


**THE BASIC DOCUMENTS
FOR
POSTDOCTORAL TRAINING**



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SECTION I: INTRODUCTION TO POSTDOCTORAL TRAINING

This document contains the standards for internship and residency training programs and accreditation standards for osteopathic postdoctoral training institutions (OPTI). In Part One, there are eight sections, which provides an overview of the approvals for new and continuing OGME training programs. Section I provides an introduction to this document. Section II is the mission statement regarding the objective/purpose of standards. Section III is an overview of Education Program Goals based on the Core Competencies. Section IV describes Institutional Requirements. Section V provides general Program Requirements and Content. Section VI contains the requirements for the DMEs, Program Director and Faculty. Section VII contains requirements for Interns and Residents. Section VIII presents requirements for evaluation of resident achievement, remediation, faculty evaluation and improvements based on feedback from evaluation in addition to approval of new and current programs and PTRC program actions. 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. In Part Two are the basic requirements for OPTIs. The two parts are arranged to reflect the requirements for the administration of an intern or residency program and their relationship to an OPTI. In addition, there are eleven appendices which provide models, forms and examples followed by a glossary of terms to assist programs, trainees and other users of this document to prepare and implement program and institutional requirements.

To assure that institutions are committed to and capable of delivering uniquely osteopathic postdoctoral training, the American Osteopathic Association (AOA) approved an additional resource to assist in the evaluation and approval of training programs and restructured the Department of Education in 2004 to provide greater support to osteopathic graduate medical education. Osteopathic Postdoctoral Training Institutions (OPTIs) were approved as a required accredited osteopathic graduate medical education structure. 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 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), with the Council on Osteopathic Postdoctoral Training Institutions (COPTI), accredit individual OPTIs which are composed of at least one hospital with an AOA approved training program and one college of osteopathic medicine accredited by the Commission on Osteopathic College Accreditation (COCA). The OPTIs 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 patient care.

The Council on Postdoctoral Training is the global policy making body for all training programs. Recognized Specialty affiliates develop standards for the seven core competencies required for all specialties which are approved through the Bureau up to the Board of Trustees for final approval.

The AOA Program and Trainee Review Council (PTRC) is the approval body for internships, residency training programs and other postgraduate medical training and final approval of completion of training before eligibility for AOA Board Certification. The PTRC and COPTI report to the COPT, the COPT reports to the Bureau and the Bureau reports to the Board of Trustees.

Decisions from these councils are appealable to the Bureau of Osteopathic Education Appeal Committee. The Board of Trustees is the final appeal body for the Bureau, Council on Postdoctoral Training, the Program and Review Trainee Council and the Council on Osteopathic Postdoctoral Training Institutions.

The context and process used by the Bureau and COPTI in the accreditation of OPTIs are found in this document, Part Two, *Basic Document for Osteopathic Postdoctoral Training Institutions (OPTIs)*.

SECTION II. MISSION STATEMENT FOR POSTDOCTORAL TRAINING

The American Osteopathic Association (AOA) is organized to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective healthcare within a distinct, unified profession.

The mission of the AOA Council on Postdoctoral Training (COPT) is to assure the trainees, hospitals, patients, the medical profession, and the public that osteopathic leadership will strive to provide quality osteopathic postdoctoral training leading to optimal healthcare outcomes. The AOA Board of Trustees approved an initiative to promote uniform standards for all its accrediting bodies in postdoctoral training, CME and Healthcare Facilities Accreditation to enhance quality and improve compliance. The AOA Board of Trustees has also directed the COPT to advance uniform standards specification to the specialty college evaluation committees. The COPT has adopted a policy indicating that all specialty Basic Standards must be reviewed by the respective specialty and amended as necessary, no less frequently than every three years from the date of the last Board Approval as printed on the specialty standards posted to the AOA Website under Education and Postdoctoral Training.

The American Osteopathic Association (AOA) is the only accrediting agency for osteopathic graduate medical education in the United States. Osteopathic postdoctoral training programs are recognized by US federal and state agencies such as the Center for Medicare and Medicaid Services (CMS) and all state licensing boards.

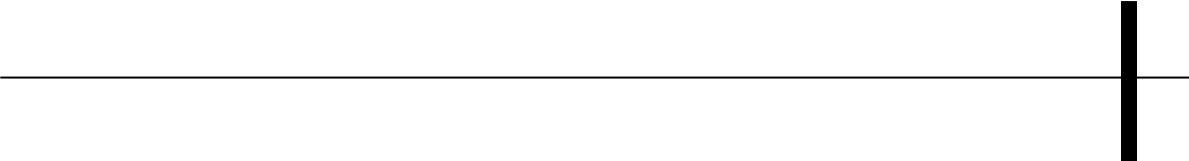
Accreditation action taken by or under the authority of the Bureau of Osteopathic Education (BOE) means that an Osteopathic Postdoctoral Training Institution (OPTI) has appropriately identified its educational mission, has secured the resources necessary to accomplish that mission, showed evidence of accomplishing its mission and demonstrated that it may be expected to continue to accomplish its mission in the future. 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 document.

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.



PART ONE:

**THE BASIC DOCUMENT
FOR
POSTDOCTORAL TRAINING
PROGRAMS**



SECTION III. OGME GOALS

Fundamentally, Osteopathic Graduate Medical Education (OGME) is designed to provide trainees progressive and supervised opportunities to ensure adequate preparation for the independent practice of medicine. The AOA Council on Postdoctoral Training (COPT) is responsible for developing and enforcing postdoctoral training requirements, policies and procedures in order to ensure high quality osteopathic training programs.

Osteopathic Medical Education Continuum

OGME is the second of a four-phase linear progression in the osteopathic continuum of medical education. Phase one, undergraduate medical education leading to the Doctor of Osteopathic Medicine (DO) degree, is required before a graduate can enter postgraduate training or OGME. Phase 2, OGME, requires completion of prescribed curricula in an AOA approved (accredited) training program. Phases three and four; Board Certification and Continuing Medical Education (CME), are the last two phases of the continuum. The osteopathic profession believes that viewing medical education as a continuum rather than isolated events in the preparation of osteopathic physicians will provide continuity and a framework that will enhance the quality of education spanning their entire medical career, as well as provide improved and more effective care to its patients.

OGME Structure through the Core Competencies

The immediate goal of Osteopathic Graduate Medical Education (OGME) then is to prepare osteopathic physicians for practice and board eligibility in their selected medical specialty. Training curricula is provided through the framework of the profession's identified seven core competencies: osteopathic philosophy and osteopathic manipulative medicine, patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice. Osteopathic philosophy and osteopathic manipulative medicine, the first Core Competency, is required to be integrated fully into all the seven core competencies. The life-long learning process is validated through certification and re-certification examination and the Osteopathic Continuous Certification (OCC) program scheduled for implementation by 2012.

The AOA adopted the Accreditation Council on Graduate Medical Education (ACGME) Core Competencies after they completed a national consensus on what residents should know and be able to do, although the osteopathic competencies are enhanced by the integration of OPP. Since many AOA training programs are accredited by both the AOA and the ACGME (dual programs), the adoption of these core competencies guarantees that all US residency training specialties design curricula within the same organized structure. The AOA Commission on Osteopathic College Accreditation (COCA) and the AOA Bureau of Osteopathic Specialists (BOS) have also endorsed the use of these core competencies in developing medical school curriculum and board certification examinations.

Foundation and Tradition of Primary Care

Historically, osteopathic residency programs were built on a broad-based first year of training that exposed DOs to the major clinical fields of medicine and surgery. Today, most osteopathic specialties combine traditional core rotations and specialty training in the first year (OGME-1). The value of primary care is considered a core value of the osteopathic profession.

SECTION IV. INSTITUTIONAL REQUIREMENTS FOR OSTEOPATHIC GRADUATE MEDICAL EDUCATION

The purpose of Osteopathic Graduate Medical Education (OGME) is to provide quality educational programs with proper mentoring and supervision of all trainees. 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 patients of osteopathic physicians.

A. Institutional Requirements: Sponsoring and Base Institutions

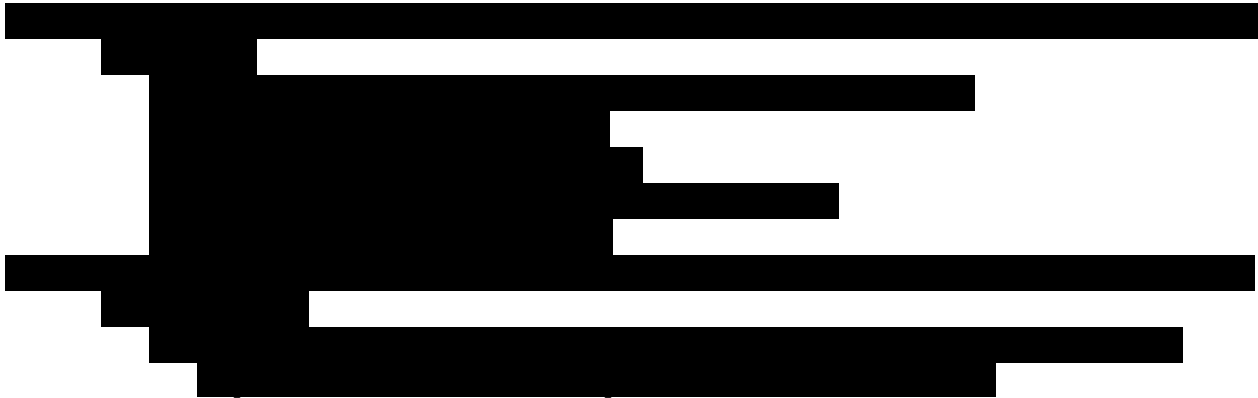
AOA-approved OGME programs shall function under the authority of an AOA-accredited sponsoring institution.

- 4.1 An institution that wishes to sponsor an AOA-approved OGME program, either at that institution or at an affiliate site, must be AOA-accredited either as an HFAP-accredited hospital or as a COCA-accredited college of osteopathic medicine (COM).
 - a. Institutions not accredited by the AOA may conduct OGME programs only through an approved sponsorship agreement with an AOA-accredited institution. The sponsoring institution shall have been AOA-accredited 12 months or more preceding the date of application for approval of training programs.
- 4.2 Sponsoring institutions shall be responsible for monitoring OGME programs.
 - a. Sponsorship shall require a formal "sponsorship agreement" indicating the specific responsibilities of the sponsoring institution and the training institution.
 - b. The sponsor must declare accountability for compliance with AOA policies (including contracts, Intern and Resident Registration Program (IRRP), or Match participation), quality performance, quarterly evaluation, and participation in on-site program reviews.
 - c. The sponsorship agreement shall be separate from the OPTI affiliation agreement and available at all on-site reviews.
- 4.3 All OGME programs must partner with an AOA-accredited OPTI.
 - a. OPTI affiliation agreements must be available at all on-site program reviews.

New Standards on OPTI Academic Sponsorship – The OPTI as the Academic Sponsorship is to be implemented by all AOA-accredited programs no later than July 1, 2012.

A. Institutional Requirements: Sponsoring OPTIs and Base Institutions





- 4.4 The base institution (sponsored institution conducting training) must provide administrative, financial, educational, technological and other support services for each educational program and provide resources to maintain quality training program(s) including faculty development, curriculum, evaluation methods development and osteopathic principles and practice training.
- 4.5 The base institution must commit to a balance between education and service, as evidenced by work hour schedules inclusive of academic and research opportunities and attendance at clinical training and educational activities.
- 4.6 Affiliation agreements must be available and rotations noted on trainee schedules if the base institution is not the sole training site and uses affiliate sites to meet the training requirements defined in AOA general requirements and specialty standards.
- 4.7 An institution wishing to establish a residency program shall meet the requirements set forth under specialty college standards and the *AOA Basic Documents for Postdoctoral Training*.
- 4.8 A base institution shall have at least four organized departments, clinical services, divisions or committees (e.g. family medicine, internal medicine, obstetrics and gynecology, emergency medicine, pediatrics surgery).
- 4.9 A base institution must have pathology and radiology services which must operate on a full-time basis, supervised by a full-time qualified and certified pathologist and radiologist respectively, and shall meet the attendance requirements for staff membership and the teaching requirements of a department chairperson.
- 4.10 At the time of AOA program on-site review, documentation must be provided that a designated representative of the [REDACTED] is present at the base institution [REDACTED] to review program activity and evaluations and meet with trainees.
- 4.11 Designated representatives from the base institution, and the OPTI must sign all corrective action responses to deficiencies indicated by the Program and Trainee Review Council (PTRC).
- 4.12 All applications or correspondence related to substantive program changes must be signed by the base institution, and the OPTI CEO/CAO.

- 4.13 The base institution shall be the point of contact for all business and other correspondence regarding approved programs.
- a. [REDACTED] shall not assume this responsibility for base institutions; however, shall be copied on all official correspondence.

B. Required Compliance with AOA Policies

- 4.1 All base institutions shall be in substantial compliance with AOA requirements for institutions and programs in accordance with all AOA general requirements and specialty standards.
- 4.2 Approval of an OGME program and eligibility to recruit trainees shall be contingent based upon the following criteria:
- a. Participate in on-site reviews;
 - b. Provide requested documentation within 30 days of notification of deferral of program action by the PTRC or specialty college;
 - c. Follow directives associated with the program or trainee approval process;
 - d. Complete and submit the AOA annual Trainee Information, Verification and Registration Audit (TIVRA);
 - e. Participate in an OPTI;
 - f. Annually update AOA *Opportunities* program data between March 1 and June 30;
 - g. Comply with the work hours and moonlighting policies;
 - h. Payment of fees within 90 days of the invoice date;
 - i. Participate in the Electronic Residency Application Service (ERAS);
 - j. Acceptance of osteopathic trainees through participation in the AOA Intern/Resident Registration Program (AOA Match);
 - k. Maintain accreditation status of the base institution and the [REDACTED];
- 4.3 Any institution failing to submit annual postdoctoral fees by the 90 day requirement following the billing invoice shall be automatically placed on probation without the ability to recruit the next year, and a penalty shall 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) shall be considered terminated on June 30 of the subsequent year. Payment of fees during the 60 day probationary period shall immediately remove the program(s) from probation and reinstate recruiting.
- 4.4 Any institution failing to submit the required TIVRA data by October 15 annually shall 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.
- 4.5 Any institution failing to submit the required "Opportunities" online updates by June 30 annually will be charged a \$5,000 penalty per institution or \$1,000 per program if it has less than five programs. If participation has not occurred by October 15, the program(s) involved will be notified of termination to occur on June 30 of the subsequent year.

4.6 Prior to invoking the penalties above in B 4.3-4.5 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 OGME program may be conducted at an affiliate institution. Affiliate institutions may be used for training as required by the base institution for completion of requirements for an OGME program. An affiliate institution is a hospital or other approved site that offers basic, supplemental, or replacement training.

- 4.1 Affiliate sites shall be accredited by a Medicare recognized accrediting body.
- 4.2 The base institution shall obtain the following information from the affiliate institution:
 - a. A written affiliation agreement (to be available at on-site program reviews) which includes rationale for rotations, specific rotations, educational expectations, responsibility of trainees and supervising faculty, requirement for evaluation of trainee performance and any applicable institutional business or legal agreement;
 - b. Written verification of current patient scope, volume, and variety (to be available for on-site reviews in specific specialties as required);
 - c. Curriculum vita of the physician responsible for the supervision of the trainees while at the affiliate institution (to be available for on-site reviews).
- 4.3 Affiliation agreements must be maintained and reviewed by the base institution at least every five (5) years, and updated as necessary to reflect changes in the program.
 - a. Documentation of a five (5) year review by signature and date is necessary and must be available for on-site reviews.
- 4.4 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 DME at the base institution, and shall assist in the program on-site review process.
- 4.5 All evaluations of trainees conducted at affiliate institutions shall be made available to the DME at the base institution upon the completion of the rotation and available for on-site reviews.

D. Statement of Commitment to OGME

- 4.1 The base institution must have a written statement of institutional commitment to OGME signed and dated by both the CEO and Medical Education Committee (MEC) chairperson.
 - a. The statement shall indicate a commitment to providing educational, financial, and human resources necessary to support OGME as stated in Sec. IV, A.
 - b. The statement must be current and restated with any change of CEO or MEC chairperson.

E. Internal Review Process

- 4.1 Base institutions shall conduct internal reviews of approved programs to assess compliance with general and specialty requirements. Policy and forms are posted to AOA Website/Education.
- 4.2 The Medical Education Committee (MEC) shall be responsible for the development, implementation and oversight of the internal review process (See Section VI, E) and must comply with the following:
 - a. The MEC must designate an internal review committee(s) to review each OGME program.
 - b. This committee must include faculty, trainees from programs within the institution but from programs other than the one under review, a representative of the institution's OPTI when possible, and other reviewers as determined by the MEC.
 - c. The review must follow a written protocol approved by the MEC that incorporates, at a minimum, the requirements in this policy.
 - d. The written report of each internal review must be presented to, and reviewed by, the MEC to monitor areas of noncompliance and recommend appropriate action.
 - e. Reviews must be conducted at approximately the midpoint between AOA program on-site reviews. Departmental annual reports, while often an important sources of information, do not meet the requirement for an internal review.
- 4.3 Where there are dually-accredited (AOA and ACGME) programs in the same specialty, the internal review process for the AOA program, conducted simultaneously utilizing both AOA and ACGME standards, may be accepted as meeting the AOA mid-cycle review requirement if conducted within 12 months of the required date. If the ACGME 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.
- 4.4 The internal review shall not be examined during AOA program review, but the internal review shall be recorded in the MEC minutes and those minutes shall be reviewed to validate compliance.

F. Trainee Eligibility, Recruitment and Selection Process

- 4.1 The AOA program shall enroll only graduates of COCA-accredited COMs.
- 4.2 The base institution shall have written policies and procedures for the recruitment, selection and appointment of trainees available for site review and published in the house staff manual
- 4.3 The base institution shall participate in ERAS and the AOA IRRP. Option 3 specialty residencies do not participate in the IRRP.
- 4.4 Trainee recruitment shall be conducted following the policies and procedures of the AOA IRRP.
 - a. The institution shall not attempt to impose local requirements to supersede the IRRP.

- 4.5 Documented violation of the AOA IRRP policies or procedures shall lead to suspension of the training program.
- 4.6 Institutions with AOA-approved programs must not discriminate with regard to race, gender, color, creed, religion, national origin, ancestry, age, marital status, disability, sexual orientation (including gender identity) or status as a protected veteran.

G. Work Environment

- 4.1 Institutional facilities and resources must be adequate to provide educational opportunities to the trainee as set forth in Sec. IV, A.
- 4.2 The institution shall provide an on-call room for trainees that is clean, quiet, safe and comfortable, to permit rest during call.
 - a. A telephone shall be present in the on-call room.
 - b. Toilet and shower facilities shall be present in, or convenient to, the on-call room.
 - c. Computer with access to relevant records, lab, imaging, and reference material shall be present in, or convenient to, the on-call room.
- 4.3 The institution shall provide access to nourishment during all working shifts.
- 4.4 Institutions shall offer security measures to trainees to include hospital grounds, on-call quarters, clinical facilities and parking facilities.
- 4.5 The institution shall provide an appropriate medical records system for access by trainees, with exposure to electronic medical records where available.
- 4.6 Conference rooms shall be available for formal instruction.
- 4.7 Teaching aids shall be provided to facilitate learning, including access to computer, video, and other electronic technologies.
- 4.8 Each training program must provide scope, volume, and variety to meet the program standards and objectives and to allow trainees at all levels to be actively engaged in educational and clinical opportunities.
 - a. Clinical services shall be staffed with trainees at a level not to exceed training opportunities and patient care.

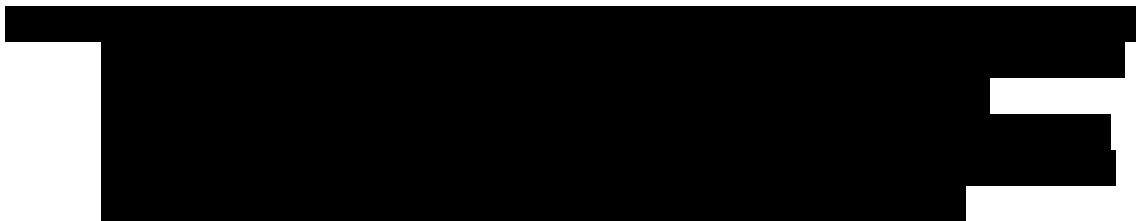
H. Library and Educational Resources

- 4.1 The institution shall provide access to knowledge-based information resources and reference materials adequate to support medical education activities at the institution, and readily available to faculty and trainees at all times, including after hours and on weekends. This standard may be met in conjunction with the OPTI partner of the institution.
- 4.2 Library resources must include comprehensive electronic medical literature databases, including Medline, medical dictionaries, major indexes, current textbooks and journals, patient education materials, practice guidelines, and document services. Resources may include print reference materials.

- 4.3 Library resources must include materials relevant to specialty or sub-specialty specific areas relevant to AOA-approved programs, and materials relevant to osteopathic principles and practice, and osteopathic manipulative treatment.
- 4.4 The library staff shall be appropriate to meet the needs of the institution's OGME programs and have training to assist trainees with their information needs.
- 4.5 Library resources must be managed by a health sciences librarian holding a degree from an American Library Association accredited program.
- 4.6 Library resources and services must be reviewed annually by the library manager with a report to the MEC.
- 4.7 An annual library budget or other source of financing must be available for the maintenance of library resources.

I. Core Competency Requirements

- 4.1 The training institution shall ensure that each program defines, teaches and evaluates, in accordance with published policy, AOA and specialty college requirements, the specific knowledge, skills, attitudes and experience required for trainees to learn and demonstrate the following basic osteopathic core competencies. Please see [the AOA website](#) "Core Competency Compliance Program Parts 1, 2, 3 (CCCP)," for options to develop the required Institutional Core Competency Plan and methods for teaching and evaluation of trainees.



- i. Osteopathic Philosophy, Principles and Manipulative Treatment;
 - ii. Medical Knowledge and Its Application Into Osteopathic Medical Practice,
 - iii. Osteopathic Patient Care,
 - iv. Interpersonal and Communication Skills in Osteopathic Medical Practice,
 - v. Professionalism in Osteopathic Medical Practice,
 - vi. Osteopathic Medical Practice-Based Learning and Improvement, and
 - vii. Systems-Based Osteopathic Medical Practice.
- 4.2 The competencies shall be integrated into all OGME programs.
 - a. There must be an Institutional Core Competency Plan developed by the DME, approved and supported by the Medical Education Committee and submitted to the OPTI for review and support and available for the on-site reviews.

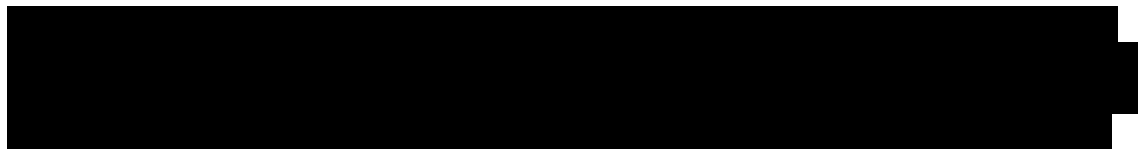
- b. This plan shall describe the methodology used for exposure and presentation to osteopathic trainees, as well as the processes utilized for assessment and evaluation of trainee proficiency.
- c. The plan shall be updated annually with expansion of methods of teaching and evaluation.



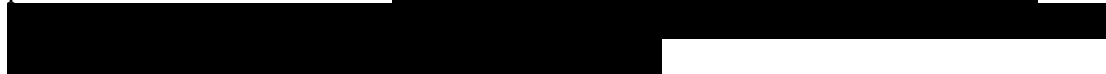
- e. Core Competencies in Internships (OGME 1-P and 1-T): General exposure to the Core Competencies must be integrated throughout the OGME 1-P and 1-T curriculum only as an introduction to the specific competencies. Detailed exposure and evaluation is required during the residency program.
- f. Core Competencies in Fellowship (Subspecialty) Training Programs: Core Competency specific exposure and evaluation is not required in fellowship training programs since it is completed during all base residencies. However, core competencies must be expected to be practiced during all fellowship training programs and considered in their general evaluation.

4.3 Program Directors must complete the Program Director's Annual Evaluation Report for each resident as well as Program Complete Summary – Final Resident Assessment (Core Competency Compliance Program (CCCP) – Part 3), which shall measure proficiency in each AOA Core Competency. The AOA CCCP 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.

4.4



published on the AOA website as



J. House Staff Manual

- 4.1 The base institution shall publish (hard copy or electronic) a house staff manual which includes operational policies and guidelines that govern rules and conduct for all trainees. The manual shall be available for all site reviews, be regularly updated, and include but not be limited to:
 - a. Duty hours policies;
 - b. Patient care and safety information;
 - c. Leave and vacation policies;
 - d. Due process for disciplinary action;

- e. Financial arrangements including salary, housing, meals, uniforms, liability insurance, etc. as per contract requirements;
- f. General hospital rules and regulations;
- g. Moonlighting policies;
- h. Evaluation requirements;
- i. Promotion and dismissal policies;
- j. File retention;
- k. Supervision;
- l. Appeal and grievance process;
- m. On-call policies.

SECTION V: PROGRAM REQUIREMENTS

AOA-approved OGME programs shall be conducted by institutions meeting or exceeding the institutional requirements established in Section IV of this document. All internship/residency/fellowship programs must meet the general requirements as set forth in this section as well as in specialty standards where those apply. Specific Traditional Internship program requirements are described in detail in this section. Specific Preliminary Internship program requirements are listed in the specialty standards. Specific Residency and Fellowship program requirements are listed in the specialty standards and are available on the AOA website.

A. General Program Requirements

Purpose of Training: Internship/residency/fellowship clinical training offers an opportunity for extensive patient care exposure with structured learning and supervision at various levels of experience in specific specialty areas. The OGME-1 training year is the initial opportunity for the osteopathic physician to become involved in postgraduate clinical experiences with extensive patient care with the application of osteopathic principles and practice which 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 the importance of which far exceeds that of providing framework support;
- 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.

5.1 **Program Description:** All AOA-approved programs shall have a program description which shall include the following elements:

- a. Mission statement - Each program must have a mission statement that defines its mission and purpose, and the program's commitment to sustain and advance training in the internship, specialty residency or fellowship through faculty and staff who are qualified to offer the program and carry out their defined responsibilities;
- b. Description of facilities for all participating institutions;
- c. Program goals and objectives - These must be clearly stated for the course of training, linked to the program mission, measurable for trainee and program evaluation, and incorporate Core Competencies as described in Section IV, I;
- d. Rotation goals and objectives;
- e. Curriculum for entire training period;
- f. Teaching faculty roster with certification status;

- g. Core Competency plan as described in Sec. IV, I;
- h. Sample trainee evaluation forms;
- i. Work hours and leave policy;
- j. Trainee remediation policy.

5.2 **Program Changes:** Approved and prospective training programs shall immediately report any substantive changes to the AOA Division of Postdoctoral Training, with copies to the OPTI and appropriate specialty college. Substantive changes include:

- a. Change in program leadership (DME, program director – forms are posted to AOA Website/Education);
- b. Change in sponsorship;
- c. Changes in major affiliate institutions (for other than short term rotations);
- d. Significant changes in scope, volume and/or variety available to the training program, including new use of patient population by other training programs;
- e. Change in OPTI affiliation;
- f. Change in institution location;
- g. Institutional merger;
- h. Anticipated program or institution closure.
- i. A change in the training site name, without other organizational changes is not considered a significant change in the organization structure. However, the institution is required to notify the AOA Division of Postdoctoral Training of such a name change, with copy to the OPTI. (Name change forms are posted to AOA Website.)

5.3 **Program Closures:** The training institution shall have written policies which address the following changes:

- a. The training institution shall immediately notify the AOA, its OPTI and its trainees of a program closure or any pending or anticipated reduction in positions, which would impact trainees prior to program completion.
- b. If a training institution anticipates a program closure or decrease in program positions every attempt shall be made to permit the current trainees to complete their training prior to such an action.
- c. If a training institution closes a program or decreases program positions and trainees currently in the program will therefore not be able to complete their training in their current specialty in that institution, these will be known as “displaced trainees.” The training institution shall immediately notify the AOA and the OPTI to aid in placement of the trainees in other AOA-approved programs within that OPTI structure, or when required, in institutions within another OPTI structure.
- d. Institutions applying for a temporary increase to accommodate displaced trainees must apply to the AOA. The increase application fee is waived. Temporary increase positions will be awarded only for the time the displaced trainee is in the program.

- e. 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 a geographically proximate program.



- 5.4 **Organization of OGME Consortia:** The COPT will, on application, consider organization of new or existing programs as consortium programs. Institutions are directed to the guidelines in Appendix 11.
- 5.5 **Compliance with State and Federal Policies:** All OGME programs shall 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.
- 5.6 **Minimum Requirements for Number of Trainees:** If an OGME program does not contract for the minimum number of trainees required by standards for two consecutive academic 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 lapse effective the following June 30 and will not enter or participate in the IRRP for the next academic year.
 - a. 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. (See requirements for internship and residency programs below.)
- 5.7 **OPP/OMM in OGME Programs:** AOA postdoctoral programs require the incorporation of osteopathic principles and practice only in the evaluation and care of patients of osteopathic attending physicians.
 - a. The osteopathic structural examination must be documented on patients of osteopathic attending physicians.
 - b. 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 all trainee evaluations.
- 5.8 **Requirements for OGME Applicants:** To receive credit for AOA-approved OGME training programs, candidates shall:
 - a. Have graduated from a COCA-accredited COM and be and remain members in good standing of the AOA.
 - b. Apply for AOA-approved OGME-1 positions through the ERAS and negotiate directly with those institutions approved by the AOA for training programs.
 - c. Apply for AOA-approved OGME-1 positions through participation in the AOA Intern Resident Registration Program (IRRP).

- d. Sign a contract and train with an AOA-approved base institution. The fully executed contract must be kept in the trainee file and a copy provided to each trainee.
 - e. Have an appropriate training license consistent with state and local requirements. It is the responsibility of the respective training site to ensure appropriate licensure.
 - f. Complete the internship/residency/fellowship.
- 5.9 **Medical Evaluation:** Each trainee shall receive a medical evaluation and routine laboratory studies as required by the base institution at the beginning of training and periodically as indicated.
- 5.10 **OGME-1 Structure:** OGME-1 is completed through one of the following, dependent on specialty college requirements:
- a. OGME-1R, Residency
This is the first year of residency training in specialties where the OGME-1 year is incorporated into the Residency (Option 1). Educational content is set by the respective specialty colleges as approved by the AOA and is supervised by the institutional residency program director. On-site review is conducted with the residency review.
 - b. OGME-1P, Preliminary Internship
This is the first year of training preliminary to residency training in specialties requiring a preliminary tracked internship year (Option 2). Educational content is set by the respective specialty colleges as approved by the AOA. OGME-1P trainees are supervised by the institutional intern program director. On site review will be conducted with the internship. This is an internship year.
 - c. OGME-1T, Traditional Internship
This is the first year of training preceding residency training in specialties requiring a traditional internship (Option 3), or unrelated to a residency for trainees who have not yet decided on a specialty and/or who want the option of a traditional internship year. Educational content is set in this section of the *AOA Basic Documents for Postdoctoral Training*. Supervision is by the institutional intern program director, and on site review is conducted as an internship. This is an internship year.

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

Purpose of Intern Training Program: 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 medicine, general surgery, obstetrics/gynecology (female reproductive medicine), pediatrics and emergency medicine.

- 5.1 At least one AOA-approved residency must exist in any institution with an AOA-approved internship. OGME-1 Preliminary or Traditional internships can only occur in an institution with a residency program.

- a. All OGME-1P internships must only occur in the same or affiliated institutions with a residency program in the associated Option-2 specialty.
- b. Any Option 2 specialty residency must have present in the same or affiliated institution an associated OGME-1P internship.
- c. All OGME-1T rotating internships must only occur in institutions with an AOA-approved residency present.
- d. Any Option 3 specialty residency must occur in an institution with an OGME-1T internship or be affiliated with an institution with an OGME-1T internship, or Family medicine or Internal Medicine residency.
- e. The affiliated institutions must provide academic oversight of AOA standards compliance by its MEC and DME.

5.2 Minimum Number of Interns (OGME-1 P and OGME 1-T)

- a. The institution must have a minimum of four approved intern positions and participate in the AOA Match program annually for no less than four intern positions.
- b. An internship program may be approved for less than the four required positions provided that it is functioning in coordination with an Accreditation Council on Graduate Medical Education (ACGME) accredited training program. Overall educational objectives can then only be met where there is a combined total number of trainees (DO and MD) of at least six.

5.3 When internships (OGME 1-P, T) coexist in the same institution as a specialty residency with similar OGME-1 training requirements, the number of interns counted may be below the minimum number of four interns provided that there are four or more OGME-1 trainees total.

5.4 The minimum number of approved and funded training positions in an intern program is four. For purposes of calculating the minimum number of interns, only trainees in the first year of an AOA-approved intern training program (OGME 1-P, T) may be counted.

5.5 If an institution with a single OGME-1P internship, affiliated with an Option 2 AOA-approved residency program, and without an ACGME program, cannot comply with the minimum number of four interns, a request for individual consideration must be submitted to the COPT by the sponsoring OPTI and base institution.

- a. 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 Option 2 residency.

5.6 **Period of Service:** The minimum period of service for the completion of an OGME-1P or OGME-1T program is 52 weeks. Internship training may be extended by a maximum of three months or twelve (12) weeks to successfully meet requirements.

- a. 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.

- 5.7 **Orientation:** 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.
- a. Interns shall be advised regarding the duties, professional ethics and conduct toward other members of the health care team. Orientation program schedules shall be available at time of on-site reviews.
- 5.8 **Level of Effort:** 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.
- 5.9 **Credit for Prior Training:** OGME-1P/OGME-1T 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 base institution, shall be reported immediately to the AOA Division of Postdoctoral Education, Trainee Services, and to their OPTI.
- a. Any OGME-1P/OGME-1T internship year completed in an AOA-approved program is transferable to another OGME-1P/OGME-1T AOA-approved program.
- 5.10 **Curriculum and Instruction Requirements:** The internship shall be characterized by a broad range of supervised inpatient and outpatient clinical experiences with a patient population with a wide spectrum of health problems.
- a. Opportunity for education in a broad range of medical/surgical experiences shall be provided.
 - b. Education shall take place in both inpatient and outpatient settings and incorporate formal and informal methodology.
 - c. Each rotation shall provide scope, volume, and variety to allow trainees to meet standards and program objectives.
 - d. Other clinical teaching resources, both in- and outpatient, must meet the program objectives.
 - e. The DME must indicate the schedule for each intern entering the program.

C. Requirements for OGME Year One Traditional (OGME-1T)

- 5.1 Specific rotational requirements shall include the following:
- a. At least six months of training rotations in any or all core disciplines. These include general internal medicine, general surgery, family medicine, pediatrics, obstetrics/gynecology (ambulatory gynecology) and emergency medicine;
 - b. No less than two months of rotations in general internal medicine, under the supervision of an internist;
 - c. One month rotation in emergency medicine;

- d. At least one month in family medicine in a hospital or ambulatory site or one-half day per week for a minimum of 46 weeks of ambulatory exposure in a family medicine continuity-of-care type practice site.
- e. No more than three months of elective rotations which must be approved by the internship program director.
- f. All remaining time may be scheduled at the discretion of the internship program director.
- 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 and be verified on intern logs.

5.2 **OGME 1-T Curriculum Components** shall include the following:

- a. Osteopathic principles and practice shall be incorporated throughout the program, which includes structural and palpatory diagnosis, and osteopathic manipulative treatment with diagnosis and treatment documented on charts of patients of osteopathic physicians.
 - i. Educational exposure and evaluation in the Core Competencies must be integrated and documented throughout the training curriculum.
- b. Bio-psycho-social behavioral knowledge and skills shall be taught in both formal and informal settings throughout the internship, including 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.
- c. Each intern shall receive exposure to anesthesiology, pathology, radiology and other disciplines related to the clinical practice of medicine. See C.5.1 h.
- d. Educational goals and objectives shall be defined for each rotation and included in the intern-training manual.
- e. The intern shall be expected to develop high-quality medical record skills, which includes:
 - i. Obtaining and recording the patient history;
 - ii. Performing and recording the results of the physical examination, including the use and application of osteopathic principles and practice;
 - iii. Stating the working diagnosis for each assigned patient;
 - iv. Writing daily progress notes that are dated, timed, signed, and identify trainee internship status.
- f. Interns shall follow assigned hospital patients from admission to discharge or change of service, documented by the daily progress notes.
 - i. An appropriate faculty member shall review the notes.

- g. OGME-1T interns must maintain intern logs to be kept in the permanent trainee file.
- h. These logs and the associated patient charts shall be subject to review by AOA program reviewers.
 - i. Trainees shall be advised to permanently keep copies of all logs, and institutions shall retain all original logs.
- i. In-hospital intern instruction shall consist of regular daily rounds with bedside teaching.
 - i. On in-hospital rotations, the intern shall make rounds with the attending and resident staffs, preferably on a daily basis.
 - ii. Daily rounds shall consist of systematic instruction, including discussion of the patient history, physical and laboratory findings, and diagnosis and treatment.
- j. Under faculty supervision, the intern shall be given increasing responsibility requiring application of clinical judgment.
 - i. In institutions conducting clinical clerkships, the duties and responsibilities and supervision of students and interns shall be clearly defined, commensurate with ability and stage of training.
- k. For teaching purposes, faculty must permit access to all patients assigned to interns.
- l. Patient assignments to interns shall balance volume and variety for learning experience, with adequate opportunity for study and attention to assigned patients.
- m. Ambulatory rotations shall be organized, administered and supervised.
- n. Clinical conferences shall be scheduled regularly for trainees.
 - i. A record must be kept of conference topics and of trainees in attendance and available at the time of the on-site review.
- o. Interns shall participate in appropriate hospital committees and staff activities that evaluate patient care.
 - i. Attendance shall be documented.
- p. Interns shall participate in a reading program, 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.
- q. The faculty must provide continuity in the clinical teaching of pre-operative, intra-operative and post-operative services involved in various surgical procedures.

D. Requirements for OGME Year One Preliminary (OGME-1P)

- 5.1 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 2-7.)

- 5.2 In OGME-1P programs where family medicine 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 on-site review, the intern program director must document the unavailability of family medicine rotations.
- 5.3 OGME-1P trainees must maintain intern logs to be kept in the permanent trainee file.

E. ACGME or Military Training Eligibility Requirements and Application Procedure

- 5.1 Graduates of COMs who participate in ACGME-accredited required military programs from which a request will be submitted to AOA for OGME-1 credit approval must meet the three criteria listed below. The Military Affiliate Society will review and make recommendation to PTRC, which grants final approval or denial.
- a. Maintain AOA membership;
 - b. Register with AOA Division of Postdoctoral Training;
 - c. Complete all required rotations of an AOA OGME-1 program. The Military Affiliate Society may request consideration for any individual OGME-1 training that does not completely match existing AOA rotation requirements.
- 5.2 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.
- a. The candidate must have completed an AOA-approved OGME-1 training year or qualify for the AOA re-entry pathway (Resolution 42)
 - b. The candidate must be and remain a member in good standing of the AOA.
 - c. The residency program in which the candidate trained, or is training, must be accredited by the ACGME at the time training occurred.
 - d. Candidates 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/Trainee Services. The PTRC grants final approval or denial. Denial actions can be appealed.
 - e. 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 and will be given full rights and privileges.
 - f. 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 subsequent training years, only the approved number of positions will be accepted.

F. General Residency Program Requirements:

This section of the *AOA Basic Document* provides guidelines for residency training programs in osteopathic specialties. (See also Sec. IV: Institutional Requirements.) Only those policies specific to resident training are included in this section, and this section should be read in conjunction with the specialty standards. Residency programs are designed to provide clinical knowledge and techniques specific to the specialty. Programs define specific knowledge, skills, behaviors, and attitudes required, and the educational experiences that provide opportunity to develop competency in the specialty, relative to specialty standards.

- 5.1 All Option 2 or 3 specialty residencies must have present in the same or affiliated institution an OGME-1 Preliminary or Traditional Rotating Internship.
- 5.2 Residents must have successfully completed COMLEX USA-3 prior to entry into the OGME-3 year.
 - a. The training program shall not issue an OGME-3 contract or allow the trainee to continue training until COMLEX USA-3 is passed. Specialty affiliates shall not grant training complete status until the trainee completes COMLEX USA-3 and all subsequent requirements of the necessary training years.
 - b. All programs must provide a written report to their OPTI administration indicating the names of all OGME-2 trainees who have not passed COMLEX USA-3 through either failure or non-participation by May 1 of each year.
 - c. All OGME-3 contracts issued to OGME-2 trainees prior to the start date of the OGME-3 contract year must contain language “contingent on passing COMLEX USA-3.”
 - d. Trainees who enter OGME-3 without meeting this requirement shall not receive credit for any time served between onset of the year and documented date of passing COMLEX USA 3. In addition, programs must indicate in TIVRA the extension of the anticipated completion date.
- 5.3 Any combined (dual specialty) residency programs must have present in the same or affiliated institution an AOA-approved residency in both base specialties.
- 5.4 **Elements of Residency Training Programs** shall include the following:
 - a. Residency shall lead to AOA board certification eligibility in accordance with specialty standards.
 - b. Residency programs shall provide training in appropriate clinical application of basic science knowledge.
 - c. The residency shall demonstrate compliance with a proficiency in the AOA Core Competencies.
 - d. The incorporation of osteopathic principles and practice is only required in the evaluation and care of patients of osteopathic attending physicians. The osteopathic structural examination must be documented on patients of osteopathic attending physicians.

- i. Osteopathic principles and philosophy must be utilized in the care of all patients and evaluated by the program director through resident evaluations.
- e. Supervision of residents must be provided on a graduated basis based on evaluation of individual knowledge and skill (See Section VII, I: Trainee Supervision Policy).
 - i. The supervising physician shall be responsible for determining the activities the trainee will be allowed to perform within assigned levels of responsibility and for being available to the trainee.
 - ii. The trainee shall be responsible for seeking consultation when it is clinically indicated.
- f. Residents shall participate in hospital committees and staff activities that evaluate patient care. Attendance shall be documented.
- g. Residency programs shall budget funds and time to permit residents to attend educational meetings as required by the specialty college.
- h. The patient volume of a residency training program must be sufficient to properly train a *minimum* of three residents in accordance with the specialty standards requirements. 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.

5.5 **Requirements for OGME Year One Residency (OGME-1R):** OGME-1R rotations shall be defined in specialty standards. The OGME-1R year provides exposure to required core disciplines as well as a specialty focus.

- a. In OGME-1R programs where family medicine 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 on-site review, the residency program director must document the unavailability of family medicine rotations.
- b. OGME-1R trainees shall maintain logs or annual reports as required by the specialty standards.

5.6 **Minimum Numbers Requirements for Residency Program:** The required minimum number of AOA-approved and funded residency positions is three.

- a. A residency training program may be approved for fewer than the three required positions provided that program is integrated with an ACGME accredited training program with at least three years of accreditation. Overall educational objectives may 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 academic 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:
 - i. Any new residency program approved for the minimum requirement of three residents may fill the program over a period of up to three years. The lapse

process will start after the program has had the opportunity to participate in Match for three years.

- ii. 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.
- iii. A residency training in combined specialties (e.g. internal medicine/pediatrics, family medicine/emergency medicine, etc.) may meet the requirement for the minimum of three residents jointly between the base program and the combined residency in each specialty counting each trainee as 0.5 of a resident position in each of the combined specialties.

- [REDACTED]
- 5.7 **Advanced Standing Requests:** A resident may, with the approval of the program director, petition the specialty college any time during the first residency year only for advanced standing credit in his/her current residency program for previous training taken in the same specialty or a different specialty in an approved osteopathic or ACGME training program. Decisions on advanced standing must be made by the specialty college evaluating committee within 60 days of receipt and are the sole purview of the specialty college evaluating committee and may not be appealed. Procedures shall be defined by the specialty college.
- [REDACTED]

- 5.8 **Resident Responsibilities** shall include the following:
- a. A trainee must complete the current level of OGME training in order to advance to the next training level.
 - b. The resident must actively participate in the education and training of students and other trainees at a level commensurate with required skills.
 - c. The resident shall pursue exclusively the agreed-upon program of training.
 - d. The resident shall not assume outside activities of a professional or a non-professional nature unless approved by the program director and/or other institutional authorities.
 - e. The resident must abide by the laws, rules, and regulations of the professional staff, the terms of the hospital contract, and other guidelines established by the hospital.
 - f. The resident shall attend specified staff meetings and maintain a satisfactory record of work performed.
 - i. 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.
 - ii. These logs and the associated patient charts shall be subject to review during on-site reviews.

- iii. Residents shall be advised to permanently keep copies of all logs.
 - g. Reports shall be submitted as required to the program director and the resident education department chairman for review and verification.
 - i. Copies of these records shall be filed with the hospital medical education administration and be available at the time of inspection.
 - h. Residents shall meet all specialty college requirements, including annual reports, in-service examinations, research requirements, etc.
- 5.9 **Outside Rotations:** The base institution shall be responsible for the oversight of outside rotations.
- a. The resident shall remain under contract or agreement to the base institution or organization throughout the outside rotation.
 - b. The resident's training log at the training site shall be included in his/her log at the base institution.
 - c. A written evaluation of the resident's performance must be submitted by the on-site supervising physician to the base institution.
 - d. The base institution may arrange for up to a total of six consecutive months of training at an outside rotation to supplement the residency program. Outside rotations in excess of six consecutive months must receive prior approval by the specialty college and PTRC.
 - e. 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 based on quality criteria in compliance with the core competencies.
- 5.10 **Teaching Case Load:** The teaching caseload for a residency program shall provide the volume of patients and 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 as specified in the specialty basic standards.

SECTION VI. POSTDOCTORAL LEADERSHIP REQUIREMENTS

Directors of Medical Education (DME), Institutional Educational Officer (IEO), Administrative Director of Medical Education (ADME), Program Director (PD), and Faculty

A. Director of Medical Education

- 6.1 There must be an osteopathic Director of Medical Education (DME) formally appointed by the base institution and approved by the Internship Evaluating Committee (IEC).
 - a. The DME must have the authority, responsibility, resources, protected time for administrative activities and reporting relationship within hospital administration for the oversight, administration and accountability of the institution's AOA-approved programs.
 - b. In an institution with only a single specialty program, the program director may be appointed as the DME.
 - c. The DME shall only function in this capacity at one base institution.
- 6.2 The DME shall have the following specific qualifications with verification in his/her curriculum vita and available for the program site review:
 - a. Graduate of a COCA-approved COM;
 - b. AOA Board certification, or within three (3) years (if board certified by the American Boards of Medical Specialties [ABMS]) through a recognized AOA pathway;
 - c. Member in good standing of both the AOA and AODME;
 - d. Minimum three years practice experience;
 - e. Minimum three years experience as teaching faculty member in an OGME program or college of osteopathic medicine;
 - f. Be attitudinally suited for responsibilities of OGME leadership;
 - g. Meet the continuing medical education requirements of the AOA.
- 6.3 The DME shall have the following specific responsibilities, defined in writing in the form of a job description and available at on- site reviews.
 - a. Coordination of all AOA training programs at the base institution;
 - b. Ensure compliance with the *AOA Basic Documents* and AOA-approved specialty standards for OGME programs;
 - c. Organize and implement a high quality OGME programs at the base institution;
 - d. Supervise all aspects of OGME programs at the base institution including participation in appointment and supervision of Residency Program Directors;
 - e. Serve as the Intern Program Director, unless an Intern Program Director is separately designated;
 - f. Ensure the completion of all evaluations, quarterly meetings and requirements of the internship and residency programs;

- g. Manage all applicable affiliation agreements, documents, and correspondence related to AOA programs;
- h. Manage the Internal Review process with the MEC;
- i. Prepare the Core Competency plan as described in Sec. I.4.3;
- j. Prepare and present an annual report on the “state of AOA educational programs in the institution” to the Medical Staff and Governing Board, with a copy to the OPTI. Copies of annual reports shall be available for on-site reviews. 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. Compliance with the duty hour standards in base institution and at affiliated institutions;
 - iii. The base institution’s internal review activities;
 - iv. The safety and quality of patient care provided by the trainees;
 - v. Progress on the Core Competencies.
- k. Participate in process where resources, including budgetary resources, are allocated for program support;
- l. Be available at base institution for a minimum of 50% time.
- m. Annually attend an AODME or AOA OME conference for educational faculty development.



6.4 The base institution must notify the AOA Division of Postdoctoral Training of any change in appointment of DME within 30 days, with copy to the OPTI. A change in DME may result in an immediate re-inspection of the internship. The IEC will review and approve appointments and DME changes are reported to the PTRC.

B. Institutional Educational Officer/ Administrative Director of Medical Education

- 6.1 Each institution shall have an Institutional Educational Officer (IEO) and in addition, may have an Administrative Director of Medical Education (ADME)
- 6.2 There must be an Institutional Educational Official who is appointed by base institution.
 - a. Responsibilities of the IEO 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.
- 6.3 The IEO/ADME shall have the following specific qualifications:

- a. DO degree or MD degree, or advanced degree in education, organizational design, research methods, program evaluation or related fields;
 - b. Minimum of 3 years experience in graduate medical education.
- 6.4 The IEO/ADME shall have the following specific responsibilities:
- a. Authorized point of contact for all official communication from the AOA regarding education programs, IRRP (AOA Match), TIVRA, ERAS, "Opportunities," annual fees and all official communication from AOA 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 for the OGME programs;
 - d. Other responsibilities as assigned by the DME.
- 6.5 The base institution must notify the AOA Division of Postdoctoral Training within 30 days of appointment, with copy to the OPTI.

C. Program Director

- 6.1 There shall be an osteopathic program director appointed for each approved OGME program with approval by the specialty college.
- 6.2 The base institution shall appoint a program director for each OGME program and provide that individual with a written job description. A program director may serve as the DME.
- a. The institution must notify the AOA Division of Postdoctoral Training of any changes in program director appointment within 30 days. The specialty college will review and approve appointment.
- 6.3 The program director must have adequate institutional support, which may include financial, in-kind, staff or other resources to meet program standards. Compensation may vary in accordance with institutional resources and may be individually determined.
- 6.4 The program director shall only serve as the director of one OGME program in the same specialty. However, the program director may serve as joint program director in both a base specialty residency and a fellowship program, with specialty college approval.
- 6.5 The Program Director shall have the following specific qualifications:
- a. Be a DO graduate of a COCA-approved COM or [REDACTED];
 - b. Possess AOA [REDACTED] in the appropriate specialty or sub-specialty;
 - c. Possess membership in the AOA and the appropriate osteopathic specialty college;
 - d. Have practiced in an appropriate specialty area for a number of years as determined by the specialty standards;
 - e. Have 3 or more years of experience as faculty in an AOA-[REDACTED]-accredited training program;

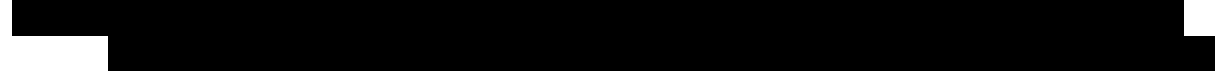
- f. Maintain clinical practice and teaching involvement in the respective specialty;
- g. Be attitudinally suited to conduct a training program;
- h. Meet the continuing medical education (CME) requirements of the AOA and the specialty college;



- 6.6 The program director shall have the following specific responsibilities:
- a. Attend required educational programs sponsored by the specialty college for the development of program directors;
 - b. Fulfill the responsibilities of the AOA specialty standards;
 - c. Be available to the trainees and have active clinical practice privileges at the base institution;
 - d. Oversee scheduling, curriculum development, training and evaluation of trainees;
 - e. Conduct periodic evaluations of each trainee in accordance with specialty requirements;
 - f. Participate on the education committee of the base institution;
 - g. Participate in recruiting and selecting candidates;
 - h. Develop training policies and curriculums;
 - i. Develop the training schedule to meet the curriculum requirements, including outside rotations as necessary;
 - j. Counsel trainees in academic and/or disciplinary matters;
 - k. Prepare for the on-site program review;
 - l. Participate in OPTI educational activities;
 - m. Assess compliance with trainee competencies and skills development requirements;
 - n. Recommend satisfactory program completion of trainees to specialty college;
 - o. Provide the trainee with all documents pertaining to the training program 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.
- 6.7 The change of a program director alone, without documented deficiencies which justify a program review and in a program on a term of continuing approval for three (3) or more years will not be cause for off-cycle program review.

D. Teaching Faculty

- 6.1 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.
- 6.2 Faculty must be qualified by training and experience to perform this role, and must be proficient in their areas of practice.
 - a. A list of teaching faculty and their credentials must be available for on-site reviews.
- 6.3 Faculty must be willing and able to provide instruction to trainees at the bedside and in ambulatory settings and coordinate in-patient care schedules for the education of trainees
- 6.4 Faculty must be willing and able to provide instruction to trainees in clinical and classroom settings.
- 6.5 Faculty shall 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.
- 6.6 Faculty must participate in periodic faculty development activities.
 - a. These activities must be recorded on a curriculum vita or other institutional/OPTI records for review at program/OPTI on-site reviews.



E. Medical Education Committee (MEC)

- 6.1 Each base institution must have a fully functioning Medical Education Committee (MEC).
- 6.2 The committee shall work to maintain and improve program quality.
 - a. The education committee shall include the DME, all program directors at the institution, and peer-nominated trainee representatives;
 - b. 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;
 - c. There shall be verifiable evidence of communication between the MEC and representatives of major affiliate institutions where attendance at the monthly meetings is not feasible;
 - d. The MEC shall meet at least 10 months of the year and minutes of meetings will be maintained and available for on-site reviews;
 - e. The MEC shall approve affiliations within the scope of AOA policies and procedures (see Sec. IV, A);
 - f. The MEC shall be responsible for the Internal Review process as outlined in Sec. IV, E;

- g. The MEC must establish a written policy to monitor duty hours and moonlighting compliance, and will monitor reports of violations to its OPTI OGME committee on request.
- 6.3 The committee shall be organized to assist the DME in developing and implementing a high-quality educational program for trainees.
 - a. The committee shall, in cooperation with the DME, develop a curriculum and methods to evaluate the educational experience of the interns and residents during training.
- 6.4 The committee shall review program, faculty, intern and resident evaluation processes, as well as ensure program modification by specialty and program director as needed in accordance with evaluation results.

SECTION VII. TRAINEE REQUIREMENTS

A. Trainee Appointment Agreements

- 7.1 The base institution shall ensure that trainees are provided with a fully executed contract. (A sample contract is provided in Appendix 10)
- a. If referenced, the full explanation of the below mentioned items shall be noted in the house staff manual and documented as supplied to each intern/resident.
- 7.2 The contract 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 trainee positions.
- 7.3 A written statement of benefits must be attached to the contract and a copy provided to the trainee.
- 7.4 The fully executed contract shall be maintained in the individual trainee file.
- 7.5 Institutional human resource policies may be applicable to trainees at the discretion of the base institution.

7.6 The institution shall not require a trainee to sign a non-competition guarantee.

B. Trainee Financial Support and Benefits of Appointment

- 7.1 Base institutions shall provide all trainees with financial support and benefits to achieve required educational objectives. A trainee shall not self-fund his or her own residency position.
- 7.2 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).
- a. These benefits must comply with state, federal and local laws.
 - b. Benefits such as moving expenses, living quarters, meals or laundry must also be addressed.
- 7.3 The base institution must ensure that trainees are provided with professional liability coverage for the duration of their training.
- a. Such coverage shall include protection against awards from claims reported or filed after completion of training and only applicable to actions occurring within the assigned scope of responsibilities for the approved program.

C. Leaves of Absence

- 7.1 The institution must publish its leave policy in the house staff manual.
- a. The AOA Division of Postdoctoral Training/Trainee Services must be notified in writing of the training extension, with copies to the OPTI and specialty college.
 - b. All AOA-approved programs must offer a minimum of 10 business days (Monday through Friday) per contract year of vacation time and provide a maximum of 20 business days (Monday through Friday) per contract year of vacation, professional, sick or other leave as granted by the DME, unless such leave is designated by federal, state, or union regulations.
 - i. In such cases, federal, state and/or union regulations shall supersede these policies for each contract year of training.
 - c. No more than 20 business days per contract year of leave may be granted for any purpose without extending the program.
 - d. If trainee 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.
- 7.2 The DME/program director has the authority to extend 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 shall require advance approval and be reported to the AOA Division of Postdoctoral Training, specialty college(s) and OPTI.

- 7.3 The base institution shall assist the trainee in obtaining confidential counseling, medical, and psychological support services when indicated, including physician impairment assistance.

D. Trainee Contract Responsibilities

- 7.1 The contract shall be completed as outlined in the Match rules, and returned to the base institution within thirty days.
- 7.2 Any contract violation by an institution shall be reported immediately to the AOA Division of Postdoctoral Training.
- 7.3 Contract requirements must be met in full. Violation of the contract by a trainee may result in the loss of credit for time served in the program.
- 7.4 A trainee who breaches his or her contractual commitment prior to the start of training shall not serve in an AOA-approved program for a period of twelve (12) months following the date of the breach. A trainee who breaches the trainee contract during his/her training shall not serve in an AOA-approved internship or residency until the beginning of the following training year (effective July 1st).
- 7.5 The AOA is not a party to any contractual disputes between trainee and the base institution.

E. Trainee Contract Termination

- 7.1 The institution may discontinue the training of an OGME trainee who is considered to be academically, educationally, temperamentally, ethically or otherwise unsuited to participate or continue in the program.
- 7.2 Prior to termination of a trainee contract, the institution must provide the trainee with appropriate due process, personal and/or academic counseling.
- a. There must be written documentation of deficiencies and attempts to resolve these concerns.
- 7.3 In the event that a contract requires termination due to loss of AOA program approval the base institution and the OPTI shall make an effort to place the trainee in other established AOA-approved programs.

F. Grievances, Complaints and Due Process for Trainees

Complaint procedures are established to:

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

- 7.1 The base institution shall provide trainees with appropriate policies and procedures for grievance and due process.
- a. Policies shall address academic and disciplinary actions that could jeopardize a trainee's appointment and/or career and must address the non-renewal of contracts, termination of program, and academic failure of clinical services rotations.
- 7.2 These policies and procedures shall address adjudication of complaints and grievances related to the hospital, program or staff.
- 7.3 The procedure for filing an official complaint begins with informal consultation. Each complainant must initially attempt to resolve any differences or problems with the specific program, base institution or OPTI through direct dealings. A complaint to the AOA should only be made after these attempts at resolution have been unsuccessful or where a trainee is concerned about retribution.
- 7.4 A complainant may seek informal consultation, or may file a formal complaint, with the AOA Division of Postdoctoral Training regarding a program or institution concerning a violation of AOA approved standards.
- 7.5 A formal complaint shall meet the following criteria:
- a. The complainant shall present information concerning an alleged violation of AOA-approved standards. The information shall be accurate and well documented with documentation where possible.
 - b. The complainant shall document efforts to resolve the problem through appropriate program, base institution, or OPTI channels. Where such measures are not possible, the complainant shall state reasons.
 - c. The complainant shall include information about any other actions initiated to resolve the problems.
 - d. The complaint shall be presented in writing to the AOA Division of Postdoctoral Training and signed by the complainant. The complainant's identity shall be held in confidence at all times.
- 7.6 The OPTI shall be notified, unless contraindicated by an individual situation, and asked to provide an assessment of the allegations to the AOA within thirty (30) days.
- 7.7 If the complaint warrants further investigation AOA will notify the complainant, in writing, that the complaint has been accepted for further investigation. AOA will also notify the complainant in writing if a complaint has not been accepted for further investigation.
- 7.8 If AOA ascertains that a complainant has instituted litigation against the program, institution or OPTI concerning the complaint, no action shall be taken while the matter is subjudice.
- 7.9 If AOA determines that a complaint warrants investigation, a further review will be initiated within 30 days by the COPT, together with the OPTI's assessment. The COPT will consult other education council leadership where appropriate, and may take any of the following actions based on the findings of the investigation:

- a. No action;
- b. Determine whether a focused visit is warranted and will refer to PTRC or COPTI;
- c. Monitoring for a one year period followed by a focused site review;
- d. Modify the current term of program approval, including probationary status;
- e. Denial of continuing approval of the program, with a closure date;
- f. Denial of eligibility of program or institutional leadership;
- g. Other sanctions as deemed appropriate by the COPT;

7.10 AOA must maintain documentation of the disposition of complaints.

G. Trainee Duty Hours Policy

Situations in which trainees work an excessive numbers of hours can lead to errors in judgment and clinical decision-making, and negatively impact the physical and mental well being of trainees. 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.

7.1 The base institution, DME, and program directors must make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.

- a. The institutional policy must be reported in the house staff manual and available for review at all program site reviews.

[REDACTED]

7.2 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 [REDACTED]

[REDACTED]

7.3 The trainee shall not work in excess of 24 consecutive hours.

- a. Allowances [REDACTED] transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed [REDACTED]

[REDACTED]

- b. Residents shall not assume responsibility for a new patient [REDACTED] working 24 hours.

7.4 The trainee shall have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week [REDACTED].

7.5 Upon conclusion of a [REDACTED] hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty [REDACTED] again.

[REDACTED]

7.6 All off-duty time must be totally free from clinical, [REDACTED] and educational activity.

- 7.7 Rotations in which a trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts [REDACTED]
- 7.8 In cases where a trainee is engaged in patient responsibility which cannot be interrupted [REDACTED], additional coverage shall be assigned as soon as possible [REDACTED] to relieve the resident involved. Patient care responsibility is not precluded by the duty hours policy.
- 7.9 The trainee shall not be assigned to [REDACTED] call more often than every third night averaged over any consecutive four-week period. [REDACTED]
- [REDACTED]

H. Moonlighting Policy for Trainees

- 7.1 Any professional clinical activity (moonlighting) performed outside of an official residency program will only be conducted with the permission of the program administration (DME/program director) [REDACTED]
- a. 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.
 - b. 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.
- 7.2 If moonlighting is permitted, hours shall be inclusive of the 80 hour per week maximum work limit and must be reported and monitored by the MEC.
- 7.3 OGME-1 trainees shall be prohibited from moonlighting.

I. Trainee Supervision Policy

OGME training must be designed to offer structured and supervised exposure to balance learning with service appropriate to trainee levels of documented expertise.

- 7.1 Supervision shall be provided on a graduated basis as the trainee progresses through the training program, based on evaluation of individual knowledge and skill as well as institutional policy, program and specialty college requirements.
- a. The supervising physician shall be 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.
 - b. Trainees shall be responsible for seeking consultation when it is clinically indicated, based on the trainee's level of training and institutional policy.

- 7.2 Institutions must provide supervision and patient care in accordance with national and state guidelines and policy and specialty basic standards of required skills at various training levels.
- 7.3 Trainees must have reliable access to supervision and evaluation throughout their training period. Trainees are responsible to the program director and supervising physicians for assignment of responsibility, supervision and evaluation.
- 7.4 Residents shall participate in supervision of other trainees at lower levels of OGME in their respective specialties.
- 7.5 During night on-call hours, trainees must have on-call access to attending physician assistance and supervision regarding patient care.
 - a. Physicians shall be required to review trainee-provided patient care given during on-call periods and participate in evaluating this care with the trainee.

J. Trainee Licensure Requirements

- 7.1 All trainees must have an appropriate training license consistent with state and local requirements.
 - a. The respective training site shall have the responsibility to ensure appropriate licensure of interns/residents.

K. 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 of Ethics can be found at the AOA website.

- 7.1 All trainees must practice ethical behavior and abide by specific codes of conduct as defined by the base institution in its house staff manual.

L. Training Certificates of Completion

- 7.1 On satisfactory completion of an OGME-1P or OGME-1T year the institution and OPTI shall jointly award the intern certificate.
- 7.2 Upon completion of a residency the institution and OPTI shall jointly award the certificate.
- 7.3 Upon satisfactory completion of the OGME-1R year the institution shall issue a letter of completion to each trainee in the appropriate specialty, for licensing purposes, and with a copy to the OPTI.
 - a. The letter must read as follows:

To Whom It May Concern:

This letter is to verify that _____, DO successfully completed all requirements of an American Osteopathic Association (AOA) approved OGME-1 Year* at (Institution, Institution Number, Program 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.

- 7.4 The trainee completion certificate shall confirm the successful fulfillment of the program requirements, completion date of the program, the name(s) of the base institution, program director(s), the OPTI, and the AOA institution number and program number.
- 7.5 Copies of certificates must be kept in the trainee file and available for on-site review.
- 7.6 If a trainee transfers programs, only the institution where the trainee completed his/her training shall report the completion on a certificate.
 - a. All other institutions shall only award a certificate for the time served in a respective residency.

SECTION VIII. EVALUATION

Evaluation of OGME programs approved by the AOA is conducted through a system of on-site reviews, recommendations by specialty college evaluating committees (or SPECs), and actions of the Program and Trainee Review Council (PTRC), with policy oversight by Council on Postdoctoral Training (COPT). PTRC also provides oversight of trainee approval processes, with direct approval on specific actions. Actions of the PTRC are final but may be appealed to the Appeal Committee of the BOE. This section addresses application and approval of new programs; review and terms of approval on continuing programs; approval of positions in programs; and oversight of program compliance with AOA directives.

PTRC processes: PTRC processes are described in detail in the *Handbook of the Program and Trainee Review Council* (reviewed by the COPT, with final approval by the BOT), posted to the AOA website.

A. Approval of New OGME Programs

- 8.1 Applications shall be submitted to the AOA Division of Postdoctoral Training. Incomplete applications may result in deferral or delay in the program approval process. Required application forms for new internship and residency/fellowship programs are posted to the AOA website.
 - a. Institutions applying for new programs will apply for the trainee positions for the entire training program. All positions applied for must be funded positions.
- 8.2 Applications shall be signed by an authorizing official of the base institution and the CEO/CAO of the OPTI partner of that institution.
- 8.3 Affirmation of the institution OPTI agreement must be filed with the application.
 - a. If no OPTI agreement is on file for the institution, or for programs where the OPTI partner will be other than the institution OPTI partner, a new OPTI affiliation agreement must be filed with the application.
- 8.4 New program applications are copied to the Internship Evaluating Committee (IEC) or the specialty college evaluating committee for review and recommendation to the PTRC for approval or denial. A pre-approval inspection may be conducted at the discretion of the IEC or SPEC to verify that required elements to support OGME training are present.
- 8.5 Application for an internship program (OGME-1T or OGME-1P) requires that an AOA-approved residency exist at the same institution, or that a residency application be submitted with the internship application. Application for an Option 2 or Option 3 residency requires that an AOA-approved OGME-1P or OGME-1T internship program exists at the same institution, or that such an application be submitted with the residency application unless the associated internship is to be conducted at an affiliated institution.
- 8.6 No program shall be considered approved until receipt of official notification of PTRC action. No recruitment efforts and/or offers of position are allowed prior to receipt of this notification.
 - a. Osteopathic trainees in an ACGME approved program when AOA approval is received will be considered to have been enrolled in an osteopathic program and will receive AOA credit for the entire training period.

- i. 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.
- 8.7 New programs are approved for one-year with an on-site review within one year of the beginning of training. New programs have three years in which to begin to meet the minimum numbers requirements. If no trainees have begun training at the beginning of the third academic year following approval, the AOA will take action to lapse the program.
- 8.8 AOA-approved programs shall not be transferred between institutions. If an institution wishes to apply for a new program due to closure of an existing program, a new application must be filed.

B. Application for Position Increases

- 8.1 Programs that wish to increase the number of positions in an AOA approved program must file an increase application form and be submitted to the AOA Division of Postdoctoral Training. Incomplete applications may result in delay in the program approval process. Applications are available on the AOA website.
 - a. Programs on probationary status may not apply for a position increase.
 - b. Positions applied for must be funded positions.
 - c. Programs will not be eligible for an increase until receipt of its first re-approval.
- 8.2 Applications shall be signed by an authorizing official of the base institution and the CEO/CAO of the sponsoring OPTI of that institution.
- 8.3 New program applications are copied to the Internship Evaluating Committee (IEC) or the specialty college evaluating committee (SPEC) for review and recommendation to the PTRC for approval or denial.
- 8.4 No increase shall be considered approved until receipt of official notification of PTRC action. No recruitment efforts and/or offers for increase positions are allowed prior to receipt of this notification.

C. Review of Currently Approved Programs

- 8.1 Programs shall participate in on-site reviews according to cycles determined by the PTRC. Program directors are notified in advance of the site visit, and are advised to notify their OPTI prior to scheduling the reviews.
 - a. The program director, DME, and OPTI must be advised of the confirmed site review date.
- 8.2 The training institution shall perform a self-study for the intern/residency program in advance of an on-site inspection.
 - a. This shall be done in preparation for and as the process of completion of the Inspection Crosswalk.

- 8.3 The PTRC may elect to have a program reviewed outside the originally scheduled cycle according to the Off Cycle Inspection Protocol in the PTRC Handbook. A program director or institutions may request an early review or consultation.
- 8.4 Training institutions shall actively participate in on-site reviews, and shall incur all associated costs.
- 8.5 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.

D. On-Site Reviewers

- 8.1 Residency program reviewers are selected from specialty college nominees, with review and approval 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.
- 8.2 The specialty colleges, in cooperation with the AOA, assign on-site reviews. The reviewer shall 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 validate the information provided by the program and its compliance with training requirements. The site reviewer shall 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.
- 8.3 Reviewers shall submit a written report to the AOA within 15 days of the on-site review. AOA will copy the IEC or specialty college for consideration by their respective evaluating committees. Inspection reports shall contain the findings on the degree of compliance with training standards within the educational programs, and other information required by the PTRC.

E. Program Actions of the PTRC

- 8.1 The AOA Board of Trustees has authorized the PTRC to review all intern and residency programs to evaluate the reviewer's findings and recommend approval or denial. The processes and decisions of the PTRC are governed by the *Handbook of the Program and Trainee Review Council* (available for review on the AOA Website).
 - a. Approval actions, terms of approval, probationary approvals, and denials of approval are described in detail in the *Handbook*.
 - b. Any specialty specific deviations in recommended years of approval for new programs or for continuing approval must be fully described in the specialty basic standards.
- 8.2 The IEC and/or the specialty college evaluating committee shall review materials submitted to them for recommendations on program approval actions. Recommendations to the PTRC shall be based on the findings of on-site reviews and related materials.

- a. 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 has the authority to review the inspection report and take final action.
- 8.3 Program approval commences with the date of the PTRC meeting specified in the notification letter and remains in effect until the next formal action is taken by the PTRC. The date of next on-site review is stated in each continuing approval letter.
- a. Continuing approval does not lapse due to the passage of time.
- 8.4 The AOA approval letter with cited deficiencies shall be sent to the program, IEC/specialty college and OPTI within two weeks of the PTRC decision
- 8.5 Probationary approval actions may be taken as defined in the *Handbook*. Probationary actions are assumed to be for one-year without the ability to recruit unless otherwise stated in the PTRC action. Any program receiving a probationary action without the ability to recruit will be blocked from participation in ERAS and the AOA Match unless an appeal is filed at the AOA and accepted.
- a. Probationary continuing program approvals by the PTRC must be copied to program interns/residents, as well as to the director of medical education, base institution, and sponsoring OPTI.
 - b. Notification to trainees shall be made by the Division of Postdoctoral Training 60 days after the program has been informed of the one-year approval of continuing approval. The 60 day time period allows the program an opportunity to appeal the action of the PTRC before trainees are notified.
 - c. 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.
- 8.6 Denial actions may be taken as defined in the *Handbook*.
- a. Institutions denied approval for an OGME program shall be notified immediately following the PTRC meeting and may request an appeal before the BOE Appeal Committee.
 - b. Any active OGME program that is denied approval shall not be permitted to contract with new trainees. In the event of an appeal, no new contracts may be executed during the appeal process.
 - c. Denial of continuing approval to a training program 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.
 - d. Program denial actions by the PTRC must be copied to the program trainees as well as to the DME, base institution, and sponsoring OPTI. Notification to trainees shall be made by the Division of Postdoctoral Training. 60 days after the program has been informed of the one-year approval of continuing approval. The 60 day time period allows the program an opportunity to appeal the action of the PTRC before trainees are notified.

F. Progress Reports, Reconsiderations and Corrective Action Plans

- 8.1 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 must be reviewed and signed by the OPTI officer and the training institution's DME.
- 8.2 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.
- 8.3 Corrective action developed and reported after the site visit and re-approval decision is not allowable as an explanation for reconsideration of a prior program decision.
- 8.4 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.
- 8.5 The OPTI will review the plan and submit it to the AOA within thirty (30) days of receipt of the Corrective Action Plan. If a Corrective Action Plan is received by the AOA and has not been reviewed and signed by the OPTI, the AOA will forward the Corrective Action Plan to the OPTI.
- 8.6 AOA will forward the Corrective Action Plan within 10 business days to the IEC or SPEC.
- 8.7 The SPEC will review the corrective action plan within forty-five (45) days or at their next evaluating committee meeting, whichever is sooner, and forward a recommendation to accept to the AOA, which will notify the program of the action. Recommendations to deny approval of a corrective action plan will be reviewed by the PTRC.
- 8.8 The program/institution must submit documentation of the implementation of their corrective action plan to the OPTI within six (6) months of acceptance of the plan by the specialty college. Failure by the program to supply the OPTI with adequate documentation will be cited as a program deficiency by the OPTI and reported to the AOA.
- 8.9 AOA will notify PTRC of program non-compliance with the corrective action process, and sanctions may be applied. All program actions will be copied to the IEC or specialty college, and the OPTI.
- 8.10 The OPTI shall have authority and responsibility to approve validation of the program's documentation and report same to the PTRC.

G. Evaluation of Trainees

- 8.1 All components of a trainee'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, attitudes and interpersonal relationships and progress in core competency achievement.
- 8.2 At the completion of each rotation the appropriate faculty member shall evaluate the trainee. This evaluation shall be signed by the assigned faculty member and the trainee; reviewed by the DME/program director, and maintained on file in the medical education office.

- 8.3 The DME and the education committee shall verify the satisfactory performance of every [REDACTED] on a quarterly basis [REDACTED] to ensure that educational objectives are being met.
- 8.4 The program director shall review trainee performance at least quarterly with each [REDACTED]. This must be documented in writing with performance assessment, recommendations, and acknowledgement by signature of trainee.
- 8.5 Prior to early termination of a contract, the institution shall provide the trainee with appropriate written warning and counseling. The assigned faculty member is responsible for documenting deficiencies and attempting to resolve concerns with the trainees, including potential remediation for deficiencies.
- 8.6 In cases of early termination of a contract, the DME/program director shall provide the trainee with documentation regarding which rotations, if any, were completed satisfactorily. In cases of early termination or unsatisfactory completion of a contract, the AOA Postdoctoral Division and/or specialty college and OPTI must be promptly notified and the terminated contract submitted to AOA.
- 8.7 If the trainee transfers into another institution's training program of the same specialty, the receiving program director has the authority to determine which, if any, satisfactorily completed 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 and approval.
- 8.8 At the completion of each residency training year, the program director must complete the AOA Program Director's Annual Evaluation Report (CCCP Part 3) to be attached to any specialty-specific reports unless the specialty specific form has been approved by COPT in lieu of the AOA form. Copies must be maintained in the resident's file.
- 8.9 At the completion of each residency training program, the program director must complete the AOA Program Complete Summary – Final Resident Assessment (CCCP Part 3) unless the specialty specific form has been approved by COPT in lieu of the AOA form. Copies must be maintained in the resident's file and forwarded to the OPTI.

H. Evaluation of Training Programs and Faculty

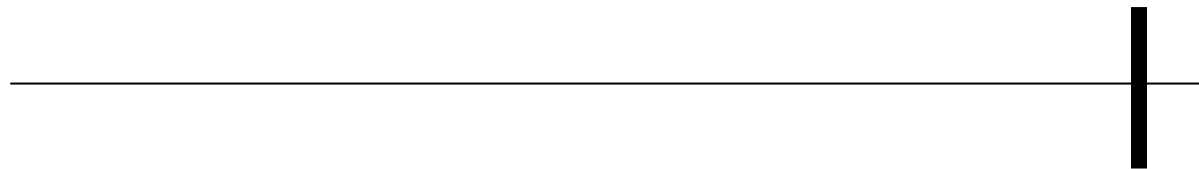
- 8.1 While the training program contains an important patient service component, it must be primarily an educational experience. This educational mission must not be compromised by an excessive reliance on trainees to fulfill institutional service obligations. To monitor this educational process, provision should be made for various levels of program evaluation. The results of these evaluations should be used to continually improve the program.
- 8.2 At the completion of each rotation, the trainee shall evaluate the educational experience and the faculty. These evaluations shall be reviewed by the program director and maintained on file by the program director/DME. Evidence of evaluations and their review must be available during on-site review.

- 8.3 The program director shall review each rotation evaluation monthly. The program director shall determine the amount of work being required of the trainees to ensure that they are not overburdened with routine responsibilities and that they have the opportunity to observe a sufficient variety of cases and to achieve all educational goals and objectives. These evaluations shall be reviewed with the appropriate individuals or departments.
- 8.4 The MEC shall evaluate the intern training program quarterly. When necessary, the committee shall approve affiliations within the scope of AOA policies and procedures and evaluations must be available during program on-site review.



PART TWO:

**THE BASIC DOCUMENT
FOR
OSTEOPATHIC POSTDOCTORAL TRAINING INSTITUTIONS
(OPTIs)**



SECTION IX. STANDARDS FOR ACCREDITATION OF OPTIs

This section defines the accreditation standards against which OPTIs are evaluated for accreditation by the AOA's BOE through the COPTI. The *OPTI Accreditation Handbook* documents the context and process used by the AOA's Bureau and COPTI in accrediting OPTIs and provides supplementary statements of operations.

The AOA, BOE, COPTI and each accredited postdoctoral training facility are required to adhere to the policies, procedures and standards contained in these official AOA documents: *Basic Document for Osteopathic Postdoctoral Training Institutions* and the *OPTI Accreditation Handbook*.

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

A. Prerequisites for Accreditation

- 9.1 OPTIs shall be composed of member hospitals that are all accredited by one of the following: the Joint Commission, 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).
- 9.2 OPTI shall be a formally organized entity.
- 9.3 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.
- 9.4 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.
- 9.5 Each OPTI shall offer a minimum of two AOA approved residency programs, at least one of which is in the following specialties: family medicine, general internal medicine, obstetrics and gynecology, general surgery or general pediatrics.
- 9.6 An OPTI may NOT sponsor AOA approved programs. Only provisionally or fully BHFA- or COCA-accredited institutions may sponsor AOA approved programs.
- 9.7 Each OPTI shall include opportunities for osteopathic student clerkship experiences.
- 9.8 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.

- 9.9 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 the *OPTI Accreditation Handbook*.

B. Organization, Governance and Finance

- 9.1 The OPTI shall define its mission, goals, and objectives and document in its self studies and annual reports how its activities support them.
- 9.2 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.
- 9.3 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.
- 9.4 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.
- 9.5 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.
- 9.6 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.
- 9.7 The governing body shall ensure that its members and officers avoid conflicts of interest with respect to the affairs of the OPTI.
- 9.8 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.
- 9.9 Each OPTI shall maintain a permanent and safe system for keeping records.
- 9.10 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.
- 9.11 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.

- 9.12 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.
- 9.13 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.
- 9.14 Each OPTI shall commit the financial resources necessary to operate, and maintain its postdoctoral educational mission/objectives.
- 9.15 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.
- 9.16 Affiliation agreements between the OPTI and its member institutions shall be renewed in accordance with the bylaws of the OPTI.

C. Program Evaluation

- 9.1 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.
- 9.2 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.
- 9.3 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.
- 9.4 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.
- 9.5 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.
- 9.6 The OGME committee shall review each partner institution's core competency institutional plan and ensure an appropriate progression of education and evaluation methodologies.
- 9.7 Each OPTI shall enforce compliance with AOA and specialty college accreditation standards in each of its programs and member hospitals.

- 9.8 The OPTI shall implement a system of program evaluation that assesses and measures the effectiveness of each educational program and establishes opportunities for improvement.
- 9.9 Each OPTI shall have a system in place that allows interns and residents to submit program evaluations.

D. Research Standards

- 9.1 Each OPTI shall establish policies and guidelines governing scientific research activities in accordance with local, state and federal government guidelines.
- 9.2 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.
- 9.3 Each OPTI shall provide access to basic science and/or clinical research mentorship.
- 9.4 The OPTI shall support and provide a mechanism to recognize residents who conduct research activities.
- 9.5 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.
- 9.6 The OPTI shall support, promote and facilitate publications in peer review journals from OPTI community based residents and/or faculty.

E. Faculty and Instruction

- 9.1 The OPTI in conjunction with its COM partner(s) shall have a system for faculty appointments that recognizes the participation of medical educators in postdoctoral programs.
- 9.2 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).
- 9.3 The OPTI shall provide faculty development goals and objectives through the OPTI strategic plan and evaluate the effectiveness of the faculty development program.
- 9.4 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.
- 9.5 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

- 9.1 Each OPTI shall ensure the adoption of selection policies and criteria for intern and resident selection in accordance with specific policies and procedures in the *OPTI Accreditation Handbook*.
- 9.2 Each OPTI shall ensure that transfer credit and waiver policies and procedures are applied in accordance with specialty college policies 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.
- 9.3 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.
- 9.4 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.
- 9.5 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.
- 9.6 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

- 9.1 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.
- 9.2 Each OPTI shall have a system in place that allows the OPTI to utilize trainee program evaluations for curricular improvements.
- 9.3 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.
- 9.4 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.

- 9.5 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.
- 9.6 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.
- 9.7 The OPTI shall monitor compliance with the internal review process requirements at each of its partner training institutions.
- 9.8 The OPTI shall document a process by which it shall actively assist any partner program receiving less than a three year approval.
- 9.9 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

- 9.1 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.
- 9.2 The OPTI shall provide full library access to print or electronic learning resources at all times to all trainees at each site.

OGME-1 Options Grid

Option 1 (OGME-1R)	Option 2 (OGME-1P)	Option 3 (OGME-1T)
Anesthesiology	Diagnostic Radiology	Dermatology
Emergency Medicine	Neuromusculoskeletal Medicine and OMT	Public Health and Preventive Medicine
Family medicine and OMT	Ophthalmology	
Family medicine/ Emergency Medicine	Pathology	
General Surgery	Physical Medicine and Rehabilitation	
Integrated Family medicine / NMM	Radiation Oncology	
Internal Medicine		
Internal Medicine / Emergency Medicine		
Internal Medicine / Pediatrics		
Neurological Surgery		
Neurology		
Obstetrics and Gynecology		
Orthopedic Surgery		
Otolaryngology/Facial Plastic Surgery		
Pediatrics		
Psychiatry		
Urological Surgery		
Proctologic Surgery		

APPENDICES

Rotation Requirements for Internship Options (OGME-1 P and OGME-1 T)

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.

Appendix 1: Rotating Internship Required Rotations (OGME-1T)

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 medicine, 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.
4. At least one month in family medicine in a hospital or ambulatory site or one-half day per week for a minimum of 46 weeks of ambulatory exposure in a family medicine 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 2:
Preliminary Internship Diagnostic Radiology Required Rotations (OGME-1P)**

1. One month Emergency Medicine
2. One month Family Medicine
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 3:
Preliminary Internship Neuromusculoskeletal Medicine /
Osteopathic Manipulative Medicine Required Rotations (OGME-1P)

1. One month Emergency Medicine
2. One month Family Medicine (may also be met in ½ day per week Family medicine 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 4:
Preliminary Internship Ophthalmology Required Rotations (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 medicine)
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 5:
Preliminary Internship Pathology Required Rotations (OGME-1P)**

1. Three months General Internal Medicine;
2. One month Hematology and Oncology;
3. Two months General Surgery;
4. One month Obstetrics and Gynecology;
5. Three months Family medicine;
6. One month Pathology;
7. One month Elective.

Appendix 6:
Preliminary Internship Radiation Oncology Required Rotations (OGME-1P)

1. One month Emergency Medicine
2. One month Family medicine
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 7:
Preliminary Internship Physical Medicine and Rehabilitation Required Rotations
(OGME-1P)**

1. One month Emergency Medicine
2. One month Family medicine or Internal medicine (may be met with ½ day per week in FM or IM 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 in Physical Medicine and Rehabilitation)
8. Two months Discretion of Program

Appendix 8:

Guidelines for Approval of ACGME Training as an AOA-Approved OGME-1 Year (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. 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).
 - c. 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. Attend a regional or national meeting of the AOA, an AOA-affiliated specialty society or an AOA-affiliated state society.
 - e. 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.
- IF. This process may not supplant the advanced standing requirements of any specialty college.
- I. 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 9:
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.

BASE INSTITUTION	An accredited hospital at which all or the majority of training is conducted and at which the program has been approved.
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

(Base institution), a (state) _____ corporation (address), ("base institution") and (participating institution), a _____ hospital, (address), ('participating institution"), hereby agree to establish a cooperative program within the (base institution) internship/residency in (name of (program)). The purpose of the (Base 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 (base 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 (base institution). The Program Director shall be selected by (base institution) and shall be a member of the medical staff at (base 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. (Base 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. (Base 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. (Base 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. (Base institution and participating institution) agree to consult with each other regarding specific interns/residents to be assigned to (participating institution), and (Base 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, (Base 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 (Base 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. (Base institution) will provide proof of professional liability insurance for the intern/resident physician assigned to (participating institution). (Base institution) agrees to cooperate with (participating institution) in the operation of (participating institutions) risk management system. (Base 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 (Base 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 (Base Institution) and (participating institution), and all prior discussions, agreements and understandings, whether verbal or in writing, are hereby merged into this Agreement.

5.7. (Base 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 (Base 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, (Base 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)

(BASE INSTITUTION)

By: (Name)

By: (Name)

Its: President and Chief Executive Officer

Its: President and Chief Executive Officer

(Name)

Vice President for Medical Affairs

(Name)

Vice President for Medical Affairs

(Name)

Director of Medical Education/Program Director

Appendix 10:
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 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 (if applicable): 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 of 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.

By: _____ HOSPITAL.

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 its 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, it 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 11: Program Consortium Guidelines for Osteopathic Graduate Medical Education

An osteopathic consortium is a group of hospitals engaged in AOA approved training in a single or multiple specialties. The involved training hospitals all are related in the same health system. Whether there are several programs in a specialty or one single program among all participating training sites, each specialty must function only as a single program with a single program description and program director in compliance with AOA standards and will be reviewed at on-site reviews as a single program. AOA guidelines for on-site reviews of these programs will be consistent with appropriate input by specialty college evaluating committees (SPECs). The programs and/or program sites may have evolved initially as multiple individually approved programs at various sites within a system. When applying for consortium status, the request must include rationale for such a structure in order to enhance educational opportunities, improve quality and/or growth potential or improved administrative oversight for compliance with standards.

Specialty college evaluating committees will also be notified by AOA and requested to provide review and input in approval of any consortium. SPECs will also review all program site review reports. Final recommendations to PTRC will be as a single program, regardless of number of sites.

Consortium Model Examples: These are offered as examples only and any others will be reviewed and considered if educationally justified.

- a. Single-specialty consortium involving two or more institutions with a single rotation pattern for the training sites.
- b. Multiple-specialty consortium with all trainees in a specialty rotating through each consortium training institution
- c. Multiple specialty consortium with trainee groups based at separate institutions in the consortium and with a rotation pattern for each group.
- d. "Cluster" groups in A single-specialty consortium for larger programs involving four or more institutions with a rotation pattern for each cluster.

The following guidelines are provided to assist in creating consortia structure:

1. There should be one identified AOA accredited entity (i.e. base institution, sponsor) that ultimately is responsible for the oversight and management of the consortium. The sponsor can be a College of Osteopathic Medicine (COM), a HFAP hospital or as an AOA-accredited part of a health system.
2. The organizational structure, size and geographic area of the consortium must lend itself to appropriate oversight and supervision, with a clearly identified reporting structure for oversight and accountability. The program director has responsibility for the oversight of all aspects of the program especially the training and evaluation of all trainees.
3. Participating institutions in the consortium must be owned and operated by the sponsor in entirety, or must have required affiliation agreements specifying in detail how the consortium

partners are financed, managed, staffed and how reporting structures are maintained. (SEE IV, C, 4.22)

4. Trainee contracts, benefits, academic requirements, and resources must be standard for every trainee within the consortium.
5. All participants in the consortium must abide by AOA Basic Documents and Specialty College Standards without exception.
6. All institutions active in the consortium as training sites must belong to the same Osteopathic Postdoctoral Training Institution.
7. Required program approval documentation and applications will be filed for all sites as a total program. Site specific information i.e. faculty, training conducted/objectives of training at each site and department segregated totals will be made available to specialty colleges upon request.
8. Site reviews of multiple sites of consortia programs will be inspected reviewed jointly/concurrently and citations at one site will apply to the consortium as a whole. In some instances, more than one site visitor may be required.
9. Site directors are associate program directors located at each consortium training site for the respective specialty. They are responsible to the approved osteopathic specialty program director and must be certified in the respective specialty. Flexibility in credentials may be allowed by the specialty college and PTRC provided that the program director and DME meet all the requirements.
10. To ensure the quality of the educational experience of the trainee in programs with multiple sites, there will be at least two residents in rotations at each training site.

Appendix 12:
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 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

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

Accreditation Council for Graduate Medical Education (ACGME) - The independent council, approving all allopathic residencies based on compliance with standards, 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 GME programs, development of institutional training policies.

Administrative Director of Medical Education (ADME) - An individual appointed by the institution to provide administrative support for OGME programs. The ADME reports to the DME of the base institution.

Affiliate Institution - An institution where selected portions of the OGME training program are conducted. The base (contracting) institution must have a written agreement with the affiliate institution.

Affiliation Agreement – An agreement between two or more entities which allows a base training institution to enhance its OGME programs by utilizing other institutions for the purposes of creating and expanding training opportunities.

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

- The hospitals must be located in the same urban or rural area or in a contiguous area and share in resident rotations;
- If they are not located in such areas, in addition to sharing in resident rotations, they must be jointly listed as the sponsor or be listed under "affiliations and outside rotations" for one or more programs on the *Opportunities* website.

Or

- The hospitals are under common ownership and share in resident rotations.
- A Medicare 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 different FTE counts for each respective cap.
- A Medicare agreement must be for a minimum of one year and may specify adjustments to

each individual hospital cap during the times the agreement is in effect. When the agreement ends, each hospital's FTE cap will revert to the number of FTEs before the agreement.

- 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 the FTE counts specified in the agreement 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 Board of Medical Specialties (ABMS) - The ABMS oversees the work of the 24 certifying allopathic medical boards, with its main purpose to coordinate information regarding medical specialties and certification in medicine, and to disseminate such information to the public, government and the medical profession.

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 osteopathic physicians. The AOA accredits the osteopathic internship and residency programs, and healthcare facilities.

Approval – Official recognition by PTRC of an OGME program as meeting required general and specialty standards for training of osteopathic physicians.

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.

Base Institution – The institution that has been granted PTRC approval to conduct OGME programs, and which assumes primary responsibility for program administration and oversight.

Basic Documents for Postdoctoral Training – The documentation of policies, procedures and general requirements which all AOA –approved OGME programs and OPTIs must meet in order to maintain program training approval.

Bio-psychosocial/behavioral - The interrelationship of physical, 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 governing body for HFAP. (See Healthcare Facilities Accreditation Program.)

Bureau of Osteopathic Education (BOE) - The Bureau receives reports from the several AOA educational councils and committees, and acts to assure the AOA Board, and the public, that actions of councils/committees are within the framework of AOA basic documents. The Bureau is the review body for policy documents, policy changes of the COPT and CCME, and works with the BOME, the BOH, the BOSS, and BIOMEA on matters pertaining to OGME.

Business Associate Agreement – An agreement between AOA and base institutions for purposes of HIPAA compliance. A BAA is also on file with the AOA for every inspector of AOA programs.

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.

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.

Certification of Added Qualifications (CAQ) – Additional training of at least one year in length incorporating an identifiable body of knowledge within the broader practice of the general specialty. With completion of a certifying examination in that field, the CAQ requires maintenance of general or special qualification's certification; certificates read, "Certified in (general field), with Added Qualification in (added field)."

Certification of Special Qualifications (CSQ) – CSQ designates additional abilities in limited areas of a general specialty field represented by that Specialty Certifying Board; a CSQ does not require maintenance of the primary certification. Certificates read, "Certified in (subspecialty field)", indicate subspecialty/fellowship, and requires prior attainment of general specialty. CSQ indicates the possession of knowledge, skill, training and successful examination in a subspecialty/fellowship field over and above that required for general certification.

COM(s) (College(s) of Osteopathic Medicine) – A college or school of osteopathic medicine offering the professional degree, Doctor of Osteopathic Medicine (DO) or Doctor of Osteopathy (DO), and having pre-accreditation, provisional accreditation or accreditation from the AOA on Osteopathic College Accreditation (COCA).

COCA (Commission on Osteopathic College Accreditation) – The COCA is an accrediting agency of the American Osteopathic Association. The COCA functions as a "programmatic / specialized" accreditor of education programs leading to the first professional degree, Doctor of Osteopathic Medicine (DO) or Doctor of Osteopathy (DO). The COCA functions as an

“institutional” accreditor of those COMs that are free-standing and offer only degree programs leading to the DO degree, thereby enabling such institutions to qualify to participate in student financial aid programs of the United States Department of Education under Title IV of the Higher Education Act of 1965 as most recently amended. The COCA is the final approval body for COM accreditation standards and procedures as well as the policies and procedures of the COCA itself. 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. The COCA reviews policy directions on predoctoral osteopathic medical education, and monitors and maintains high-quality osteopathic predoctoral education through the college accreditation process. The COCA provides reports to the AOA Board of Trustees and the AOA House of Delegates on an informational basis.

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.

COMLEX (Comprehensive Osteopathic Medical Licensing Examination) - 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 – An AOA approved entity utilizing multiple institutions for OGME training. Training hospitals will be related in the same health system, and each program in the consortium must function as a single program in compliance with AOA standards.

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 a hospital and a trainee. The contract describes the length and terms of the agreement. All AOA trainee must sign an institutional contract in order for their training to be approved.

Core Competencies (Osteopathic Medical)- 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, each of which is integrated with osteopathic philosophy, principles, and practice.

Core Competency Compliance Program Document (CCCP) - 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. Introduction and Guidelines (Part 1), Core Competency Map (Part 2) and Program Director’s Annual Evaluation Report (Part 3) were developed to assist DMEs in the design of an Institutional Core Competency Plan. Program Directors must complete the Program Director’s Annual Evaluation Report for each resident as well as Program Complete

Summary – Final Resident Assessment (CCCP Part 3), which measures proficiency in each AOA Core Competency. *Specialty specific yearly reports and documents should be attached to this instrument.* These are found at [the AOA website](#).

Core Curriculum – A foundational course of study that combines a variety of specialized rotations aiming to provide a common background for all osteopathic trainees.

Council on Postdoctoral Training (COPT) – The COPT recommends policies for OGME 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 Council (PTRC) and its subordinated Council on Osteopathic Postdoctoral Training Institutions (COPTI). The COPT is the primary review body for OGME standards for both general requirements and for specialty residency or fellowship standards.

Council on Osteopathic Postdoctoral Training Institutions (COPTI) – The COPTI is the initial review body for OPTI review and accreditation, and is responsible for evaluating the educational effectiveness of the OPTIs. The council may recommend policy to its parent council, the COPT.

Curriculum – The planning, structure, guidelines, known expectations, measures of achievement, training, coaching, didactics, and other elements applicable to the total OGME learning experience.

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 who has the authority and responsibility for the oversight and administration of OGME programs.

Dormant Status – Temporary inactive status of AOA-approved specialty or subspecialty standards. Reactivation requires application to the AOA.

Dual Program – 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. Trainees who complete dual programs have the option to become board certified by either or both the AOA and the American Board of Medical Specialties (ABMS).

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

ERAS® (Electronic Residency Application Service) – 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 – An individual who has received formal assignment to teach OGME trainee physicians. Appointment to the medical staff of the hospital may constitute appointment to the teaching staff. Specialty standards will list minimum requirements.

Fellowship - An AOA approved program that is beyond the requirements for eligibility for first board certification in the specialty.

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 Year – In conjunction with OGME trainee indicates their year in training. For example, OGME-1 or PGY-1 or GY-1.

Grievance Procedure - Policies and procedures established by training institutions to address procedures for discipline and the adjudication of trainee complaints, grievances and academic performance issues.

Healthcare Facilities Accreditation Program (HFAP) - It is one of only three 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 user-friendly, cost effective, and educationally focused way to validate the quality of care provided by a facility. (See Bureau of Healthcare Facilities Accreditation.) www.hfap.org.

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. See BAA

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.

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 Registration Program - IRRP (the Match) – 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 postdoctoral training programs 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 of the AODME responsible for review of: new internship programs applications, increases, and program on-site review reports. The IEC recommends program actions to the PTRC and reviews DME appointments.

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 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 – Constitute a 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 – Discipline that focuses on use of electronics 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 Matching Service (NMS) - The Intern/Resident Registration Program is sponsored and supervised by the AOA and administered on behalf of the AOA by National Matching Services.

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.

OERAS - See “ERAS”

On-site Program Review – A review of an AOA program at regular intervals to verify continuing 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 appointed 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 through the on-site review.

Opportunities – 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.org - The official AOA website for the osteopathic professional family. In addition to links to all AOA administrative departments, Osteopathic.org is an OGME resource for students, trainees, program leadership, specialty colleges, and program and OGME institutional leadership. All approved policies and training standards, as well as other OGME resources, are posted to Osteopathic.org

Osteopathic Graduate Medical Education (OGME) – The period of medical training that follows graduation from a college of osteopathic medicine or medical school. Includes all

postgraduate years: internship, residency fellowship. OGME 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.

OGME - 1R – The first year of residency training in specialties utilizing the Option 1 structure. Educational content is set and supervised by the respective specialty colleges as approved by the AOA.

OGME - 1P – The first year of training preceding residency training in specialties utilizing the Option 2 structure. Educational content is set by the respective specialty colleges as approved by the AOA, and supervised by the institutional intern program director.

OGME - 1T – The first year of training preceding residency training in specialties utilizing the Option 3 structure, or utilized by trainees who have not yet chosen a specialty area. Educational content is set by the AOA Basic Document for Postdoctoral Training, and is supervised by the institutional intern program director.

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 Andrew Taylor Still and is one of the fastest growing healthcare professions in the U.S.

Osteopathic Postdoctoral Training Institution (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 – An AOA approved program conducted side-by-side with an ACGME program in the same specialty and institution where programs and trainees in each are separately approved and registered by the AOA or ACGME; Osteopathic trainees are only eligible for 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 – The unit of OGME internship or residency/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. Requirements and responsibilities are listed in Section VI, C.

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) - The primary responsibilities of the PTRC are to serve as the decision making body for AOA-approved internship, residency, fellowship and subspecialty training programs and for individual training approvals. The council also serves as an advisory body on policy to the COPT.

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).

Provisional Accreditation: An accreditation status that is recommended to newly formed OPTIs after the first accreditation site visit, allowing an OPTI to develop its functions and operations prior to full accreditation status date.

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 a trainee’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 enrolled in an AOA-approved residency.

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.

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 and are used to document opportunities for OGME training in a program.

Self Study Workbook – A document completed by a program director prior to a scheduled on-site review tracking compliance with required standards. The process guides the program leadership in preparing for the on-site review or the internal review process.

Specialty College Basic Standards – AOA-approved document of specialty requirements for new or continuing approval of a training program.

Specialty College Evaluating Committee (SPEC) – An evaluating committee within the specialty college that meets regularly to review training standards, new programs, training requirements, trainee completion status and program on-site review reports. Committees make recommendations to the PTRC for final action .

Sponsoring OPTI – An AOA-accredited OPTI, recognized as the accountable institution for assurance of AOA OGME 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 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

- 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
- 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
- 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
- AOCC 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

- 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)