Perspectives: Look How Far We Have Come, a Lookback on the Evolution of the GME Coordinator Role

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ABSTRACT

Graduate medical education (GME) has changed substantially over the past two decades, reshaping the responsibilities and professional identity of the GME Coordinator. This perspective reflects on the evolution of the role from primarily administrative support to a highly specialized profession essential to accreditation, regulatory compliance, educational operations, and trainee success. Through the lens of personal experience, the article traces key milestones in GME, including the implementation of the ACGME Core Competencies, Milestones, and the Next Accreditation System, while highlighting the grassroots advocacy efforts that led to formal recognition of the coordinator role within ACGME Common Program Requirements. Although significant progress has been made in professional development, recognition, and career advancement, continued advocacy, collaboration, and mentorship remain essential to ensuring the role continues to evolve alongside the changing landscape of graduate medical education.

Introduction

I never thought I would be saying this, but I have been in the graduate medical education (GME) world for a long time, since September 2008. I took my first GME role as part of a combined role that I hoped to use as a steppingstone to my next phase in my career. Today I can say that is exactly what happened, but never in the way I had imagined. I never knew this role existed until I was sucked into it, and it has certainly grasped onto me and never let go.

History of the GME Administrator

Pre-Competencies

Although when I started my first GME Administrator role, it was not long after that the ACGME developed the core competencies, through what they called the "Outcome Project" (ACGME, n.d.).[1] In 2001, these competencies were established and just like most new regulations took a few years to figure out how to implement them. Believe it or not, these did not always exist and before this the requirements were a lot easier to keep up with. This meant a strong coordinator, although it was nice to have one, it was not 100% necessary, especially in smaller programs and specialties. Many times, programs had a coordinator, but there was no requirement for it and very well-versed secretaries were most likely the top pick for these roles as they were close to 100% administrative through scheduling, communication, event planning, etc. Administrators stayed in their roles for long periods of time, sometimes even retirement.

Competencies

With the establishment of the competencies, it gave the programs at least a guideline of the basic skills that graduate medical education trainees should walk away with to practice medicine successfully. However, that meant more oversight for the program administrators. Therefore, it was a bit more challenging than it had been in past years to find the best qualified people for these roles. Although they could learn many skills, they had to be much more independent. The frustration was starting to build in these roles because they did not receive proper training or orientation to the role and flew by the seat of their pants. Around this time the discussion of Milestones was starting to take shape with the intention of this being implemented. Not a whole lot was said about what this would look like and the requirements that would come out of the coordinator's role to meet requirements. This created a lot of anxiety for the already overworked coordinator role. This is when a lot of coordinators who could, retired and others were looking for some sort of career trajectory, ladder and education.

Milestones and NAS

Then in 2013, the ACGME Milestones (ACGME, n.d.)[2] along with the ACGME Next Accreditation System (Nasca T., 2012)[3] started. Now I think if just one was introduced at a time, rather than both major changes, there may not have been such a large explosion of anxieties and needed learning to go along with it. The Next Accreditation System (NAS) was introduced as an entirely new process, in just about every way possible, to handle accreditation. Up to this point,

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reaccreditation was done based on the program and the Residency Review Committee's (RRC) decision, usually anywhere from two to five years and included a site visit and the dreaded Program Information Form (PIF). This new system was developed during a time of technological advances that a lot of these reaccreditation processes could be done via the WebADS (Accreditation Data System), which is now just ADS. Information about the program was now entered annually, and the implementation of a 10-year Self Study was established, and an annual accreditation cycle was formed. Site visits would still happen routinely, and as part of issues that may have popped up through this process. The Milestones were building on the Core Competencies to be more specific to help guide programs in their curriculum and evaluation of trainees. Although in the beginning they were meant to be specialty specific and were developed by the RRC members. In 2018, the ACGME started the Milestones 2.0 project (Edgar L, 2018),[6] which was reviewing what had been done and improving upon it. The writing groups this time were not the RRC, but volunteers within the GME community including program directors, faculty, trainees, and possible coordinators. With all these changes it took many programs years to implement them properly. This also meant that coordinators had a much bigger role in the program and at the very least needed to understand and be part of the process of this assessment in ways they never had in the past.

With all these changes and new responsibilities for coordinators, the frustration that was already building had come to a head. There were many people frustrated and feeling stuck and overwhelmed by the workload, and there still was no mention of the coordinator in the program requirements. This meant that programs and institutions may have recognized the need for the coordinator but may not have valued its importance. Out of this frustration, along with many colleagues, I created the Coordinator Description Task Force or CDTF (Schritz L, 2015),[4] which was a grass roots effort completely ran by GME coordinators with no sponsorship. The main goal of this Task Force was to petition the ACGME to include language that outlined the need for a coordinator into the ACGME Common Program Requirements (ACGME, n.d.).[5] The task force included representation from each core specialty in addition to anyone who wanted to take part. It included data collection through surveys, a collection of responsibilities and proposing new language. At the end we created a petition for the community to sign in support. During this time, the ACGME opened their suggestions for revisions to the requirements and developed the Coordinator Advisory Council. After much discussion, language was finally added to include the program coordinator but without the specifics beyond allotted FTEs based on program size for residencies and many fellowships.

Where are we now

The Good

The good thing in all of this was it gave a voice to the frustration and was able to create many programs, training, support systems and tools to help better recognize and support those in these roles. It also gave the opportunity to really view the role as career and a profession, beyond being a job. With the community, and all the hard work they continually do to keep this profession moving forward including the implementation of more appropriate titles, more opportunities, and more networking and mentorship, we can continue to have positive outcomes for programs as a whole.

The Challenges

In my opinion, some of the challenges we still face include not letting all this work be forgotten. There will always be those that want to go back to the former ways, or to eliminate certain things they feel are unnecessary. We also want to continue to grow the role. We accomplished a lot of things, but that doesn't mean we are 100% of the way “there”. Continue to get involved in the community, and don't get stuck in the “island” syndrome where you are figuring this out by yourself. Get involved, and don't worry about if you are afraid that your voice won't matter, no matter what the subject. We are a very important and integral part of the progress in GME, even without medical degrees.

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