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Handbook of the Council on Postdoctoral Training (COPT)

I. INTRODUCTION

The **Handbook of the Council on Postdoctoral Training** is a procedural guide established for the use of the COPT and other AOA officers. This is an official document adopted by action of the AOA Board of Trustees (AOA Board), and may be amended from time to time. The Handbook includes a description of the COPT’s purpose, function, structure, operating procedures and pertinent attached appendices. The COPT serves as a reference committee to the Bureau of Osteopathic Education (BOE) in the area of osteopathic graduate medical education (OGME). Copies of the Handbook are filed at the American Osteopathic Association, Department of Education, 142 East Ontario Street, Chicago, Illinois 60611.

II. STATEMENT OF PURPOSE

A. Established in 1968 as the Committee on Postdoctoral Training, the Council underwent a major restructuring in 1993. The COPT is a representative body composed of members from AOA affiliate organizations created to assure the BOE, AOA Board, osteopathic medical professional and general public that postdoctoral training programs are operating within approved standards, rules and regulations, and are providing educational training satisfactory to the public interest. The COPT also has the obligation to deliberate and recommend policy revisions to the Bureau of Osteopathic Education and the AOA Board of Trustees for improvements in postdoctoral education.

The current structure and role of the COPT was created by action of the AOA Board of Trustees at its February 2003 meeting (see Resolution 53(M/2003) “Task Force to Study the Structure of the Department of Educational Affairs”) as a successor to the former COPT.

B. The Responsibilities of the COPT are:

1. To serve the BOE and the AOA Board as a reviewing body of existing policy documents. In this capacity, the BOE makes recommendations to the AOA Board for their final action.

2. To oversee its committees charged with approvals of OGME and Osteopathic Postdoctoral Training Institutions (OPTIs) and assure the BOE and AOA Board that such activities are conducted in compliance with the Basic Documents.

3. To serve as a forum for receiving comment on matters pertaining to OGME in general.

C. Functions
The COPT is designed to:

1. Review policy directions in OGME in general and develop recommendations for the BOE’s review.

2. Review policy changes in the basic requirements for internship and residency programs and develop recommendations for the BOE’s review.

3. Review changes in individual residency standards as recommended by the various specialty practice affiliates and make recommendations for the BOE’s review.

4. Receive informational reports from its subordinated Program and Trainee Review Council (PTRC) and its subordinated Council on Osteopathic Postdoctoral Training Institutions (COPTI).

5. Receive reports from the education evaluating committees of the specialty practice affiliates regarding their activities in standards development, outcomes of training programs, and on-site evaluation programs.

III. STRUCTURE

A. General Aspects of COPT Membership

1. The COPT has ten (10) voting members as enumerated in part 3.C. of this document (see below).

2. Appointment of representative and at-large members to the COPT will be staggered and limited to no more than three consecutive three-year terms for nine (9) years cumulative. Membership and chairperson appointments would be limited to a maximum of nine consecutive years and six years respectively in any one bureau, council or committee.

3. All specialty college representatives shall be certified in the specialty they represent.

4. All specialty college representatives shall be members of their educational evaluating committees.

5. All osteopathic physicians on the COPT must be members in good standing of the AOA and shall conform to its constitution, bylaws and code of ethics.

6. No member of the AOA Board of Trustees, the Bureau of Osteopathic Education (BOE), or any other AOA education or accreditation bureau or council shall simultaneously hold a position on the COPT.

B. Appointment of Officers and Terms of Office
1. Chair:
   a. The Chair will be appointed by the AOA President from among the membership of the COPT for a two-year term of office. The Chair may serve a maximum of three (3) two-year terms within the limit of three three-year terms of membership.
   b. Any member of the COPT is eligible to be appointed to the position of Chair.

2. Vice-Chair:
   a. The Vice-Chair will be appointed by the AOA President from among the membership of the COPT for a one-year term of office.
   b. Any member of the COPT is eligible to be appointed to the position of Vice-Chair.
   c. The Vice Chair may not be from the same specialty college as the Chair.

3. Secretary:
   a. The Director, Division of Postdoctoral Training of the Department of Education, serves as Secretary without vote.
   b. The Secretary shall be responsible for both recording and corresponding secretarial activities of the COPT.
   c. The Secretary shall be the administrator for the COPT.
   d. The Secretary shall maintain content expertise in the areas of responsibility of the COPT and make the COPT aware of trends in these areas.

C. Appointment of Members and Terms of Office

1. Representative from within the OPTIs.

2. Representative nominated by the American Association of Colleges of Osteopathic Medicine (AACOM).

3. Representative nominated by the Bureau of Hospitals (BOH).

4. Representative nominated by the Bureau of Osteopathic Medical Educators (BOME).
5. Representative from within the specialty practice affiliates
6. Representative from within the specialty practice affiliates
7. Representative from within the specialty practice affiliates
8. AOA member-at-large
   a. Must be an osteopathic physician whose AOA membership classification is “active”
   b. Must have knowledge and experience in one or more areas of responsibility of the COPT
9. Representative from AMOPS
10. Intern/resident

IV. PROCEDURES OF THE COPT

A. General


2. A simple majority of members will constitute a quorum sufficient for conduct of all business.

3. The COPT and its subordinated councils operate within procedures approved by the AOA Board of Trustees, as appropriate. Each subordinated council of the COPT shall develop and maintain a procedural and policy handbook pertaining to that council’s area of responsibility. Copies of these handbooks are provided to each member of the COPT.

4. With respect to the areas for which the COPT or its subordinated councils retains final decision authority, these bodies may approve, deny, defer action or remand an item back to the entity submitting that item.

5. With respect to the areas for which the COPT makes recommendation to the BOE, the BOE may recommend for approval, deny, defer action or remand an item back to the COPT. The BOE forwards items recommended for final approval to the AOA Board of Trustees for their review and final action.

6. The Chair or Vice-Chair of the COPT, will present the COPT report to the BOE, including resolutions for action.

7. The COPT will conduct appropriate orientation activities for its members.
8. The COPT will be responsible for the expenses incurred by attendance of such persons invited at the specific request of the chair or secretary.

10. The COPT shall not be responsible for expenses incurred by persons appearing before the COPT at the request of, or in the interest of, other organizations or individuals.

11. The AOA Director, Division of Postdoctoral Training of the Department of Education, in his/her capacity as Secretary to the COPT, shall be permitted to attend all meetings, including the Executive Sessions.

12. In the absence of an appointed member of the COPT, the affiliate organization, with the concurrence of the Chair, shall appoint an alternate representative to attend the COPT meeting.

B. Osteopathic Graduate Medical Education (OGME)

1. The COPT will review current and proposed basic requirements for postdoctoral training and make recommendations to the BOE. The AOA Board of Trustees will act on recommendations from the BOE and make a final decision.

2. The COPT will review recommendations on current or proposed standards for residency training as submitted by the specialty practice affiliates and make recommendations to the BOE. The AOA Board of Trustees will act on recommendations from the BOE and make a final decision.

3. The COPT will receive informational reports from its subordinated Program and Trainee Review Council (PTRC) and its subordinated Council on Osteopathic Postdoctoral Training Institutions (COPTI). The reports will serve to assist the COPT in discussion of general aspects of OGME policy and making recommendations to the BOE.

4. The COPT will receive reports from the education evaluating committees of the specialty practice affiliates regarding their activities in standards development. The COPT will communicate its findings back to the education evaluating committees, including recommendations for improvement where indicated.

C. Agenda Preparation

1. Specialty colleges shall hold their evaluating committee meetings so that resolutions are received by the Division of Postdoctoral Training at least forty (40) days prior to the scheduled COPT meetings. Specialty colleges shall submit these resolutions as instructed by the Secretary of COPT.
2. All agenda items received after that time shall be reviewed by the COPT as appropriate at their next scheduled meeting. Only the chairman and/or secretary may authorize exceptions to the above.

3. Members shall be sent an advanced copy of the agenda for review approximately two weeks prior to the COPT meetings. This advanced agenda shall contain minutes of the previous COPT meeting, ad-hoc committee meetings, reports, policy items and issues requiring advanced review, as determined by the Chair.

D. Advisors

The AOA president, president-elect, executive director, chair of the Department of Educational Affairs, and vice-chair of the Department of Educational Affairs meet with the COPT as non-voting advisors on policies and procedures of the AOA as applicable to the council.

E. Observers

1. By precedence, all meetings of the COPT are open to the public.

2. Observers include, but are not limited to, representatives of state and federal accrediting regulatory bodies. The presence of observers shall be acknowledged by the chair, and recorded in the COPT minutes.

F. Conflict of Interest Policy

The following is an adaptation of a conflict of interest policy adopted by the AOA Board of Trustees in October 1997 for the then Bureau of Professional Education.
Conflict of Interest Policy

This policy statement governs matters of conflicts of interest and appearances of impropriety as they may occur in the respective evaluations, deliberations, recommendations, and actions of the Bureau of Osteopathic Education (BOE) and its subordinated Councils. These policies are applicable to members of the AOA Board of Trustees, the BOE and its subordinated councils, and also to members of the administrative staff, appeals panels and evaluation teams, and to consultants.

It is intended that these policies establish a mechanism whereby all individuals make known situations of clear conflict and also those that may give rise to the appearance of impropriety. The goal is to make sure that discussions and actions are participated in only by those who have no conflict and, to the extent possible, that such discussions and actions avoid the appearance of conflicts.

It is stated that elected officers and trustees of the AOA cannot serve on the Bureau and Council. However, there is the further question of whether such individuals should be free to participate in discussions of matters such as accreditation. As an accreditation agency recognized by the U.S. Secretary of Education for both institutional and programmatic purposes, the AOA Bureau of Osteopathic Education (BOE) must exclude members of the AOA Board of Trustees from decision making in both of the areas of accreditation action and accreditation policy of colleges of osteopathic medicine.

The Chair of the BOE will be able to direct an AOA board member to exclude himself/herself from those specific discussions in which a conflict may exist. If there is any question of undue influence arising from anything but purely disinterested motives, then discussion should simply be limited to members of the respective bodies.

Matters such as decisions on accreditation status of an Osteopathic Postdoctoral Training Institution (OPTI) and the particular findings leading to such status can have an enormous impact on institutions, so there should be no reluctance to employ executive session whenever a chair feels that discussion may involve sensitive matters. Executive sessions of the AOA BOE shall be limited to voting members of the AOA BOE, the AOA Executive Director, Secretary to the Bureau, and by invitation, to those participants deemed appropriate to the discussion.

Individuals asked to serve on the BOE and its councils and other bodies will honestly examine their individual circumstances and determine whether they can render fair and unbiased service in general. Before the body sits down to serve, all of the members must have gone through this self-examination. This is also true for staff and team and panel members. Full disclosure of any doubtful situation to the other members of the body must be made. This is particularly true of situations where the individual may honestly feel that he or she can be fair, but the situation gives rise to, or may give rise to, an appearance of impropriety.

The decision to withdraw from discussions and/or not to vote should initially come
from the individual, but the final decision must come from the chair or the majority of the other members. If the chair rules such ruling should be subject to a call for a vote by other members. The chair may feel that he or she should not substitute his or her judgment for that of a majority and may want to call for a vote at the outset. It may be that one member may bring to the attention of the body a possible conflict situation involving another member. Needless to say, this can give rise to a certain amount of acrimony in some cases. Consequently, each member should keep in mind that he or she should disclose his own possible conflict, so as not to put that sort of burden on a fellow member. It may be that the very presence of a member with a conflict would inhibit the discussions and actions of a body, so it is not unwarranted to ask a member to absent himself or herself from the deliberations in some circumstances. In some cases it may not be clear as to what particular body should be informed and make rulings. In case of doubt, matters should be brought to the Bureau.

It is often difficult to define matters involving conflicts. Clearly, a financial interest creates a conflict. However, some financial interests are indirect and it is here that a member must search his or her conscience, because such interest may not appear to the others. Anyone serving on a board or committee brings to the body the sum total of his or her experience and personal opinions. The key question is whether a particular opinion or belief can stand in the way of rendering a fair an unbiased discussion or decision based on the facts and the rules. This may be a highly subjective determination and it underscores that individuals should be require to make disclosure to the other members whenever there is a question.

In the accreditation area, examples of situations, which may or may not create conflicts, are:

(a) Being an alumnus or alumna of an OPTI under consideration;
(b) Being an employee or board member of the OPTI (this would most likely create a conflict);
(c) Being involved with a competitor of the OPTI (competition is often difficult to ascertain -- there is a question of direct or remote competition);
(d) Having a family or business relationship with others affiliated with the OPTI under consideration; and
(e) Being a member of the Specialty College or board involving the decision to approve proposed standards or policy for that specialty.

This is not an inclusive list, but is intended to give some guidance.

It should be kept in mind that the integrity of the respective body is always at risk, so that each member should be constantly aware of creating an appearance of improper conduct even where there may not be such in fact. Connections with affected individuals and institutions cannot always be avoided. Such connections often bring a measure of experience and expertise to the process. However, when such connections exist, it is prudent to err on the side of greater caution and make full disclosure.
APPENDIX A:

Council on Postdoctoral Training,
Its Councils and
Appeals Processes of Its Councils

The following charts are under development:

Chart 1: Flow Chart of Councils
Chart 2: Appeal Process by Level of Review -- Individual's Internships
Chart 3: Appeal Process by Level of Review -- Individual's Residency
Chart 4: Osteopathic Postdoctoral Training Institutions (OPTI)
Chart 5: Internship Program
Chart 6: Residency Program