



AMERICAN OSTEOPATHIC ASSOCIATION

**ACCREDITATION DOCUMENT FOR OSTEOPATHIC
POSTDOCTORAL TRAINING INSTITUTIONS**

AND

**THE BASIC DOCUMENT FOR POSTDOCTORAL TRAINING
PROGRAMS**

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OSTEOPATHIC PLEDGE OF COMMITMENT

As members of the osteopathic medical profession, in an effort to instill loyalty and strengthen the profession, we recall the tenets on which this profession is founded – the dynamic interaction of mind, body and spirit; the body’s ability to heal itself; the primary role of the musculoskeletal system; and preventive medicine as the key to maintain health. We recognize the work our predecessors have accomplished in building the profession, and we commit ourselves to continuing that work.

I pledge to:

Provide compassionate, quality care to my patients;

Partner with them to promote health;

Display integrity and professionalism throughout my career;

Advance the philosophy, practice and science of osteopathic medicine;

Continue life-long learning;

Support my profession with loyalty in action, word and deed; and

Live each day as an example of what an osteopathic physician should be.

Overview

This document contains the accreditation standards for osteopathic postdoctoral training institutions (OPTI) and for approval of internship and residency training programs. It contains five sections, which together provide an overview of the basic requirements for OPTIs, and approvals for new and continuing intern and residency training programs. Section I provides the general requirements and accreditation standards for OPTIs; Section II is general institutional requirements for all institutions offering osteopathic graduate medical education; Section III contains general program requirements for internship and residency training programs and Sections IV and V provide specific policies and procedures for internship and residency training programs, respectively.

The information provided in this document provides requirements and guidance to directors of medical education, specialty affiliates, intern and residency surveyors, program directors, administrators, and interns and residents. The five sections are arranged to reflect the requirements for the administration of an intern or residency program and their relationship to an OPTI.

Executive Summary

To assure that institutions are committed to and capable of delivering uniquely osteopathic postdoctoral training, the American Osteopathic Association (AOA) is changing the method by which it evaluates and approves postdoctoral training programs.

Currently, the AOA's Program and Trainee Review Committee (PTRC) approves internship and residency training programs in hospitals either accredited by the AOA or affiliated with such hospitals, or hospitals affiliated with colleges of osteopathic medicine.

The new method involves accreditation of osteopathic graduate medical consortia as "Osteopathic Postdoctoral Training Institutions" – OPTIs. Such accreditation provides the public, appropriate governmental jurisdictions, the osteopathic medical profession, and interns and residents assurance that accredited OPTIs have met or exceeded basic established levels of quality for postdoctoral education in osteopathic medicine. The accreditation process involves systematic examination and peer examination and evaluation of all aspects of the educational impact and effectiveness of an OPTI as measured against AOA-approved standards. The benefits realized from this process will include the assessment of an institution's financial and philosophical ability to provide quality training programs, and the assurance to interns and residents that they are entering educationally and financially stable programs.

The Bureau of Osteopathic Education (Bureau), through the Council on Osteopathic Postdoctoral Training Institutions (COPTI), shall accredit OPTIs which are composed of at least one hospital accredited by the AOA through the Bureau of Healthcare Facilities Accreditation and one college of osteopathic medicine accredited by the Bureau of Osteopathic Education. The OPTI's governing body shall define the mission/objectives of the OPTI, which shall include providing programs of postdoctoral instruction and training in the art, science, and practice of osteopathic medicine, and contributing to the community by providing distinctive osteopathic health care.

Each OPTI shall at a minimum offer an internship and two residency programs, at least one of which must be in primary care (family medicine, internal medicine, obstetrics and gynecology or pediatrics). Multiple residency programs can be in the same discipline, providing they are in primary care. The minimum number of approved and funded training positions in each of the OPTI's participating institutions internship programs is four. The minimum number of approved and funded training positions in each of the OPTI's participating institutions residency programs is three.

The context and process used by the Bureau and COPTI in the accreditation of OPTIs are found in this document, *Basic Documents for Osteopathic Postdoctoral Training Institutions (OPTI) and Postdoctoral Training Programs*, Part One, "General Information for OPTI Accreditation," and Part Two, "Policies and Procedures Manual for OPTI Accreditation."

i. Authority and Purpose of the AOA

- i.1 The American Osteopathic Association (AOA) is the only accrediting agency for osteopathic medical education in the United States. Osteopathic postdoctoral training programs are recognized throughout the United States in federal and state laws and rules and regulations.
- i.2 Accreditation action taken by or under the authority of the Bureau means that an Osteopathic Postdoctoral Training Institution (OPTI) has appropriately identified its educational mission, has secured the resources necessary to accomplish that mission, showed evidence of accomplishing its mission, and demonstrated that it may be expected to continue to accomplish its mission in the future.
- i.3 Accreditation signifies that an OPTI has met or exceeded the AOA standards for quality postdoctoral education with respect to organization, administration and finance; faculty and instruction; intern and resident admissions and services, evaluation; curriculum; and facilities, which are explained in detail in this chapter.
- i.4 The accreditation process is a cooperative activity that includes continuing self-assessment on the part of each institution, periodic peer evaluation through site visits and review directed by the AOA Council on Osteopathic Postdoctoral Training Institutions (COPTI), a component committee of the Bureau. The context and process used by the Bureau to accredit OPTIs is found in *Part Two, Policies and Procedures Manual for OPTI Accreditation*. Supplementary statements of operations and descriptions of those forms referred to in *Part Two, Policies and Procedures Manual* may be found in the *Administrative Handbook for Osteopathic Postdoctoral Training Institutions*.

ii. Brief History of the AOA

- ii.1 In 1952, the AOA was initially recognized by the U.S. Department of Education. In 1959-1960, after several years of study, a reorganization of the education structure of the AOA took place. In order to bring all facets of osteopathic education under one body, a new Bureau of Osteopathic Education was organized. The AOA was recognized by the National Commission on Accrediting in 1967. The National Commission on Accrediting was the predecessor to the Council on Postsecondary Accreditation, now the COPA. The COPA is the non-governmental agency recognized by higher education institutions to approve, and recognize national agencies for accreditation purposes.

- ii.2 Currently, the Bureau coordinates four councils/committees that deal with various phases of osteopathic education:
 - a. The Council on Osteopathic Postdoctoral Training Institutions evaluates OPTIs;
 - b. The Council on Postdoctoral Training evaluates and approves postdoctoral training policies and procedures.
 - c. The Program and Trainee Review Committee evaluates internships, residencies, and other postgraduate medical education programs;
 - d. The Council on Continuing Medical Education evaluates programs and recommends approval of CME credits.

- ii.3 These councils are responsible for evaluating the programs under their purview and making initial recommendations to the Bureau. The Board of Trustees is the final appeal body for the Bureau, Council on Postdoctoral Training, and the Council on Continuing Medical Education.

I. PROGRAM TO ACCREDIT OSTEOPATHIC POSTDOCTORAL TRAINING INSTITUTIONS

PART ONE: STANDARDS FOR ACCREDITATION OF OPTIs

This section defines the accreditation standards against which OPTIs are evaluated for accreditation by the AOA's Bureau through the COPTI. Part Two, "Policies and Procedures Manual for OPTI Accreditation" documents the context and process used by the AOA's Bureau and COPTI in accrediting OPTIs. The document, *Administrative Handbook for Osteopathic Postdoctoral Training*, provides supplementary statements of operations and describes those forms referred to in Part Two.

The AOA, Bureau, COPTI and each accredited postdoctoral training facility are required to adhere to the policies, procedures and standards contained in these official AOA documents: *Accreditation of Osteopathic Postdoctoral Training*; and *Administrative Handbook for Osteopathic Postdoctoral Training*.

These standards shall be used in conjunction with the AOA *Basic Document for Osteopathic Postdoctoral Training Programs*.

A. Prerequisites for Accreditation

- 1.1 OPTIs shall be composed of member hospitals that are all accredited by one of the following: the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Bureau of Healthcare Facilities Accreditation (BHFA), or equivalent healthcare accrediting entity. In addition, each OPTI membership shall include at least one COM accredited by the Commission on Osteopathic College Accreditation (COCA).
- 1.2 OPTI shall be a formally organized entity.
- 1.3 If OPTIs incorporate other health care facilities and organizations such as community health centers, ambulatory facilities, managed care organizations, school health clinics, federal health centers, and rural health clinics, then affiliation agreements shall be formally documented.
- 1.4 OPTIs shall be organized so that their governance permits the free association of its member COMs and hospitals with other AOA-approved educational consortia, institutions or OPTIs.
- 1.5 Each OPTI shall offer a minimum of one AOA approved OGME-1 program and two AOA approved residency programs, at least one of which shall be in primary care (family medicine, general internal medicine, obstetrics and gynecology or general pediatrics).
- 1.6 An OPTI may NOT sponsor AOA approved programs. Only provisionally or fully BHFA- or COCA-accredited institutions may sponsor AOA approved programs.
- 1.7 Each OPTI shall include opportunities for osteopathic student clerkship experiences.
- 1.8 Each OPTI member shall complete and maintain affiliation agreements with those institutions and training sites outside the OPTI which provide educational opportunities in accordance with federal, state, and local regulations.

- 1.9 An institution that participates in an OPTI shall provide that OPTI with documentation it recognizes and accepts the certifying boards of the AOA as specialty board certification on an equal basis with those certifying boards recognized by the American Board of Medical Specialties (ABMS) for the purposes of obtaining hospital privileges.
- 1.10 All OPTIs, developing OPTIs, or groups interested in organizing an OPTI, must comply with and observe the standards in this document, as well as the policies and procedures as stipulated in Part Two of the AOA *Basic Document for Osteopathic Postdoctoral Training Institutions* and in the *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*.*

B. Organization, Governance and Finance Standards

- 1.1 The OPTI shall define its mission, goals, and objectives and document in its self studies and annual reports how its activities support them.
- 1.2 The governing body of the OPTI shall adopt bylaws, or equivalent documents that shall define the responsibilities of the governing body, the administration, the postdoctoral faculty, and other significant constituencies, and set forth the organizational structure of the OPTI.
- 1.3 Representation on the OPTI governing body shall be made available to each participating/member institution and shall be clearly defined in the OPTI bylaws or equivalent documents.
- 1.4 The OPTIs' bylaws shall require any partner institution to notify the OPTI central site office of any substantive change that partner has made. The OPTIs' bylaws shall require the OPTI central site office to notify the AOA and the appropriate specialty college of any substantive changes by partner institutions.*
- 1.5 The OPTI shall develop a reporting and communication process with all of its partners to maintain a flow of information and have scheduled periodic presence at/with all OPTI sites of officials no less than annually.
- 1.6 Non-AOA accredited institutions (those not BHFA or COCA accredited) may be members of an OPTI and participate in AOA educational activities via a sponsorship agreement with a BHFA or COCA institution within the same OPTI. This sponsorship agreement must be reviewed and documented at least every five years. This sponsorship agreement shall be clearly delineated from the OPTI affiliation agreement if combined within the same document.*
- 1.7 Each OPTI shall develop guidelines, policies and procedures that ensure the completion of an internal review at the midpoint between accreditation reviews for every OGME program in all member institutions.
- 1.8 The governing body shall ensure that its members and officers avoid conflicts of interest with respect to the affairs of the OPTI.
- 1.9 Each OPTI shall document in its self-studies and annual reports that ongoing or periodic strategic planning is occurring to meet its stated mission, objectives and outcome

measurements.

- 1.10 Each OPTI shall maintain a permanent and safe system for keeping records.
- 1.11 Each OPTI shall ensure that its educational program is under the direction and supervision of an OPTI academic officer (OAO). The OAO shall be a DO who possesses an earned DO degree from a COCA-accredited college of osteopathic medicine, completed an AOA-approved internship or residency, and AOA-BOS board certification.
- 1.12 Each OPTI shall publish, via electronic or print media, and update at least every other year, a catalog and/or other appropriate document that shall include at least the programs offered, salary and benefit package information, entrance requirements, and such general and policy information as is necessary for interns and residents to make informed choices about application.
- 1.13 Each OPTI shall complete and forward to the AOA an annual report, which is due 60 days from the completion of the academic year, normally September 1st.
- 1.14 Each OPTI shall jointly confer, with its partner institution(s), certificates of completion on those interns and residents who have satisfactorily completed the requirements for graduation.
- 1.15 Each OPTI shall commit the financial resources necessary to operate, and maintain its postdoctoral educational mission/objectives.
- 1.16 Each OPTI shall define a financial plan and budget that is linked to its strategic plan, annual educational plan and outcomes, and that reflects profit/loss detailed allocations to all members.
- 1.17 Affiliation agreements between the OPTI and its member institutions shall be renewed in accordance with the bylaws of the OPTI.

C. Program Evaluation

- 1.1 Each OPTI shall comply with all policies, basic standards, and requirements for intern/resident program approval as published by the AOA in the individual program documents.
- 1.2 Each OPTI shall have an Osteopathic Graduate Medical Education (OGME) Committee to oversee the postdoctoral training program that meets at least two times per academic year.
- 1.3 The OGME committee shall include the OPTI AO, institutional DMEs, residency program director representatives, faculty representatives, intern and resident representatives, and representatives from the COMs.
- 1.4 The responsibility of the OGME committee shall be clearly stated. The OGME shall document its effectiveness through outcome measures consistent with the OPTI strategic plan goals.
- 1.5 The OGME committee shall have a review process for corrective action plans submitted by partner training institutions in response to findings resulting from AOA program inspections. All corrective action plans shall be approved with signature by the OPTI's AO prior to

submission to the AOA and reported to the OGME committee.*

- 1.6 The OGME committee shall review each partner institution's core competency institutional plan and ensure an appropriate progression of education and evaluation methodologies.
- 1.7 Each OPTI shall enforce compliance with AOA and specialty college accreditation standards in each of its programs and member hospitals.
- 1.8 The OPTI shall implement a system of program evaluation that assesses and measures the effectiveness of each educational program and establishes opportunities for improvement.
- 1.9 Each OPTI shall have a system in place that allows interns and residents to submit program evaluations.

D. Research Standards

- 1.1 Each OPTI shall establish policies and guidelines governing scientific research activities in accordance with local, state and federal government guidelines.
- 1.2 Each OPTI shall facilitate and provide research education, assistance and resources directly to interns, residents and institutions to encourage research and to meet the specialty college requirements.
- 1.3 Each OPTI shall provide ready access to basic science and/or clinical research mentorship.
- 1.4 The OPTI shall support and provide a mechanism to recognize residents who conduct research activities.
- 1.5 The OPTI shall seek funding, either externally generated or internally budgeted funding (not only from the COM), to provide for OPTI-wide or program specific research efforts of its member faculty and residents or students.
- 1.6 The OPTI shall support, promote and facilitate publications in peer review journals from OPTI community based residents and/or faculty.

E. Faculty and Instruction

- 1.1 The OPTI shall have a system for appointment and reappointment of postgraduate teaching and/or research faculty.
- 1.2 The OPTI shall have a process to identify faculty by specialty at all partner sites.*
- 1.3 The faculty reappointment process shall include and document attendance at or completion of faculty development programs or modules. Such programs shall include tenets, principles or practice of osteopathic medical care.*

- 1.4 The OPTI shall not discriminate on the basis of race, gender, color, religion, national origin, age or sexual orientation in the selection of faculty and administrative personnel. Selection shall also be in accordance with state and federal government guidelines and in compliance with the Americans with Disabilities Act (ADA).
- 1.5 The OPTI shall provide faculty development programs that include knowledge and understanding of osteopathic philosophy, principles and practice, in addition to clinical teaching and evaluation methodologies. This shall provide for continuing study for development of faculty, investigators and physicians.
- 1.6 The OPTI shall implement a system of faculty evaluation that assesses and measures the effectiveness of the faculty member and establishes program and individual learning opportunities for improvement.
- 1.7 Each OPTI and its member institutions and designated faculty, shall integrate osteopathic principles and practice (OPP) into all teaching services as appropriate and shall have designated faculty to provide OPP teaching.*

F. Intern and Resident Status and Services

- 1.1 Each OPTI shall ensure the adoption of selection policies and criteria for intern and resident selection in accordance with specific policies and procedures in Part Two of the *Basic Document for Postdoctoral Training*.*
- 1.2 Each OPTI shall ensure that transfer credit and waiver policies and procedures are applied in accordance with specialty college polices as approved by the COPT. Postdoctoral credit may be transferred only from AOA-approved or Accreditation Council for Graduate Medical Education (ACGME)-accredited postdoctoral training programs and shall be approved by AOA specialty college committees on education and evaluation.
- 1.3 Each OPTI shall have a system of intern and resident evaluation that measures and documents progress toward completion of the program including assessment of the AOA competencies.
- 1.4 Interns and residents shall be provided with a forum for free and open communication to discuss their training or welfare concerns. This forum should have expression and voice through intern and resident representatives on the OGME committee.
- 1.5 The OPTI shall have system to monitor individual partner institutions work hour policies and activities, and assure interns and residents that work hour policies are respected and enforced.
- 1.6 The OPTI shall provide a means for interns and residents to report without reprisal, inconsistencies, violations, or disregard for published work hour policies to the OPTI through their designated representative on the OGME Committee.

G. Curriculum

- 1.1 The OPTI shall assure the development and implementation of curricula designed to achieve program mission/objectives. These may also be developed by specialty colleges in accordance

with their basic standards requirements, and by the COPT/Internship Evaluating Committee (IEC) for internship programs.

- 1.2 Each OPTI shall have a system in place that allows the OPTI to utilize trainee program evaluations for curricular improvements.
- 1.3 The OPTI shall provide for the integration of OPP throughout all AOA postdoctoral programs within the OPTI in accordance with basic standards requirements of the specialty college and the COPT/IEC.
- 1.4 The OPTI programs shall have the option of offering a portion of their postdoctoral curriculum at sites not owned or operated by the OPTI member or affiliate institutions. Such program arrangements shall include signed affiliation agreements that address specialty college and COPT/IEC requirements for any educational experiences utilized routinely for all interns and residents in that program other than for elective rotations.
- 1.5 Each OPTI will provide or ensure the provision of postdoctoral instruction, training and evaluation in all seven AOA competencies including the art, science, principles and practice of osteopathic medicine.
- 1.6 The OPTI shall document core competency education and evaluation in each training program curriculum including supervision and monitoring of institutional core competency annual reports by the OPTI GME committee.
- 1.7 The OPTI shall monitor compliance with the internal review process requirements at each of its partner training institutions.
- 1.8 The OPTI shall document a process by which it shall actively assist any partner program receiving less than a three year approval.
- 1.9 The OPTI shall have a process in place by which it can demonstrate assistance in the development of new osteopathic programs in member institutions including but not limited to completion of program description, development of goal and objective based curricula, and completion of required AOA accreditation documentation.

H. Facilities

- 1.1 The OPTI shall, at its own, and at all affiliate institutions, assure the provision of access to appropriate learning resources necessary for the delivery of the postdoctoral curricula, a library containing a wide selection of modern textbooks and current periodicals, either in printed or digital format applicable to the medical services rendered by the OPTI. The library shall be under the supervision of a professionally trained librarian.
- 1.2 The OPTI shall provide full library access to print or electronic learning resources at all times to all trainees at each site.

PART TWO: POLICY AND PROCEDURE MANUAL FOR OPTI ACCREDITATION

Part Two describes the policies and procedures for the context and process used by the AOA, Bureau and the COPTI in accrediting OPTIs. These policies and procedures are not accreditation standards. The standards are located in Part One.

The AOA, Bureau, COPTI and each accredited OPTI are required to adhere to the policies, procedures and standards contained in these official AOA documents: *Accreditation of Osteopathic Postdoctoral Training Institutions*; and *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*.

I. Accrediting Body

- 1.1 Accreditation of current and proposed OPTIs is the responsibility of the Bureau through the COPTI. The COPTI has the responsibility for assuring compliance with the accreditation standards and overseeing the accreditation process.
- 1.2 The COPTI will, upon formal request from the official representative of a new OPTI, consider that OPTI for accreditation.
- 1.3 The COPTI has the responsibility for interpreting the standards of accreditation, but has no authority to waive compliance with any standards by any OPTI.
- 1.4 Final accreditation recommendations of the COPTI are reported to the Bureau, and are subject to appeal.
- 1.5 Decisions affecting accreditation status will be made only after on-site evaluation of an existing OPTI or new OPTI.
- 1.6 An OPTI shall be designated as an AOA-recognized OPTI upon receipt of accreditation status, and shall be listed in the official AOA registry maintained by the AOA.
- 1.7 An OPTI retains the right to withdraw at any time from the accreditation process. Such requests may be made only by an official representative of the OPTI. If a member or an institution within an OPTI withdraws or is withdrawn, this must be reported to the COPTI, which may reinspect the OPTI.

J. Application and Accreditation Process - Overview

- 1.1 Accreditation provides the public, appropriate governmental jurisdictions, the osteopathic medical profession, and interns and residents assurance that accredited OPTIs have met or exceeded basic established levels of quality for postdoctoral education in osteopathic medicine leading to a postdoctoral certificate for the Doctor of Osteopathy (DO) or Doctor of Osteopathic Medicine (DO) and eligibility for board certification by the AOA through completion of an AOA-approved residency (the educational continuum).
- 1.2 The AOA recognizes that each OPTI must establish its own goals and directions and develop the means to carry them out while insuring that the goals of quality education identified in the standards are being met.

- 1.3 The accreditation process involves a self-study report, a systematic self and peer examination and evaluation of all aspects of the educational impact and effectiveness of an OPTI as measured against the AOA-approved standards.
- 1.4 The OPTI will be judged for accreditation upon the total evidence presented through an accreditation review.
- 1.5 The non-refundable fee for examining credentials submitted in application for accreditation status is \$500 U.S. dollars.
- 1.6 A self-study must be prepared and submitted as part of the application.
- 1.7 Upon receipt of a completed application, the application will be reviewed by the COPTI. One of the following actions may be taken:
 - a. The COPTI shall conduct an on-site evaluation of the applicant OPTI to assess the accuracy of the self-study.
 - b. More information may be requested as necessary.
- 1.8 Following the on-site evaluation or receipt of additional information, COPTI will recommend to the Bureau to grant or deny accreditation status.
- 1.9 The Bureau will grant or deny accreditation status.

K. Definition of Application Status

- 1.1 An applicant OPTI or OPTI may have applicant status, provisional accreditation or accreditation status with the AOA.
- 1.2 Applicant status is the initial step in seeking accreditation. This is offered without rights or privileges of accreditation, and does not establish or imply recognition by the AOA.
- 1.3 Applicant status is granted upon formal request for evaluation submitted to the COPT by the official representative of the applicant OPTI.
- 1.4 Applicant OPTIs must consist of a minimum of one internship and two residency programs, at least one of which must be in primary care. The minimum requirement of two residency programs in an OPTI may be satisfied with two primary care residencies in separate institutions.
- 1.5 To be considered for provisional accreditation, proposed new OPTIs must demonstrate evidence of the capacity to comply with the requirements for accreditation. Provisional Accreditation is conferred for one year to a new OPTI that, at the time of the site visit demonstrates its preparedness to initiate requirements for an OPTI in accordance with the Basic Standards. Provisional Accreditation starts as dated by the approval letter from the Bureau of Osteopathic Education. A one-year renewable extension may be approved by COPT and BOE if there is reasonable rationale for the decision. A Provisional Accreditation status cannot exceed a total of two years. A Provisional Accreditation visit is conducted after all requirements for applicant status have been met. The accreditation application, the site visit report, and the evaluation by the COPTI will determine whether or not to award Provisional Accreditation. Provisional Accreditation does not ensure any subsequent accreditation status.

- 1.6 Full Accreditation is granted to a new OPTI after successful site visit review of the performance of the OPTI in terms of its ability to achieve the accreditation standards, usually after its first year of operation. Provisional Accreditation will continue for a maximum of two years until an OPTI is able to achieve full accreditation or, in the event of major deficiencies, until Provisional Accreditation is revoked.
- 1.7 An OPTI shall not have two residencies in the same discipline in one institution. An institution may not sponsor two AOA-approved internships or two AOA-approved residencies in the same discipline.
- 1.8 Upon receipt of a request for evaluation submitted by the official representative of the applicant OPTI, the secretary of COPTI shall mail an application packet containing:
 - a. A cover letter including a copy of *Accreditation of Osteopathic Postdoctoral Training Institutions, and Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*;
 - b. All necessary forms;
 - c. Instructions for submission of application fees;
 - d. The list of advisors on OPTI development is defined in Article I.B.2 of the *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions* and listed in Appendix A of that volume; and
 - e. A checklist to assist the applicant OPTI in preparing this application.

L. Definition of Accreditation Status

- 1.1 Accreditation status confers all rights and privileges of accreditation as described above.
- 1.2 Accreditation status is reviewed within a maximum five year survey cycle or sooner if warranted.
- 1.3 Accreditation actions are based upon an on-site evaluation.
- 1.4 Renewal of accreditation will be based on an on-site evaluation.
- 1.5 Once accreditation status is attained, the OPTI shall retain that status until such time as it may be withdrawn by the Bureau.
- 1.6 An accredited OPTI is obligated to report to the COPTI substantive changes in its governance, membership, structure, and/or function together with written report as to the impact of such change(s). Such report shall be considered by the COPTI and, may be acknowledged and filed, or, if deemed of sufficient significance, may result in an on-site visit. Substantive change may include, but not be limited to, any of the following: (a) any change in the established mission, objectives or location of the OPTI; (b) any change in the legal status or form of control of the OPTI, including the addition or loss of governing partners; (c) addition of instruction which represents a significant departure in terms of curriculum content, training program options, or method of delivery of the curriculum and training; (d) any increase in the number of training positions available within the OPTI as approved by the AOA.

- 1.7 An accredited OPTI is obligated to complete all required annual evaluation procedures directed to the OPTI or its interns and residents as deemed necessary by the COPTI.
- 1.8 An institution belonging to more than one OPTI must designate to the AOA which OPTI for each program will serve as the “administrative” OPTI in that institution.
- 1.9 The designated administrative OPTI will provide primary administrative oversight and be named on program completion certificates.

M. Requirements for Self-Study Report

- 1.1 A self-study report is a critical and integral part of the OPTI accreditation process. Prior to a full survey on-site accreditation visit, each OPTI shall complete and submit a self-study report in a form approved by the COPTI (see Article II, *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.2 The self-study report will address, at a minimum, the following topics: historical overview of the OPTI; organization of the self-study process; mission/objectives of the OPTI; organization of the OPTI; facilities; faculty and faculty development activities; training; academic resources; instructional program; evaluation methodologies; recent accomplishments and current concerns; detailed discussion about the OPTI’s efforts and activities in establishing collaboration between the partner COM and hospitals in promoting a continuum of education from predoctoral through postdoctoral training; and financial reports, including the audited financial statements, or the appropriate financial reports for state institutions, for at least the last four years.
- 1.3 The COPTI has designed data-gathering instruments designed to stimulate self-evaluation and continuous improvement. The OPTI shall use these instruments to provide information annually. Such instruments shall require only those data directly related to the evaluation and accreditation process and shall make maximum use of information already available in the institution (see sample annual report forms in the *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*). Annual report forms shall be submitted to the AOA not later than the published September 1st deadline giving the OPTI sufficient time to gather information from the prior training year and providing COPTI with appropriate review time prior to their fall meeting. In addition to other required information as specifically requested on the forms, the annual report shall include a description of progress pertaining to any and all continuing requirements / deficiencies and recommendations from the OPTI's prior site survey. If annual reports are not received by the published September 1st deadline, COPTI may review the accreditation status of the OPTI for reconsideration or request a focused site visit. Completing data-gathering instruments does not, by itself, constitute an annual report.
- 1.4 The self-study report for a new OPTI must demonstrate the clear commitment of each member institution to the OPTI's mission, operation, development, and financial support.
- 1.5 The self-study report must demonstrate that the new OPTI has obtained appropriate support for approval to grant postdoctoral certificates to DOs.
- 1.6 The self-study report must demonstrate evidence of adequate staff support, including but not limited to the appointment of an official representative and a ODME/AO, to provide

leadership during the development of the OPTI. The DME/AO shall participate in the development of the new OPTI.

- 1.7 Before the COPTI recommends a new OPTI accreditation status, the OPTI shall clearly demonstrate and document that it has the availability of adequate inpatient and ambulatory clinical training sites, including patient volumes, scope and variety for the internship program(s) and the applied-for residency programs.
- 1.8 Before the COPTI recommends a new OPTI accreditation status, the OPTI shall clearly demonstrate that it has adequate financial support. The OPTI shall document financial support that includes sufficient operating, reserve, and, if necessary, construction funds.
- 1.9 Sufficient funds shall be available to support all necessary and proper activities, the employment of a core staff, the development of curriculum, support of administration and planning personnel, and shall include such other resources as may be necessary to secure funding from governmental or private sources.
- 1.10 A new OPTI shall demonstrate that the level of funds described immediately above will be available for not less than three years of instruction.
- 1.11 Before the COPTI recommends a new OPTI accreditation status, the OPTI shall clearly demonstrate that it has institutional support and sufficient resources for the provision of postdoctoral instruction and training in the art, science, principles and practice of osteopathic medicine.
- 1.12 Completed OPTI self-study reports shall be transmitted to the COPTI at least 60 days prior to the scheduled date of a full survey.

N. On-Site Evaluation of OPTIs

- 1.1 On-site evaluation of an OPTI is required prior to accreditation action. Governance must be functioning and bylaws approved prior to conducting an on-site evaluation prior to accreditation.
- 1.2 There are two types of on-site evaluations: full surveys and focused visits.
- 1.3 Procedures for each site visit, including a suggested schedule, responsibilities of the chairperson and secretary, manner of conducting the visit and the nature of the report required shall be developed by COPTI, and made available to the team and the OPTI in advance of the visit (see Article III of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.4 If the COPTI directs an on-site evaluation and the OPTI refuses to permit the on-site evaluation, the following results may occur:
 - a. If the OPTI is not on probation, the Bureau shall reduce that OPTI's status to accreditation with probation. This action is subject to an appeal.
 - b. If the OPTI is on probation, the Bureau shall withdraw accreditation for reasons of noncompliance with the policies and procedures for accreditation. This action is subject to appeal.

- c. If an applicant OPTI refuses to permit the on-site evaluation, the applicant OPTI is automatically denied accreditation status.

O. On-Site Evaluation – Full Survey

- 1.1 Full surveys are scheduled by the COPTI to examine compliance with all areas of the standards for accreditation as described in Part One.
- 1.2 The surveyors will examine both the OPTI's overall ability to deliver postdoctoral training programs and compliance with AOA standards and requirements, as well as the specific functioning of all AOA-approved postdoctoral training programs. Such accreditation on-site surveys are separate from inspections of individual residency training programs (see Article III, *Administrative Handbook for Osteopathic Postdoctoral Training Institutions*).
- 1.3 Loss or denial of approval of a residency program at an OPTI does not affect the OPTI's accreditation status unless the action causes the OPTI to be no longer in compliance with the standards (i.e. leaving the OPTI with only one residency program).
- 1.4 A team appointed to undertake a full survey shall consist of not more than three persons to address all of the standards and may include such consultants from outside the profession as the COPTI finds appropriate. Selection of members of the full survey team shall be made pursuant to procedures established by the COPTI and will be transmitted to each OPTI. The COPTI shall seek and receive the concurrence of the official representative or chief administrative officer of the OPTI as to the composition of the team. In the event of an objection to a team member, a mutually approved substitution shall be made.
- 1.5 At the option of the OPTI, a currently-matriculated intern or resident from another OPTI may be invited to serve as an observer on the team. (See Article III.C.3 Section X of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*.)
- 1.6 The AOA shall be reimbursed by an OPTI for the direct costs of an on-site evaluation prior to the meeting at which the COPTI is scheduled to take action on that survey evaluation.

P. On-Site Evaluation – Focused Visit

- 1.1 A focused visit may be required by the COPTI on the basis of problems noted in a full survey and judged not adequately addressed following a full survey. A focused visit may also be required when deemed necessary by the Bureau or COPTI. Such focused visits are for concerns regarding compliance with accreditation standards or the internship program only. Concerns regarding the delivery of the educational program in specialty residencies are inspected separately (see Article III.B of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.2 The focused visit shall be undertaken by no more than two evaluators appointed to examine the particular problem identified by the COPTI. Selection of evaluators shall be made pursuant to procedures established by the COPTI and will be transmitted to each OPTI. The COPTI shall seek and receive the concurrence of the official representative of the OPTI as to the composition of the team. In the event of an objection to an evaluator, a mutually approved substitution shall be made (see Section X of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).

- 1.3 The focused visit ordinarily will require one day and will focus on the particular area(s) identified by the COPTI.
- 1.4 Thirty days prior to the focused visit, an OPTI shall supply the AOA Division of Postdoctoral Training with such information as shall be specified by the COPTI concerning the problems, which are the subject of the visit.
- 1.5 The AOA shall be reimbursed by an OPTI for the direct costs of a focused site visit prior to the meeting at which the COPTI is scheduled to initiate any action(s) resulting from the visit.

Q. On-Site Evaluation – Other Information

- 1.1 The COPTI shall require all OPTIs to submit, each calendar year, an annual report with the format prescribed by the COPT (see various forms in the Administrative Handbook for the *Accreditation of Osteopathic Postdoctoral Training Institutions* or AOA website). The COPTI shall require all OPTIs to complete all required annual evaluation procedures directed to the OPTI or its interns and residents as deemed necessary by the COPTI.
- 1.2 An OPTI will be exempt from filing an annual report during the calendar year when the OPTI is surveyed for re-accreditation.
- 1.3 The COPTI may require an OPTI to undergo an on-site evaluation (full or focused) when, in the judgment of the COPTI, such an evaluation is warranted.
- 1.4 Site visits will be scheduled during the normal periods that the OPTI is in session. Official holidays, examination periods and days immediately adjacent to them will be avoided. The official representative or DME/AO, as appropriate, shall be consulted in establishing mutually suitable dates.
- 1.5 Thirty days prior to the visit, the OPTI shall send to the AOA Division of Postdoctoral Training, such documents, requested by the COPTI, as are appropriate to the type of visit scheduled. In the case of a full survey, the comprehensive self-study report is required at least 60 days in advance.
- 1.6 The personnel for site visits shall be appointed by the COPTI, from an approved list of persons qualified for the type of visit scheduled.
- 1.7 The COPTI shall only use competent and knowledgeable persons, qualified by experience and training, and selected in accordance with non-discriminatory practices developed and articulated in writing by the Bureau (see Article III.C of *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*).
- 1.8 The COPTI shall include on each full survey team at least one person who is not a member of the COPTI or AOA staff.
- 1.9 Members of the AOA Board of Trustees or Bureau of Osteopathic Education may not serve as OPTI surveyors.
- 1.10 The report of each visiting team will be reviewed and evaluated by the COPTI. At least one member of the team, preferably the chair, should be available for consultation at the time of COPTI review.

- 1.11 COPTI shall designate a chair for each visit. The chair is responsible for the organization of the visit and the preparation of the final report and recommendations.
- 1.12 The visiting team's recommendations shall be agreed upon by the team before the team leaves the OPTI, and before the final oral report is made at the exit conference.
- 1.13 At the conclusion of the site visit, there shall be an exit conference between the team and representatives of the OPTI designated by the official representative or DME/AO, as appropriate. The exit conference shall include an oral report by the team. This report will provide the OPTI with an accurate preview of the final report. At the exit conference, the OPTI shall be allowed to present additional information concerning areas of weakness observed by the team and discussed at the exit conference or during the site visit.
- 1.14 A copy of the draft report, including the final recommendations, shall be sent to each team member for review, correction, and/or editing, and to the OPTI's official representative, or DME/AO as appropriate, for review and correction of factual errors only. Additional material may be submitted by the OPTI to document factual errors in the draft report. This should not be confused with the OPTI's formal response to the report.
- 1.15 The visiting team's final report shall be forwarded to the OPTI for review and comment.
- 1.16 The visiting team's final report shall reflect consideration of the OPTI's comments, as appropriate, and shall be forwarded to the COPTI.
- 1.17 The official representative of an OPTI shall receive notification of an on-site evaluation and a copy of the visiting team report as approved by the COPTI. If the OPTI is organized within a university, the above referenced officers of that university shall also receive the materials specified above.

R. Review of Accreditation Reports Resulting from On-Site Evaluation

Consideration of the Visiting Team Report

- 1.1 At the exit conference, the OPTI official representatives may ask the visiting team, through its chair, for reconsideration of its report, if the OPTI feels that there are errors in the findings or recommendations of the team. This should not be confused with the OPTI's formal response to the report.
- 1.2 After receipt of the draft report, the OPTI may request correction of factual errors by the team chair.
- 1.3 The site visit team may request additional documents or information be submitted with the report to support the work of the team.
- 1.4 The visiting team's report shall be forwarded to the OPTI for review and comment.
- 1.5 The visiting team's final report shall reflect consideration of the OPTI's comments, as appropriate, and shall be forwarded together to the COPTI for review.

Consideration by the COPTI

- 1.6 A member of the team, preferably the chair, should be available for consultation at the time of COPTI review.
- 1.7 Should the OPTI have concerns that the errors in the actions, findings or recommendations of the visiting team have not been resolved, the OPTI may submit, to the COPTI, additional written information relevant to the questions of accuracy of the report.
- 1.8 The COPTI shall review the final draft report of the visiting team and any written submissions made by the OPTI. The COPTI may accept or modify the recommendations made by the visiting team and shall specify the reasons for any modifications. Within 30 days of COPTI action, a copy of the recommendations shall be sent to the appropriate administrative officers of the OPTI.

Reconsideration of COPTI Recommendations

- 1.9 Requests for reconsideration of a recommendation of the COPTI regarding the OPTI accreditation status shall be filed in writing with the secretary of the COPTI, accompanied by supporting documents, data and other information, not more than 30 days following receipt of notice to the OPTI by the Bureau of the accreditation of recommendations given by the COPTI.
- 1.10 A request for reconsideration may be filed only with the approval of the OPTI's governing body or other appropriate authority.
- 1.11 The basis of a request for reconsideration shall be (a) alleged bias, injustice or factual error of sufficient magnitude to warrant a reconsideration of the decision; or (b) departure from the standards of accreditation or established policies and procedures as defined in the document *Accreditation of Osteopathic Postdoctoral Training Institutions*.

S. Accreditation Actions Resulting from an On-Site Evaluation

Approve Accreditation

- 1.1 The OPTI clearly meets the standards of accreditation.
- 1.2 The OPTI has a sound total program, but is found to exhibit a weakness, in that certain limited standards of accreditation have not been met. The Bureau shall specify the standard(s) not being met and clearly note deficiencies. The Bureau shall specify procedures for monitoring compliance, which may include another on-site evaluation within 18 months. A full report specifying correction of any deficiencies is required within 90 days to COPTI.
- 1.3 The resurvey period of newly accredited OPTIs will not exceed two (2) years.

Deny Accreditation

- 1.4 The OPTI fails to meet the requirements for accreditation or fails to make proper application. The Bureau shall clearly specify which requirements were not attained.

Accreditation with Notice

- 1.5 Accreditation with notice is granted when the OPTI is found to exhibit weaknesses that threaten the quality of the total program.
- 1.6 The Bureau shall specify the standard(s) not being met, clearly note deficiencies, and specify the procedures for monitoring compliance.
- 1.7 Accreditation with notice is private between the Bureau, COPTI and the OPTI. The AOA and the OPTI shall continue to publicly describe the OPTI's status as Accredited.
- 1.8 The OPTI shall implement a system to periodically oversee and monitor each member institution's compliance with work hours. The OPTI shall provide a means for interns and residents to continue to report inconsistencies, without reprisal.
- 1.9 OPTIs having accreditation with notice shall undergo an on-site evaluation within one year, and shall submit to the Bureau within 90 days of receipt of the accreditation letter, a corrective action plan demonstrating full compliance.
- 1.10 At any time during the period an OPTI has accreditation with notice status, the Bureau may require that OPTI to show cause why accreditation should not be withdrawn.

Accreditation with Probation

- 1.11 Accreditation with probation is granted when the OPTI is found to exhibit serious weaknesses in meeting the standards of accreditation such that the quality of the total program is in jeopardy.
- 1.12 The Bureau shall specify the standard(s) not being met, clearly note deficiencies, and specify the procedures for monitoring compliance.
- 1.13 "Accreditation with probation" status is public and notice shall be provided to all interested parties. The AOA and OPTI shall publicly describe the OPTI's status as Accreditation with Probation.
- 1.14 The Bureau shall establish a timetable for remediation. The Bureau may require that the OPTI use a consultant to review the plans for remediation with the institution (costs to be borne by the institution), submit written reports and/or documents, and other actions or activities as determined by the Bureau.
- 1.15 OPTIs having accreditation with probation status shall undergo an on-site evaluation within one year, and shall submit to the Bureau within 90 days of receipt of the accreditation letter a corrective action plan demonstrating full compliance.
- 1.16 At any time during the period an OPTI has accreditation with probation status, the Bureau may require that OPTI to show cause why accreditation should not be withdrawn.

T. Withdrawal of Accreditation

- 1.1 Withdrawal of accreditation may occur at any time that the OPTI is found to exhibit such weaknesses in meeting the standards of accreditation that the quality of the total program is

unacceptable. Withdrawal of accreditation will usually be preceded either by accreditation with notice or accreditation with probation.

- 1.2 If the OPTI's accreditation is withdrawn, the approval of its internship and residency programs is withdrawn as well. Arrangements will be addressed by the COPTI regarding placement of current interns and residents.
- 1.3 If the OPTI or its partner institution(s) is delinquent in payment of annual fees to the AOA, withdrawal of accreditation can occur. OPTIs judged to be delinquent in the payment of fees 90 days after the invoice date shall not be eligible for any continuing review. OPTI participating institutions shall not be eligible for any continuing review. OPTI participating institutions shall not be eligible to contract with interns and residents for the subsequent academic year within that OPTI. The OPTI shall be notified by certified mail of the effective date of withdrawal of accreditation. Arrangements will be addressed by the COPTI regarding placement of interns and residents affected by such actions.

U. Appeal of an Accreditation Action

- 1.1 An OPTI may appeal an accreditation action of the Bureau to the Appeal Committee. The OPTI's current accreditation status will be maintained throughout the appeal process. The OPTI shall file a written notice of such appeal with the secretary of the BOE within 60 days of receipt of notice of final disposition of the request for consideration.
- 1.2 In order to appeal an accreditation action of the Bureau Appeal Committee to the AOA Board of Trustees, an OPTI shall file a written notice of such appeal with the executive director of the AOA within 60 days of receipt of notice of and adverse decision by the Bureau Appeal Committee.
- 1.3 The basis of an appeal shall be (a) alleged bias, injustice, or factual error of sufficient magnitude to warrant a change in the Bureau's accreditation action; or (b) departure from the standards of accreditation or established policies and procedures as defined in the document *Accreditation of Osteopathic Postdoctoral Training Institutions*.
- 1.4 An appeal may only be filed with the approval of the OPTI's governing body, or appropriate authority, and notice of appeal shall indicate that the governing body of the OPTI, or appropriate authority, authorized the appeal.
- 1.5 The notice of appeal shall state specifically the basis for the appeal and shall be accompanied by supporting documents, data, and other information.
- 1.6 The Bureau Appeal Committee shall consider the allegations of the OPTI and the documentation submitted in writing in support of the allegations. It shall also consider the report of the visiting team and the OPTI's response; the recommendations and reasons for the recommendations of the visiting team; the recommendation of the COPTI; and other materials it considers pertinent.
- 1.7 The format of the appeal hearing will consist of an initial presentation of the position of the COPTI. The OPTI will then present its position. Following these presentations, time will be afforded members of the Bureau Appeal Committee to question both parties. Each party will then be given an opportunity for summation of its position. Upon excusing both parties, the Bureau Appeal Committee shall deliberate and reach a conclusion.

- 1.8 After the appeal hearing, the Bureau Appeal Committee shall take action on the appeal and provide a written decision, including a statement of the reasons for the decision, to the COPTI and the OPTI. The Bureau Appeal Committee shall either affirm the original Bureau action or return the matter to the Bureau or COPTI with directions.
- 1.9 The executive director of the AOA shall notify the Board of Trustees upon the receipt of an appeal and schedule the appeal.
- 1.10 The OPTI may be represented by counsel at any time during the appeal process.
- 1.11 There shall be no change in the accreditation status of an OPTI pending final disposition of an appeal.
- 1.12 After the appeal hearing, the Board shall take final action on the appeal and provide a written decision, including a statement of the reasons for the decision, to the Bureau and the OPTI. The AOA Board shall either affirm the original decision of the Bureau or return the matter to the Bureau or COPTI with directions.
- 1.13 After exhaustion of all administrative appeals and upon a final disposition of an appeal by the AOA Board, an OPTI may seek reinstatement of accredited status by complying with the requirements for accreditation status.

V. Confidentiality of the Accreditation Process

- 1.1 Accreditation reports are confidential between the Bureau, the COPTI and the OPTI involved. Premature and/or unauthorized disclosure of information reflecting visiting team or COPTI views or recommendations concerning the accreditation status of an OPTI is not permitted.
- 1.2 The administrative officers of each OPTI are encouraged to make accreditation reports available to faculty members and others directly concerned. AOA officials, members of the Bureau, and COPTI and visiting team members are not authorized under any circumstances to disclose any information obtained during site visits.
- 1.3 The AOA is obligated to maintain the confidentiality of its relationships with its OPTIs and not to announce publicly any action with respect to an OPTI other than its accreditation status, including public probationary status, or its removal from the accredited list.
- 1.4 If an OPTI releases part or all of an accreditation report in such a manner as to misrepresent or distort the report, the Bureau or COPTI may release appropriate parts of, or the full report, to correct the misinformation. The AOA shall inform the OPTI in advance of the release and the substance of the release of any such information.

W. Official Statements Used to Report Accreditation Status

- 1.1 The Bureau shall notify each OPTI granted accreditation as follows:

The Bureau of Osteopathic Education of the American Osteopathic Association has approved the accreditation status of the (*name of OPTI*). The OPTI's accreditation remains in effect until the AOA conducts its next regularly scheduled survey, approximately (*month and year*).

- 1.2 The following statements are the only approved statements for inclusion in the catalog of an OPTI:

The OPTI has received accreditation from the American Osteopathic Association through the COPTI and the Bureau of Osteopathic Education, which is the recognized accrediting agency for the approval of Osteopathic Postdoctoral Training Institutions preparing osteopathic physicians.

The (*individual intern or resident training program*) has received approval from the American Osteopathic Association through the PTRC, which is the recognized accrediting agency for the approval of osteopathic postdoctoral training institutions preparing osteopathic physicians.

- 1.3 The AOA shall publish or otherwise make publicly available the following information:

- a. Copies of the *Accreditation of Osteopathic Postdoctoral Training Institutions* and *Administrative Handbook for the Accreditation of Osteopathic Postdoctoral Training Institutions*.
- b. The current accreditation status of each accredited OPTI and the date of the next currently scheduled on-site review or date for reconsideration of such accreditation.
- c. All final decisions with respect to accredited status, either positive or negative.
- d. The names and affiliations of members of the AOA's policy and decision-making bodies and principal administrative personnel involved in the accreditation process.
- e. A description of the ownership, control, and type of legal organization of the AOA.

X. Grievance Procedure

- 1.1 Complaint procedures are established for the following reasons:

- a. Protect the integrity and the maintenance of educational standards as they relate to approved OPTIs;
- b. Provide a mechanism for concerned individuals or organizations to bring to the attention of the accrediting agency information concerning specific actions and programs that may be in noncompliance with the AOA's educational standards; and
- c. Recognize the responsibility of the AOA to provide responsible complainants the opportunity to use the AOA as a vehicle to address specific grievances.

- 1.2 Complaints may be filed by any individual or group including, but not limited to, the following: an osteopathic intern or resident, an individual or institution affected by the accreditation program academically or professionally, and a member of the general public.

- 1.3 The procedure for filing an official complaint begins with informal consultation. Each complainant should initially attempt to resolve any differences or problems with the specific OPTI through direct dealings with the OPTI in question. A complaint to the AOA should only be made after these attempts at resolution have been unsuccessful.

- 1.4 A complainant shall next seek informal consultation with the secretary of the COPTI to discuss a potential complaint and possible means of resolving the problem without recourse to a formal complaint.

- 1.5 Complainants are encouraged to seek a third party to act as mediator. Through a spirit of collegiality, it is hoped that these mediators can help the complainant and the OPTI resolve their differences in an effective and informal manner.
- 1.6 If the complainant is unable to reach an agreeable solution to the grievance through this informal consultation, the responsibility for filing a formal complaint to the AOA remains with the complainant.
- 1.7 A formal complaint has the following criteria:
 - a. The complainant shall present information concerning an alleged violation of a Standard for Accreditation. The information shall be accurate and well documented.
 - b. The complainant shall produce evidence that an effort has been made to resolve the problem through appropriate OPTI channels.
 - c. The complainant shall include information about all other actions initiated to resolve the problems.
 - d. The complaint shall be presented in writing to the secretary of the COPTI and signed by the complainant. The secretary will then send to appropriate officers of the OPTI in question a copy of the complaint and request that the OPTI document its version of the difficulty. A copy will also be sent to the chairman of the COPTI. The determination of whether a complaint merits further investigation will be made by the COPTI or a COPTI subcommittee.
 - e. If the complaint warrants further investigation, the chairman of the COPTI will notify the complainant and the OPTI concerned in writing that the complaint has been accepted for investigation. If the complaint is not accepted for further investigation, the complainant and the OPTI concerned will be notified in writing.
 - f. If the AOA ascertains that a complainant has instituted litigation against the OPTI concerning the complaint, which has been made, no action will be taken on the complaint while the matter is subjudice.

Y. Investigation Procedure

- 1.1 If the COPTI determines that a complaint warrants further investigation, a formal review will be initiated within 30 days by the COPTI secretary, in cooperation with AOA corporate counsel and the COPTI. The COPTI will decide what particular method of study and mode of investigation is most appropriate for the complaint.
- 1.2 The official representative and/or chief administrative officer of the OPTI shall be informed of the preliminary findings and shall be provided an opportunity to comment on the findings and submit additional written comments if the OPTI disagrees with the findings.
- 1.3 The information obtained from the OPTI will be reviewed and considered prior to further action. If the institution is in substantial agreement with the proposed findings, the COPTI will develop a response to the complaint. If the OPTI is not in substantial agreement with the proposed findings, an effort will be made to identify and reconcile differences.

Z. Investigation Results

- 1.1 Following the reconciliation of differences, the COPTI will develop a response to the complaint.
- 1.2 If a reconciliation of differences cannot be obtained, the COPTI shall develop a response to the complainant, and the OPTI shall be provided the opportunity to file a response indicating any differences that may exist.
- 1.3 The response to the complainant will provide an opportunity for reaction if the proposed resolution appears to be unsatisfactory. The COPTI shall further review any additional information supplied by the complainant and determine, in cases where reconciliation of differences cannot be obtained, whether to submit the complaint to the entire COPTI for a recommendation.
- 1.4 The COPTI may take any of the following actions based on the findings of the COPTI's investigation:
 - a. Dismiss the complaint and report that the OPTI is in compliance with the Standards of Accreditation.
 - b. Postpone the final action on the complaint if there is evidence that the OPTI in question has made responsible progress in rectifying the situation that warranted the complaint. If the postponement is made, the matter must come before the COPTI within one year from the time of postponement for final resolution.
 - c. Notify the OPTI in question that, on the basis of an investigation, the COPTI has determined that the OPTI has failed to meet the Standards of Accreditation. The COPTI may request that the OPTI submit a report to it outlining plans for dealing with the problem. The COPTI may also require the OPTI to submit periodic status reports.
- 1.5 If appropriate, the COPTI may recommend that an on-site evaluation be undertaken to determine whether a change in the accreditation status of the OPTI should be recommended. Any such action of the COPTI shall be subject to the reconsideration and appeal procedures.
- 1.6 The AOA office must maintain documentation of the disposition of complaints.

AA. Review and Modification of Accreditation Documents

- 1.1 The COPTI shall establish procedures for the periodic review of the document *Accreditation of Osteopathic Postdoctoral Training Institutions*.
- 1.2 The AOA Board shall, only upon recommendation from the Bureau through the COPTI, review and approve any changes to the document *Accreditation of Osteopathic Postdoctoral Training Institutions*.

II. INSTITUTIONAL REQUIREMENTS FOR OSTEOPATHIC GRADUATE MEDICAL EDUCATION

The purpose of Osteopathic Graduate Medical Education (OGME) is to provide the highest quality educational programs with proper mentoring and supervision of all interns and residents. OGME strengthens the osteopathic philosophy and the appropriate care of patients and develops the trainee's sense of professionalism and ethics. The greatest impact of quality osteopathic medical education is the care received by the resident's future patients.

A. Institutional Accreditation Requirements: Sponsoring Institutions

AOA-approved OGME programs shall function under the authority of a sponsoring institution.

- 2.1 An osteopathic institution (e.g., AOA HFAP-accredited hospital or COCA-accredited college of osteopathic medicine) that wishes to sponsor an AOA-approved intern or residency training program either at that institution or at an affiliate site, must be accredited by the AOA. The sponsor must fully understand and comply with all AOA training requirements. Institutions not accredited by the AOA may conduct OGME programs only through an approved sponsorship agreement with a COCA-accredited sponsoring college of osteopathic medicine (COM) or AOA HFAP-accredited hospital. Applications for intern or residency training programs must be submitted and signed by designated a representative of a sponsoring AOA-accredited institution and affiliated training site, as well as by the affiliated OPTI chief executive officer/chief academic officer (CEO/CAO).
- 2.2 Sponsoring institutions must take responsibility for monitoring OGME programs. All college/hospital sponsored program applications must include a sponsorship agreement indicating the specific responsibilities of the sponsoring institution and the training site. The sponsoring college or hospital must declare accountability for compliance with AOA policies (AOA contracts, AOA Intern and Resident Registrant Program-The Match (IRRP) participation), quality performance, quarterly evaluation, and participation in on-site program reviews. This sponsorship agreement is separate from the osteopathic postdoctoral training institution (OPTI) affiliation agreement.
- 2.3 All intern and residency training programs must be integrated into an AOA-accredited OPTI.
- 2.4 The institution must provide the administrative, financial, educational, and support services for each educational program.
- 2.5 The institution must provide resources sufficient to maintain a quality training program(s), particularly in areas of faculty development, curriculum, evaluation, methodology and osteopathic principles. Additionally, the institution must commit to an equitable and reasonable balance between education and service.
- 2.6 The institution may be the sole training site or may use affiliate-training sites that meet the training requirements defined in this document.
- 2.7 The sponsoring institution shall have been AOA accredited 12 months or more preceding the date of application for approval of the training program. It shall be and remain in substantial compliance with AOA training and institutional requirements in accordance with *AOA Institutional and Program Basic Documents*.

- 2.8 At the time of AOA program inspection, documentation must be provided that a designated representative of the sponsoring institution is present at the training site at least quarterly to review program activity and evaluations and meet with trainees.
- 2.9 Designated representatives from the sponsoring institution, training site, and the OPTI must sign all corrective action responses to deficiencies indicated by the Program and Trainee Review Committee (PTRC).
- 2.10 All applications or correspondence related to program changes must be signed and approved by the sponsoring institution, training site, and the OPTI CEO/CAO.
- 2.11 All required forms and fee statements will be sent from AOA to the designated training sites as designated by the sponsoring institution at the time of application and approval by the AOA.

B. Compliance with AOA Requirements, Policies, and Procedures

All sponsoring institutions shall be in substantial compliance with AOA training requirements for institutions and programs in accordance with all AOA Specialty Basic Standards.

- 2.1 Approval of an intern or residency training program may be withdrawn if the program or the sponsoring institution fails to fulfill the following criteria:
 - a. Refusal to undergo on-site inspection as part of program review.
 - b. Failure to supply requested documentation within 30 days of notification of deferral of action by the PTRC.
 - c. Failure to follow directives associated with the approval process.
 - d. Failure to complete and submit the AOA annual Trainee Information, Verification and Registration Audit (TIVRA).
 - e. Failure to participate in an OPTI.
 - f. Failure to annually update AOA *Opportunities* program data **between March 1 and June 30**.
 - g. Failure to comply with the work hours and moonlighting policies.
 - h. Training institutions judged to be delinquent in the payment of fees 90 days after the invoice date shall not be eligible for review, shall not be eligible to accept interns, and shall be notified by certified mail of the effective date of withdrawal of approval.
 - i. Failure to participate in the osteopathic electronic residency application service (OERAS)
 - j. Acceptance of osteopathic trainees without participation in the AOA intern/resident registration program (AOA Match).
 - k. Loss of AOA approval status.
 - l. Or any item listed in III.J - Adverse Program Actions.
- 2.2 Any institution failing to submit annual postdoctoral fees by the 90 day requirement following the billing invoice will be automatically placed on probation without the ability to recruit the next year, and a penalty will accrue at 10% from day 1-30, and at 20% from day 31-60 after March 31 (90 day deadline). After 60 days non-payment beyond the March 31st deadline, the

program(s) will be considered terminated on June 30 of the subsequent year. Payment of fees during the 60 day probationary period will immediately remove the program(s) from probation and reinstate recruiting.

- 2.3 Any institution failing to submit the required TIVRA data by October 15 annually will be charged a \$5,000 penalty per institution or \$1,000 per program if it has less than 5 programs. If participation has not occurred by 3 months after the October 15th deadline, the program will be notified of termination to occur on June 30 of the subsequent year.
- 2.4 Any institution failing to submit the required “Opportunities” online updates by July 31 annually will be charged a \$5,000 penalty per institution or \$1,000 per program if it has less than 5 programs. If participation has not occurred by October 15, after the July 31 deadline, the program(s) involved will be notified of termination to occur on June 30 of the subsequent year.
- 2.5 Prior to invoking the penalties above in B.2.2-2.4, positive confirmation of said failures will be verified. Penalty fees will be applied to the activities of the Department of Education.

C. Requirements for Affiliate Institutions

Selected portions of the intern or residency training program may regularly be conducted at an affiliate institution.

- 2.1 Affiliate institutions may be used for training as required by the sponsoring institution for completion of an internship or residency. An affiliate institution is a hospital or other approved site that offers basic, supplemental, or replacement training and that is accredited by the AOA Bureau of Healthcare Facilities Accreditation (BHFA), the Joint Commission or other recognized accrediting body.
- 2.2 The sponsoring institution shall obtain the following information from the affiliate institution:
 - a. A written affiliation agreement
 - b. Verification of patient scope, volume, and variety
 - c. The curriculum vitae of the physician who would be responsible for the supervision of the interns or residents while at the affiliate institution.
- 2.3 All educational agreements must be maintained and reviewed by the sponsoring institution at least every five years, and update as necessary to accommodate any changes.
- 2.4 The supervising physician at the affiliate institution shall be certified or board eligible in the specialty in which he/she practices; shall be responsible to the Director of Medical Education (DME) at the sponsoring institution, and shall assist in the on-site inspection process.
- 2.5 All evaluations of interns or residents conducted at affiliate institutions shall be made available to the DME at the sponsoring institution upon the completion of the rotation.

D. Commitment to OGME

- 2.1 The training institution must have a written statement of institutional commitment to OGME. This statement signed by both the CEO and Medical Education Committee

chairperson shall indicate a commitment to providing educational, financial, and the human resources necessary to support OGME. This statement of commitment shall be a sign of dedication to quality in training by the institution and its faculty as well as its willingness to substantially comply with AOA training requirements to include all elements of a competency based experience and program, faculty and trainee outcome assessment.

E. Director of Medical Education

There shall be an osteopathic DME appointed at each institution.

- 2.1 There must be an Osteopathic Director of Medical Education (DME) formally appointed by the Base Institution. The DME must have the authority, responsibility, appropriate resources, protected time for administrative activities, appropriate reporting relationship within hospital administration for the oversight, administration and accountability of the Institution's AOA approved programs. The DME is responsible for ensuring compliance with the AOA's "Basic Document for Postdoctoral Training Programs" and the Specialty College standards.
 - a. In an institution with only a single specialty program, the program director may fill the requirements of the DME.

- 2.2 The DME shall have the following specific qualifications:
 - a. Be AOA Board certified or obtain AOA board certification within three (3) years (if board certified by the American Boards of Medical Specialties [ABMS]) through a recognized AOA pathway.
 - b. Member in good standing of both the AOA and Association of Osteopathic Directors and Medical Educators (AODME).
 - c. Possess a minimum three years practice experience.
 - d. Possess a minimum three years experience as teaching faculty member in an OGME program or college of osteopathic medicine (COM).

- 2.3 The DME shall have the following specific responsibilities, which shall be defined in writing in the form of a job description and shall be available.
 - a. Coordination of all AOA training programs at the base institution
 - b. Ensure compliance with AOA's Basic Documents and specialty standards for Postdoctoral Training Programs.
 - c. Organize and implement a high quality Osteopathic education program at the base institution
 - d. Supervise all aspects of the Osteopathic Education program at the base institution
 - e. Serve as the Intern Program Director (unless an Intern Program Director is designated by the institution and DME)
 - f. Ensure the completion of all evaluations, quarterly meetings and requirements of the internship

- g. Manage all applicable affiliation agreements, documents, and correspondence related to AOA programs
- h. Manage the Internal Review process
- i. Prepare the CORE Competency plan which describes specific methodologies to teach and evaluate all trainees in the seven required competencies and submit the plan to the Medical Education Committee (MEC)
- j. Prepare and present an annual report on the “state of AOA educational programs in the institution” to the Medical Staff and Governing Board, and a copy to the respective OPTI. The annual report will review the activities of the Medical Education Committee and programs with attention to:
 - i. The supervision, responsibilities, and evaluation of interns, residents, and fellows
 - ii. The sponsoring institutions, any participating hospitals and the program’s compliance with the duty hour standards
 - iii. The sponsoring institution’s internal review activities
 - iv. The safety and quality of patient care provided by the interns and residents
 - v. Progress on the CORE Competencies
- k. Be an integral part of determining resources and budget to meet training program requirements
- l. Annually attend an AODME or AOA OME conference for educational faculty development.

2.4 The DME shall only function in this capacity at one Base Institution.

2.5 The training institution must inform the AOA’s Division of Postdoctoral Training of any change in the position of DME within 30 days. A copy of the curriculum vitae shall accompany the notification. A change in DME may result in an immediate re-inspection of the training program.

F. Administrative Director of Medical Education/Institutional Educational Officer

Each institution shall have an institutional educational officer and in addition, may also have an Administrative Director of Medical Education.

2.1 There must be an Institutional Educational Official (IEO) who is appointed by sponsoring institution. These responsibilities may be assigned to the DME, ADME or other qualified individual. If assigned to an ADME or other qualified individual, that individual shall report to the DME. The sponsoring institution must notify the AOA upon such appointment or of changes in the position so that correspondence can be addressed properly.

2.2 Qualifications

- a. DO Degree or MD degree or
- b. Advanced degree in education, organizational design, research methods, program evaluation or related fields

- c. A minimum of 3 years experience in graduate medical education.

2.3 Responsibilities

- a. Authorized point of contact regarding all official communication from the AOA regarding education programs, IRRP (AOA Match), TIVRA, ERAS, “Opportunities” and all official communication from AOA’s Division of Postdoctoral Training.
 - b. Complete all correspondence, data, and electronic registration requests from AOA, OPTI, AACOM and Specialty Colleges in a timely manner
 - c. Review and manage all internal requests for information, documentation, data requests, etc. for the AOA training programs
 - d. Prepare annual medical education report.
 - e. Other responsibilities as assigned by the DME
- 2.4 Any change in the ADME/ IEO must be reported to the AOA division of Postdoctoral Training and the OPTI within 30 days.

G. Program Director

There shall be and osteopathic Program Director appointed for each AOA training program.

- 2.1 The training institution shall appoint a program director for each AOA approved training program (internship and residency) and shall provide that individual with a written job description. At the discretion of the institution, the program director may be the same individual who is the director of medical education.
- 2.2 The program director must have adequate support, which may include financial, in-kind, staff or other arrangements in order to meet the requirements of the program and standards. It should be recognized that compensation may vary with local circumstances and should be individually determined.
- 2.3 The program director shall not serve as the director of more than one AOA internship or more than one residency program, but may serve as the director of medical education at the same institution.
- 2.4 The Program Director shall have the following specific qualifications:
 - a. Graduate of an AOA COCA-approved college of osteopathic medicine.
 - b. Certification in the appropriate specialty by the AOA.
 - c. The internship/residency program director must have the support of the specialty college and establish his/her AOA certifying board eligibility by the time of submission of an internship/residency program application or submission for program director approval status and obtain AOA board certification within three (3) years (if board certified by the American Board of Medical Specialties [ABMS]) through a recognized pathway as adopted by the AOA board of trustees.
 - d. Have practiced in an appropriate specialty area for a number of years, as determined by the specialty college/academy.
 - e. Minimum of three years experience as teaching faculty in an OGME program or college of osteopathic medicine.

- f. Must maintain clinical involvement.
 - g. Be attitudinally suited to conduct a training program.
 - h. Meet the continuing medical education (CME) requirements of the AOA and the specialty college/academy.
- 2.5 Where exceptional circumstances exist, the specialty college education and evaluating committee may recommend and request individual consideration for approval of a program director by the PTRC for up to a three (3) year maximum with an annual review by the specialty college. This period may be extended by the PTRC at the recommendation of the specialty college.
- 2.6 The program director shall have the following specific responsibilities:
- a. Attend required educational programs sponsored by the specialty college/academy for the development of program directors.
 - b. Understand and fulfill the basic requirements of the AOA specialty college/academy.
 - c. Be available to the trainees and have medical staff privileges at the institution.
 - d. Oversee the scheduling, curriculum development, training and evaluation of trainees.
 - e. Conduct periodic evaluations of each trainee in accordance with specialty standards.
 - f. Participate on the education committee of the institution.
 - g. Participate in recruiting and selecting new candidates.
 - h. Develop training policies and the curriculum.
 - i. Develop the training schedule to meet the curricular requirements, including any outside rotations as necessary.
 - j. Counsel trainees in academic and/or disciplinary matters.
 - k. Prepare for the on-site program reviews.
 - l. Participate in OPTI educational related activities.
 - m. Assess compliance with internship/residency competencies and skills development requirements.
 - n. Recommend satisfactory program completion of trainees.
 - o. Provide the trainee with all documents pertaining to the training program trainee requirements and expectations.
 - p. Submit reports to the DME and annual reports on each resident to the specialty college as required.
 - q. Participate with the DME in developing the Institutional Core Competency Plan and support education and evaluation in each competency to each trainee.
- 2.7 The change of a residency program director alone, without any documented deficiencies which justify a program review, and/or three (3) or more years of AOA program approval, will not cause the program to have an immediate on-site review or be granted a continuing approval of less than three (3) years. Any other documented deficiencies requiring a site review at the time

of a program director change must be made known by the specialty college evaluating committee to the PTRC in order to schedule a review.

H. Teaching Faculty

The teaching faculty shall be selected from among the institution's professional staff based on qualifications, commitment, and desire to function as a teacher, trainer, and clinical supervisor.

- 2.1 Faculty must be qualified by training and experience to perform this role and be proficient in their areas of practice. A list of teaching faculty and their credentials must be available to the AOA site visit team for review at the time of inspection.
- 2.2 Faculty must be willing and able to provide instruction to interns at the bedside and in ambulatory settings. They must coordinate in-patient care schedules for the education of interns and residents.
- 2.3 Faculty must be willing and able to provide instruction to interns/residents in clinical and classroom settings.
- 2.4 Faculty should include an individual or individuals qualified to teach the bio-psycho-social behavioral component. These individuals may include, but are not limited to, psychiatrists or other physicians with related skills, clinical psychologists, and bio-ethicists.
- 2.5 Faculty must participate in periodic faculty development activities.

I. Education Committee

- 2.1 Each Base institution must have a fully functioning medical education committee.
- 2.2 The committee shall work to maintain and improve program quality.
 - a. The education committee shall include the DME, the intern program director, if different than the DME, all residency directors at the institution, intern and resident representatives, who have been nominated by their peers. Representatives from major affiliate institutions shall be members of the education committee and shall be strongly encouraged to attend the education committee meetings when logistically possible.
 - b. The education committee shall meet at least 10 months of the year and minutes of the committee meetings be maintained.
 - c. There shall be verifiable evidence of communication between the education committee and those representatives of major affiliate institutions where attendance at the monthly meetings is not feasible.
 - d. When necessary, the committee shall approve affiliations within the scope of AOA policies and procedures. A description of the AOA policies and procedures governing approval of affiliations can be obtained from the Division of Postdoctoral Training.
- 2.3 The committee shall be organized to assist the DME in developing and implementing a high-quality educational program for interns and residents. The committee shall, in cooperation

with the DME, develop a curriculum and methods to evaluate the educational experience of the intern and residents during training.

- 2.4 The committee shall participate in program, faculty, intern and resident evaluations, as well as program modification as needed in accordance with evaluation results.

J. Accreditation for Patient Care

Institutions participating in AOA-approved programs shall be accredited by the AOA BHFA, the Joint Commission or other CMS deemed status recognized accreditation organization.

- 2.1 Institutions shall ensure that quality assurance programs are conducted in accordance with respective accrediting and regulatory agencies.

K. Internal Review Process

Institutions sponsoring AOA approved internship/residency/fellowship programs will conduct internal reviews of all approved programs to assess their compliance with institutional and program requirements.

- 2.1 The institution's Medical Education Committee (MEC) is responsible for the development, implementation and oversight of the internal review process. The internal review process must comply with the following:
 - a. The MEC must designate an internal review committee(s) to review each AOA-approved program in the Institution. The internal review committee must include faculty, residents or fellows, from within the institution but from programs other than the one that is being reviewed, and a representative of the institution's accredited Osteopathic Postdoctoral Training Institution (OPTI), when possible. Other reviewers may also be included on the committee as determined by the MEC.
 - b. The review must follow a written protocol approved by the MEC that incorporates, at a minimum, the requirements in this Policy.
 - c. The written report of each internal review must be presented to and reviewed by the MEC to monitor the areas of noncompliance and recommend appropriate action.
 - d. Reviews must be conducted at approximately the midpoint between the AOA program surveys. Although departmental annual reports are often important sources of information about a program, they do not meet the requirement for a periodic internal review.
 - e. In all training institutions which sponsor dually-accredited (AOA and ACGME) programs in the same specialty, the internal review process for that program may be conducted simultaneously utilizing both AOA and ACGME standards and be acceptable to meet the AOA mid-cycle review requirement if conducted within 12 months of the required date. In such cases, the full completion and documentation of the internal review by the MEC is required. If the dual program review period exceeds the time of the AOA-required mid-cycle review by more than 12 months, a complete and separate AOA program internal review is required.

- f. The internal review shall not be shared at the time of the AOA on-site review. Only documentation that the internal review was completed and reviewed by the MEC shall be available to the AOA on-site reviewer.

L. Trainee Eligibility and Selection Process

- 2.1 The program shall enroll only graduates of COCA-accredited COMs.
- 2.2 The training institution shall have written policies and procedures for the recruitment and appointment of interns/residents.
- 2.3 In selecting qualified candidates from various COMs the training institution is required to participate in OERAS and the AOA IRRP.
- 2.4 Intern/resident recruitment shall be conducted following the policies and procedures of the AOA IRRP, and all appointments shall be made through this program. The institution shall not attempt to impose local requirements to supersede the IRRP.
- 2.5 Documented violation of the AOA IRRP policies or procedures will lead to suspension of the training program.
- 2.6 AOA approved programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran status.

M. Trainee Financial Support and Benefits of Appointment

- 2.1 Training and affiliated participating institutions shall provide trainees with appropriate financial support and benefits.
- 2.2 Candidates for AOA approved programs shall be informed in writing of the terms, conditions and benefits of their appointment, to include salary and other benefits (e.g. medical benefits, life and disability insurance, professional liability, vacation, sick, leaves of absence and academic). These benefits must comply with state, federal and local laws. Benefits such as moving expenses, living quarters, meals or laundry should also be addressed.
- 2.3 Any absences from the training program in excess of the allowed vacation and academic time must be made up. The institution must publish its leave policy in the house staff manual and provide a maximum of 20 business days (Monday through Friday) of vacation, professional, sick or other leave may be granted by the Director of Medical Education (DME), unless such leave is designated by federal, state, or union regulations. In such cases, federal, state and/or union regulations shall supersede these policies. No more than 20 business days of leave may be granted for any purpose, without extending the program. If an intern or resident is given a leave of absence for reasons of maternity, physical or mental disabilities and returns to duty, he/she may continue the training to completion. The OPTI, Specialty College and AOA's Division of Postdoctoral Training must be notified in writing of the extension. Any absences from the training program in excess of the allowed vacation and academic time must be made up.
 - a. All AOA approved programs shall be required to offer a minimum of 10 business days (Monday through Friday) of vacation time for each contract year of training, OGME-1 and higher.

- 2.4 The training institution shall assist the trainee in obtaining confidential counseling, medical, and psychological support services when indicated including physician impairment assistance.
- 2.5 The training institution must ensure that trainees are provided with professional liability coverage for the duration of their training. Such coverage shall include protection against awards from claims reported or filed after completion of training and shall only be applicable to actions occurring within the assigned scope of responsibilities for the approved program.

N. Trainee Appointment Agreements

- 2.1 The training institution shall ensure that trainees are provided with a contract. (A sample contract is provided in Appendix 14.) This document shall outline the terms and conditions of their appointment and shall include or make reference to the following items:
- a. Intern/resident responsibilities
 - b. Duration of appointment
 - c. Financial support
 - d. Conditions under which living quarters, meals laundry are provided
 - e. Conditions for reappointment and promotion
 - f. Mutual release clause
 - g. Grievance and due process procedures
 - h. Professional liability insurance
 - i. Liability coverage for claims filed after program completion
 - j. Insurance benefits
 - k. Leave of absence policy
 - l. Sick leave policy
 - m. Policy on effects of leaves on satisfying criteria for program completion
 - n. Duty hour policies and procedures
 - o. Policy on moonlighting
 - p. Policy on other professional activities outside the program
 - q. Counseling, medical, psychological support services
 - r. Policy on physician impairment and substance abuse
 - s. Policy on sexual harassment
 - t. Policy on closure of hospital/training programs or reduction in approved intern/resident positions.
- If referenced, the full explanation of the above mentioned items shall be noted in the house staff manual and documented as supplied to each intern/resident.
- 2.2 A written statement of benefits must be attached to the contract and a copy provided to the trainee.

- 2.3 The contract shall be maintained in the individual trainee file.
- 2.4 All institutional human resource policies may be applicable to interns/residents at the discretion of the training institution.
- 2.5 The institution shall not require a resident to sign a non-competition guarantee.

O. Trainee Contract Responsibilities

- 2.1 The DME/program director has the authority to exceed the trainee (intern/resident) contract for a period of up to 3 months for leave, illness or remediation purposes without requesting approval for overlap of trainee numbers from the specialty college and/or PTRC. Any overlap in excess of 3 months will require advance approval. All overlaps must be reported to the AOA, specialty college(s) and OPTI.
- 2.2 The contract sent to the candidate's attention should be completed at the earliest date, as outlined in the match rules, and returned to the sponsoring institution within thirty days.
- 2.3 Any contract violation by an institution shall be reported immediately to the AOA Division of Postdoctoral Training.
- 2.4 Contract requirements must be met in full. Violation of the contract by an intern/resident may result in the loss of credit for time served in the program.
- 2.5 An intern/resident who breaches his or her match commitment prior to the start of his or her training may not serve in an AOA-approved internship or residency for a period of twelve (12) months following the date of the breach. An intern/resident who breaches the intern/resident contract during his/her training may not serve in an AOA-approved internship or residency until the beginning of the following training year (effective July 1st). The AOA is not a party to contractual disputes that occur as a result of trainees signing a contractual agreement outside the AOA Match.

P. Grievances and Due Process for Trainees

- 2.1 The training institution shall provide trainees with appropriate policies and procedures for grievance and due process. These policies shall address academic and disciplinary actions that could drastically jeopardize a trainee's appointment and/or career and must address the non-renewal of resident contracts termination of program, and failure of clinical services by the training institution.
- 2.2 The training institution shall provide trainees with appropriate policies and procedures for adjudication of complaints and grievances related to the hospital, program or staff.

Q. Trainee Contract Termination

- 2.1 The institution may discontinue the training of an intern/resident if the trainee is considered to be intellectually, educationally, temperamentally, morally, or otherwise unsuited to participate or continue in the program.

- 2.2 Prior to termination of an intern/residency contract, the institution must provide the resident with appropriate due process, personal and/or academic counseling. There must be written documentation of deficiencies and attempts to resolve these concerns.
- 2.3 In the event that the program is not approved, the training institution and the OPTI shall make an effort, to place the intern/resident in other established AOA-approved programs.

R. Trainee Duty Hours Policy

Situations in which trainees work an excessive numbers of hours can lead to errors in judgment and clinical decision-making. These errors can impact on patient safety, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. The training institution, DME, and program directors must maintain a high degree of sensitivity to the physical and mental well being of trainees and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.

- 2.1 The trainee shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call.
- 2.2 The trainee shall not work in excess of 24 consecutive hours inclusive of morning and noon educational programs. Allowances for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur, but may not exceed 6 hours. Residents may not assume responsibility for a new patient after working 24 hours.
- 2.3 The trainee shall have on alternate weeks 48-hour periods off, or at least one 24-hour period off each week.
- 2.4 Upon conclusion of a 24-hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.
- 2.5 All off-duty time must be totally free from assignment to clinical or educational activity.
- 2.6 Rotations in which trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts.
- 2.7 The trainee and training institution must always remember the patient care responsibility is not precluded by the work hour policy. In cases where a trainee is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided as soon as possible to relieve the resident involved.
- 2.8 The trainee may not be assigned to call more often than every third night averaged over any consecutive four-week period.

S. Moonlighting Policy for Trainees

- 2.1 Any professional clinical activity (moonlighting) performed outside of an official residency program may only be conducted with the permission of the program administration (DME/program director). A written request by the resident must be approved or disapproved by the program director and DME and be filed in the institution's resident file. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the

institution's graduate medical education committee. This policy must be published in the institution's house staff manual. Failure to report and receive approval by the program may be grounds for terminating a resident's contract.

- 2.2 If moonlighting is permitted, all moonlighting will be inclusive of the 80 hour per week maximum work limit and must be reported.
- 2.3 OGME-1 trainees are prohibited from moonlighting.

T. Monitoring of Duty Hours

- 2.1 The DME and Medical Education Committee shall establish a written policy to monitor duty hours and moonlighting compliance.
- 2.2 The institutional duty hours policy including moonlighting policies must be published in the institutional house staff manual.
- 2.3 All interns and residents must sign an attestation of receipt of the duty hours and moonlighting policies, and the policy must be available during on-site program reviews.
- 2.4 The OGME committee shall be responsible for monitoring full compliance with the AOA and institutional policies and the process established by the medical education department. This monitoring shall be done on at least quarterly and recorded in the OGME committee minutes for review at the time of on-site visits.
- 2.5 AOA program on-site reviews will evaluate policy compliance by interviews with interns/residents, interviews of DME, program director, faculty and review of educational call schedules and GME Committee minutes.
- 2.6 Each training institution shall be responsible for reporting results of duty hours and the monitoring of violations to its OPTI OGME committee upon request.
- 2.7 Interns and residents shall have three option levels of reporting of noncompliant duty hour scheduling for review without reprisal:
 - a. All complaints will occur in writing with the complainant signature and some form of evidence of the violation (*complainant will remain anonymous at all times*).
 - b. The OPTI will be notified together with the hospitals chief executive officer (CEO) and director of medical education (DME). OPTIs will be asked to do an assessment of the allegation within 30 days and to provide information on the institutions policy on monitoring intern and resident work hours.
 - c. The COPT will review the complaint along with the OPTIs assessment within 30 days. The COPT will decide if a focused site visit is warranted at that time.
 - d. If a focused site visit is warranted, the COPT will review the site visit report. If the COPT finds sanctions necessary the OPTI and the program will be notified of a hearing.
 - e. Hearing is conducted and sanctions are determined; and
 - f. The COPT decision is appealable at the Bureau of Osteopathic Education only.

Levels of sanctions are based on the Councils decision and will vary as noted below:

- a. No action necessary

- b. Monitoring for a one-year period followed by a focused site review.
- c. Reduction in the existing program approval period.
- d. Probation
- e. Termination

U. Trainee Supervision Policy

The internship/residency is an educational experience and must be designed to offer structured and supervised exposure to promote learning rather than service.

- 2.1 Supervision should be provided on a graduated basis as the trainee progresses through the training program and based on individual evaluation of knowledge and skill. Ultimately, the supervising physician is responsible for determining the activities the trainee will be allowed to perform within the context of the assigned levels of responsibility and for being available to the trainee. At the same time, the trainee is responsible for seeking consultation when it is clinically indicated.
- 2.2 Institutions must provide supervision and patient care in accordance with federal guidelines and policy.
- 2.3 An opportunity must exist for trainees to be supervised and evaluated throughout their training with availability of teaching staff scheduled within the program. During daytime hours, trainees are responsible to attending physicians for assignment of responsibility, supervision and evaluation.
- 2.4 In institutions with residents present, they may participate in intern supervision in their respective specialties.
- 2.5 During night on-call hours, trainees must have available an on-call list of attending physicians whom they can feel comfortable contacting for assistance and supervision on their respective patients. Physicians shall be required to review care given their patients by trainees during on-call periods and participate in evaluating this care with the trainee.

V. Trainee Licensure Requirements

- 2.1 All interns/residents must have an appropriate training license consistent with state and local requirements. It is the responsibility of the respective training site to ensure appropriate licensure of interns/residents.

W. Trainee Ethics and Integrity Policy

The AOA has implemented a Code of Ethics that is designed to address the osteopathic physician's ethical and professional responsibilities to patients, society, the AOA, to others involved in health care, and to self. The Code can be found on the AOA website (http://www.osteopathic.org/index.cfm?PageID=aoa_ethics).

- 2.1 All trainees must practice ethical behavior and abide by specific codes of conduct.

X. Work Environment

Institutional facilities and resources must be adequate to provide educational opportunities to the trainee. The institution must assume the financial, technical, and educational support and provide the necessary space, facilities and learning environment for the establishment and maintenance of approved training programs and patient care.

- 2.1 The institution shall provide an on-call room for trainees that is clean, quiet, safe and comfortable, to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room.
- 2.2 The institution shall provide the availability of access to nourishment during all working shifts.
- 2.3 Appropriate security measures shall be provided to trainees to include hospital grounds, on-call quarters, and clinical and parking facilities.
- 2.4 The institution shall have a required minimum of at least four organized departments, clinical services or divisions (e.g. family practice, internal medicine, obstetrics and gynecology, emergency medicine, pediatrics or surgery). In addition the institution shall provide appropriate laboratory, pathology and radiology services to support OGME programs.
- 2.5 The institution shall provide appropriate medical records system.
- 2.6 Conference rooms shall be available for formal instruction.
- 2.7 Teaching aids should be provided to facilitate learning. Computer, video, and other electronic technologies should also be provided.
- 2.8 Each institution shall ensure that the training program provides sufficient scope, volume, and variety to allow the training to be a worthwhile educational experience. The patient volume and other clinical teaching resources in the in and outpatient areas must be adequate and sufficient to accommodate the needs of the intern to meet the program objectives. Clinical services should not be overwhelmed with trainees at all levels to detract from educational opportunities.

Y. Library and Educational Resources

- 2.1 The institution shall provide an appropriate medical library that is properly staffed. This library function may occur in conjunction with the OPTI.
- 2.2 The library should be physically located within or in close proximity to the hospital so it is readily available to trainees.
- 2.3 The library must be available after hours and on weekends for the trainees.
- 2.4 The library must have oversight by a person who holds a master's degree in library science, or the equivalent in related experience.
- 2.5 Additional library staff, as appropriate to the size and needs of the training program, should have sufficient training to assist interns with their information needs.

- 2.6 Internet and electronic library access must be available 24 hours for daily trainee use. Trained staff should be available to assist trainees in accessing major indices/databases; i.e., Medline, Hospital Literature Index, HealthSTAR, CancerLit, etc.
- 2.7 To ensure authoritative, up-to-date resources for trainees, the hospital library collection should include at least those books and journals recommended for initial/partial purchase in the most current edition of Doody's Core Titles (<http://www.doody.com/dct>) or the Library for Internists (published by the American College of Physicians). This is encouraged for further collection development in subject areas of importance to all training programs.
- 2.8 The total number of books in the library should be sufficient in volume for the needs of the trainees and should include medical and standards dictionaries, major indexes/databases, current textbooks, current journal subscriptions, patient education information, audiovisual software, computer software, practice guidelines, and locator tools.
- 2.9 The library must include books, current journal subscriptions, and/or electronic access to materials about the relevant medical specialties within that hospital and for the residency training program subject areas for the programs offered.
- 2.10 The library must include books, current journal subscriptions, and/or electronic access to materials about osteopathic principles and practice, osteopathic manipulative medicine.
- 2.11 The library staffing, holdings and services must be reviewed annually by a master's degree medical librarian to assess the institutional and trainee resource needs. Such review shall be submitted to the MEC and OPTI Academic Officer for information and assistance.
- 2.12 An annual library budget or other annual source of financing must be available for the replacement and updating of the library's information resources.

Z. Core Competency Requirements

- 2.1 The training institution shall ensure that each program defines, teaches and evaluates, in accordance with AOA and specialty college requirements, the specific knowledge, skills, attitudes and experience required for trainees to learn and demonstrate the following basic core competencies:
 - a. Osteopathic philosophy and osteopathic manipulative medicine,
 - b. Medical knowledge,
 - c. Patient care,
 - d. Interpersonal and communication skills,
 - e. Professionalism,
 - f. Practice-based learning and improvement, and
 - g. Systems-based practice.
- 2.2 The competencies shall be integrated into all internship and residency programs.

- a. There must be an Institutional Core Competency Plan developed by the DME, approved and supported by the Medical Education Committee.
 - b. This plan shall describe the methodology used for exposure and presentation to osteopathic trainees, as well as the processes utilized for assessment and evaluation of trainee proficiency.
 - c. The plan shall be updated annually with expansion of methods of teaching and evaluation.
- 2.3 Program Director Annual Reports for each trainee shall measure proficiency in each competency. The AOA Core Competency Compliance Program Document describes in detail the elements of the required plan as well as methods and options for teaching and evaluation reporting on AOA Annual Report Forms. The core competency requirements bear the same significance in the training of residents as specific clinical knowledge and skills and are necessary for successful program completion and ability to qualify for certification board examination.

For details on Requirements and Guidelines refer to the AOA's Core Competency Compliance Program (CCCP) located on the website at http://do-online.osteotech.org/index.cfm?PageID=acc_postdocstds

AA. Training Certificates of Completion

- 2.1 On satisfactory completion of an OGME-1, T, P training program, the institution and OPTI jointly shall award the intern certificate.
- 2.2 Upon completion of a residency the institution and OPTI jointly shall award the certificate. All trainees shall be issued a letter of completion for the AOA approved OGME-1R year, in the appropriate specialty by the training institution, for licensing purposes. This letter will be provided at the end of the first year.
- 2.3 Option 1 training institutions must issue a standard letter (not a certificate) to each Option-1 trainee upon successfully completing his/her OGME-1 year. A copy of the letter should be sent to the OPTI and the letter reads as follows:

To Whom It May Concern:

This letter is to verify that _____, D.O. successfully completed all requirements of an American Osteopathic Association (AOA) approved OGME-1 Year* at (Institution, Institution Number). The program dates for Doctor _____ were (contract start date – contract end date).

If you have any questions, please feel free to contact me at _____.

Sincerely,

(Director of Medical Education)

*Osteopathic Graduate Medical Education (OGME)-1R, Residency: This is the first

year of residency training in specialties utilizing the Option 1 format. Educational content is set and supervised by the respective specialty colleges as approved by the AOA

- 2.4 The certificate shall confirm the successful fulfillment of the program requirements, the starting and completion dates of the program, the name(s) of the training institution(s), program director(s) and the OPTI.
- 2.5 All osteopathic residency training programs shall include AOA institution numbers on program completion certificates.
- 2.6 If a trainee transfers programs, that information shall be reported from the institution where the trainee completed his/her training.

BB. Program Changes

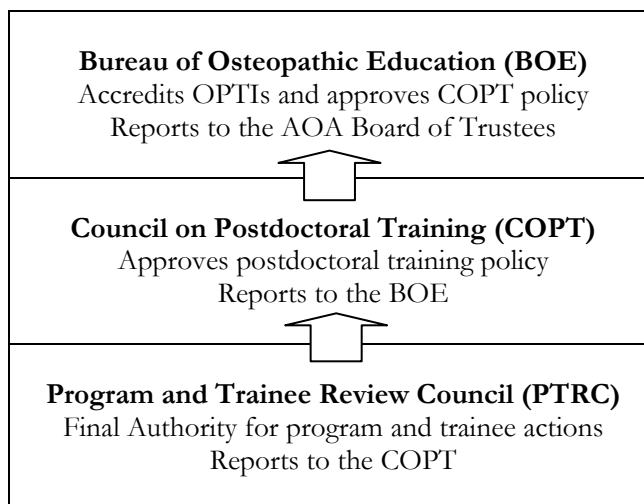
- 2.1 Intern or residency programs approved for training shall immediately report any substantive administrative changes (DME, program director, sponsorship or affiliation agreement) that may occur during the year to the AOA Division of Postdoctoral Training, OPTI and to the appropriate specialty college.
- 2.2 A change in DME may result in an immediate re-inspection of the training program (E.2.5). A change in program director will not result in an immediate re-inspection of the training program (G.2.7).

CC. Program Closure or Reduction

- 2.1 The training institution shall have policies written and available in its intern/resident house staff manual, which address the following requirements;
 - a. The training institution shall immediately notify the AOA, its OPTI and its trainees of a program closure or reduction in positions, which would impact trainees prior to program completion.
 - b. If a training institution reduces in size or closes a program every attempt should be made to permit the current intern/residents enrolled in the program to complete their training prior to such an action.
 - c. In the event of a hospital or program closure or reduction in positions, which would impact trainees prior to program completion, the training institution shall immediately notify the OPTI to aid in placement of the enrolled interns/residents in other AOA, approved programs within that OPTI structure.
 - d. Severance pay shall be provided for two months when institutional program closure or reduction decisions prevent the interns/residents from program completion in that or another geographically proximate program arranged by the institution and/or the OPTI.

III. GENERAL PROGRAM REQUIREMENTS FOR INTERN AND RESIDENCY PROGRAMS

A. Approval and Reporting Processes



- 3.1 Approval processes for new programs begin with an Evaluating Committee. Actions recommended by the respective Evaluating Committee are submitted to the Program and Trainee Review Committee (PTRC) for final approval.
- 3.2 The Council on Postdoctoral Training (COPT) recommends action on all policy issues related to postdoctoral training to the Bureau of Osteopathic Education (BOE).
- 3.3 The COPTI reviews annual reports submitted by osteopathic postdoctoral training institutions (OPTIs), substantive changes in OPTIs, and OPTI accreditation reports from on-site reviews. The BOE is the final authority for all OPTI actions.
- 3.4 The BOE forwards all recommended changes in postdoctoral training policies to the AOA Board of Trustees (BOT).

B. Mission

- 3.1 Each program must have a mission statement that defines its mission and purposes, and the program’s commitment to sustain and advance training in the internship and specialty residency through faculty and staff who are qualified to offer the program and carry out their defined responsibilities.

C. Objectives

- 3.1 The internship or residency training program must have clearly stated objectives for its course of training. These objectives must be linked to the program’s mission and reflect the state of

knowledge within the program. They are described such that the program, through multiple measures of quality, can evaluate them.

- 3.2 The objectives of the program can be thoroughly included in the teaching and achievement of proficiency in the AOA required seven core competencies. These include:
- a. Osteopathic philosophy and osteopathic manipulative medicine,
 - b. Medical knowledge,
 - c. Patient care,
 - d. Interpersonal and communication skills,
 - e. Professionalism,
 - e. Practice-based learning and improvement, and
 - f. Systems-based practice.
- 3.3 The competencies shall be integrated into all internship and residency programs through the development of an Institutional Core Competency Plan by the DME, approved and supported by the Medical Education Committee. This plan shall describe the methodology used for exposure and presentation to osteopathic trainees, as well as the processes utilized for assessment and evaluation of trainee proficiency. The plan shall be updated annually with expansion of methods of teaching and evaluation **and submitted to the respective OPTI's OGME committee for review**. Program Director Annual Reports for each trainee shall measure proficiency in each competency. The AOA Core Competency Compliance Program Document describes in detail the elements of the required plan as well as methods and options for teaching and evaluation reporting on AOA Annual Report Forms. The core competency requirements bear the same significance in the training of residents as specific clinical knowledge and skills and are necessary for successful program completion and ability to qualify for certification board examination.

D. Application, Review and Approval Process

- 3.1 The review and approval process begins in one of two ways, depending upon whether the program is seeking initial approval, re-approval or continuing approval.
- 3.2 Application forms for new internship and residency training programs, position increases in approved programs, and reinstatement of programs are supplied by the AOA and can be downloaded from the AOA website at:
https://www.do-online.org/index.cfm?PageID=acc_postdocnewresapp
Applications shall be submitted to the AOA, Division of Postdoctoral Training, at 142 East Ontario Street, Chicago, Illinois 60611-2864.
- 3.3 The application shall include administrative and professional staff, along with the appropriate research, clinical and educational resources to properly educate interns and residents in osteopathic medicine.
- 3.4 The internship or residency program director shall ensure that osteopathic principles and practice and their application to the specialty are emphasized.

- 3.5 The application must be accompanied by statement of commitment to Osteopathic Graduate Medical Education (OGME) and a statement of confirmation that the program will be incorporated into an OPTI structure that includes a COCA-accredited college of osteopathic medicine and an AOA HFAP-accredited hospital. Intern/resident training registration or credit will not be granted for programs that have not been included in an OPTI.
- 3.6 The application shall be signed by the authorizing official of the sponsoring organization and supported by the associated OPTI CEO/CAO and shall include an OPTI affiliation agreement. The OPTI affiliation agreement shall indicate the responsibility and participation of the OPTI in the program, and the areas of the program to be impacted (e.g., research, faculty development, etc.). Support by the OPTI reflects review of the application and approval of quality and compliance with standards, as well as agreement of OPTI over-site and enforcement of standards.
- 3.7 New internship or residency programs shall undergo an on-site inspection, at the discretion of the AOA or specialty college, after evaluation of the application by the appropriate evaluating committee to determine if all aspects of the material qualify to support an intern or resident training program.
- 3.8 A copy of the application and evaluation report shall be sent to the appropriate specialty affiliate for recommendation to the Program and Trainee Review Committee (PTRC). No program shall be considered approved until receipt of final PTRC action is received. In addition, recruitment efforts and/or position offers cannot take place until the director of medical education receives his/her official approval letter from the AOA.
- 3.9 At least one AOA-approved residency must exist in any institution with an AOA-approved internship. All OGME-1 Preliminary or Traditional internships can only occur in an institution with a residency program. Any Option 2 or 3 specialty residencies must have present in the same institution an OGME-1 Preliminary or Traditional Rotating Internship. Applications for an AOA internship (OGME-1T, P) must be simultaneously accompanied by an application for a residency program unless an AOA approved residency program already exists. Applications for an AOA residency program must include a separate internship application for either preliminary (OGME-1P) or traditional (OGME-1T) internships for any Option 2 or Option 3 specialties, unless the associated internship is to be conducted in an affiliated institutional site. All Option 1 specialties include the first year of training year as a part of the residency and therefore, do not require a separate internship application.

E. Review of Approved Programs

- 3.1 Programs undergo site visits and reviews on cycles determined by the Program and Trainee Review Committee (PTRC). Program directors are notified in advance of the site visit, at which time they receive the appropriate documents for completion. A program must notify its OPTI of scheduled reviews.
- 3.2 The PTRC may elect to have a program reviewed outside the originally scheduled cycle. A program director may also request an early review or consultation. Off cycle review requests must be approved by PTRC and involve Program Director, DME, OPTI and Specialty College.

- 3.3 Training institutions shall participate and incur all costs associated with program on-site reviews.
- 3.4 OPTIs must be notified regarding internal complaints of its programs, to review and attempt to resolve the issue before reporting complaints to Specialty College and PTRC.

F. On-Site Reviewers

- 3.1 The AOA and each of the specialty colleges choose site reviewers to perform on site reviews. The reviewer does not participate in the final approval decision or recommendation of the IEC/Specialty College beyond providing a written report. It is the primary responsibility of the reviewer to verify the information provided by the program. The site reviewer will conduct interviews with administration, faculty, and trainees to accurately report on the various aspects of the educational program. The reviewer should not be viewed as a consultant to the program and should not be expected to provide feedback or recommendations to the program or conduct a formal exit interview.
- 3.2 The AOA Board of Trustees has authorized the PTRC to conduct reviews of all intern and residency programs to evaluate the reviewer's findings and recommend approval or denial.
- 3.3 The institution administrator, the director of medical education (DME), the program director, and the OPTI will be advised of the inspection date by the AOA postdoctoral inspection staff.
- 3.4 Residency program reviewers are selected from specialty college nominees and acknowledged by the PTRC. While intern program reviewers are selected from a volunteer pool, which are trained by AODME, these individuals will not include members of the AOA Board of Trustees or the PTRC.
- 3.5 Reviewers shall submit written reports to the IEC/Specialty College on all internship and residency programs inspected. The inspection reports shall contain the findings on the quality of professional practice, educational programs, in-patient care, and other information required by the PTRC. PTRC recommendations shall be based on the findings of on-site reviews and the recommendations of the Internship Evaluating Committee or specialty colleges Educational Evaluating Committee. From the date that inspection reports are submitted to them, the IEC or Specialty College has 90 days to respond to the PTRC. If a response is not received, the PTRC will review the inspection report and make its own recommendation at its next meeting.
- 3.6 The administration and professional staff of the training institution should understand that a PTRC recommendation is based upon the Internship Evaluation Committee (IEC) or respective specialty college's review and evaluation of the inspection findings.
- 3.7 The training institution will perform a self-study for the intern/residency program in advance of an on-site inspection. This shall be done in preparation for and as a process for completion of the Inspection Workbook.
- 3.8 The IEC or specialty college may not request a deferral of action from the PTRC. If the deferral is based on lack of information at the time of the on site review, IEC/specialty college must request the program to submit the necessary information to make an informed recommendation. The IEC or specialty college recommendation is forwarded to PTRC within 90 days of the initial review by the IEC/specialty college for final PTRC Program Approval Actions

3.9 Four different actions can be taken by the PTRC regarding the approval status of intern and residency training programs.

a. Continuing Approval

1. The PTRC may grant continuing approval of one to five years when programs have demonstrated, upon review, that they are in full or substantial compliance with the *AOA Accreditation Document for Osteopathic Postdoctoral Training Institutions* and the *Basic Document for Postdoctoral Training Programs* and/or the specialty college basic standards.
2. A 5-year approval indicates the absence of any significant deficiencies or an excellent program. Specialties cannot deviate from this standard unless the deviation definition is published in the AOA-approved specific specialty basic standards and any program recommendation to the PTRC which deviates must include a complete explanatory statement.
3. When an internship/residency program is approved, approval commences with the date specified in the letter of notification. A program remains in continuing approval until another formal action is taken by the PTRC. Continuing approval does not lapse due to the passage of time. The time interval specified on the approval letter is the time of the next site review; it does not imply that continuing approval will end when the time of the next review occurs.

b. Denial of Continuing Approval

1. Institutions denied approval for intern/residency training programs shall be notified immediately following the PTRC meeting. These institutions may request an appeal before the BOE Appeal Committee.
2. Any active internship/residency program that is denied approval shall not be permitted to contract with new interns or residents. In the event of an appeal, no new contracts may be executed during the appeal process.
3. Training program disapproval action occurring at PTRC shall be effective on June 30, one year from the end of the academic year in which the PTRC action occurs. PTRC reserves the right to establish an earlier termination date, as appropriate.
4. Program denial actions by the PTRC must be copied to the program interns, residents, as well as to the DME, training institution, sponsoring institution and OPTI.

c. Probationary Status

1. One year continuing program approvals shall be considered as probationary. Program directors are obligated to inform applicants of the probationary status.
2. Any institution with an AOA-approved intern/residency training program that selects interns/residents but does not participate in that year's IRRP will be placed on probation for one year and may not recruit potential candidates during that probationary period.

3. Probationary continuing program approvals and program denial actions by the PTRC must be copied to program interns/residents, as well as to the director of medical education, training institution, sponsoring institution, and OPTI.
4. Programs that receive probationary continuing program approval or program denial actions from the PTRC may not recruit new interns or residents unless specified at the time of the committee's action. The cited deficiencies will be transmitted to the program in an official PTRC letter. Also included in this letter will be a statement indicating that trainees will be notified that their program has been placed on probationary status or denial and may be terminated at the end of the training year, usually June 30. Notification to interns and residents shall be made by the Division of Postdoctoral Training 60 days after the program has been informed of the one-year approval or denial of continuing approval. The 60 day time period allows the program an opportunity to appeal the action of the PTRC before trainees are notified.

d. Deferral of Approval Action

1. The PTRC may defer a decision on the approval status of a training program.

G. Progress Reports, Reconsiderations and Corrective Action Plans

- 3.1 The PTRC may request a progress report from a program. The PTRC will specify the exact information to be provided and a specific due date for the report. The progress report should be reviewed and signed by the OPTI officer and the training institution's DME.
- 3.2 A program may request a reconsideration of a program review by PTRC, only if an error in fact is noted in the citations of the original decision.
- 3.3 Corrective action developed and reported after the site visit and re-approval decision is not allowable as an explanation for re-consideration of a prior program decision.
- 3.4 The AOA approval letter with cited deficiencies shall be sent to the program, specialty college and OPTI within two weeks of the PTRC decision.
- 3.5 The program shall respond to its OPTI OGME Committee with a corrective action plan to address the deficient requirement(s) within forty-five (45) days of receipt of approval letter.
- 3.6 The OPTI will review the plan and submit it to the **PTRC** within thirty (30) days of receipt of the corrective action plan. **IF A CORRECTIVE ACTION PLAN IS RECEIVED BY THE AOA AND IT HAS NOT BEEN REVIEWED AND SIGNED BY THE OPTI, THE AOA WILL FORWARD THE CORRECTIVE ACTION PLAN TO THE OPTI.**
- 3.7 **AOA WILL FORWARD THE CORRECTIVE ACTION PLAN WITHIN TEN (10) BUSINESS DAYS TO THE IEC OR SPEC, WHICH COMMITTEE** will review the plan within forty-five (45) days or at their next evaluating committee meeting, whichever is sooner, and forward to PTRC for plan action.
- 3.8 Failure by the program to **RESPOND** with adequate documentation of the implementation of their corrective action plan within six (6) months of acceptance of the plan by the specialty college, or repeated failure to supply an acceptable plan will constitute noncompliance.

H. Loss of Program Accreditation

- 3.1 Loss of accreditation by the sponsoring institution automatically means loss of approval for the intern or residency training program.

I. Loss of Program Approval

- 3.1 An intern or residency training program may lose its approval if the program fails to fulfill the following criteria:
- a. Refusal to undergo on-site inspection as part of program review.
 - b. Failure to supply requested documentation within thirty (30) days of notification of deferral of action by the PTRC.
 - c. Failure to follow directives associated with the approval process.
 - d. Failure to maintain the minimum number of trainees as required by this document will result in program lapse after a three year period.
 - e. Failure to comply with electronic data submission requests, including *Opportunities*, Trainee Information, Verification and Registration Audit (TIVRA), etc.
 - f. Failure to submit annual program fees in a timely manner.

J. Adverse Program Actions

- 3.1 Approval of an intern or residency training program may be withdrawn if the program or the sponsoring institution fails to meet the following criteria:
- a. Any intern or residency training program that has been inactive for three successive years shall be declared lapsed by the AOA Department of Education and closed during the third year of inactivity. In the event that a program is declared lapsed, the sponsoring institution will have to apply to the AOA Division of Postdoctoral Training as a new program.
 - b. Intern or residency training programs receiving a recommendation of denial of approval from the PTRC may not participate in the IRP or contract with new interns until such time as the program receives a recommendation for approval from the PTRC.
 - c. The minimum number of approved and funded training positions in an intern program is four and three for a residency-training program. For purposes of calculating the minimum number of interns, all trainees in the first year of an AOA approved training program (OGME1-T,P,R) may be counted. If a internship/residency program does not contract with four interns or three residents for two consecutive years, a warning will be issued and if the requirement is not met by July 31 of the third consecutive academic year the program will be notified by the AOA of termination effective the following June 30 and may not enter or participate in the IRRP for the next academic year. In cases where applicants have been offered written agreements in advance of notification of termination of the program, that agreement will be considered invalid by the AOA and the contract will not be accepted.
 - d. If an institution hosting a single Option 2 AOA approved residency program without an ACGME program cannot comply with the minimum number of four interns, a request for individual consideration may be submitted to the PTRC by the sponsoring OPTI and

training institution. The request shall include justification for the program's continuation and a detailed description of the integration of the first year of training ("internship") into the training program.

K. Appeal Process

- 3.1 An institution recommended for denial of continuing approval for an internship or a residency-training program may request an appeal before the Appeal Committee of the Bureau of Osteopathic Education. Guidelines for the Conduct for an Appeal to the Bureau of Osteopathic Education may be obtained from the secretary of the BOE. The Division of Postdoctoral Training shall be notified of the request for an appeal within 30 days of the date of receipt of notification of the committee's recommendation. The only acceptable grounds for an appeal are factual errors in the inspection report. The request for appeal shall be in writing and shall state the facts upon which a request for an appeal is based. If an appeal is granted, the BOE shall schedule a hearing at its next meeting. Only two representatives of the institution may attend the hearing to present the appeal.

L. Transfer of Programs

- 3.1 Approvals of postdoctoral training program sponsors are not transferable or assignable to another entity. Sponsoring institutions must submit a new application for approval as a new internship/residency training site if there is a substantive change in its organizational structure, including, but not limited to the purchase, sale, divestiture, merger, or acquisition of a sponsoring institution. A change in the training site name without other organizational changes is not considered a significant change in the organization structure and does not require a new application. However, the sponsoring institution is required to notify the AOA Division of Postdoctoral Training and the OPTI of such a name change. The AOA will notify all involved specialty affiliates.

M. Compliance with State and Federal Policies

- 3.1 All intern and residency programs are expected to meet and comply with government requirements for equal employment opportunity (EEO), the Americans With Disabilities Act (ADA), Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other regulations.
- 3.2 EEO policy shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, religion, color, national origin, disability, status as Vietnam era veteran, sex, or age.
- 3.3 The ADA guarantees individuals with identified disabilities certain protections and rights to equal access to educational programs and services. Fundamental principles also include the following:
 - a. Otherwise qualified individuals cannot be denied admission solely upon physical and psychological characteristics.
 - b. Persons with disabilities are expected to achieve the same requirements as their non-disabled peers with accommodation if this is necessary.
 - c. Certain levels of cognitive, emotional, and technical skills can be assumed and candidates with disabilities should be held to the same fundamental standards as their non-disabled

counterparts. Accommodations must be reasonably made to assist in satisfying fundamental standards.

- d. Other reasonable accommodation can be made where it does not significantly interfere with the evaluation process.

3.4 The HIPAA privacy rule establishes standards to protect the confidentiality of individually identifiable health information maintained or transmitted electronically in connection with certain administrative and financial transactions. The rule provides new rights for individuals with respect to protected health information about them and mandates the obligations of health care providers, health plans, and health care clearinghouses.

IV. POLICIES AND PROCEDURES FOR OGME-1 TRAINING PROGRAMS

This section of the AOA Basic Document provides guidelines for establishing approved OGME-1 training programs in osteopathic medicine. It addresses program approval requirements, outside rotations, and protocol for approval of OGME-1 training. Requirements for training program approval, faculty and administrative staff, work hour and supervision policies common to internship and residency training are addressed in Section II, Institutional Requirements. Only those policies specific to OGME-1 internship training are included in this section. Therefore, this section should be read in conjunction with the Institutional Requirements section.

Purpose of Intern Training Program

An internship requires extensive participation in patient care. It is the initial opportunity for the osteopathic physician to become involved in postgraduate clinical experiences that emphasize the osteopathic concept of total health care, that the human body is a unit in which structure and function are mutually and reciprocally interdependent; that the body, through a complex equilibria system, tends to be self-regulatory and self-healing; that adequate function of body systems depends upon the unimpeded flow of blood and nerve impulses; that the musculoskeletal elements comprise a body system, whose importance far exceeds that of providing framework support; and that there are somatic components of disease that are not only manifestations, but are also important contributing and/or maintaining factors in the diseased area or distant from it.

The internship serves as the link between predoctoral and postdoctoral clinical training and provides a year of maturation and transition from application of predoctoral knowledge to clinical decision-making and skills.

Exposure to core disciplines is essential for all physicians, whether the ultimate training goal is to practice as a generalist or specialist. In addition, osteopathic medicine has always promoted primary care exposure as a basis for eventual continued study in any specialty. The core disciplines include internal medicine, family practice, general surgery, obstetrics/gynecology (female reproductive medicine), pediatrics and emergency medicine.

A. Internship Program Requirements (OGME-1P and OGME-1T)

- 4.1 AOA approved intern training programs shall be conducted by institutions meeting or exceeding the standards for intern training as set forth in this document.
 - a. The institution must have a minimum of four approved positions and participate in the AOA match program annually for no less than four positions.
 - b. An internship program may be approved for less than the four required positions provided that it is functioning in coordination with other AOA or Accreditation Council on Graduate Medical Education (ACGME) accredited training programs. The ACGME program must be deemed of high quality with osteopathic oversight provided by the OPTI. Overall educational objectives must be met with the combined DO and MD trainees. The combined program must have at least six total DO and MD trainees.

- c. OGME-1 may be offered in any of the following three formats:

OGME-1R, Residency

This is the first year of residency training in specialties utilizing the Option 1 format. Educational content is set and supervised by the respective specialty colleges as approved by the AOA. (See appendices.) **This option is site reviewed with the residency review in the respective specialty, not as part of internship review.**

OGME-1P*, Preliminary (Internship)

This is the first year of training preceding residency training in specialties utilizing the Option 2 format. Educational content is set by the respective specialty colleges as approved by the AOA, and supervised by the institutional intern program director. (See appendices.)

OGME-1T*, Traditional (Internship)

This is the first year of training preceding residency training in specialties utilizing the Option 3 format, or unrelated to any residency. Educational content is set and supervised by the institutional intern program director in accordance with AOA standards. (See appendices.)

B. Requirements for OGME-1 Applicants

- 4.1 To receive credit for AOA-approved OGME-1 training programs, candidates shall:
- a. Have graduated from a COCA-accredited COM and be and remain members in good standing of the AOA.
 - b. Candidates applying for an AOA-approved internship must apply through the Osteopathic ERAS and negotiate directly with those institutions approved by the AOA for intern training programs.
 - c. Participate in the AOA Intern Resident Registration Program (IRRP).
 - d. Sign an intern contract and train with an AOA-approved sponsoring institution.
 - e. Satisfactorily complete the internship, as described in the *AOA Policies and Procedures for Intern Training*.
 - f. The OGME-1 trainee must have an appropriate training license consistent with state and local requirements. It is the responsibility of the respective training site to ensure appropriate licensure of residents.

C. Military Programs

- 4.1 Graduates of colleges of osteopathic medicine who participate in an Accreditation Council on Graduate Medical Education (ACGME)-accredited required military programs from which a request will be submitted for AOA OGME-1 completion must meet the three criteria listed below upon review and recommendation by Association of Military Osteopathic Physicians

* See Glossary

and Surgeons (AMOPS), PTRC representative. The AMOPS, PTRC representative will make recommendation to PTRC after review.

- a. Maintain AOA membership.
- b. Register with AOA Division of Postdoctoral Training.
- c. Complete all required rotations of an AOA OGME-1 program. The AMOPS, PTRC representative may request special consideration for any OGME-1 training that may not match any of the existing AOA standards.

D. Recruitment of Interns

- 4.1 Intern recruitment shall be conducted according to the policies and procedures of the AOA IRRP, and all appointments shall be made through this program. The institution shall not attempt to impose local requirements to supersede the IRRP.
- 4.2 The program shall have processes and criteria to select interns. These processes shall be published in the house staff manual and in recruitment materials.
- 4.3 Admission shall not be influenced by race, sex, religion, creed, national origin, age, handicap, sexual orientation or veteran status.
- 4.4 The program shall enroll only graduates of COCA-accredited colleges of osteopathic medicine.

E. Period of Service

- 4.1 The minimum period of service for the completion of the intern training program is 52 weeks. Intern training may be extended by a maximum of three months or twelve (12) weeks to successfully meet requirements. In the event that an intern changes specialty areas, approval for acceptance of intern training of more than three months into a new specialty program must be petitioned by the program director of the new specialty program to the PTRC.

F. Educational Program Administration

The intern training program shall have formal documented policies to direct the activities of the interns and the interns must be advised of these policies, in writing, upon entrance into the program.

- 4.1 The institution shall compile an intern-training manual, which will include, but not be limited to the following topics:
 - a. An outline of the content of the orientation program.
 - b. Educational goals and objectives for all core and/or regularly assigned rotations.
 - c. Rules and regulations stating duties and responsibilities, including floor procedures and general orders.
 - d. Leave policies.
 - e. All financial arrangements, including housing, meals and other benefits, as determined by the training site and described in the intern contract.
 - f. Outside clinical work (moonlighting) for pay is prohibited.

- g. Membership in the AOA.
- h. Policies governing evaluation and appeal mechanisms for grievances.

G. Orientation

- 4.1 At the beginning of the intern training program, the training site shall conduct a formal orientation to the administrative and professional organization of the program, facilities available in the laboratories, nursing, social services, risk management, quality assessment, dietetics, record room and pharmacy. Interns shall be advised regarding the duties, professional ethics and conduct toward other members of the health care team.

H. Level of Effort

- 4.1 Interns are to devote their entire effort to the educational program. While interns may participate in private, professional, or clinical practice related to the structured educational experience to which they are assigned, they shall not receive compensation for such activities.

I. Medical Evaluation

- 4.1 Each intern shall receive a medical evaluation and routine laboratory studies as required by the training site at the beginning of the internship and periodically as indicated.

J. Credit for Prior Training

- 4.1 OGME 1 Preliminary/Traditional Interns may be granted up to three (3) months of credit for previously, satisfactorily completed ACGME-approved training. The three (3) months shall be verified by the DME through contact with the prior program director and documented in writing. This credit, approved by the DME of the sponsoring institution, shall be reported immediately to the Manager of Trainee Services at the AOA Department of Education and to their OPTI.
- 4.2 Any OGME 1 Preliminary/Traditional training (internship) satisfactorily completed in an AOA-approved program is transferable to another OGME 1 Preliminary/ Traditional approved program.

K. Curriculum and Instruction Requirements

- 4.1 The internship shall be characterized by a broad range of supervised inpatient and outpatient clinical experiences in the management of patients with a wide spectrum of health problems. Therefore, sufficient opportunity for education in a broad range of medical/surgical experiences shall be provided. Education shall take place in both inpatient and outpatient settings and incorporate formal and informal methodology.
- 4.2 Each rotation shall provide sufficient scope, volume, and variety to allow the internship to be a worthwhile educational experience. The patient volume and other clinical teaching resources in the in- and outpatient areas must be adequate and sufficient to accommodate the needs of the intern to meet the program objectives. Clinical services should not be overwhelmed with trainees at all levels to detract from educational opportunities.

- 4.3 An institution may select any or all of the OGME-1 options described in the following subsections. The OGME-1 options are listed in the Appendices. The DME must indicate which schedule is in effect for each intern entering the program.

L. Osteopathic Graduate Medical Education Year One Traditional (OGME-1T)

- 4.1 An OGME-1T is chosen by interns who have elected to delay selection of a specialty or those entering residencies that require a broad-based general rotating internship as a preliminary entry requirement. Specific requirements are listed below. Refer to the appendices for model curriculums.
- a. At least six months of training rotations in any or all basic core disciplines. These include general internal medicine, general surgery, family practice, pediatrics, obstetrics/gynecology (ambulatory gynecology) and emergency medicine.
 - b. No less than two months of exposure in general internal medicine, and must under the supervision of an internist.
 - c. One month exposure in emergency medicine at the training site or an affiliate institution.
 - d. At least one month in family practice in a hospital or ambulatory site or one-half day per week for a minimum of 46 weeks of ambulatory exposure in a family practice continuity-of-care type practice site.
 - e. No more than three months of elective exposure adequate to meet the individual needs of the interns. Electives must be approved by the internship program director.
 - f. All remaining time may be scheduled at the discretion of the training site.
 - g. No more than one month may be spent in non-clinical experience (research, scholarly pursuits, administration, etc.).
 - h. Exposure to the support disciplines of pathology, radiology, and didactic anesthesiology must occur directly by rotation or indirectly by formal conferences and/or exposure while on medical and surgical services. This exposure must be verified on intern logs.

M. Osteopathic Graduate Medical Education Year One Preliminary (OGME-1P)

- 4.1 An OGME-1P is comprised of rotations with an emphasis in one specialty, as defined by the respective specialty college, to provide preparatory exposure. The OGME-1P training year provides exposure to core disciplines as well as the specialty. The OGME-1P *does not* grant residency credit in the specialty; it only fulfills OGME-1 requirements and is a prerequisite for the OGME-2 year. See Appendices.
- 4.2 In OGME-1P programs where family practice rotation opportunities are at capacity, a primary care elective may be substituted. Primary care electives include geriatrics, adolescent medicine, hospice care, public health medicine, preventive medicine, nursing home, or ambulatory clinic. At the time of the site inspection, the intern program director must document the unavailability of family practice rotations.

N. Osteopathic Graduate Medical Education Year One Residency (OGME-1R)

- 4.1 In an OGME-1R, the rotations are defined by the respective specialty college. The OGME-1R year provides exposure to required core disciplines as well as a specialty focus, and will

only be allowed at institutions with an AOA-approved residency program in the approved specialty.

- 4.2 In OGME-1R programs where family practice rotation opportunities are at capacity, a primary care elective may be substituted. This substitution may include geriatrics, adolescent medicine, hospice care, public health medicine, preventive medicine, nursing home, or ambulatory clinic. At the time of the site inspection, the residency program director must document the unavailability of family practice rotations.

O. Additional Required Curriculum Components

- 4.1 Osteopathic principles and practice shall be incorporated throughout the program. This shall include structural and palpatory diagnosis and osteopathic manipulative treatment. Such diagnosis and treatment shall be documented on patient charts. Educational exposure and evaluation in this and the remaining six (6) core competencies must be integrated and documented throughout the training curriculum.
- 4.2 AOA postdoctoral programs functioning within dual or jointly-operated institutions require the incorporation of osteopathic principles and practice only in the evaluation and care of patients by osteopathic attending physicians. The osteopathic structural examination must be documented on patients of osteopathic attending physicians. The osteopathic principles and philosophy must be utilized in the care of all patients and must be evaluated by the DME and /or program director on quarterly intern evaluations.
- 4.3 Bio-psycho-social behavioral knowledge and skills shall be taught in both formal and informal settings throughout the internship. These shall include such factors as medical sociology, doctor/patient/family communications, crisis recognition and intervention, the effects of psycho-social components of health status, interviewing skills, anxiety/depression recognition and management, and substance abuse care.
- 4.4 Each intern shall receive exposure to anesthesiology, pathology, radiology and other disciplines related to the clinical practice of medicine.
- 4.5 Educational goals and objectives shall be defined for each rotation and included in the intern-training manual.
- 4.6 The intern shall be expected to develop the skills to produce high-quality medical records. The intern shall be expected to:
- a. Obtain and record the patient history.
 - b. Perform and record the results of the physical examination, including the use and application of osteopathic principles and therapeutics.
 - c. State the working diagnosis for each assigned patient.
 - d. Write daily progress notes that are dated, timed, signed and identify intern status.
- 4.7 Interns shall follow assigned hospital patients from admission to discharge or change of service, which is documented by the daily progress notes. An appropriate faculty member shall review the notes.

- 4.8 Procedure logs must be kept by the OGME-1 and kept in the trainee's file as a permanent part of the record. OGME-1P and OGME-1T interns must maintain AOA intern logs. OGME-1R are only required to maintain logs/annual reports as defined in the specialty standards.
- 4.9 These logs and the associated patient charts shall be subject to review by AOA program reviewers. Trainees shall be advised to permanently keep copies of all logs and institutions shall retain all original logs.
- 4.10 In-hospital intern instruction shall consist of regular daily rounds with well-conducted bedside teaching. On in-hospital rotations, the intern shall make rounds with the attending and resident staffs at suitable intervals, preferably on a daily basis. Daily rounds shall consist of systematic instruction, including discussion of the patient history, physical and laboratory findings, and diagnosis and treatment.
- 4.11 Under faculty supervision, the intern shall be given increasing responsibility to acquire confidence in clinical judgment. In those institutions conducting clinical clerkships, intern programs directors must exercise care to ensure that no group is neglected in the training program. The duties and responsibilities of students and interns should be clearly defined. The chief of each service is responsible for ensuring that every member of the house staff receives the supervision required and is given responsibility commensurate with ability and stage of training.
- 4.12 The faculty must recognize its obligation, for teaching purposes, in permitting full access to all patients assigned to interns.
- 4.13 The number of patients assigned to an intern shall be sufficient for adequate volume and variety, but at the same time, shall be appropriately limited to ensure that interns have adequate opportunity for thorough study and proper attention to assigned patients.
- 4.14 Ambulatory rotations shall be appropriately organized, administered and supervised to provide diversified learning opportunities.
- 4.15 Clinical conferences shall be scheduled regularly for the house staff. A record must be kept of conference topics and of trainees in attendance.
- 4.16 Interns shall participate in appropriate hospital committees and staff activities that evaluate patient care. Attendance shall be documented.
- 4.17 Interns shall participate in a reading program. This may be demonstrated by reporting current medical opinions concerning types of cases similar to those on the assigned service or by reviewing special topics at staff conferences or journal club meetings.
- 4.18 The faculty must provide continuity in the clinical teaching of pre-operative, intra-operative and post-operative services involved in various surgical procedures.

P. Evaluation of Interns

- 4.1 All components of an intern's program must be evaluated. This evaluation must be related to the educational objectives of the program and shall include clinical experiences, intellectual abilities and skills, and attitudes and interpersonal relationships.

- 4.2 At the completion of each rotation the appropriate faculty member shall evaluate the intern. This evaluation shall be signed by the assigned faculty member and the intern; reviewed by the DME, and maintained on file in the medical education office.
- 4.3 The DME and the education committee shall review the performance of every intern on a quarterly basis to ensure that educational objectives are being met.
- 4.4 Prior to early termination of an intern contract, the institution shall provide the intern with appropriate warning and counseling. The assigned faculty member is responsible for documenting deficiencies and attempting to resolve concerns with the intern.
- 4.5 In cases of early termination of an intern contract, the DME shall provide the intern with documentation regarding which rotations, if any, were completed satisfactorily. In cases of early termination or unsatisfactory completion of an intern contract, the AOA Postdoctoral Division must be promptly notified and the terminated contract submitted to AOA.
- 4.6 If the intern transfers into another institution's OGME-1 training program of the same specialty, the receiving program director has the authority to determine which, if any, rotations from previous AOA-approved program(s) will be accepted. Additionally, the transfer shall be in accordance with the respective specialty college's basic standards.

Q. Evaluation of Training Program

- 4.1 While the intern-training program contains an important patient service component, it must be primarily an educational experience. This educational mission must not be compromised by an excessive reliance on interns to fulfill institutional service obligations. To monitor this educational process, provision should be made for various levels of program evaluation. The results of these evaluations should be used to continually improve the intern program.
- 4.2 At the completion of each rotation, the intern shall evaluate the rotation. These evaluations shall be reviewed by the intern program director and maintained on file by the intern program director. Evidence of evaluations must be available during program inspection.
- 4.3 The intern program director shall evaluate each rotation at least monthly. The intern program director shall determine the amount of work being required of the interns to ensure that they are not overburdened with routine responsibilities and that they have the opportunity to observe a sufficient variety of cases. These evaluations shall be reviewed with the appropriate individuals or departments. Evidence of evaluation must be available during AOA program inspection.
- 4.4 The Education Committee shall evaluate the intern training program quarterly. When necessary, the committee shall approve affiliations within the scope of AOA policies and procedures. A description of the AOA policies and procedures governing approval of affiliations can be obtained from the Division of Postdoctoral Training. Evidence of evaluation must be available during program inspection.

V. POLICIES AND PROCEDURES FOR RESIDENCY TRAINING PROGRAMS

This section of the AOA Basic Document provides guidelines for establishing approved residency training programs in osteopathic specialties. It addresses program approval, requirements for residency training programs, outside rotations, resident contracts, and protocol for approval of residency training programs. Requirements for training program approval, faculty and administrative staff, work hour and supervision policies common to residency and internship training are addressed in General Requirements section. Only those policies specific to resident training are included in this section. Therefore, this section should be read in conjunction with the first General Requirements section.

A. Purpose of Residency Training Program

- 5.1 Academic and clinical residency training programs are designed to acquire clinical knowledge and techniques in a specialty. Programs define specific knowledge, skills, behaviors, and attitudes required, and the educational experiences that provide for competency in the specialty.

B. Osteopathic Residency Training

- 5.1 Residency training leading to eligibility for board certification in an osteopathic specialty is intended to produce competence in the field of practice, thereby increasing the individual's competency as a physician. The residency program builds upon a broad-based osteopathic medical education. From this experience, the resident can undertake specialty training that provides the knowledge and skills requisite for specialty practice.
- 5.2 The following requirements are common to all osteopathic specialties:
 - a. Graduation from a COCA-accredited college of osteopathic medicine (COM).
 - b. Membership in the AOA.
 - c. The resident must have an appropriate training license consistent with state and local requirements. It is the responsibility of the respective training site to ensure appropriate licensure of residents.
- 5.3 The following application procedures apply to all specialty residency programs listed under Option 3 (See Appendix):
 - a. The candidate must negotiate directly with the institution in which he/she is interested in obtaining an OGME-2 position.
 - b. The candidate must sign a contract with the institution. The institution shall retain and file its copies of the contract.

C. ACGME or Military Training Eligibility Requirements and Application Procedure

The following standards have been established to enable osteopathic physicians who are completing, or have completed, ACGME or military residency training, or will be entering such residency training to apply for AOA approval of that training. All training must have been taken in programs meeting AOA standards.

- 5.1 The candidate must have successfully completed an AOA-approved OGME-1 training year or qualify for the AOA re-entry pathway (Resolution 42).
- 5.2 The candidate must be and remain a member in good standing of the AOA.
- 5.3 The residency program in which the candidate trained, or is training, must be, or have been accredited by the ACGME at the time the training occurred.
- 5.4 Candidates seeking AOA approval of an ACGME or military residency or fellowship program must submit a completed application, with all required documentation, to the AOA Division of Postdoctoral Training for action by the PTRC. Applications are available at the AOA website and upon request from the AOA Division of Postdoctoral Training. The PTRC grants final approval or denial. An appeal procedure is available when programs are denied.
- 5.5 Any osteopathic physician who has successfully completed an AOA-approved internship with its rotational equivalents and subsequently enrolls in a postgraduate training program that becomes accredited by the AOA while that osteopathic physician is enrolled in the training program shall automatically be considered to have spent their entire training time in an AOA-approved program.
- 5.6 An osteopathic resident who is enrolled in an ACGME-accredited training program at the time it becomes AOA-accredited shall be given all the rights and privileges that would accrue to any resident in any AOA program.
- 5.7 Each program, regardless of the number of approved positions, will receive an automatic temporary approval of up to the number of DOs in the program at the time of approval until completion of training for those DOs in the program at that time. For all training years thereafter, only the approved number of positions will be accepted.

D. Residency Program Requirements

- 5.1 Residents must have successfully completed COMLEX USA-3 prior to entry into the OGME-3 year. If a trainee does not successfully pass COMLEX USA-3 prior to the beginning of his/her OGME-3 year, the training program may not issue an OGME-3 contract or allow the trainee to continue training until COMLEX USA-3 IS PASSED. Specialty affiliates will not grant “training complete” status until the trainee successfully completes COMLEX USA-3 and all subsequent requirements of the necessary training years.
- 5.2 Basic training requirements for each osteopathic specialty are available from the AOA Division of Postdoctoral Training. These documents are listed in the Appendices.

E. Elements of Residency Training Program

- 5.1 Residency shall lead to AOA board certification in accordance with each specialty college’s basic standards.
- 5.2 Residency programs shall provide training in appropriate clinical application of basic science knowledge.
- 5.3 The residency shall demonstrate compliance with a proficiency in the AOA Core Competencies:

1. Osteopathic philosophy and osteopathic manipulative medicine;
 2. Medical knowledge;
 3. Patient care;
 4. Interpersonal and communication skills;
 5. Professionalism;
 6. Practice-based learning and improvement; and
 7. Systems-based practice.
- 5.4 The incorporation of osteopathic principles and practice is only required in the evaluation and care of patients by osteopathic attending physicians. The osteopathic structural examination must be documented on patients of osteopathic attending physicians. The osteopathic principles and philosophy must be utilized in the care of all patients and must be evaluated by the program director through resident evaluations.
- 5.5 Supervision of residents must be provided on a graduated basis as the trainee progresses through the training program and based on individual evaluation of knowledge and skill. Ultimately, the supervising physician is responsible for determining the activities the trainee will be allowed to perform within the context of the assigned levels of responsibility and for being available to the trainee. At the same time, the trainee is responsible for seeking consultation when it is clinically indicated.
- 5.6 Residents shall participate in appropriate hospital committees and staff activities that evaluate patient care. Attendance shall be documented.
- 5.7 Residency programs shall budget funds and time to permit residents to attend educational meetings as required by the specialty college.
- 5.8 A residency program must minimize resident work that is extraneous to the residency program's goals and objectives.

F. Training Site Requirements for Residency Program

- 5.1 An institution wishing to establish a residency program shall meet the requirements set forth under Specialty College Standards.
- 5.2 A training site shall have a required minimum of at least four organized departments, clinical services, divisions or committees: (e.g., family practice, internal medicine, obstetrics and gynecology, emergency medicine, pediatrics, or surgery).
- 5.3 A training site must also have adequate organized pathology and radiology services. The pathology service must operate on a full-time basis, supervised by a full-time qualified pathologist. The radiologist shall be certified or board eligible, and shall meet the attendance requirements for staff membership and the teaching requirements of a department chairman.
- 5.4 The patient load of a residency training program must be sufficient to properly train a *minimum* of three residents. Interaction between the three residents, the department, the certified program director, and an adequate number of other qualified specialists will ensure a challenging, stimulating, and successful residency. A residency training program may be approved for fewer than the three required positions provided that program is integrated and functioning in coordination with an ACGME accredited training program. The ACGME

program must be deemed of high quality (high quality meaning three or more years of ACGME accreditation) with osteopathic oversight provided by the OPTI. Overall educational objectives must be met with the combined DO and MD trainees and as long as the combined program has at least six total (DO and MD) trainees. If a program does not have at least three residents contracted for two consecutive years, a warning will be issued and at the end of the third consecutive year of not contracting three residents, the program will be terminated and efforts will be made for the residents to be placed by the OPTI in another AOA residency. The following exceptions apply:

- 5.5 Any new residency program approved for the minimum requirement of three residents may fill the program over a period of up to three years, so as to provide residents throughout all years of training.
- 5.6 Any specialty which requires initial completion of a base specialty as entry criteria and/or for certification or certification of added qualifications (CAQ) recognition, may maintain a minimum of less than three residents to qualify for entry.
- 5.7 A residency training in combined specialties (internal medicine/pediatrics, internal medicine/emergency medicine, family practice/emergency medicine, etc.) in which both base residencies also exist as individual programs in the same institution are exempt from minimum numbers requirements. To maintain the combined program, the requirement for the minimum of three residents may be met jointly between the base program and the combined residency in both specialties, counting each trainee as 0.5 of a resident position in each of the combined specialties.
- 5.8 The institution is responsible, through the DME, to see that the resident receives all the training proposed in the program description. The institution shall develop supervisory mechanisms to ensure that the elements of the program description are translated into an educational experience for the resident.

G. Advanced Standing Requests

- 5.1 A resident may, with the approval of the program director, petition the specific Education and Evaluating Committee of the specialty college for advanced standing credit towards the completion of his/her current residency program for previous training taken in the same specialty area, or a different specialty area in either an approved osteopathic or ACGME training site. Decisions on advanced standing are the sole purview of the specialty college evaluating committee and may not be appealed. Procedures will be defined by the specialty college.

H. Resident Responsibilities

- 5.1 A trainee must have satisfactory completion of the current level of OGME training in order to advance to the next training level
- 5.2 The resident must actively participate in the education and training of students, interns and other trainees.
- 5.3 The resident is professionally responsible to pursue exclusively the agreed-upon program of training.

- 5.4 The resident cannot assume outside activities of a professional or a non-professional nature unless the program director and/or other appropriate institutional authorities approve the activity.
- 5.5 The resident is obligated to abide by the laws, rules, and regulations of the professional staff, the terms of the hospital contract, and other guidelines established by the hospital.
- 5.6 The resident shall attend specified staff meetings and maintain a satisfactory record of work performed. Logs as specified by the specialty college must be maintained by the resident and kept in the trainee's file as a permanent part of the record. These logs and the associated patient charts shall be subject to review by AOA program reviewers. Residents shall be advised to permanently keep copies of all logs and institutions shall retain all original logs.
- 5.7 Reports shall be submitted as required to the program director and the department chairman for review and verification. Copies of these records shall be filed with the hospital administration and be available at the time of inspection.
- 5.8 Residents shall meet all specialty college requirements, including annual reports, in-service examinations, research requirements, etc.

I. Teaching Case Load

- 5.1 The teaching caseload for a residency program shall provide an adequate volume of patients with a sufficient scope and variety to introduce the resident to the full dimensions of the specialty and to provide training in all clinical aspects of the field.

J. Outside Rotations

- 5.1 Outside rotations are permissible to enhance the basic program. The sponsoring institution is responsible for the oversight of outside rotations.
- 5.2 The resident shall remain under contract or agreement to the sponsoring institution or organization throughout the outside rotation.
- 5.3 The resident's training log at the training site shall be included in his/her log at the sponsoring institution.
- 5.4 A written evaluation of the resident's performance must be submitted by the on-site program director to the sponsoring institution.
- 5.5 The sponsoring institution may arrange for up to a total of six consecutive months of training as an outside rotation to supplement the residency program.
- 5.6 Such training must meet the approved requirements for that specialty.
- 5.7 Outside rotations in excess of six consecutive months must receive prior approval by the PTRC.
- 5.8 The total number of outside rotations in a residency program shall be determined by the base institution. In no case shall the maximum aggregate time spent in outside rotations be more than one half the time of the program unless approved by the specialty college and the PTRC.

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APPENDICES

Appendix 1: OGME-1 Options Grid

Option 1 (OGME-1R)	Option 2 (OGME-1P)	Option 3 (OGME-1T)
<i>Formerly Specialty Track Internships</i>	<i>Formerly Specialty Emphasis Internship</i>	<i>Formerly Traditional Rotating Internship</i>
<i>Residency Programs</i>	<i>Residency Programs Requiring a Preliminary Year</i>	<i>Residencies not offered through Match – Candidates should apply</i>
Anesthesiology	Diagnostic Radiology	Dermatology
Emergency Medicine	Neuromusculoskeletal Medicine and OMT	Public Health and Preventive Medicine
Family Practice and OMT	Ophthalmology	Proctologic Surgery
Family Practice/ Emergency Medicine	Pathology	
Integrated Family Practice / NMM	Physical Medicine and Rehabilitation *	
General Surgery	Radiation Oncology	
Internal Medicine		
Internal Medicine / Emergency Medicine		
Internal Medicine / Pediatrics		
Neurology		
Neurological Surgery		
Obstetrics and Gynecology		
Orthopedic Surgery		
Otolaryngology/Facial Plastic Surgery		
Pediatrics		
Psychiatry		
Urological Surgery		

*Specialty will become Option 2 effective July 1, 2010.

Appendices of Model Curriculums for Internship Options

All internship options may be scheduled as twelve one-month or thirteen four-week rotations. Note that all monthly rotation requirements do not equal four weeks and therefore weeks and months may seem unequal. In some cases a requirement may be for sixteen weeks or three months dependent on the scheduling option selection by the institution.

Appendix 2: Model Internship Curriculum, Rotating Internship (OGME-1T)

Traditional Rotating Internship. The traditional rotating internship is utilized by those graduates who are undecided as to career specialty direction or those entering residencies which require a broad-based general rotating internship as a preliminary entry requirement.

1. At least six months of training rotations in any or all basic core disciplines. These include general internal medicine, general surgery, family practice, pediatrics, obstetrics/gynecology (ambulatory gynecology) and emergency medicine.
2. No less than two months of exposure in general internal medicine.
3. One month exposure in emergency medicine at the base or an affiliate training site is required.
4. At least one month in family practice in a hospital or ambulatory site or one-half day per week for a minimum of 46 weeks of ambulatory exposure in a family practice continuity of care type practice site.
5. No more than three months of elective exposure adequate to meet the individual needs of the interns and approved by the DME/internship program director.
6. All remaining time may be scheduled at the discretion of the base institution.
7. No more than one month may be spent in non-clinical experience (research, scholarly pursuits, administration, etc.).
8. Exposure must occur to the support disciplines of pathology, radiology, and anesthesiology. This may occur directly by rotation or indirectly by formal didactic conferences and/or exposure while on medical and surgical services. This exposure must be verified on intern logs.

**Appendix 3:
Model Internship Curriculum, Diagnostic Radiology OGME-1P**

1. One month Emergency Medicine
2. One month Family Practice
3. Two months Surgery
 - a. One month General
 - b. One month Orthopedic
4. Two months Internal Medicine
 - a. One month general
 - b. One month ICU
5. One month Pediatrics
6. One month Obstetrics and Gynecology
7. One month elective
8. Three months Diagnostic Radiology

**Appendix 4:
Model Internship Curriculum, Neurology OGME-1P**

1. Two months Neurological Surgery
2. One month Emergency Medicine
3. One month Surgery selective (Vascular, Neurological, Orthopedic, etc.)
4. One month elective (as agreed upon with the Residency Program Director)
5. Seven months Internal Medicine, consisting of:
 - a. One month Cardiology
 - b. One month ICU
 - c. Three months general Internal Medicine
 - d. Two months elective Internal Medicine

**Appendix 5:
Model Internship Curriculum, Neuromusculoskeletal Medicine /
Osteopathic Manipulative Medicine OGME-1P**

1. One month Emergency Medicine
2. One month Family Medicine (may also be met in ½ day per week Family Practice continuity clinic for no less than 46 weeks)
3. One month General Surgery
4. Two months general Internal Medicine
5. One month Pediatrics
6. One month Obstetrics and Gynecology or ambulatory Gynecology
7. Three months electives (one month strongly recommended as OMM)
8. Two months at discretion of program

Osteopathic Principles and Practice are to be integrated across all rotations.

**Appendix 6:
Model Internship Curriculum, Ophthalmology OGME-1P**

1. Three months general Internal Medicine
2. Two months Neurology/Neurological Surgery
3. One month Surgical fellowship (ophthalmology, neurological, vascular, maxillofacial, plastic, general)
4. One month Internal Medicine fellowship (pulmonary medicine, neurology, dermatology, gastroenterology, rheumatology, internal medicine, family practice)
5. One month Radiology/Neuroradiology
6. One month Emergency Medicine/Trauma
7. One month ICU
8. One month Ophthalmology
9. One month elective (chosen from Internal Medicine or surgical fellowship lists above)

**Appendix 7:
Model Internship Curriculum, Pathology OGME-1P**

1. Three months of general internal medicine;
2. One month of hematology and oncology;
3. Two months of general surgery;
4. One month of obstetrics and gynecology;
5. Three months of family practice;
6. One month of pathology;
7. One month elective.

**Appendix 8:
Model Internship Curriculum, Psychiatry OGME-1P**

8. Four months general Internal Medicine
9. Two months Neurology
10. Not more than six months Psychiatry

**Appendix 9:
Model Internship Curriculum, Radiation Oncology OGME-1P**

1. One month Emergency Medicine
2. One month Family Practice
3. Two months Surgery
 - a. One month General
 - b. One month Orthopedic
4. Two months Internal Medicine
 - a. One month general
 - b. One month ICU
5. One month Pediatrics
6. One month Obstetrics and Gynecology
7. One month elective
8. One month Diagnostic Radiology
9. One month Medical Oncology
10. One month Radiation Oncology

Appendix 10: Basic Training Requirements for Each Osteopathic Specialty

The following documents, which list the basic training requirements for each osteopathic specialty, are available from the AOA Department of Education - Postdoctoral Training Division. They are in order by specialty affiliate.

American Osteopathic College of Anesthesiologists

1. Basic Standards for Residency Training in Anesthesiology
2. Basic Standards for Fellowship Residency Training in Critical Care Medicine for Anesthesiology
3. Basic Standards for Fellowship Residency Training in Acute and Chronic Pain Management for Anesthesiology

American Osteopathic College of Dermatology

1. Basic Standards for Residency Training in Dermatology
2. Basic Standards for Fellowship Training in Dermatopathology [*This document is also approved by the American Osteopathic College of Pathologists*]
3. Basic Standards for Fellowship Training in MOHS Micrographic Surgery

American College of Osteopathic Emergency Physicians

1. Basic Standards for Residency Training in Emergency Medicine
2. Basic Standards for Residency Training in Osteopathic Emergency Medicine and Osteopathic Family Practice and Manipulative Treatment [*This document is also approved by the American College of Osteopathic Family Physicians*]
3. Basic Standards for Residency Training in Combined Osteopathic Emergency Medicine/Internal Medicine [*This document is also approved by the American College of Osteopathic Internists*]
4. Basic Standards for Fellowship Training in Emergency Medical Services
5. Basic Standards for Fellowship Training in Pediatric Emergency Medicine [*This document is also approved by the American College of Osteopathic Pediatricians*]
6. Basic Standards for Fellowship Training in Medical Toxicology

American College of Osteopathic Family Physicians

1. Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment

2. Basic Standards for Residency Training in Osteopathic Emergency Medicine and Osteopathic Family Practice and Manipulative Treatment [*This document is also approved by the American College of Osteopathic Emergency Physicians*]
3. Basic Standards for Residency Training in Integrated Osteopathic Family Practice/Neuromusculoskeletal Medicine [*This document is also approved by the American Academy of Osteopathy*]
4. Basic Standards for Fellowship Training in Addiction Medicine in Osteopathic Family Practice and Manipulative Treatment
5. Basic Standards for Fellowship Training in Adolescent Medicine in Osteopathic Family Practice and Manipulative Treatment
6. Basic Standards for Fellowship Training in Geriatrics in Osteopathic Family Practice and Manipulative Treatment
7. Basic Standards for Fellowship Training in Maternal/Fetal Care and Operative Obstetrics in Osteopathic Family Practice and Manipulative Treatment
8. Basic Standards for Fellowship Training in Palliative Medicine in Osteopathic Family Practice and Manipulative Treatment

American College of Osteopathic Internists

1. Basic Standards for Residency Training in Internal Medicine
2. Basic Standards for Residency Training in Combined Osteopathic Emergency Medicine/Internal Medicine [*This document is also approved by the American College of Osteopathic Emergency Physicians*]
3. Basic Standards for Residency Training in Combined Pediatrics/Internal Medicine [*This document is also approved by the American College of Osteopathic Pediatricians*]
4. Basic Standards for Fellowship Training in Internal Medicine Subspecialties
5. Specific Requirements for Osteopathic Fellowship Training in Allergy/Immunology
6. Specific Requirements for Osteopathic Fellowship Training in Cardiac Electrophysiology
7. Specific Requirements for Osteopathic Fellowship Training in Cardiology
8. Specific Requirements for Osteopathic Fellowship Training in Critical Care Medicine
9. Specific Requirements for Fellowship Training in Endocrinology
10. Specific Requirements for Osteopathic Fellowship Training in Gastroenterology
11. Specific Requirements for Osteopathic Fellowship Training in Geriatric Medicine

12. Specific Requirements for Osteopathic Fellowship Training in Hematology and Oncology
13. Specific Requirements for Osteopathic Fellowship Training in Infectious Diseases
14. Specific Requirements for Osteopathic Fellowship Training in Interventional Cardiology
15. Specific Requirements for Osteopathic Fellowship Training in Nephrology
16. Specific Requirements for Osteopathic Fellowship Training in Medical Oncology
17. Specific Requirements for Fellowship Training in Palliative Medicine
18. Specific Requirements for Osteopathic Fellowship Training in Pulmonary Diseases
19. Specific Requirements for Osteopathic Fellowship Training in Pulmonary Critical Care Medicine
20. Specific Requirements for Osteopathic Fellowship Training in Rheumatology
21. Basic Standards for Residency Training in Sleep Medicine

American College of Osteopathic Neurologists and Psychiatrists

1. Basic Standards for Residency Training in Child Neurology
2. Basic Standards for Residency Training in Child Psychiatry
3. Basic Standards for Residency Training in General Neurology
4. Basic Standards for Residency Training in General Psychiatry
5. Basic Standards for Fellowship Residency Training in Addiction Psychiatry
6. Basic Standards for Fellowship Residency Training in Geriatric Psychiatry
7. Basic Standards for Fellowship Residency Training in Neurophysiology

American College of Osteopathic Obstetricians and Gynecologists

1. Basic Standards for Osteopathic Training in Obstetrics and Gynecology
2. Basic Standards for Fellowship Training in Gynecologic Oncology
3. Basic Standards for Fellowship Training in Maternal and Fetal Medicine
4. Basic Standards for Fellowship Training in Reproductive Endocrinology

American Osteopathic College of Occupational and Preventive Medicine

1. Basic Standards for Residency Training in Occupational/Environmental Medicine

2. Basic Standards for Residency Training Programs in Osteopathic Aerospace Medicine
3. Basic Standards for Residency Training in Public Health and Preventive Medicine

American Osteopathic Colleges of Ophthalmology, Otolaryngology-Head & Neck Surgery

1. Basic Standards for Residency Training in Ophthalmology
2. Basic Standards for Residency Training in Otolaryngology/Facial Plastic Surgery
3. Basic Standards for Residency Training in Otolaryngic Allergy

American Osteopathic Academy of Orthopedics

1. Basic Standards for Residency Training in Orthopedic Surgery
2. Basic Standards for Osteopathic Fellowship Residency Training in Hand Surgery
3. Program Requirements for Osteopathic Fellowship Training in Spine Surgery
4. Basic Standards for Fellowship/Fellowship Training in Osteopathic Orthopedic Sports Medicine Surgery

American Academy of Osteopathy

1. Basic Standards for Residency Training in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine
2. Basic Standards for Residency Training in Integrated Osteopathic Family Practice/Neuromusculoskeletal Medicine [*This document is also approved by the American College of Osteopathic Family Physicians*]
3. Basic Standards for “Plus One” Residency Training in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine

American Osteopathic College of Pathologists

1. Basic Standards for Residency Training in Anatomic Pathology and Laboratory Medicine
2. Basic Standards for Residency Training in Combined Primary and Specialty Anatomic and Forensic Pathology
3. Basic Standards for Fellowship Residency Training in Cytopathology
4. Basic Standards for Fellowship Residency Training in Dermatopathology [*This document is also approved by the American Osteopathic College of Dermatology*]
5. Basic Standards for Fellowship Training in Forensic Pathology
6. Basic Standards for Fellowship Residency Training in Immunopathology

American College of Osteopathic Pediatricians

1. Basic Standards for Residency Training in Pediatrics
2. Basic Standards for Residency Training in Combined Pediatrics/Internal Medicine [*This document is also approved by the American College of Osteopathic Internists*]
3. Basic Standards for Fellowship Residency Training in Neonatal Medicine
4. Basic Standards for Fellowship Training in Pediatric Allergy/Immunology
5. Basic Standards for Fellowship Training in Pediatric Emergency Medicine [*This document is also approved by the American College of Osteopathic Pediatricians*]
6. Basic Standards for Fellowship Residency Training in Pediatric Endocrinology
7. Basic Standards for Fellowship Residency Training in Pediatric Hematology/Oncology
8. Basic Standards for Residency Training in Pediatric Infectious Disease
9. Basic Standards for Fellowship Residency Training in Pediatric Pulmonology

American Osteopathic College of Physical Medicine and Rehabilitation

1. Basic Standards for Residency Training in Physical Medicine and Rehabilitation

American Osteopathic College of Proctology

1. Basic Standards for Residency Training in Proctologic Surgery

American Osteopathic College of Radiology

1. Basic Standards for Residency Training in Diagnostic Radiology
2. Basic Standards for Residency Training in Radiation Oncology
3. Basic Standards for Fellowship Training in:
 - Neuroradiology
 - Pediatric Radiology
 - Vascular and Interventional Radiology

American Osteopathic Academy of Sports Medicine

1. Basic Standards for Fellowship Training in Primary Care Osteopathic Sports Medicine

This document is also approved by:

- *The American College of Osteopathic Emergency Physicians*
- *The American College of Osteopathic Family Physicians*
- *The American College of Osteopathic Internists*
- *The American College of Osteopathic Pediatricians*
- *The American Osteopathic College of Physical Medicine and Rehabilitation*

- *The American Osteopathic College of Occupational and Preventive Medicine*
- *The American Academy of Osteopathy*

American College of Osteopathic Surgeons

1. Basic Standards for Residency Training in Surgery and the Surgical Specialties

Appendix 11:
Guidelines for Approval of ACGME Training as an AOA-Approved Internship (Res. 2, I-07)

- A. All training submitted for review under this resolution must have been received in an ACGME-approved program.
- B. Application: A DO who wishes to obtain AOA OGME-1 approval for training taken in an ACGME-approved training program may request the opportunity to do so under the following special circumstances:
 - 1. There will be no special fees assessed to the applicant throughout the approval review.
 - 2. Application is made to the Secretary to the AOA Council on Postdoctoral Training.
- C. Eligibility Criteria: A DO participating in an ACGME program or who has completed an ACGME program is eligible to apply for approval of that training as AOA OGME-1 training when the applicant complies with the program requirements listed in D.
- D. Program Requirements: To complete the approval process, the eligible DO must comply with the following criteria:
 - 1. For those currently enrolled in an ACGME-approved program:
 - a. The applicant maintains trainee membership status in the AOA.
 - b. The applicant must apply to the AOA for special consideration during his or her ACGME residency training, with notice to the appropriate AOA-recognized specialty college.
 - c. Complete all the rotational curricular requirements of AOA-approved OGME-1 year within the ACGME program. This may be the requirements of a traditional internship (Option 3), a preliminary internship (Option 2) or other OGME-1 year (Option 1).
 - d. Participate in an AOA-approved osteopathic training program offered by a regional OPTI or AOA-accredited hospital, to include OPP/OMT training via clinical elective rotations, or clinical/OMM-OPP training modules.
 - e. Attend a regional or national meeting of the AOA, an AOA-affiliated specialty society or an AOA-affiliated state society.
 - f. Develop and present a lecture on osteopathic medicine or osteopathic principles and practice in their home training program.

2. Those who have completed an ACGME-approved first year of postgraduate training prior to July 1, 2008 must apply for approval under the provisions of Resolution 42 (A/00) **with the exception that applicants will no longer be required to meet criteria for special circumstances.**
3. Those who matriculated into an ACGME-approved first year of postgraduate training after July 1, 2008 and did not complete the following requirements:
 - D.1.b. (apply to the AOA for special consideration during his or her ACGME residency training, with notice to the appropriate AOA-recognized specialty college);
 - D.1.d. (participate in an AOA-approved osteopathic training program offered by a regional OPTI or AOA-accredited hospital, to include OPP/OMT training via clinical elective rotations, or clinical/OMM-OPP training modules);
 - D.1.e. (attend a regional or national meeting of the AOA, an AOA-affiliated specialty society or an AOA-affiliated state society); and
 - D.1.f. (develop and present a lecture on osteopathic medicine or osteopathic principles and practice in their home training program);

Must complete the following requirements:

- a. Maintain membership status in the AOA.
- b. Show evidence of completion of all the current rotational curricular requirements of AOA-approved OGME-1 year within the ACGME program. This may be the requirements of a traditional internship (Option 3), a preliminary internship (Option 2) or other OGME-1 year (Option 1).
- c. Use an alternative pathway (resolution 56) to obtain AOA board certification in their primary specialty.

The COPT and its subcommittees, and staff, shall review and update the approved activities listed in D.1.c and D.3.b above, as may be determined.

The administrative staff of the Department of Education shall review applications under this program and act on approval, or other status if deficiencies are identified. All staff recommendations of an OGME-1 application will be referred to the Executive Committee of the Program and Trainee Review Council (ECPTRC) for decision. Regular reports will be prepared for review by the PTRC. All ECPTRC recommendations for denial of an OGME-1 application will be referred to the Program and Trainee Review Council (PTRC) for decision.

The following administrative guidelines will be followed for all applications:

- A. The applicant must comply with the provisions of this resolution.

- B. All DOs participating in ACGME training who have not completed an AOA approved OGME-1 and who meet the Eligibility Criteria provisions are eligible to apply under the provisions of this program.
- C. The applicant must complete a one-page AOA form, and place this on file in the AOA Department of Education, with a copy to the relevant specialty college.
- D. The AOA Education Department/Trainee Services will assess each application within 30 days of receipt to determine that the application is in order and complete. If the application is determined not to be complete, the AOA staff will notify the applicant within 7 working days.
- E. If the application is complete, the applicant will be notified of such within 7 working days.
- F. Approval of training under this resolution will be granted only after the applicant completes their first year of post-graduate training.
- G. The PTRC may waive the curricular requirements in D.1.c. and D.3.b. if it is determined that there are not sufficient AOA-approved training opportunities in a particular specialty.
- H. The applicant must complete all training within two calendar years of the application date. If this does not occur, the application will be considered closed.
- I. This process may not supplant the advanced standing requirements of any specialty college.
- J. Proof of all missing requirements must be submitted to the AOA no later than 90 days after the completion of a trainee's postdoctoral education.

Appendix 12: Criteria for Program and Trainee Review Committee Actions of Approval and Denial

This Appendix outlines the criteria for recommendations of the Program and Trainee Review Committee (PTRC). The following sections define the acceptable approval actions of the PTRC; the basis for a recommendation of denial of approval, and instances in which the Committee may defer action.

I. Criteria for Recommendations of Approval

A. Continuing Osteopathic Medical Programs

An existing postdoctoral training program may be approved as follows:

1. Approval with reinspection within 5 years from the date of action of the Program and Trainee Review Committee. This action is to be used for excellent programs, which clearly meet or exceed AOA standards and have no major deficiencies noted in the on-site survey. These are quality programs with established leadership and a history of stability.
2. Approval with reinspection within 2 years from the date of action of the Program and Trainee Review Committee. This action is to be used for programs, which meet the majority of AOA standards, but have some deficiencies or appear to be in transition, which may affect the quality of training. On the recommendation to the PTRC, the reviewer(s) should state the deficiencies in the program. The deficiencies, although not recorded in the formal transcript of the meeting, will be transmitted by the secretary to the program following the PTRC meeting.
3. Approval with reinspection within 1 year from the date of action of the Program and Trainee Review Committee. This action is to be used for programs, which are not in compliance with one or more major AOA standard requirement(s), which must be corrected immediately. This approval requires that a *mandatory consultation* be conducted within three to six months, which may only be waived by specific action of the PTRC. On the recommendation to the PTRC, the reviewer(s) must list the standards, which have been violated by the program. The cited deficiencies will be recorded in the formal transcript and transmitted by the secretary to the program as part of the official PTRC letter. Deficiencies **must** be satisfactorily corrected within 18 months or less, as may be determined by the Program and Trainee Review Committee. ***It should be noted that any existing osteopathic intern or residency program requiring reinspection within one year, may not contract with new interns or residents until such time as the program receives approval with reinspection within two or more years.*** This policy will be applied to new programs on a judgment basis following review by the Program and Trainee Review Committee. Any intern program that has received one-year AOA approval for two consecutive years shall be terminated, effective June 30 of the second year. Any such terminated program may reapply for approval as a new program one year after the date of termination.

4. The above approval criteria may include actions for re-inspection within 3 or 4 years. The adjustment of time period will be based on on-site survey findings and at the discretion of the Program and Trainee Review Committee.

B. New Postdoctoral Osteopathic Medical Programs

An institution requesting permission to begin new intern or residency training programs may only be approved *with resurvey within one year of the commencement date of interns or residents in training.* (Also See I.A.3.) This approval is only used for new program requests found to have no major deficiencies in the written program, adequate faculty and scope, AND volume and variety to support a training program. Programs with deficiencies may be deferred until such time as the deficiencies are corrected (see Section III).

C. Increases in Programs

Only established programs which are currently approved for two or more years or have received approval with resurvey within 2 or more years are eligible to request an increase in the number of training positions. Approval indicates that the program has sufficient scope, volume and variety of patient load and sufficient support and supervision within the institution and/or department to support an increased number of interns or residents without negatively affecting the educational program. However, new programs with no stated deficiencies, which are deemed by the Program and Trainee Review Committee to be strong programs, may be granted approval for an increase despite having only one year approval.

D. Affiliation Agreements

Established osteopathic programs may seek to expand the scope of training or increase patient volume through association with other institutions, i.e., hospitals, clinics, or physician's offices, through affiliation agreements. These rotations supplement the existing curriculum and become required portions of the training program. Approval indicates that the agreement has been duly signed by the officials of the institutions and program; statistical information is present and acceptable; supervision of the interns or residents is defined, and a curriculum vitae of the on-site supervisor is present.

E. Federal and ACGME/PGYI Internships

Approval indicates that the intern has successfully completed a program which meets the criteria required for the equivalent of a rotating internship as stated in Section VI of the Policies and Procedures for Intern Training, and, for non-federal internships, that the intern has met the exceptions criteria for special consideration of internship training of Board of Trustees resolution 65/M92 .

F. Residency/ACGME Training

The PTRC does not approve participation in ACGME residency programs. Rather, applicants for ACGME training approval register with the AOA, but are evaluated for program approval by their respective specialty college. The Program and Trainee Review Committee only grants final approval of training complete status (see below).

Specialty College approval of *program* signifies that the resident's application is complete, and that the following information has been received (or is on file with the specialty college) and will offer training which is compatible with current AOA standards and accepted by the specialty college:

- (1) statistical information is satisfactory
- (2) the program description is satisfactory
- (3) the program director is certified in the appropriate specialty.

The applicant will be notified of program approval status by the specialty college.

Annual approval of **training** by the specialty college indicates that the resident has submitted the required report material, i.e., a resident's report, the program director's evaluation, and a satisfactory scientific paper, if required by the specialty college, and the reports reflect adequate scope, volume and variety of cases, and satisfactory completion of the year of training in that program. The applicant will be notified of approval of that year of training by the specialty college.

Approval of **training complete** status by the PTRC indicates that the resident has completed all required reports and papers, that each year of training has been approved by the specialty college, and the program director has noted the resident's satisfactory completion of training.

II. **Criteria for Denial of Approval**

The PTRC's action of denial of approval indicates that there are major deficiencies in the item being reviewed. In all cases when this action is taken the PTRC reviewer(s) must list the specific requirement(s) not met. The reasons for the denial of approval must be read into the official transcript of the meeting. At no time should personal opinion be used as a basis for citing a deficiency which may lead to denial of approval, all reasons must be referenced to the appropriate basic standards or AOA standards.

Continuing Osteopathic Medical Programs

Denial of approval indicates that the existing osteopathic medical program has violated one or more major requirements making it necessary to terminate the program. This action may also be taken if cited violations are recurrent and/or unchanged after the program has received two one-year approvals with or without a mandatory consultation.

New Postdoctoral Osteopathic Medical Programs

Denial of approval indicates that the request for a new program has been reviewed and major deficiencies or violations of AOA standards have been identified in either the pre-approval consultation or in the material submitted by the institution. Denial of approval may also indicate that the request for a new program being sponsored by a college of osteopathic medicine or an AOA-accredited hospital received letters of negative impact from the AOA-accredited hospitals in its market area.

Increases in Osteopathic Programs

Denial of approval indicates that the program is incapable of supporting an increased number of interns or residents.

Affiliation Agreements

Denial of approval indicates that the affiliation agreement will not supply the needed expansion the program seeks to achieve in the basic program, or may have a detrimental effect on the program.

Federal and ACGME/PGYI Internships

Denial of approval indicates that the intern has failed to successfully complete the internship or that the program lacked specific rotation(s) to meet the curriculum as stated in the Policies and Procedures for Intern Training, or for non-federal internships, that the intern has not met the exceptions criteria for special consideration of internship training of Board of Trustees resolution. 65/M92 .

Residency/ACGME Training

Denial of approval of applications to participate in an ACGME *program* indicates that the resident's program has (1) insufficient scope, volume, and variety to meet AOA required minimum training standards in the area of training; (2) the program description indicates that the program will not meet AOA minimum standards in the area of training, or (3) the program director is not certified or otherwise qualified through special recognition in the area of training.

Denial of approval of *training* indicates that the resident has submitted material, which does not meet minimum standards for scope and volume for the level of training or has failed to be passed onto the next level of training by his/her program director. (*Scientific papers that are poorly written or are in some way unacceptable may be a cause for deferral and not denial*)

Internships or Residencies

Physicians who have unilaterally broken any intern and/or residency contract with any osteopathic training program to participate in a non-osteopathic program will be denied access to the approval process for ACGME training programs. (B7/91)

III. Criteria for Deferring Action

The Program and Trainee Review Committee may defer action on an item, if the reviewer(s) lacks sufficient information or information is presented in a fashion that prevents him/her/them from making a recommendation. In all cases, the reason for deferring action should be stated on the recommendation and recorded in the transcript. A letter will be forwarded to the program or individual by the secretary following the PTRC meeting. *The AOA Department of Education, Division of Postdoctoral Training, reserves the right to not place certain items on the agenda if it deems them incomplete and not ready for review. Written notice to the applicant of this action will be provided.*

“Specialty affiliates deferring action on programs or individuals for lack of information must contact the program/trainee to obtain the necessary information in order to submit a recommendation to the PTRC. Deferral recommendations should NOT be forwarded to the PTRC.”

A. Continuing Programs

Generally, a reviewer should not request deferral of action on continuing programs as the on-site survey report contains a recommendation of the surveyor/survey team and, if a residency, a recommendation of the specialty college.

B. New Programs

Deferral of action may be taken on the request for new training programs if the reviewer(s) finds that the file lacks any of the following: (1) an acceptable program

description; (2) suitable statistical material; (3) proper affiliation agreements; and/or (4) the required pre-approval on-site survey.

C. Increases in Programs

Deferral of action may be taken on an increase request if the reviewer(s) finds that the request lacks the required statistics on which to base the increase.

D. Affiliation of Agreements

Deferral of action may be taken on affiliation agreements if the reviewer(s) finds that the affiliated site requires an on-site survey to determine the appropriateness of the affiliation or if questions regarding the statistics or supervision of the trainees exist.

E. Federal and ACGME/PGY1 Internships

Deferral of action may be taken on federal and ACGME/PGY1 internships if the reviewer(s) finds that the file lacks either a rotation schedule or an evaluation from the program director/DME.

F. Residency/ACGME Training

Deferral of action may be taken on residency/ACGME files reviewed for training for the following reasons: Non-receipt of program director's report, resident's report and/or scientific paper (if required); incorrect format for scientific paper or resident's annual report; on-site survey (if required); completion of extra curricular assignment, i.e., home study courses.

**Appendix 13:
Instructions for Utilization of Sample Affiliation Agreement**

The attached draft affiliation agreement has been prepared by the Department of Education, Division of Postdoctoral Training to assist osteopathic institutions in the establishment of affiliation agreements with other institutions for the purpose of creating/expanding osteopathic postdoctoral training and may be adapted by the institution to suit its individual needs.

SPONSORING/BASE INSTITUTION	An accredited hospital at which all or the majority of training is conducted.
PARTICIPATING/AFFILIATED INSTITUTION	An accredited hospital at which selected portions of the training program is regularly conducted and at which interns/residents are required to participate.
OUTSIDE ROTATIONS	A rotation at an accredited hospital, which is selected by the intern/resident and approved by the DME and/or Program Director.

SAMPLE AFFILIATION AGREEMENT

(Sponsoring institution), a (state) _____ corporation (address), ("sponsoring institution") and (participating institution), a _____ hospital, (address), ("participating institution"), hereby agree to establish a cooperative program within the (sponsoring institution) internship/residency in (name of (program)). The purpose of the (sponsoring institution) is to offer its' interns/residents _____ at the (participating institution).

1. THE INTERN/RESIDENCY TRAINING PROGRAM

The intern/residency training program in [(name of program) (Hereinafter referred to as the Program)] shall be administered by (sponsoring institution) consistent with the requirements of the American Osteopathic Association.

1.1. Program Director. The Program Director shall have overall authority and responsibility for operation of the training program sponsored by (sponsoring institution). The Program Director shall be selected by (sponsoring institution) and shall be a member of the medical staff at (sponsoring institution).

The Program Director will assure that the general academic quality of the inter/residency program is consistent with guidelines established by the American Osteopathic Association.

1.2. Training Supervisor. (Participating institution) shall appoint a Training Supervisor for (name of program). This appointment shall be subject to approval of the Program Director.

1.3. Selection and Retention of Interns/Residents. (Sponsoring institution) shall be responsible for the selection of the programs' interns/residents, and any disciplinary action taken with respect to these interns/residents, including termination of an intern/resident contract. (Sponsoring institution) shall conduct these activities in accordance with its established policies, procedures, rules and regulations.

(Participating institution) Training Supervisor may make recommendations to the Program Director regarding the selection, retention and disciplining of the interns/residents. (Sponsoring institution) agrees not to discriminate against any of its employees or applicants for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, creed, religion, national origin, age, marital status, gender, or sexual orientation. Selection must also be in accordance with state and federal government guidelines and in compliance with the Americans with Disabilities Act (ADA). Breach of this covenant may be regarded as a material breach of this Agreement.

1.4. **Objectives of Teaching Program.** Each participating institution shall provide the interns/residents assigned to it with a variety of clinical educational experiences as determined by the Program Director, consistent with the requirements of the American Osteopathic Association (AOA).

2. **ASSIGNMENT OF INTERNS/RESIDENTS**

2.1. **Rotation Schedule.** An annual schedule of resident rotations will be provided by the Program Director to (participating institution) in June of each year.

2.2. **Rejection or Withdrawal of Resident.** (Sponsoring institution and participating institution) agree to consult with each other regarding specific interns/residents to be assigned to (participating institution), and (sponsoring institution) agrees to use its best efforts not to provide any resident to whom (participating institution) reasonably objects. In the event (participating institution) requests that a specific resident be removed or withdrawn from the rotation at (participating institution), such request will include documentation of the reason for the request. In the event of such request, (sponsoring institution) agrees to use its best efforts to remove such resident.

3. **EVALUATION OF INTERNS/RESIDENTS**

3.1. Interns/residents rotating at (participating institution) will be evaluated by the faculty on a specified basis, in accordance with the programs' guidelines for evaluation and advancement, and with the AOA Basic Document for Postdoctoral Training. The Training Supervisor at (participating institution) will be responsible for collecting the evaluations from faculty and forwarding them to the program director of (sponsoring institution) within 30 days.

4. **FINANCING OF PROGRAM** (to be completed by the training institution)

4.1

4.2.

5. **THE FOLLOWING SPECIFIC AND GENERAL PROVISIONS SHALL ALSO APPLY.**

5.1. (Sponsoring institution) will provide proof of professional liability insurance for the intern/resident physician assigned to (participating institution). (Sponsoring institution) agrees to cooperate with (participating institution) in the operation of (participating institutions) risk management system. (Sponsoring institution) agrees to discuss facts related to any incident report so as to allow (participating institutions) risk management-system to operate effectively. It is thoroughly understood that the information so exchanged is to be held strictly confidential.

5.2. Each party-agrees to indemnify and hold harmless the other party and its respective trustees or directors, employees, agents, successors and assigns, from and against any loss, injury, liability, claim,

cost, damage, expense (including without limitation, reasonable attorneys fees), court cost and amount paid in settlement of claims, resulting to, imposed upon, or incurred or suffered by the other party or its trustees or directors, employees, agents, successors or assigns, which may arise out of, or in connection with, or related to, any acts, omissions, negligence, malpractice, or lack of due care caused or alleged to have been caused by the indemnifying party or any of its employees or agents in the performance of the services, duties and obligations of such party under this Agreement, except as may result from a breach of the other party's obligations under this Agreement.

5.3. It is understood by both parties that the intern/resident physician(s) will be on the premises of (participating institution) for the exclusive purpose of training and are not to be considered employees of (participating institution). Intern/resident physician(s) of (sponsoring institution) should not be deemed employees of (participating institution) for the purposes of compensation or furnished benefits; workers' compensation, unemployment compensation, minimum wage laws or for any other purpose because of their participation in the medical education program.

5.4. This Agreement shall be construed pursuant to the laws of the State of (state) and venue for any action pursuant to this agreement.

5.5. In the event that any provisions or portions of this Agreement are held unenforceable or invalid by any adjudication regarding this Agreement in the appropriate jurisdiction, the validity and enforceability of the remaining provisions or portions hereof shall not be affected thereby.

5.6. This document shall constitute the entire agreement between (sponsoring Institution) and (participating institution), and all prior discussions, agreements and understandings, whether verbal or in writing, are hereby merged into this Agreement.

5.7. (Sponsoring institution) interns/residents shall complete all medical records within the guidelines established by (participating institution) Medical Records Department, which is seven (7) days from posting date.

6. RETENTION OF INFORMATION AND RECORDS

It is understood by both parties that to the extent required b/ Section 1861 (v) (1) (1) of the Federal Social Security Act, each party agrees:

6.1. That until the expiration of seven years after the furnishing of any service pursuant to this Agreement, it shall make available, upon written request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of this Agreement and any books, documents, records and other data that are necessary to certify the nature and extent of the costs claimed with respect to the services provided under this Agreement.

7. AMENDMENTS

Amendments to this Agreement shall be made only with the written consent of (sponsoring institution) and (participating institution)

8. TERM AND TERMINATION

8.1. This agreement shall become effective (month, day, year), and continue until. (month, day, year), and shall automatically be renewed from year to year as of (month, day) thereafter, unless either party gives the other written notice of termination no later than ninety (90) days prior to the end of an academic or contract year.

In addition, if the American Osteopathic Association does not permit this affiliation, (sponsoring institution) may terminate this Agreement within the time limits established in AOA postdoctoral training documents.

IN WITNESS WHEREOF, the parties hereto have entered into this Agreement as of the _____ day of _____, (year).

(PARTICIPATING INSTITUTION)

(SPONSORING INSTITUTION)

By: (Name)

By: (Name)

Its: President and Chief Executive Officer

Its: President and Chief Executive Officer

(Name)
Vice President for Medical Affairs Affairs

(Name)
Vice President for Medical Affairs

(Name)
Director of Medical Education/Program Director

**Appendix 14:
Sample Intern/Resident Contract for Hospitals**

**OSTEOPATHIC GRADUATE MEDICAL EDUCATION INTERN/RESIDENT/FELLOW
STAFF AGREEMENT**

OGME: 1 2 3 4 5 6 7

This Agreement is made and executed this _____, 20__ by and between _____
an _____ not-for-profit corporation (“**Hospital**”), and
_____, DO
 (“**Intern/Resident/Fellow**”).

PERFORMANCE

WHEREAS, the Intern/Resident/Fellow is a graduate of an osteopathic medical school who has been accepted for enrollment in an advanced osteopathic graduate medical training program (“**Program**”) in _____ of the Hospital; and

WHEREAS, the Program is sponsored by an institution engaged in providing medical care services; and

WHEREAS, institutions, organizations and agencies offering programs in osteopathic graduate medical education must assume responsibility for the educational validity of all such programs; and

WHEREAS, osteopathic graduate medical education requires that the Intern/Resident/Fellow be directly involved in providing patient care under supervision in an institution that accepts responsibility for the quality of its education programs; and

WHEREAS, satisfactory completion of this one year of osteopathic graduate medical education is necessary for the receipt of diploma or advancement to the next level of the osteopathic graduate medical education program; and

WHEREAS, the activities of the Intern/Resident/Fellow in the Program are recommended by the American Osteopathic Association and specialty societies that govern osteopathic medical education; and

WHEREAS, during his/her training, the Intern/Resident/Fellow will, as described below, receive an annual stipend and additional educational support, the amount of which is not related to the nature of services the Intern/Resident/Fellow/ renders or the number of hours he/she spends in patient care; and

WHEREAS, the Intern/Resident/Fellow and the Hospital agree that their relationship is solely educational, and

WHEREAS, excellence in patient care must not be compromised or jeopardized by the needs and prerogatives of the Program, nor should the educational mission be compromised by an excessive reliance on the Intern/Resident/Fellow to fulfill institutional service obligations.

THEREFORE IT IS UNDERSTOOD AND AGREED AS FOLLOWS:

In consideration of the foregoing and of the terms, covenants, and conditions hereinafter set forth, each of the parties agree that the following terms and conditions will govern the operation of the Program:

I. Program Description

A. Duration of Program: Begins on _____, 20__ and ends on _____, 20__.

B. Field of Osteopathic Graduate Medical Education: _____

C. Level of Training: OGME 1 2 3 4 5 6 7

II. Educational Support

A. Annual Stipend Rate: \$ _____

B. Educational Leave: Paid leave for dates of COMLEX examinations with prior approval by Program Director.

III. Benefits

A. Intern/Resident/Fellow will receive the following benefits, subject to the same conditions applicable to Hospital exempt employees and the terms and conditions of the Hospital's current benefit plans and or policies. The benefits listed below may be unilaterally modified by the Hospital from time to time:

1. **Health and Dental Insurance:** The Hospital will provide comprehensive health and dental insurance to the Intern/Resident/Fellow at no charge. Intern/Resident/Fellow who wish for family coverage for medical and/or dental insurance shall pay the difference between the premium for the family plan and the premium for the individual plan. Coverage shall begin the first day of Intern/Resident/Fellowship training.

2. **Disability Insurance:** The Hospital will provide long term and short term disability insurance to the Intern/Resident/Fellow.

3. **Life Insurance:** The Hospital will provide life insurance coverage to the Intern/Resident/Fellow.

4. **Worker's Compensation:** The Hospital will provide Worker's Compensation Insurance to the Intern/Resident/Fellow, consistent with the Hospital's benefits program.

5. **Paid Leave:** The paid time off ("PTO") Plan Provides Intern/Resident/Fellows 20 days (hours) total per annum at 100% prorated paid stipend. PTO is defined as time off for a vacation, professional or sick. PTO is not cumulative from year to year and requires the Program Director's approval. Unused PTO will not be paid out at the end of the academic year. When it is anticipated that an extended leave is necessary for medical/personal reasons, with the Program Director's permission,

the individual Intern/Resident/Fellow may use remaining PTO time.

6. Unpaid Leave: The Intern/Resident/Fellow is entitled to benefits under the Hospital's Family and Medical Leave of Absence policy ("FMLOA"), as may be amended from time to time. Other medical or personal unpaid leave may be granted with the approval of the Program Director, consistent with the American Osteopathic Association's regulations, as applicable, only after the Intern/Resident/Fellow has exhausted all of his or her PTO benefits. Makeup time and/or repeat of training is determined by the Program Director.

7. Disability: The Hospital, by written notice to the Intern/Resident/Fellow, may terminate this Agreement during the incapacity of the Intern/Resident/Fellow due to illness or injury, at any time after the continuation of such incapacity for more sixty (60) days, or upon exhaustion of any leave to which the Intern/Resident/Fellow is entitled during such incapacity under the Hospital's FMLOA policy, whichever occurs at a later time.

8. Optional Benefits: The Intern/Resident/Fellow may be given an option to participate in additional benefit programs at the Hospital's discretion, as outlined in the attached Appendix A.

IV. Professional Liability Insurance.

The Hospital agrees to provide professional liability insurance coverage for the Intern/Resident/Fellow for the duration of his/her training. Such coverage will provide legal defense and protection against awards from claims reported or filed during or after the completion of the Program, if, and only if, the alleged acts or omissions of the Intern/Resident/Fellow are within the scope of the Program. The coverage provided will be consistent with the Hospital's professional liability coverage provided to other medical and professional practitioners. An extended reporting period, i.e., tail coverage, will be provided by Hospital as needed.

V. Hospital Obligations

A. Environment of Training: Provide a suitable environment for Program training consistent with the standards promulgated from time to time by the AOA in the "Basic Document on Postdoctoral Training" or as stated in the specialty affiliate "Basic Standards."

B. Designation of Director: Designate a director and his/her designee to serve as the person or persons responsible for the implementation of this Agreement and for the overall supervision of the Intern/Resident/Fellow.

C. Intern/Resident/Fellow Involvement. Provide involvement of the Intern/Resident/Fellow in areas of concern for patient care through appropriate Hospital councils or committees.

D. Quality Improvement and Risk Management Activities. The Intern/Resident/Fellow agrees to participate in and cooperate with Quality Improvement/Risk Management activities as directed by the Program Director or Risk Management, and to provide such statistical information as may be required to fulfill the Quality Improvement/Risk Management efforts of the Hospital.

E. On-call rooms/dress code: On-call rooms and uniform coats will be provided by the Hospital. The Intern/Resident/Fellow shall be subject to the dress code described in the Intern/Resident/Fellow's Manual and in the dress code policy distributed by Hospital to all

Intern/Resident/Fellow.

F. On-call meal allowance: The Hospital will provide a food allowance per call to the Intern/Resident/Fellow to defray the cost of on-call meals.

G. Housing: Personal housing must be obtained and fully paid for by the Intern/Resident/Fellow.

H. Impairment and Substance Abuse Education. The Hospital agrees to provide the Intern/Resident/Fellow with an educational program regarding physician impairment, including substance abuse. The Hospital shall inform the Intern/Resident/Fellow of, and make available, the Hospital's written policies for handling physician impairment, including impairment related to substance abuse.

I. Sexual Harassment Policy. The Hospital has established a policy not to permit or condone remarks and/or activity concerning unwelcome sexual advances, requests for sexual favors, or any other conduct of a sexual nature. The Hospital's policy, which will be made available to the Intern/Resident/Fellow, defines and prohibits sexual harassment and sets forth a protocol whereby complaints of sexual harassment and exploitation may be addressed in a manner consistent with the law and due process. Such policy on sexual harassment may be changed by the Hospital from time to time.

J. Hospital Sponsored Counseling. The Hospital provides the Intern/Resident/Fellow access to participation in Hospital sponsored counseling, medical, psychological, and other support services on a confidential basis, including matters relative to Intern/Resident/Fellow impairment. These services are described in the Hospital's policy, a copy of which will be made available to the Intern/Resident/Fellow, which sets forth the various forms of employee assistance provided by the Hospital to the Intern/Resident/Fellow. Such policy may be changed by the Hospital from time to time, as appropriate.

VI. Intern/Resident/Fellow/Resident/Fellow's Obligations

A. Duty Hours: The Hospital is responsible for promoting patient safety and education through carefully constructed duty-hour assignments and faculty availability. The Hospital and the Intern/Resident/Fellow will abide by all American Osteopathic Association (**AOA**) requirements regarding duty hours and the work environment for Intern/Resident/Fellow as applicable.

B. State of _____ Medical Licensure: Intern/Resident/Fellow must acquire and maintain the appropriate State of _____ Medical Licensure (at Intern/Resident/Fellow's expense) as defined by the _____ Medical Practice Act prior to starting the Program. Intern/Resident/Fellow will not be permitted to begin the Program under any circumstances until the appropriate license has been obtained. Failure to comply with this requirement will also be grounds for immediate suspension or termination of appointment. The State of _____ grants the medical license for the length of the Program with an automatic extension of fourteen (14) days at the end of the Program, for the benefit of orientating the new incoming Intern/Resident/Fellow.

C. Assignments/Rotations: Assignments and rotations will be carried out by the Intern/Resident/Fellow as defined by the Director of Medical Education/Program Director under the guidelines of the American Osteopathic Association, and the respective specialty affiliates Evaluating Committee.

D. Continuation and/or Promotion in the Program: Continuation and/or promotion in the Program are contingent upon satisfactory academic and professional performance by the Intern/Resident/Fellow. All programs have formal evaluation procedures consisting of any or all, but not limited to the following: formal written evaluations by medical staff/faculty physicians; scheduled written examinations; scheduled oral examinations; practical examinations at the bedside; formal conference presentations; and professional and personal characteristic reports. In addition, each Intern/Resident/Fellow should expect to review his/her performance with the Program Director or designee at least once during the academic year or as dictated by AOA requirements. Any makeup time must be completed at the end of the contracted year and/or before promotion to the next level of training. An Intern/Resident/Fellow receiving an inadequate evaluation may be required to repeat the rotation/assignment to obtain approval for certification by the Program Director. Option 2 trainees must be offered an OGME-2 contract no later than February 15th of their OGME-1 training year and sign the contract within 15 days.

E. Medical Records: In conformity with the Bylaws of Medical Staff of the Hospital, the Intern/Resident/Fellow is required to complete medical records. The Intern/Resident/Fellow shall comply with all Hospital, Program and Medical Staff policies regarding the completion of medical records. Completion of the medical record, including dictation of a discharge summary, is an integral component of medical care and is part of the Intern/Resident/Fellow's responsibilities. A medical record not completed within the time specified in the guidelines is delinquent. Intern/Resident/Fellow shall be subject to suspension from the Intern/Resident/Fellowship program for having three (3) or more delinquent charts. Any suspension of Intern/Resident/Fellow for delinquent charting shall require additional training time at the end of the Intern/Resident/Fellowship training period equivalent to the time period(s) of suspension, for which Intern/Resident/Fellow shall not be eligible for additional compensation.

F. Compliance with Laws, Regulations, Accreditation: Intern/Resident/Fellow acknowledges that the Hospital has certain obligations in connection with applicable laws, regulations and accreditation standards, including but not limited to the Patient Self-Determination Act, the Health Care Quality Improvement Act, the Health Care Surrogate Act, the _____ Hospital Licensing Act and Regulations, the Emergency Medical Treatment and Active Labor Act, the _____ Sexually Transmissible Disease Control Act, the Safe Medical Devices Act, the Medicare Anti-Kickback Statute and Safe-Harbor Regulations, the _____ Medical Waste Act, Occupational Safety and Health Administration regulations, Medicare and Medicaid eligibility and reimbursement requirements, legal requirements applicable to the maintenance of state and federal tax-exempt status, the standards of the Healthcare Facilities Accreditation Program, Joint Commission on Accreditation of Healthcare Organizations, (or other applicable organization), and all applicable labor and civil rights laws. Intern/Resident/Fellow further acknowledges that the Hospital from time to time may adopt policies, procedures and/or documentation requirements in connection with the implementation of such laws, regulations and accreditation standards. Intern/Resident/Fellow agrees to cooperate fully with the Hospital in its compliance with all applicable laws, regulations and accreditation standards, as may be enacted or amended from time to time, and with all implementing policies, procedures and/or documentation requirements now in existence, or as may be adopted or amended by the Hospital from time to time.

G. Policies/Standards/Employee Physical/Drug Screening: Intern/Resident/Fellow shall comply with all policies applicable to Hospital exempt employees, including: (1) the requirement that a Intern/Resident/Fellow must complete an employee physical examination prior to beginning

employment; (2) compliance with the Hospital's Sexual Harassment Policy; and (3) compliance with the Hospital's Parking and Dress Code Policies, all in accordance with the most recently revised version of such Hospital policies. Intern/Resident/Fellow is also subject to the Hospital's policy pertaining to drug screening of employees, as such policy may be amended from time to time. Failure to pass drug screening pursuant to the provisions of the Hospital policy will result in non-hiring or termination of employment. The results of a positive drug screen will be subject to applicable legal reporting requirements, including any reporting requirements of the _____ Department of Professional Regulation. Intern/Resident/Fellow shall honor and abide by all other approved, published policies and procedures of the Hospital, as may be adopted or amended from time to time. Intern/Resident/Fellow shall conduct himself or herself in a professional manner consistent with the Hospital's standards. Intern/Resident/Fellow acknowledges that it is the express policy of the Hospital to prohibit discrimination on the basis of race, color, sex, religion or national origin. If applicable, the Intern/Resident/Fellow shall not allow the Hospital to be used for the performance of abortion, euthanasia or direct surgical sterilization, nor will Intern/Resident/Fellow provide any other services at the Hospital that contravene the health care policies of the Hospital as expressed in the Hospital and Medical Staff Bylaws and Rules and Regulations.

H. Development of Program Study: Develop a personal program of study and professional growth with guidance from the teaching medical staff and demonstrate ability to assume graded and increasing responsibility for patient care. Furthermore, Intern/Resident/Fellow shall participate in safe, effective, and compassionate patient care under supervision, commensurate with the level of advancement and responsibility.

I. Participation in Educational Activities: Participate fully in the educational activities of the Program and, as required, assume responsibility for teaching and supervising medical students.

J. Religious Directives: Intern/Resident/Fellow shall strictly abide by the Ethical and Religious Directives for Catholic Health Care Services, approved by the National Conference of Catholic Bishops, as promulgated by the Archbishop of _____, (a copy of which will be provided to the Intern/Resident/Fellow) and the Principles of Medical Ethics of the American Osteopathic Association or whichever is applicable, and all applicable statutes of the State of _____ relating to the practice of medicine.

K. Participation in Hospital Committees: Participate in Hospital committees and councils, especially those that relate to patient care review activities.

L. Cost Containment: Apply cost containment measures in the provision of patient care.

M. Moonlighting: Interns are not approved to moonlight.

VII. Termination

A. Termination by Hospital for Cause: The Hospital may terminate the Agreement immediately for any of the following reasons:

1. Professional incompetence of the Intern/Resident/Fellow.
2. Substantial breach of the terms of this Agreement by the Intern/Resident/Fellow.

3. Serious neglect of duty or violation of Hospital rules, regulations or policies by the Intern/Resident/Fellow.
4. Conviction of a crime thought by the Program Director to render the Intern/Resident/Fellow unfit professionally to practice medicine.
5. Conduct by the Intern/Resident/Fellow seriously and clearly prejudicial to the best interest of the Hospital.
6. Unapproved absence of the Intern/Resident/Fellow/Resident/Fellow from the Program.
7. If the Program Director determines that the Intern/Resident/Fellow has materially failed to comply with any specific obligations or intent of this Agreement, he or she shall be authorized to terminate this Agreement or take such disciplinary action, including fines, as may be appropriate, subject to the hearing and review procedure for Intern/Resident/Fellows at the Hospital. Such termination of disciplinary action shall be in writing to the Intern/Resident/Fellow. However, if it is determined that any action by the Intern/Resident/Fellow can seriously affect immediate patient care, a termination or suspension shall become immediate, subject to review.

B. Termination of Agreement by Intern/Resident/Fellow: Significant breach of this Agreement by the Hospital or failure of the Hospital to provide a quality graduate medical education program in accordance with the “Basic Document On Postdoctoral Training” or for other legitimate reasons as described by Director may allow the Intern/Resident/Fellow to terminate this Agreement upon sixty days (60) written notice. Upon receipt of such notice, the Hospital may elect to terminate the Intern/Resident/Fellow immediately and waive such notice period. In such an event, the Agreement shall terminate immediately, and the Intern/Resident/Fellow’s services for the Hospital shall terminate effective immediately.

C. Grievance Procedures. The Hospital has established a grievance procedure whereby the Intern/Resident/Fellow may resolve, in a fair and equitable manner, a dispute or disagreement with the Director, Associate Director or Hospital concerning the interpretation, application or enforcement of this Agreement, or the Hospital’s established policies, rules, regulations, directories or bylaws. A description of the grievance procedure is attached hereto as Appendix B.

D. Nonrenewal of Agreement. In instances where a Intern/Resident/Fellow’s agreement is not going to be renewed, the Program will provide the Intern/Resident/Fellow with a written notice of intent not to renew no later than four months prior to the end of the Intern/Resident/Fellow’s current agreement. However, if the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, Program will provide the Intern/Resident/Fellow with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the Agreement.

E. Program Closure. In the event the Program is closed or there is a reduction in the total number of Intern/Resident/Fellows in the Program, the Hospital will use its best efforts to allow the Intern/Resident/Fellow to complete the Program at the Hospital. In the event that continuation of the Program is untenable by the Hospital, Hospital will utilize its best efforts of the Osteopathic Postdoctoral Training Institution (OPTI) to transfer Intern/Resident/Fellow to a comparable Intern/Resident/Fellowship program within the Osteopathic Postdoctoral Training Institution (OPTI).

VIII. General Provisions

A. Falsification of any information supplied to the Hospital by the Intern/Resident/Fellow as part of the entrance requirements of the Program, or knowingly giving false information or assisting others in doing so constitutes grounds for immediate dismissal of the Intern/Resident/Fellow/Resident/Fellow from the Program.

B. In accordance with the provisions of 42 U.S.C. Section 1395 X(v)(I)(i) and 42 C.F.R. Section 420.300 et. seq., Intern/Resident/Fellow agrees to make available upon the written request of the Secretary of the Department of Health and Human Services or of the Comptroller General or any of their duly authorized representatives, this Agreement and any other books, records and documents that are necessary to certify to the above named the nature and extent of costs incurred by the Hospital for services furnished by Intern/Resident/Fellow for which payment may be made under Medicare, Medicaid or other reimbursement programs. The obligation of Intern/Resident/Fellow to make records shall extend for four (4) years after the finishing of such services pursuant to this Agreement. In the event of a request by the Secretary or Comptroller General for access, Intern/Resident/Fellow agrees to immediately notify and consult with Hospital concerning the response that will be made to such request.

C. No provision of this Agreement shall be construed in any manner whatsoever as an assurance of or guarantee of initial appointment to Medical Staff Membership during or at termination of training.

D. The Hospital Program expressly acknowledges its obligations as a provider of health care and as an educational institution to maintain as confidential the records of the Intern/Resident/Fellow. These records may be delivered to other health care treatment institutions or prospective employers only upon written request to the Hospital by the Intern/Resident/Fellow in such form as designated by the Hospital. Records will be furnished to appropriate government agencies as required by law. Documents to be transmitted will be marked "Confidential".

E. The rights and obligations of the Hospital under this Agreement shall inure to the benefit and be binding upon the successors and assigns of Hospital. Intern/Resident/Fellow may not assign or transfer his/her rights or obligations under this Agreement. Any assignment or transfer made in violation of the provision shall be void.

F. This Agreement may only be amended or altered in any of its provisions by mutual agreement of the parties hereto, and any such change shall become effective when reduced to writing and signed by such parties or at such other time as such amendment(s) may provide.

G. The laws of the State of _____ shall govern this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Agreement through their respective authorized officers, effective as of the day and year first written above.

_____ HOSPITAL.

By: _____

Intern/Resident/Fellow Signature

Printed Name

By: _____

Program Director Signature

Printed Name

By: _____

Executive Vice President and Chief Executive Officer Signature

_____ (Printed Name)

APPENDIX A

Benefits - Who Receives - Who Pays

Paid Time Off

Intern/Resident/Fellow, Hospital pays up to 20 days per year to cover vacation, professional, and sick.

Group Health Plan

2 options:

Intern/Resident/Fellows, + Family *PPO* – _____ Per Pay Period Payroll Deductions Hospital pays Intern/Resident/Fellow coverage; Hospital and Intern/Resident/Fellow share other coverage Comprehensive health care benefits to a lifetime maximum of \$_____ for you and each of your covered dependents.

HMO _____ Per Pay Period Payroll Deductions Same as above HMO restricted to _____ and _____ doctors and hospitals.

Dental Insurance

2 options:

Intern/Resident/Fellows, + Family *Dental HMO* Per Pay Period Payroll Deductions: Same as group health plan.

Dental PPO Per Pay Period Payroll Deductions

Vision Insurance

Vision Service Plan - Intern/Resident/Fellows, + Family Per Pay Period Payroll Deductions Intern/Resident/Fellow pays individual and family coverage Eye exam and lenses every 12 months. Allowance for frames every 24 months. Contact lenses covered if medically necessary, allowance given if not medically necessary.

Group Life Insurance Plan

Intern/Resident/Fellows, Hospital pays \$_____ coverage

Short-Term Disability

Intern/Resident/Fellows, Hospital pays ___% of base salary as stated by hospital benefit policy. Max \$_____ per week

Group Disability

Insurance Plan

Intern/Resident/Fellows, Hospital pays ___% of base salary after six months of disability. Max

\$_____ per month

Employee Health Service

Intern/Resident/Fellows, Hospital pays professional attention to your health needs while on duty.

Physical Exam

Intern/Resident/Fellows, Hospital provides physical exam prior to employment.

Meals

Intern/Resident/Fellow s, Hospital pays \$_____ per month in debit card for purchase of meals in hospital cafeteria

Uniforms

Intern/Resident/Fellows, Hospital pays for OGME 1-7 Lab Coats

ACLS, & CPR Training

Intern/Resident/Fellow, Hospital Available to all Intern/Resident/Fellows not already certified

Annual Education Meeting

Not available to Intern/Resident/Fellows.

Book Allowance

Intern/Resident/Fellows, Hospital Up to \$_____ annually to purchase medical books, subscriptions, software or PDA

APPENDIX B
GRIEVANCE PROCEDURES
PROCEDURE FOR DISCIPLINE AND PROMOTION
DECISIONS INVOLVING INTERN/RESIDENT/FELLOW

PURPOSE

The purpose of this policy is to assure that Intern/Resident/Fellows receive procedural due process in matters of discipline and promotion. This procedure is to be followed in all instances in which a Intern/Resident/Fellow is disciplined or not offered promotion to the next OGME level. The Program Director is primarily responsible for decisions on discipline and non-promotion of the Intern/Resident/Fellow. The GMEC assures the Intern/Resident/Fellow of due process in these procedures.

GENERAL ISSUES

A. The following sanctions are available in the discipline of Intern/Resident/Fellows:

1. Informal resolution, which may or may not be documented in the Intern/Resident/Fellow's file.
2. Oral reprimand, a notice of which must be placed in the Intern/Resident/Fellow's file.
3. Written reprimand, a copy of which must be placed in the Intern/Resident/Fellow's file.
4. Probation, with the length of time specified along with any other sanctions as specified.
5. Suspension, with the length of time specified. This may be with or without pay.
6. Non-renewal of contract.
7. Dismissal.

B. Combination of sanctions may be used. Suspensions and/or terminations may begin immediately if the Program Director or DME believes immediate action is needed to protect the quality of patient care or stable operations of the hospital. (Sanctions number 4 through 7 may be appealed by the Intern/Resident/Fellow.) Sanctions that are appealed do not go into effect until the appeal process is completed except for those immediate suspensions/terminations as noted above. Intern/Resident/Fellows may respond in writing to sanctions number 2 through 7, which will be entered into the Intern/Resident/Fellow's file.

C. The Program Director shall not consider anonymous reports, but need not reveal the identity of any person reporting information about possibly sanctionable events.

D. The Program Director shall review all reports alleging rule violations or deficiencies in clinical performance, meet promptly with the Intern/Resident/Fellow to discuss any reports which the

Program Director believes to have substance, and place a written account of the meeting, including pertinent discussion, problems identified, and plans for remediation in the Intern/Resident/Fellow's file.

APPEALS

A. A Intern/Resident/Fellow who has received one of the appealable sanctions and who wishes to appeal it must file an appeal within thirty (30) days of receiving the sanction. Each appeal must be in writing and must specify the sanction being appealed, the reasons for appeal, any new information the Intern/Resident/Fellow wishes to be considered, and any alternate sanctions the Intern/Resident/Fellow might accept. The appeal must be filed with the DME. Failure to file within thirty (30) days forever bars an appeal by the Intern/Resident/Fellow.

B. On receipt of an appeal, the DME shall send copies of the appeal to the involved Program Director and shall name an ad hoc subcommittee to hear the appeal. The DME shall notify the Intern/Resident/Fellow/Resident/Fellow of receipt of the appeal and of the membership of the subcommittee. The DME shall request the record of the meeting at which the sanction was given and other supporting data from the Program Director. The subcommittee shall consist of the DME and three other members of the GMEC, a least two of whom are from departments other than the Intern/Resident/Fellow's. For an Intern, these two members must be from departments through which the Intern has not rotated or not directly involved in the alleged offenses. The DME shall appoint a secretary for the subcommittee.

C. Within ten (10) days of its formation, the subcommittee shall meet to hear the appeal. The Intern/Resident/Fellow may designate another Intern/Resident/Fellow or a member of the Medical/Dental staff as his/her representative before the subcommittee. The hearing proceedings will be closed. The hearing will consist of a presentation by the involved Program Director and a presentation by the Intern/Resident/Fellow or his/her representative. The Intern/Resident/Fellow and/or his/her representative may introduce further written evidence with the permission of a majority of the subcommittee. The subcommittee has the right to question both presenting parties.

D. The subcommittee meets in executive session to decide it recommendation. A majority of the members of the subcommittee must support a recommendation in order for it to be enacted. The subcommittee is limited to making the following recommendations:

1. upholding the sanction
2. imposing a sanction of lesser severity
3. imposing no sanction

E. The subcommittee's report will be presented to the GMEC at its next regular meeting. The report will be in writing and give the subcommittee's recommendation and the reasons for it. The GMEC will vote on whether to accept the report. If the report is not accepted, the DME will within ten (10) days, convene a special meeting of the GMEC for a *de novo* appeal hearing, which will be conducted in the same manner as in C. The Program Director whose decision is being appealed may not participate in the GMEC's deliberations or votes. If the report is accepted, in will be referred to the CEO of the hospital for final action.

F. The involved Program Director and the Intern/Resident/Fellow shall be informed in writing of any reports filed or actions taken in the appeal process. The Program Director will file a copy of all reports and notifications of action in the Intern/Resident/Fellow's personnel file.

MISCELLANEOUS

A. A decision not to certify a Intern/Resident/Fellow as eligible for a specialty certification exam is not a sanction covered by this procedure.

B. A copy of this procedure shall be given to each Intern/Resident/Fellow at the start of postgraduate training at _____ Hospital.

C. Notice of sanction, appeal, or committee action may be given by personal service or by first class mail. Time is of the essence in all proceedings.

Appendix 15: **AOA Plan for Catastrophic Events Affecting Internship and Residency Training**

Purpose: This plan addresses the continuation of postdoctoral training opportunities for interns and residents affected by an emergency, catastrophic event, or natural disaster that requires transfer to another teaching hospital for training. It does not cover residents displaced by hospital or program closures or other training disruptions.

Application: This plan applies to residents whose training is disrupted by emergencies, catastrophic events or natural disasters. It establishes a procedure for providing assistance to programs that transfer and accept residents in an emergency and for approving their training at alternate training sites. Medicare has established special rules to provide continuing graduate medical education (GME) funding when training is displaced by emergencies. This plan complements Medicare rules so that trainees, resident positions and funding are protected.

Process and responsibility for intern/resident transfer: If the institutional educational officer (IEO) and/or director of medical education (DME) determines that a graduate medical education program located in an emergency area cannot continue to train residents due to a national emergency, catastrophic event or natural disaster, the IEO or DME shall notify the Chief Academic Officer (CAO) of its OPTI within five days of the emergency. Within five days of notification, the OPTI CAO shall notify the American Osteopathic Association (AOA) Division of Postdoctoral Training. The AOA Council on Postdoctoral Training (COPT) shall conduct an expedited conference call, whenever practical not to exceed 72 hours, to approve transfer of training. All transfers of affected interns and residents must be initiated immediately and completed within twenty days from the date of COPT approval. It shall be the responsibility of the OPTI to oversee and assist the IEO/DME and program directors of affected programs to assure that the interns and residents are transferred to appropriate programs, either within the OPTI or in other OPTIs, as necessary.

Nature of Transfers: Transfers may be temporary or, in some cases, for the duration of training. For Medicare purposes, transfers are made through “emergency Medicare GME affiliation agreements,” which are limited to a maximum of the rest of the academic year plus 2 additional years. **Failure to follow Medicare requirements for transfer of interns and residents due to an emergency could result in loss of full time equivalent (FTE) resident positions or loss of funding for the transferring and accepting hospitals.**

Notice and Communications: Upon notification by COPT, the AOA will place a notice on its Postdoctoral Education website (https://www.do-online.org/index.cfm?au=D&PageId=edu_main&SubPageId=sir_postdoc) informing all DMEs, IEOs and program directors of the emergency situation. This notice will contain contact information for the OPTI, CAO and all affected hospital IEOs, DMEs and program directors, allowing other institutions and programs to offer assistance. The OPTI is encouraged to transfer as many trainees as possible to other, unaffected programs in its area. All communications offering to accept interns or residents must be directed to the OPTI CAO. The OPTI will communicate offers and acceptances daily to the AOA postdoctoral office, which will forward them to the appropriate specialty colleges for expedited review and approval of temporary adjustment of approved numbers. Residents must begin training within thirty days of displacement, or as soon as possible, so that training time is not extended. Trainees must sign training agreements with their new institutions. Emergency Medicare GME affiliation agreements must be filed with the Centers

for Medicare and Medicaid Services (CMS) and all affected fiscal intermediaries (FIs) as set forth in the regulations.

Specialty Site Visits: At their discretion, specialty colleges may conduct a focused review of a program that accepts more residents than its originally approved number for a period exceeding 90 days.

Medicare Requirements for Continued Funding of Training for Residents Affected by Natural Disasters: On April 12, 2006, CMS published an interim final rule modifying existing regulations to provide greater flexibility to teaching programs in the event of natural disasters. These requirements modify existing Medicare requirements for Medicare GME affiliation agreements, which allow hospitals that share resident rotations to apply their direct and indirect GME resident “caps” on an aggregate basis.

The intent of the rule is to facilitate relocating residents training in hospitals in an “emergency area” as defined in Section 1135(g) of the Social Security Act. The terms “section 1135 emergency area,” “section 1135 emergency period,” “emergency Medicare GME affiliated group,” “home hospital,” and “host hospital” are defined in §413.75(b) of the rule. The requirements for emergency Medicare GME affiliation agreements are located in §413.79(f). (A URL for accessing these provisions is included at the end of this plan.) It is important to note that the special provisions are intended to help hospitals only when their inpatient bed occupancy is diminished by 20 percent or more, such that they are unable to train the full number of residents they intended to train during the year. Although the rule was promulgated in response to Hurricanes Katrina and Rita, it applies to other emergency situations where the federal government has granted a waiver under §1135 to assure medical care for federal program beneficiaries and provide for payment of health care providers. Adherence to the rule’s requirements allows displaced residents to continue their training while maintaining FTE positions and Medicare GME funding.

Under the rule, hospitals located in emergency areas are allowed to enter into emergency Medicare GME affiliation agreements that are more flexible than traditional agreements. These agreements may be retroactive to the date of the disaster and may apply even if the transferring (“home”) hospital only closes part of its residency program. Unlike most affiliations, emergency affiliations are not restricted to hospitals that are in the same or contiguous areas, under common ownership, or joint sponsors of a residency program. The hospital that accepts the displaced residents (“host hospital”) may be located anywhere in the country. The three-year rolling average applies to both host and home hospitals. Because residents already may have been transferred considerable distances, emergency Medicare GME affiliated group members are not required to participate in shared rotational arrangements with other hospitals covered by the agreement.

Medicare provisions for training residents in programs affected by natural disasters are located in 42 CFR §412.105(a)(1)(i) and §412.105(f)(vi) [indirect medical education] and 42 CFR §413.75(b) and §413.79(f)(6) [direct graduate medical education]. The interim final rule and a detailed discussion of its application may be found at <http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-3492.pdf>.

GLOSSARY OF TERMS

Accreditation - To recognize a hospital or educational institution as maintaining standards that qualify their interns/residents for professional practice as a physician.

Accreditation Council for Graduate Medical Education (ACGME) - The independent Council is composed of members of five separate organizations (American Medical Association (AMA), American Hospital Association (AHA), Association of American Medical Colleges (AAMC), American Board of Medical Specialties (ABMS), Council of Medical Specialty Societies (CMS) and charged with on-site review of all approved residency programs, development of institutional training policies and approving all allopathic residencies based on compliance with standards.

Administrative/Associate Director of Medical Education (ADME) - An individual who may or may not be a physician and who is the institutional representative responsible for coordination of the internship. This person shall report to the ODME of the sponsoring institution (college or hospital).

Affiliate Institution - An institution where selected portions of the intern and/or residency training program may be conducted. The sponsoring institution must have a written agreement with the affiliate institution.

Affiliation Agreement (also see Educational Agreement) – An agreement between two or more entities which allows the base training institution to enhance its osteopathic graduate medical education programs by utilizing other institutions for the purposes of creating and expanding training opportunities.

Aggregation Agreement – *"aggregation of FTE limits," "affiliated group, and "affiliation agreement"* - These agreements allow hospitals that share in resident training to apply their FTE resident limits on an aggregate basis and structure resident rotations within a combined "cap".

- An affiliation agreement is a signed agreement entered into by hospitals seeking to aggregate their FTE resident caps and filed with CMS and the fiscal intermediaries of each of the hospitals.
- Hospitals seeking to affiliate for cap aggregation purposes must send a written request and a signed, original agreement to their fiscal intermediary and to CMS by July 1 for the contemporaneous (or subsequent) residency training year.
- The request must list all hospitals in the group and indicate that each meets regulation requirements.
- The agreement must be signed and dated by a qualified representative of each hospital and specify the planned adjustments to each individual hospital's IME and DGME counts within the aggregate cap. Adjustments to the IME and DGME counts must be stated separately because hospitals are subject to two different FTE counts for each respective cap.

- An agreement must be for a minimum of one year and may specify adjustments to each individual hospital cap within the aggregate cap in the event the agreement terminates, dissolves, or ends. When the agreement ends, each hospital's FTE cap will be its IME and DGME counts as defined by the BBA.
- Each agreement must be structured so that any positive adjustment for one hospital in the group is offset by a negative adjustment for the other hospital(s) of at least the same amount.
- Hospitals in the group may adjust initial FTE counts at any time up to June 30 of each training year if actual FTE counts are different than those projected in the original agreement.

American Association of Colleges of Osteopathic Medicine (AACOM) - Lends support and assistance to the nation's osteopathic medical schools. The organization today represents the administration, faculty and students of its member colleges in the United States.

AACOM's Office of Government Relations keeps Congress and federal policy makers regularly informed of developments in the profession and seeks to sensitize policy makers to the needs of students and osteopathic medical educators. AACOM works in concert with various national coalitions to influence both the legislative and regulatory processes on issues relevant to medical education, and to extend AACOM's presence in Washington.

American Osteopathic Association (AOA) - The AOA is the national organization for the advancement of osteopathic medicine in the United States, and the professional association for over 48,000 physicians. The AOA accredits the Colleges of Osteopathic Medicine, osteopathic internship and residency programs, and healthcare facilities.

Association of Osteopathic Directors and Medical Educators (AODME) - AODME is a professional association that represents the interests of the entire continuum of osteopathic medical education. ITS mission is to foster leadership and professional development.

Approval – Recognition of a hospital or educational institution as maintaining standards that qualify their interns/residents for professional practice as a physician.

Base Institution – The institution that has been granted approval to offer osteopathic graduate medical education.

Basic Document for Postdoctoral Training – The handbook of policies, procedures and training standards which all AOA internship and residency programs must uphold in order to gain and maintain program approval. A copy of this document can be found on the AOA website at www.DO-Online.org, in the Accreditation & Program Approval Postdoctoral section of the website.

Bio-psychosocial/behavioral - The interrelationship of organic, emotional, environmental and behavioral factors as they affect the well being of the patient.

Board Certification - A process by which agency or association grants recognition by examination to an individual who has met certain predetermined qualifications specified by that agency or association.

Board Eligibility - Those candidates have successfully completed an approved training program and evaluation process assessing their ability to provide quality patient care in a specific specialty. This creates eligibility status to participate in the specific certification board examination.

Bureau of Healthcare Facilities Accreditation (BHFA) – The Bureau is the accrediting and deeming authority body for HFAP. (See Healthcare Facilities Accreditation Program.)

Bureau of Osteopathic Education (BOE) - Reviews the actions and policies of the COPT and its subordinated committees and subcommittees, as well as the CCME. For example, proposed new or revised policies of each of these three councils are reviewed by the BOE before recommending approval by the AOA Board of Trustees. The BOE also receives advisory reports from the PROPOSED councils– Council on Osteopathic Medical Education (COME), Council on Osteopathic Teaching Hospitals (COTH), and Council on Osteopathic Specialty Societies (COSS). The BOE reports its actions to the AOA Board of Trustees.

Business Associate Agreement – An agreement or contract between two or more entities.

Centers for Medicare and Medicaid Services (CMS) Formerly Health Care Financing Administration (HCFA) – Entity within the Department of Health and Human Services (HHS) responsible for administering the Medicare program. On June 14, 2001 the HHS secretary announced that the agency’s name had be changed from HCFA to CMS.

Certification – A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process to assess the knowledge, experience, and skill requisite to the provision of high-quality patient care in a specialty. Certification boards determine whether candidates have received appropriate preparation in approval residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations, and certify those who have satisfied the board requirements.

Chief Intern – an individual who represent interns' interests and concerns to the medical education committee and represents the larger intern group.

Chief Resident – An individual who has been appointed by the program director to take on significant administrative functions or a teaching role in guiding all residents within a given residency program.

College of Osteopathic Medicine – (COM[s]) – A COCA-accredited college or school of osteopathic medicine.

Commission on Osteopathic College Accreditation (COCA) – The COCA serves as the accrediting agency for colleges of osteopathic medicine. In this capacity, the COCA reviews, evaluates, and takes final action on college accreditation status, and communicates such action to appropriate state and federal education regulatory bodies. In addition, the COCA approves the standards, policies and procedures for college accreditation. The COCA reviews policy directions on predoctoral osteopathic medical education, and monitors and maintains high-quality osteopathic predoctoral education through the college accreditation process.

Community Medicine Model – The format of graduate medical education training in an approved AOA or ACGME program which occurs in a community (usually private practice) institution rather than academic medical school affiliated institution.

Comprehensive Osteopathic Medical Licensing Examination (COMLEX) - NBOME administers a three-level Comprehensive Osteopathic Medical Licensing Examination (COMLEX) to candidates and graduates. The first and second parts of the examination are administered before the candidate receives the DO degree. Part three of the examination is administered after the postdoctoral candidate has completed at least six months of a one year AOA approved postdoctoral training program.

Consortium – A group of health care organizations joined together to pursue joint objectives in patient care, research, or other healthcare related areas. It may provide AOA sponsorship if it functions as an institution with accountability for GME educational quality.

Consortium Agreement – The written and signed documentation that describes the consortium, its objectives, and its members responsibility.

Continuing Medical Education (CME) – The continuance of medical education striving for growth of knowledge, refinement of skills, and the deepening of understanding for the osteopathic profession. The ultimate goals of CME are continued excellence of patient care and improving the health and well-being of the individual patient and the public.

Continuity of Care - The ongoing care and management of the same patients by the same trainee in the same setting over the entire course of the training program.

Contract - A binding agreement between the hospital and a trainee. The contract describes the length and terms of the agreement. All AOA interns and residents must sign an institutional contract in order for their training to be approved.

Core Competencies - provide a multi-level approach whereby students/physicians are expected to show proficiency in a subject, in addition to test scores, through their text knowledge, application of knowledge, level of professionalism, interpersonal and communication skills and continued medical education.

Core Curriculum – An arrangement or a foundation of a course of study that combines a variety of specialized rotations aiming to provide a common background for all osteopathic intern/residents.

Council on Postdoctoral Training (COPT) – The COPT recommends GME policies for OGME programs to the BOE for review and recommendation to the AOA Board of Trustees for their final action. The COPT receives informational reports from its subordinated Program and Trainee Review Committee (PTRC) and its subordinated Committee on Osteopathic Postdoctoral Training Institutions (COPTI). For example, recommendations on revisions of specialty residency standards documents are reviewed by the COPT.

Council on Postdoctoral Training Institutions (COPTI) – Reviews the effectiveness and functionality of OPTI as an OGME mechanism. This would also include recommendations for OPTI accreditation standards, policies and procedures, and any administrative guidelines. In

addition, COPTI has the initial review body function for the OPTI accreditation program. The BOE takes final actions on OPTI accreditation matters.

Curriculum – “To lay out a course of study.” The planning, structure, guidelines, known expectations, measures of achievement, training, coaching, didactics, and other elements applicable to intern and resident learning experiences.

Didactics - Didactics convey instruction, information and observations.

Direct Graduate Medical Education (DGME) – Payment for Medicare’s share of the direct costs of training physicians, including intern and resident salaries and fringe benefits, compensation for supervisory physicians, and program administration and overhead costs.

Director of Medical Education (DME) - An osteopathic physician at an institution that has the authority and responsibility for the oversight and administration of internship and residency programs.

Dormant Status – A temporarily inactive status of Basic Standards in a specialty or subspecialty approved by the American Osteopathic Association.

Dual Accreditation - Any program seeking or holding accreditation from more than one accrediting body recognized by the United States Department of Education must describe itself in identical terms to each recognized accrediting body with regard to purpose, governance, programs, certificates, personnel, finances, and constituents, and must keep each accrediting body apprised of any change in its status with one or another accrediting body. These represent separate accreditation processes without relationships.

Dual Program – It is an AOA program in which an osteopathic trainee is registered in a residency program that is accredited by both the AOA and ACGME. The osteopathic trainee receives both AOA and ACGME credit.

Due Process – Due process is a mechanism by which institutional policies and procedures are outlined for discipline or the adjudication of interns and residents complaints and grievances relevant to the GME program.

Educational Agreement – See Affiliation Agreement

Electronic Residency Application Service (ERAS®) – A service that transmits residency applications, letters of recommendation, Dean's Letters/MSPE, transcripts, and other supporting credentials from applicants and medical schools to residency programs using the Internet.

Evaluation – A process of gathering and using various pieces of information and data to determine by careful appraisal and study the strengths and weaknesses of individual trainees, teaching physicians, programs etc.

Formative Evaluation – improves, modifies, and refines courses or programs while they occur.

Summative Evaluation – is concerned with informing decisions about overall achievements.

Qualitative Evaluation – uses observation, open-ended interviews and case histories.

Quantitative Evaluation – uses tests, close-ended interviews, surveys and frequency counts.

Advancement within the training-program is based on evaluation processes.

Faculty – Any individual who has received formal assignment to teach intern/resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to the teaching staff.

Fellowship - A physician in an AOA approved fellowship residency program that is beyond the requirements for eligibility for first board certification in the discipline.

Full Time Equivalent (FTE) – For graduate medical education (GME) payment purposes, the Balanced Budget Act of 1997 capped the number of FTE residents for which a teaching hospital could be paid at the number of residents in its most recent cost reporting period ending on or before December 31, 1996. In calculating direct GME payment, residents are counted as full (1.0) or half (0.5) FTEs depending on the minimum number of years required for board eligibility in their specialty/subspecialty.

Graduate Medical Education (GME) – The period of medical training that follows graduation from a college of osteopathic medicine or medical school. Includes all postgraduate years; internship, residency fellowship.

Graduate Year – A term used in conjunction with interns and residents to indicate their year in training. For example, OGME-1 or PGY-1 or GY-1.

Grievance Procedure - Policies and procedures established by the hospitals OGME committee to address procedures for discipline and the adjudication of interns and residents' complaints, grievances and academic performance issues.

Healthcare Facilities Accreditation Program (HFAP) - It is one of only two voluntary accreditation programs in the United States authorized by the Centers for Medicare & Medicaid Services (CMS), formerly HCFA, to survey hospitals under Medicare. In addition, the program is a cost effective, user-friendly way to validate the quality of care provided by a facility. (See Bureau of Healthcare Facilities Accreditation.)

Health Insurance Portability and accountability Act of 1996 (HIPAA) – A federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F of HIPAA gives the Department of Health and Human Services (HHS) the authority to mandate the use of standards for the electronic exchange of healthcare data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for healthcare patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable healthcare information.

Host Institution – An institution participating in the clinical training of residents for various experiences in agreement with a sponsoring or contracting institution.

House Staff Manual - operational policies and guidelines developed by the hospital that govern rules and conduct for all interns and residents. This manual should include, but not be limited to, policies regarding work hours, content of educational program(s), patient care and safety, leave policy, due process for disciplinary actions, intern and/or resident orientation program responsibilities, financial arrangements, including housing allowance, meals, uniforms, etc. as per the AOA contract and hospital's internal policy, rules and regulations regarding coverage of interns and residents duties and responsibilities, including floor procedures, general orders and moonlighting policies - or the prohibition thereof in the event of an intern, counseling and support services, evaluation and promotion, probation and dismissal, file retention, intern/resident supervision, etc.

Indirect Medical Education – Through the IME adjustment. Medicare pays hospitals for higher patient care costs incurred in operating teaching programs, including the costs of treating sicker patients, offering more services and technology, ordering more tests, and utilizing interns and residents in providing patient care.

Institution - An organization providing educational and/or healthcare services such as an AOA-accredited OPTI, AOA HFAP-accredited hospital, or COCA-accredited College of Osteopathic Medicine, or approved educational foundation which sponsors AOA approved internships, and residencies.

Intern – A DO engaged in the first postdoctoral year of AOA approved training.

Intern and Resident Information System (IRIS) - A report submitted by each institution to Center for Medicare and Medicaid Services (CMS) each year which gives information on each intern or resident in the institution.

Intern and Resident Matching Program - IRRP (the Match) – This process matches OGME programs and applicants to various training programs. This system was developed to provide both the applicants and program directors an opportunity to consider their options for accepting and offering appointments to internship training programs, respectively, and to have their training decisions announced at a specific time. All AOA approved programs must participate in the “Match”

Internship Evaluating Committee (IEC) – An evaluating committee within AODME that meets on a quarterly basis to review new internship programs and program on-site review reports, the IEC recommends final action to the PTRC.

In-training Examination/In-service Examinations – Examinations to gauge residents’ progress toward meeting a residency program’s educational objectives.

Joint Commission – The Joint Commission evaluates the quality and safety of care for more than 16,000 health care organizations. To maintain and earn accreditation, organizations must have an extensive on-site review by a team of Joint Commission health care professionals at least once every three years. The purpose of the review is to evaluate the organization's performance in areas that affect care. Accreditation may then be awarded based on how well the organizations met Joint Commission standards.

Journal Club – Brief informal meetings whereby faculty and trainees discuss a variety of

presentations on designated topics. Presenters give concise recapitulations of the topic and round out the author's conclusions.

Licensure –The process by which an agency of the government grants permission 1) to persons meeting predetermined qualifications to engage in a given occupation and/or use of a particular title, or 2) to institutions to perform specified functions. The process by which state or jurisdiction of the United States admits physicians to the practice of medicine.

Logs – To have to one's credit an indicated record of a specified number of procedures, cases, patients, diagnosis, etc. Logs are to be utilized for documentation of experience, and for future use in application for hospital clinical privileges.

Medical Education Committee (MEC) – A hospital committee made up of program directors of each respective internship and/or residency program, representation of the hospital CEO, and a medical education manager/staff person. This committee is chaired by the director of medical education and is usually held on a monthly basis. This committee discusses program curriculum, trainees, and all OGME matters.

Medical Informatics – Medical Informatics is the nascent discipline that focuses on computing's role in medical research, clinical practice and education.

Moonlighting – Any professional clinical activity for pay performed outside the scope of the approved residency training program.

National Board of Osteopathic Medical Examiners (NBOME) – The NBOME is a not-for-profit corporation dedicated to serving the public and state licensing agencies by administering examinations that test the medical knowledge of aspiring osteopathic physicians.

National Institute of Health (NIH) – Part of the U.S. Public Health Service (PHS), NIH is a federal focal point of the nation's medical research. It conducts and supports research, assists in the training of research investigators, and fosters communication of medical information.

National Matching Service (NMS) - The Intern/Resident Registration Program is sponsored and supervised by the American Osteopathic Association (AOA). The Matching Program is administered on behalf of the AOA by National Matching Services Inc.

National Resident Matching Program (NRMP) - The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established to provide a uniform date of appointment to positions in graduate medical education (GME) in the United States.

On-site Program Review – A review of an AOA program at periodic intervals to determine compliance with training standards. At regularly scheduled intervals, postdoctoral training programs participate in a program review, including an on site survey, to validate program compliance with the standards for accreditation in all aspects of the educational program. The degree of compliance impacts the term of continuing approval granted to the program. Each program also completes a self-study prior to the on site review.

On-site Program Reviewer – An individual assigned to conduct a program review for approval or re-approval at the program site. Reviewers are nominated by the IEC/specialty colleges and are

approved by the AOA. They validate program compliance with basic standards through review of specified documentation, self study reports from the program, meetings with program staff and trainees, and the on-site visit.

Opportunities - is a searchable database containing internship and residency information for AOA-approved programs. Data entry for *opportunities* is the responsibility of each medical education division.

Osteopathic Graduate Medical Education (OGME) – Osteopathic graduate medical education prepares osteopathic physicians for the independent practice of medicine in a medical specialty. OGME programs are based in hospitals or other healthcare institutions and utilize both inpatient and ambulatory settings.

Osteopathic Graduate Medical Education Year - 1R

OGME-1R, Residency

This is the first year of residency training in specialties utilizing the Option 1 format. Educational content is set and supervised by the respective specialty colleges as approved by the AOA.

Osteopathic Graduate Medical Education Year - 1P

OGME-1P, Preliminary (internship)

This is the first year of training, preceding residency training in specialties utilizing the Option 2 format. Educational content is set by the respective specialty colleges as approved by the AOA, and supervised by the institutional intern program director.

Osteopathic Graduate Medical Education Year - 1T

OGME-1T, Traditional (internship)

This is the first year of training preceding residency training in specialties utilizing the Option 3 format. Educational content is set and supervised by the institutional intern program director in accordance with AOA standards

Osteopathic Medical Education Committee (OMEC) - *See Medical Education Committee (MEC)*

Osteopathic Medicine - Osteopathic medicine has a strong emphasis on the inter-relationship of the body's nerves, muscles, bones and organs, doctors of osteopathic medicine, apply the philosophy of treating the whole person to the prevention, diagnosis and treatment of illness, disease and injury. Osteopathic medicine was developed 130 years ago by physician A.T. Still. Osteopathic medicine is one of the fastest growing healthcare professions in the U.S.

Osteopathic Postdoctoral Training Institutions (OPTI) – An OPTI is a community-based training consortium comprised of at least one COCA-accredited college of osteopathic medicine and one AOA HFAP-accredited hospital. All AOA approved programs must be affiliated with an OPTI.

Parallel Program – Is an AOA approved program which is conducted side-by-side with an ACGME program in the same specialty and institution, but both programs and trainees in each are separately approved and registered by the AOA or ACGME; Osteopathic trainees only receive AOA credit.

Percentage of Time - A mathematical calculation based on the intern/resident workweek being divided into ten (10) half-day periods, each being equivalent to 10%.

Program Information Form (PIF) – A form to review program’s compliance with program requirements.

Program – The unit of OGME internship or specialty training, comprising a series of learning experiences, which is evaluated for AOA approval.

Program Director - An osteopathic physician who is responsible for maintaining the quality of an OGME program so that it meets approval criteria. Other duties may include preparing a written statement outlining the program curricula, educational goals and objectives. In addition to providing quarterly reports to the DME, and providing for the selection, supervision and evaluation of interns/residents for appointment to and completion of the program.

Program Director Annual Report – A report completed by the program director on an annual basis. A resident in training submits this report to a respective specialty college to attest to the level of achievement and progress.

Program and Trainee Review Council (PTRC) - Reviews recommendations for internship/residency program approvals, denials, and increases or decreases in size. This committee receives reports from the education evaluation committees of the specialty practice affiliates and reviews their recommendations for residency program approvals, denials, and increases or decreases in size. The committee also approves requests for approval of individual trainee’s internships or residencies.

Protected Health Information (PHI) – With few exceptions, includes individually identifiable health information held or disclosed by a practice regardless of how it is communicated (electronically, orally or written).

Reappointment – Reappointment to a position within an intern/residency training program is typically based on the trainee’s performance. A well-defined and functional evaluation system is essential to determine whether a trainee qualifies for reappointment. In the context of OGME, contractual reappointment is equated with academic promotion.

Remediation – Remediation is an academic tool, used when the evaluation system identifies performance deficiencies that cause concern about an intern/resident’s continuation within the program.

Residency – A residency is defined as a formal, full-time training period in a designated specialty of not less than one year. The program shall be planned and conducted for the purpose of providing advanced and concentrated training in a designated specialty leading to AOA specialty board eligibility for certification.

Resident – An individual engaged in postdoctoral training in an AOA approved specialty program.

Resident Annual Report – A report completed on an annual basis by each resident at the conclusion of each training year. This report responds to questions regarding experience and exposure, and is submitted to their respective specialty college.

Residency Evaluating Committee (REC) – An evaluating committee within the specialty college that meets on a quarterly basis to review new programs, training requirements, trainee completion status and program on-site review reports, the REC recommends final action to the PTRC and/or the COPT.

Rotation Agreement – A written agreement between two clinical sites participating in training of interns/residents. This agreement describes the responsibilities of each respective site.

Segregated Totals – Such totals are descriptors of medical records, department scope and volume, and/or other data of cases, which are highly specific as to disease, intervention, and procedural categories. used for a documentation of opportunities for resident exposure.

Self Study Workbook – A document completed by a Program Director prior to a scheduled site review describing methods of compliance with each of the required standards. The workbook process guides the DME or Program Director in preparing for the on site visit as well as for developing an internal review process. Each program director, and/or DME, will complete a self study of their program at least one month prior to their on site review and will forward the workbook, along with specific supporting documents, to the on site reviewer.

Special Emphasis Internship – See OGME-1P.

Specialty College Basic Standards – Specialty requirements written into an approved AOA document, which must be complied with to maintain continuing approval of a training program. These documents serve as a guide for the development and maintenance of osteopathic residency training programs. They contain requirements for program eligibility; faculty and administrative staff; administration of the educational program; clinical and educational resources; curriculum and instruction; evaluation of residents; evaluation of the program and recruitment.

Specialty Track Internship – See OGME-1R.

Sponsoring Institution – An AOA accredited hospital, college of osteopathic medicine, consortium, OPTI, or educational foundation recognized and designated as the accountable institution for assurance of AOA GME quality and compliance.

Suspension – Removal of an intern or resident from program activities without prior notice. These activities are limited to those instances in which a trainee's activities jeopardize patient safety or significantly disrupt hospital operations.

Traditional Rotating Internship – See OGME-1T.

Trainee Information, Verification and Registration Audit (TIVRA) - TIVRA is a mandatory method for registering intern and resident's contract information, along with updating program information to the AOA.

By completing electronic on-line data forms, AOA-approved training institutions ensure that individual trainees are registered and that program contact information is current and up-to-date.

OSTEOPATHIC GRADUATE MEDICAL EDUCATION CALENDAR

JULY

- New Housestaff Arrive
- New Housestaff Orientation
- Manuals are handed out and signed for by new trainees
- ACLS/BLS Training
- HIPAA Training
- House Staff Physicals/Fit Testing, I.D. Badges, Parking Stickers, Meal Tickets, Lab Coats, Pagers, etc.
- Medical Students begin submitting Intern/Resident applications to ERAS
- ERAS opens to all AOA programs
- Begin downloading ERAS.
- Monthly I/R Evaluations
- Monthly OMEC meeting

AUGUST

- COMLEX USA Level 2 offered
- Listing of information on program(s) offered in the Match by each institution is sent to the institution's Director of Medical Education (DME) by National Matching Services Inc. DME's must confirm or correct the information and return the form to National Matching Services Inc.
- Monthly I/R Evaluations
- Monthly OMEC meeting
- OPTI Annual Report Due
- TIVRA registration opens to all programs August 15th
- Programs begin reviewing applications for next years candidates

SEPTEMBER

- Begin AOA's Trainee Information, Verification and Registration Audit (TIVRA) ENTRY – TIVRA IS MANDATORY
- Begin gathering IRIS data
- Monthly I/R Evaluations
- Monthly OMEC meeting
- Quarterly OPTI OGMEC Meeting
- Recruitment/Interviewing Season Begins
- Applications are downloaded and reviewed by designated officials
- Program directors select interview candidates

OCTOBER

- Completion of TIVRA due by October 15th
- Review IRIS data with Department of Finance
- Continue Interviewing Process
- Recommended date by which students must return their Agreements and registration fees to National Matching Services Inc.
- October 31st a Listing of Programs participating in the Match will be available on the National Matching Service web site.
- Monthly I/R Evaluations
- Monthly OMEC meeting
- Quarterly Intern/Resident evaluation and report to OMEC

NOVEMBER

- Instructions for submitting Rank Order Lists and obtaining Match results will be provided to registered students and programs.
- Continue Interviewing Process
- Submit IRIS disk to CMS
- Monthly I/R Evaluations
- Monthly OMEC meeting
- AOCD In-training (service) examination
- ACOFP In-training (service) examination

DECEMBER

- Finalize the Interview and selection process
- COMLEX USA Level 3 offered
- Monthly I/R Evaluations
- Monthly OMEC meeting
- Quarterly OPTI OGMEC Meeting

JANUARY

- Submission of student and program Rank Order Lists to the Match
- Register for the new cycle of ERAS
- COMLEX USA Level 2 offered
- Quarterly Intern/Resident evaluation and report to OMEC
- Monthly I/R Evaluations
- Monthly OMEC meeting
- ACOS In-training (service) Examination
- ACOOG In-training (service) Examination
- AOA Annual Program Fee Invoices are received by DME for payment by the institution

FEBRUARY

- Results of the Match are released to all participants in the Match (students and institutions), as well as to the colleges of osteopathic medicine.
- Students who have not matched will scramble for open positions.
- Institutions must complete a standard AOA contract for each matched student, and send it within 10 working days after receipt of the Match results to the student for signature. Each matched student must sign and return the contract to the institution within 30 days after receiving the contract from the institution.
- Institutions must prepare a packet of information for licensure in accordance with State policies and procedures and send to matched trainees
- Monthly I/R Evaluations
- Monthly OMEC meeting
- AOCR In-training (service) Examination

MARCH

- Begin updating opportunities website data (Deadline June 30)
- Begin review and update of Housestaff Manual for arrival of new trainees.
- Begin planning didactic and rotation schedules for new trainees.
- OMEC to review and approve curriculum for entering class.
- Monthly I/R Evaluations
- Monthly OMEC meeting
- Quarterly OPTI OGMEC Meeting
- ACOI In-training (service) Examination
- AAO In-training (service) Examination
- Begin implementing graduation plans
- March 31st last day for payment of AOA Annual Program Fees prior to program(s) termination.

APRIL

- Quarterly Intern/Resident evaluation and report to OMEC
- Monthly I/R Evaluations
- Monthly OMEC meeting
- AOCEP In-training (service) Examination

MAY

- Monthly I/R Evaluations
- Monthly OMEC meeting
- Begin program director's annual report to the specialty colleges
- Review housestaff files for completeness and notify the designated individual of deficiencies, i.e. evaluations, logs, papers, etc.
- Remind residents that the residents logs and reports are due to their respective specialty college
- Pay ERAS fees.

JUNE

- COMLEX USA Level 3 offered
- Monthly I/R Evaluations
- Quarterly Resident evaluation and report to OMEC
- “Exit” Evaluations and report to OMEC
- Monthly OMEC meeting
- Residency Graduation
- Plan residency graduation for next year
- Send training license back to the state if applicable
- Interns and Residents begin to leave the institution
- Pagers, library books, parking stickers, I.D. Badges are returned to institution
- Check out list is completed and signed by those trainees who are leaving.
- Agreement forms for participation in the AOA Intern/Resident Registration Program (the “Match”) are distributed via the osteopathic medical schools, to students.
- Students begin applying to programs independently of the Match.
- Develop call schedule for new trainees
- Quarterly OPTI OGMEC Meeting
- Complete updating Opportunities website data (Deadline June 30)

RESOURCES & WEBSITES

AACOM - American Association of Colleges of Osteopathic Medicine

- Telephone: 1-301- 968-4100
- Web Address: www.aacom.org

AOA - American Osteopathic Association

- Telephone: 1-800-621-1773
- Web Address: www.osteopathic.org

AODME - Association of Osteopathic Directors and Medical Educators

- Telephone: 1-312-202-8211
- Web Address: www.aodme.org

CMS - Centers for Medicare & Medicaid Services

- Telephone: 1-877-267-2323
- Web Address: www.cms.hhs.gov

HFAP - Healthcare Facilities Accreditation Program

- Telephone: 1-800-621-1773 ext. 8060
- Web Address: www.do-online.org

NBOME - National Board of Osteopathic Medical Examiners

- Telephone: 1-773-714-0622
- Web Address: www.nbome.org

AOA Specialty Colleges

AOCA - American Osteopathic College of Anesthesiologists

- Telephone: 1-800-842-2622 ext. 10
- Web Address: www.aocaonline.org

AOCD - American Osteopathic College of Dermatology

- Telephone: 1-800-449-2623
- Web Address: www.aocd.org

ACOEP - American College of Osteopathic Emergency Physicians

- Telephone: 1-800-521-3709
- Web Address: www.acoep.org

ACOFPP - American College of Osteopathic Family Physicians

- Telephone: 1-800-509-9205
- Web Address: www.acofp.org

ACOI - American College of Osteopathic Internists

- Telephone: 1-800-327-5183
- Web Address: www.acoi.org

ACONP - American College of Osteopathic Neurologists and Psychiatrists

- Telephone: 1-248-553-0011 ext. 295
- Web Address: <http://www.geocities.com/acn.aconp>

ACOOG - American College of Osteopathic Obstetricians and Gynecologists

- Telephone: 1-800-875-6360
- Web Address: www.acoog.com

AOCOPM - American Osteopathic College of Occupational & Preventive Medicine

- Telephone: 1-601-366-3105
- Web Address: www.aocopm.org

AOCOO-HNS - American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head & Neck Surgery

- Telephone: 1-800-455-9404
- Web Address: www.aocoohns.org

AOAO - American Osteopathic Academy of Orthopedics

- Telephone: 1-800-741-2626
- Web Address: www.aoao.org

AAO - American Academy of Osteopathy

- Telephone: 1-317-879-1881
- Web Address: www.academyofosteopathy.org

AOCP - American Osteopathic College of Pathologists

- Telephone: 1-800-621-1773 ext. 8162
- Web Address: www.aocp-net.org

ACOP - American College of Osteopathic Pediatricians

- Telephone: 1-877-231-ACOP
- Web Address: www.acopedes.org

AOCPMR - American Osteopathic College of Physical Medicine and Rehabilitation

- Telephone: 1-603-343-1937
- Web Address: www.aocpmr.org

AOCPR - American Osteopathic College of Proctology

- Telephone: 1-765-342-3686
- Web Address: www.aocpr.org

AOCR - American Osteopathic College of Radiology

- Telephone: 1-800-258-2627
- Web Address: www.aocr.org

AOASM - American Osteopathic Academy of Sports Medicine

- Telephone: 1-608-443-2477
- Web Address: www.aoasm.org

ACOS - American College of Osteopathic Surgeons

- Telephone: 1-800-888-1312
- Web Address: www.facos.org