization.

The Role in Action: Beyond the Job Description

The survey also uncovered consistent themes in how GME Directors are stretched beyond their formal role. In addition to managing accreditation and budgets, many serve as:

- Supervisors of large teams of program coordinators
- Interpreters of evolving ACGME standards
- Collaborators with HR, Legal, and Risk Management
- Institutional memory during leadership turnover
- First responders to crises such as natural disasters, unprecedented events, or systems failures

These duties are critical to the functioning and compliance of GME programs. Yet they are rarely codified, measured, or resourced accordingly.

GME Directors are often the first call when a resident has a concern, when faculty need support navigating a process, or when institutional leadership needs assurance that accreditation tasks are on track. Their work intersects directly with the experiences of residents and fellows, faculty, and physician leaders.

Dyad Leadership in Practice

The most effective institutions recognize that strong graduate medical education requires shared leadership. The dyad model pairs a physician leader, such as a Designated Institutional Official or Program Director, with an experienced GME administrator. This structure ensures that operational, academic, and clinical needs are jointly considered.

This model works best when both members of the dyad are empowered, visible, and mutually respected. Physician leaders bring essential clinical insight and academic oversight. Administrative leaders provide operational continuity, regulatory expertise, and cross-departmental coordination. Together, they create a more resilient and responsive GME enterprise.

But for this model to thrive, administrative GME leaders must be recognized as partners rather than support staff. This includes having a seat at strategic tables, participating in policy and curricular decisions, and being evaluated based on the full scope of their contributions.

Building the Infrastructure GME Needs

The findings of the 2025 survey point to five key institutional actions to better support GME Directors and strengthen the foundation of graduate medical education:

1. **Clarify and Standardize the Role.** Job titles, core functions, and reporting lines should be aligned across institutions. A national consensus on role expectations can enhance recruitment, retention, and succession planning.
2. **Include GME Directors in Strategic Decision-Making.** Administrative GME leaders should participate in discussions about workforce planning, institutional growth, and policy implementation. Their foresight often prevents downstream accreditation or resource challenges.
3. **Align Performance Metrics with Reality.** Evaluation frameworks must reflect operational and leadership tasks, not compliance alone. Recognition for onboarding, coordinator supervision, and system-level risk management should be standard.
4. **Invest in Leadership Development.** Structured pipelines, including mentorship, TAGME certification, and leadership academies, are essential. Institutions should encourage professional growth and provide advancement opportunities within the GME structure.
5. **Advance Dyad Partnerships Institutionally.** Institutional support for physician-administrator collaboration should include shared goals, transparent communication, and co-led initiatives that advance the mission of GME.

A Call for Further Research

The GME Director Survey represents a first-of-its-kind effort to formally document the scope, challenges, and insights of GME administrative leadership. However, more data are needed to fully understand:

- The long-term impact of administrative leadership on program success
- The role of GME Directors in faculty and coordinator development
- Burnout and retention patterns among GME administrators
- Best practices in dyad leadership for medical education

Ongoing research in these areas can guide national policy, accreditation standards, and institutional investment.

Conclusion: A Foundation Worth Strengthening

The success of GME programs depends on infrastructure as well as curricula and clinical exposure. GME Directors are the framework that supports accreditation, resident success, operational continuity, and compliance. Their work touches every part of the academic medical enterprise.

By recognizing, resourcing, and recalibrating their role within the system, institutions can retain high-performing leaders and strengthen the quality and sustainability of GME itself.

Let us make the invisible work visible.