Since 1999, all postdoctoral training programs approved by the American Osteopathic Association (AOA) have been required to be part of an Osteopathic Postdoctoral Training Institution (OPTI) consortium. The AOA is improving OPTI operations by revising the OPTI Annual Report, by providing provisional status for new OPTIs, and by using the Residency Management Suite software program (New Innovations Inc, Uniontown, Ohio). The revised OPTI Annual Report is being modeled after the OPTI Standards Inspectors Worksheet (ie, Standards Crosswalk). Onsite inspections using the new scoring tool in 2008 highlighted OPTI best practices by demonstrating that OPTIs received commendations for faculty and curriculum development. Inspections have also shown that OPTIs with accreditation awards of 4 or 5 years are more likely than other OPTIs to be composed of 4- or 5-year postdoctoral training programs.

The Osteopathic Postdoctoral Training Institution (OPTI) system, established by the American Osteopathic Association (AOA) in 1995, has grown considerably as a method for accrediting and providing structure to osteopathic graduate medical education (OGME). Each OPTI is a community-based training consortium composed of at least one college of osteopathic medicine and one hospital that is accredited by the AOA Bureau of Healthcare Facilities Accreditation, The Joint Commission, or another recognized healthcare facility accrediting entity.1 Additional hospitals and ambulatory care facilities may also join this core OPTI partnership. Since July 1999, all AOA-approved osteopathic internships and residencies must take place in an OPTI.2

There are currently 18 OPTIs accredited by the AOA Bureau of Osteopathic Education (BOE) (Figure 1).3 In July 2008, the BOE approved a new OPTI—the Osteopathic Medical Network of Excellence in Education (OMNEE), an affiliate of the Edward Via Virginia College of Osteopathic Medicine in Blacksburg.

Recent Activities
The AOA Council on Osteopathic Postdoctoral Training Institutions (COPTI), under the leadership of its chairman, D. Keith Watson, DO, has begun several new initiatives, including revising the OPTI Annual Report based on objective metrics. As a result of discussions that took place at the inaugural Osteopathic Heritage Foundation Medical Education Summit,3 the AOA and COPTI have begun using the new metrics to conduct comparative analyses of OPTI operations. Data are gathered from the revised OPTI Annual Report and a revised OPTI Standards Inspectors Worksheet (ie, Standards Crosswalk), which was approved for implementation in January 2008. The revised format of the OPTI Annual Report is easily transferable to electronic databases.

In October 2008, the AOA’s Board of Trustees (BOT) approved a new level of provisional status for newly created OPTIs. Under this revised system, an applicant OPTI can be provisionally accredited for 1 year until a second onsite inspection results in the awarding of full accreditation status. Provisional OPTIs can request a 1-year extension if a reasonable rationale for delay is provided.

The Residency Management Suite software program (New Innovations Inc, Uniontown, Ohio) is a tool that:

... assists medical schools, hospitals and private practices in the area of medical education and department administration, to unify data into a centralized data warehouse and to complete tasks, historically performed using multiple, incompatible methods, through one common interface.4

The use of this software can help OPTIs efficiently manage resident history records. In addition, data from this software program can be electronically uploaded to the AOA Trainee Information Verification, and Registration Audit (TIVRA) application, which the Association uses as a method for registering osteopathic interns and residents in approved postdoctoral training programs.5

Although the AOA does not require the use of the Residency Management Suite software,4 the OPTIs either recommend or require that member programs use this data man-

OPTImizing Osteopathic Postdoctoral Training Institutions

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Submitted December 22, 2008; revision received January 29, 2009; February 5, 2009.
Figure 1. Locations of the 18 Osteopathic Postdoctoral Training Institutions (OPTIs) in the United States. *OPTI documents for Touro University Medical Education Consortium are housed in Las Vegas, Nev.
OPTI Operational Performance

All OPTIs must operate in certain basic, prescribed manners, such as having a board of directors and an OGME committee. However, each OPTI is unique, with its own particular organizational structure and operational methods, which result in varying quality among OPTI operations.

It is reasonable to assume that the value of an OPTI to the OGME programs is affected, in part, by the quality of that institution’s operations. Osteopathic Postdoctoral Training Institutions’ operations of higher quality are likely to lead to OGME programs of higher quality.

The quality of operations in an OPTI is measured through both OPTI self-study and OPTI site inspections, which are summarized in the OPTI Annual Report. The use of the revised OPTI Standards Inspectors Worksheet is a key element of evaluating OPTI operational performance.

Equally important to the evaluation of OPTI performance is the examination of the composition of postdoctoral training programs that have been approved for 4- and 5-year periods. The revised scoring system can be used to determine if the accreditation lengths of OPTIs (eg, between 1- and 3-year accreditation vs 4- or 5-year accreditation) are associated with the approved lengths of postdoctoral training programs within the OPTIs. In other words, do those OPTIs recognized as being of higher quality (ie, having longer accreditation awards) tend to be the same OPTIs that are composed of higher quality postdoctoral training programs—as measured by approval term length.

OPTI Inspections

To determine program quality and compliance with AOA accreditation standards, routine inspections are required for each OPTI. Since 1997, each OPTI (excluding OMNEE) has been inspected at least twice.7,8

The revised OPTI Standards Inspectors Worksheet assists inspectors in determining the length of an OPTI’s accreditation award and provides the inspection team with a more objective metric than previous systems of inspection.

The revised OPTI Standards Inspectors Worksheet lists suggested documentation, such as OPTI bylaws and policies as well as OGME committee minutes, for verifying compliance with each AOA standard. The worksheet consists of separate evaluations for eight different sections of AOA OPTI standards (Figure 2). Figure 3 shows an excerpt of part of the worksheet in which Standard Section B (Organization, Governance, and Finance) is covered.

During their onsite visits, the inspectors award an OPTI a certain number of points (ie, number of accreditation elements met) for each of the eight standard sections (Figure 2), for a total possible score of 66 points. Depending on the total score received, the OPTI can receive an accreditation status ranging from 1 year (47-50 points) to 5 years (63-66 points). As shown in Figure 4, a total score of less than 47 points means that the OPTI is placed on public probation, followed by the withdrawal of accreditation if an onsite inspection after 1 year reveals another total score of less than 47 points.

In 2008, onsite inspections of five OPTIs were conducted using the revised OPTI Standards Inspectors Worksheet. Another five OPTIs are scheduled to be inspected in 2009 with the revised worksheet.

OPTI Commendations

Inspectors of OPTI sites score results for AOA basic standards according to three categories: “not met,” “met,” or “met with excellence” (Figure 3). An OPTI does not receive extra points for a standard that was “met with excellence,” but it does receive a special commendation for that standard.

In the five OPTI inspections conducted in 2008, AOA basic standards were scored as “met with excellence” 11 times. In addition, one OPTI received the distinction of being awarded a “blue ribbon” status—that is, a perfect score of 66.

A total of 11 commendations were awarded to the five OPTIs that underwent onsite inspections during 2008 (Table 1). Multiple commendations can be awarded to a single OPTI, as in the case of the 3 commendations awarded to one OPTI for research standards (Standard Section D) and 2 commendations awarded to one OPTI for facilities (Standard Section H).

Three of the five OPTIs to receive onsite inspections during 2008 received commendations for faculty and instruction (Standard Section E) and curriculum (Standard Section G).

Regarding the commendations awarded for faculty and instruction (Standard Section E), the AOA basic standard that

<table>
<thead>
<tr>
<th>AOA OPTI Standard Section</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Prerequisites for Accreditation</td>
</tr>
<tr>
<td>B</td>
<td>Organization, Governance, and Finance</td>
</tr>
<tr>
<td>C</td>
<td>Program Evaluation</td>
</tr>
<tr>
<td>D</td>
<td>Research Standards</td>
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<tr>
<td>E</td>
<td>Faculty and Instruction</td>
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<tr>
<td>F</td>
<td>Intern and Resident Status and Services</td>
</tr>
<tr>
<td>G</td>
<td>Curriculum</td>
</tr>
<tr>
<td>H</td>
<td>Facilities</td>
</tr>
</tbody>
</table>

Figure 2. Definitions of the eight American Osteopathic Association (AOA) Osteopathic Postdoctoral Training Institution (OPTI) standard sections1 covered in the revised OPTI Standards Inspectors Worksheet (ie, Standards Crosswalk).
The AOA standards that were “met with excellence” in onsite inspections in 2008 highlighted several OPTI best practices, including development of faculty, development of training programs, and use of institutional evaluation measures. Best practices used for faculty development programs at OPTIs included presentations on a wide range of local, state, and national topics—from training with academic partners to application of OPP.

The OPTI inspections conducted in 2008 with the revised OPTI Standards Inspectors Worksheet reveal that OPTIs are successfully developing new osteopathic training programs while also maximizing capped positions and aggregation agreements. To improve their curricula, OPTIs analyzed their

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### Table: OPTI Standards Inspectors Worksheet

<table>
<thead>
<tr>
<th>Suggested Documentation</th>
<th>Suggested Interviews for Verifying Compliance</th>
<th>Suggested Interviews for Verifying Compliance</th>
<th>Standard</th>
<th>Prior Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 The OPTI shall define its mission, goals, and objectives and document in its self-studies and annual reports how its activities support them.</td>
<td>□ OPTI bylaws/policies □ Annual reports □ Board reports □ OGME committee minutes □ OPTI strategic plan</td>
<td>□ OPTI board chairman □ OPTI CEO/director □ OPTI academic officer □ Administrative assistant(s)</td>
<td>Not Met</td>
<td>Met</td>
</tr>
</tbody>
</table>

**Guideline:** The mission, goals, and objectives for the OPTI must include defined markers or indicators for quality outcomes in its OGME programs.

**Current Findings:**

| 1.2 The governing body of the OPTI shall adopt bylaws, or equivalent documents that shall define the responsibilities of the governing body, the administration, the postdoctoral faculty, and other significant constituencies, and set forth the organizational structure of the OPTI. | □ OPTI bylaws or equivalent □ Organizational chart □ Governing board roster □ Board meeting minutes | □ OPTI board chairman □ OPTI CEO/director □ OPTI academic officer □ Governing board members □ Administrative assistant(s) | | | | |

**Guideline:** Verify governing board structure and function.

**Current Findings:**

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**Figure 3.** Excerpt from part of the revised Osteopathic Postdoctoral Training Institution (OPTI) Standards Inspectors Worksheet (i.e., Standards Crosswalk) in which inspectors record findings related to American Osteopathic Association (AOA) OPTI Standard Section B (Organization, Governance, and Finance).1 **Abbreviations:** CEO, chief executive officer; OGME, osteopathic graduate medical education.

was most often reported as “met with excellence” was Standard E 1.7, which reads as follows:

Each OPTI and its members 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.1

No commendations were awarded to these five OPTIs for prerequisites for accreditation (Standard Section A); organization, governance, and finance (Standard Section B); program evaluation (Standard Section C); or intern and resident status and services (Standard Sections F).

The AOA standards that were “met with excellence” in onsite inspections in 2008 highlighted several OPTI best practices, including development of faculty, development of training programs, and use of institutional evaluation measures. Best practices used for faculty development programs at OPTIs included presentations on a wide range of local, state, and national topics—from training with academic partners to application of OPP.

The OPTI inspections conducted in 2008 with the revised OPTI Standards Inspectors Worksheet reveal that OPTIs are successfully developing new osteopathic training programs while also maximizing capped positions and aggregation agreements. To improve their curricula, OPTIs analyzed their
OPTI Deficiencies

Table 1 also shows areas in which OPTI inspectors cited deficiencies in meeting AOA basic standards in 2008. Although all five OPTIs inspected in 2008 were evaluated for compliance and were eligible for commendations in 2008, only four were evaluated for deficiencies because one of the OPTIs was newly formed at the time of the inspections.

A total of 20 deficiencies were cited to these four OPTIs during 2008 (Table 1). Multiple deficiencies can be cited to a single OPTI, as in the case of the 3 deficiencies cited to one OPTI for research standards (Standard Section D) and 4 deficiencies cited to one OPTI for curriculum (Standard Section G).

Two of the four OPTIs evaluated for deficiencies in 2008 received a total of 5 deficiencies for organization, governance, and finance (Standard Section B), and two OPTIs were cited for a total of 3 deficiencies for faculty and instruction (Standard Section E).

Three OPTIs received a total of 5 deficiencies in program evaluation (Standard Section C). Regarding the deficiencies in this section, the AOA basic standard that was most often reported as “not met” in 2008 was Standard C 1.4, which states the following:

The responsibility of the OGME committee shall be clearly stated. The OGME shall document its effectiveness through outcome measures consistent with the OPTI strategic plan goals.1

No deficiencies were cited to the four OPTIs for prerequisites for accreditation (Standard Section A); intern and resident status and services (Standard Section F), or facilities (Standard Section H).

OPTI Accreditation and Postdoctoral Training Programs

The OPTI system serves to structure, accredit, and improve OGME, including providing benefits in faculty development and research opportunities. To determine the quality of postdoctoral training programs and compliance of these programs with specialty affiliate standards, specialty affiliates conduct routine program inspections that are reviewed by the AOA Program and Trainee Review Council (PTRC).

Data from these inspections can be used to determine if those OPTIs having longer accreditation awards (ie, awards of 4 or 5 years) also tend to be composed of higher quality postdoctoral training programs (ie, 4- or 5-year programs). Such an association would be a strong indication of overall OPTI quality.

Data reveal that the 202 programs (67%) that received 4- or 5-year approval status belong to OPTIs that had received 4- or 5-year accreditation (Table 2). By contrast, 99 programs (33%) that received 4- or 5-year approval status belong to OPTIs that had received accreditation terms of 1 year to 3 years.

It is important to note when examining these data that OPTI accreditation status is determined based on the most recent BOE-approved accreditation decision. For example, if an OPTI was approved for a 4-year term in 2006, that OPTI is classified as having 4-year accredi-
Further research to answer this question will enhance our understanding of the relationship between the quality of OPTIs and their programs.

As the new scoring tool is used more extensively in upcoming OPTI site inspections, data on awarded commendations and cited deficiencies will undoubtedly provide greater clarity regarding how an OPTI can best improve OGME.

**References**


Table 2

<table>
<thead>
<tr>
<th>OPTI Accreditation</th>
<th>OPTIs, No. (N=17)</th>
<th>OPTIs With 4- or 5-Year Program, No. (%) (N=301)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 3 Years</td>
<td>9</td>
<td>99 (32.9)</td>
</tr>
<tr>
<td>4 to 5 Years</td>
<td>8</td>
<td>202 (67.1)</td>
</tr>
</tbody>
</table>

*Osteopathic Postdoctoral Training Institution (OPTI) accreditation status was determined based on the most recent accreditation approved by the American Osteopathic Association’s (AOA) Bureau of Osteopathic Education. Postdoctoral training program status was based on the most recent approval decisions by the AOA Program and Trainee Review Council.

Further research is needed to clarify the reasons that so many programs receiving 4- or 5-year approval status belong to OPTIs that have 4- or 5-year accreditation status. A thorough examination of this association should be conducted using the revised OPTI Standards Inspectors Worksheet, with results tracked over time for all 18 OPTIs.

It should be kept in mind that the size and services of OPTIs may influence program-approval lengths. For example, a large OPTI may be able to provide services and oversight that are more likely to result in its programs being approved for 4- or 5-year terms.

Further research should also be used to determine if postdoctoral training programs in certain specialties are more likely to be part of OPTIs that have 4- or 5-year accreditation status. However, answering that question would still not fully address the reasons for the program-to-OPTI accreditation relationship suggested by the data reported because the specialty colleges each have their own methods for scoring program inspections.

Yet another point to be explored in greater detail is the relationship between postdoctoral training programs that receive approval terms of only 1 to 3 years and OPTIs that have received only short-term accreditation status (Table 2).

**Conclusion**

The AOA and COPTI continue to strive toward adopting more evidence-based approaches for evaluating educational resources and methods. The revised OPTI Standards Inspectors Worksheet and the revised OPTI Annual Report are important elements in this ongoing effort.

As we continue to implement these and other changes to the OPTI system, the primary question we seek to answer is: Does a sound OPTI operating structure improve program quality or do sound programmatic structures improve OPTIs?