



AMERICAN OSTEOPATHIC ASSOCIATION

## Summary of Common Institutional and Program Requirements

The following Common Institutional and Program requirements represents only a brief excerpt of the base requirements applicable to all specialties and programs as noted in the *AOA Basic Documents for Postdoctoral Training*. These are essential requirements and it is strongly recommended that any institution considering an AOA training program reviews the entire requirements in the AOA Basic Documents for Postdoctoral Training. The entire document presents additional requirements and significantly more necessary detail on all of them.

### IV. INSTITUTIONAL REQUIREMENTS

- IV A An AOA approved OGME program must be academically sponsored by an AOA-accredited OPTI.
- IV A 4.2 Base institutions which conduct AOA approved training programs and issue trainee contracts may include:
- Hospitals accredited by a Medicare-approved accrediting body.
  - Federally qualified health centers.
  - Community teaching health centers.
  - Freestanding ambulatory accredited surgery centers.
  - Colleges of osteopathic medicine.
- IV A 4.3 OPTI academic sponsors shall be responsible for monitoring OGME programs in its partner base institutions. Sponsorship shall require an OPTI affiliation/sponsor agreement indicating the responsibilities of the academic sponsor and the base institution.
- IV A 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.
- IV A 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.
- IV A 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.
- IV A 4.8 All base institutions must have at least four organized clinical departments and  
& 4.9 full time radiology and pathology services.
- IV A 4.10 A representative of a sponsoring OPTI must be present at a base institution at least annually to review programs and meet with trainees.

- IV B 4.2 All AOA approved programs must:
- 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 annual TIVRA information;
  - e. Participate in an OPTI;
  - f. Annually update AOA Opportunities data;
  - g. Comply with the work hours and moonlighting policies;
  - h. Payment of fees within 90 days of the invoice date;
  - i. Participate in ERAS;
  - j. Participate in AOA Match;
  - k. Maintain accreditation status of the base institution and sponsoring OPTI;
- IV C Selected portions of OGME programs may be conducted at an affiliate institution with a written affiliation agreement available and updated every 5 years.
- IV D 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.
- IV E All base institutions shall conduct Internal Reviews of program compliance with requirements, in accordance with Section IV E, of the *AOA Basic Documents for Postdoctoral Training*.
- IV F The program shall enroll only graduates of COCA accredited COMs.
- IV G-H The training institution shall provide:
- a) An on-call room with telephone, toilet, shower facilities, computer and nourishment.
  - b) Appropriate security.
  - c) Accessible medical record system.
  - d) Conference rooms.
  - e) Teaching and learning resources.
  - f) Library resources and appropriate library staff.
- IV I An Osteopathic Core Competency Program shall be integrated into all OGME programs and shall include an Institutional Core Competency Plan, Program Directors Annual Summary and Final resident Assessment as noted in *AOA Basic Documents IV-I*.
- IV J The base institution shall publish 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 and be regularly updated.

## **V. PROGRAM REQUIREMENTS**

- V A 5.1 A program description including the following elements must be present:
- a) Mission statement
  - b) Description of facilities
  - c) Program goals
  - d) Rotation goals and objectives
  - e) Training curriculum

- f) Teaching roster with certification status
  - g) Core Competency Plan
  - h) Trainee evaluation forms and description
  - i) Work hours and leave policy
  - j) Remediation policy
- V A 5.7 AOA programs require incorporation of osteopathic principles and practice only in the evaluation and care of patients of osteopathic attending physicians.
- V F 5.1 Option 2 or 3 specialty residencies must have present in the same institution an OGME I Preliminary or Traditional internship.
- V F 5.2 Residents must have passed COMLEX USA-3 prior to entry into the OGME 3 year.
- V F 5.3 Any combined specialty residencies must have in the same institution an AOA residency in the same base specialties.
- V F 5.6 The required minimum number of AOA approved and funded residency positions is three (3). Fewer than three may be approved if the program is integrated with an ACGME program with at least 3 years accreditation and as long as the combined program has at least 6 total DO and MD trainees. The new program may have up to 3 years to fill to the minimum required number.
- V F 5.6 Any post residency fellowship may maintain fewer than three trainees.
- V F 5.6 A residency in a combined specialty (e.g. IM/Peds) can meet the minimum requirement between both the base and the combined specialty, in each specialty, counting each trainee in a combined program as 0.5 position.

## **VI. POSTDOCTORAL LEADERSHIP REQUIREMENTS**

- VI A & B Each institution with a base AOA training program must have a DO Director of Medical Education (DME) and an Institutional Educational Officer (IEO) who may be the same or separate individuals
- VI C 6.1 Each OGME program shall have a program director that is a DO or MD (if documented that a qualified DO is unavailable) with AOA or ABMS certification and a written job description. Where such exceptional circumstances exist, the Specialty College Education and Evaluation Committee (SPEC) shall recommend appointment by the PTRC for a three (3) year period. This period may be extended by the PTRC at the recommendation of the SPEC, if exceptional circumstances continue to be documented.
- VI E 6.1 Each base institution must have a fully functioning Medical Education Committee.

## **VII. TRAINEE REQUIREMENTS**

- VII B 7.1 A trainee shall not self fund his/her own training position.
- VII G Trainee duty hours in all programs and institutional duty hour policies must conform completely with policies presented in *AOA Basic Documents for Postdoctoral Training*, VII G.

- VII H Any moonlighting activity will only be conducted with permission of the program administration.
- VII J 7.1 All trainees must have an appropriate license consistent with state and local requirements.
- VII L 7.1 Upon completion of an OGME program the institution and OPTI shall jointly award the certificate.

### **VIII. EVALUATION**

- VIII C 8.2 A training institution shall perform a self study for the program in advance of each on-site review in preparation for and as the process of completion of the Inspection Crosswalk.
- VIII F 8.5 All corrective action plans in response to PTRC requests, must be first reviewed and signed off by the respective OPTI.
- VIII G 8.1 All components of a trainees program must be evaluated.
- VIII G 8.2 At completion of each rotation, the faculty shall evaluate the trainee and document with faculty and trainee signature.
- VIII G 8.3 The DME and MEC shall review the satisfactory performance of every intern on a quarterly basis and every resident semiannually to ensure that educational objectives are being met.
- VIII G 8.4 The program director must review trainee performance at least quarterly with each intern and semiannually with each resident and document in writing with recommendations and signature of trainee.
- VIII G 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. Copies must be maintained in the resident's file.
- VIII G 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). Copies must be maintained in the resident's file and submitted to the OPTI.
- VIII H 8.2 At completion of each rotation, the trainee shall evaluate the educational experience and the faculty.
- VIII H 8.3 The program director must review each rotation evaluation monthly.
- VIII H 8.4 The MEC shall evaluate the intern training program quarterly and the evaluation must be available during on-site review.