Editor's note: Each year since 1988, the November JAOA has been designated as the Education Issue. This year's issue, however, does not include undergraduate, graduate, financial, or research data on osteopathic medical education in order to report all data uniformly. In the 1996 Education Issue, all data will reflect the prior academic year.


This 1995 Education Issue addresses two issues that will have a significant impact on osteopathic medical education: the changes in the accreditation standards for the colleges of osteopathic medicine, and changes in the graduate medical education that will occur with the implementation of the osteopathic postdoctoral training institution (OPTI). The articles are featured below.

Osteopathic postdoctoral training institution: The osteopathic ‘road map’ to graduate medical education viability

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The osteopathic postdoctoral training institution (OPTI) is a graduate medical education accreditation system for an osteopathic educational organization. This proposal was approved by the American Osteopathic Association (AOA) Board of Trustees in July 1995. It is a method by which all osteopathic graduate medical education (GME) will be reviewed and accredited. The OPTI will be phased in on a progressive basis over a 4-year period, beginning January 1996 and achieving full implementation by July 1, 1999. This program represents the most significant change in osteopathic GME in the past 30 years.

Objectives
The goals (objectives) in developing the OPTI were to:

- develop a single standardized system of reviewing and approving institutions for sponsoring osteopathic postdoctoral training. This standardized system will apply to all sponsoring institutions, whether hospitals, colleges, traditional osteopathic hospitals, or traditional allopathic hospitals with AOA accreditation status. The OPTI replaces the previously used hospital accreditation with the newly developed educational accreditation. Hospital accreditation assesses the quality of patient care, while the educational accreditation assesses resources available for quality medical education. It is inappropriate to continue to base educational training potential on hospital facility and care standards;
- introduce well-recognized essentials of academics into osteopathic clinical training programs. These academic standards include the formation of a clinical faculty, professional growth and development of that faculty; development and use of a curriculum, functional educational evaluation, self-evaluation of the program by the institution, requirement for a critical mass of trainees and programs within an OPTI and the integration of Osteopathic Principles and Practice into all training programs of the OPTI;
- assure continuation of federal and other funding levels for osteopathic GME programs by quality enhancement due to incorporation of recognized academic standards. Graduate medical education funding from federal sources will soon be significantly affected, and any federal subsidy of GME that does occur will likely be based on demonstrated quality stratification or ranking as measured by accepted standards; and
- assure reasonable stability of an institution’s commitment and education program, in an era...
of increasing instability of community hospitals. An increasing number of programs have been lost because of hospital closings, sales, or mergers, and, as a result, have adversely affected trainees.

**Composition of an OPTI**

Single institutions will no longer be eligible for sponsorship of AOA-approved internship or residency programs. The approved proposal requires the OPTI (an osteopathic medical training consortium) to consist of at least one AOA-accredited hospital and at least one AOA-accredited college of osteopathic medicine (COM). Of course, more than one hospital or COM may participate, and certainly, multiple training hospitals in consortia are encouraged. Community health centers, ambulatory clinics, and managed care organizations are considered valuable additions to the OPTI. These participants will create opportunities for the required ambulatory components of the training programs and may assist with resource support.

Within the OPTI, a minimum of one internship program and two residency programs must exist. At least one of the residency programs must be in a primary care specialty as primary care is considered the main strength and hallmark of the osteopathic medical training system.

Each internship must have a minimum of four AOA-approved and funded positions. Each residency must have a minimum of three AOA-approved and funded positions. Therefore, the minimum number of training positions in an OPTI are four interns and six residents, or ten total trainees. This number would, of course, increase more programs in the OPTI structure.

The required partnership within an OPTI between the traditional hospital training site and the COM is unique in establishing and assuring a necessary blend of clinical and didactic training. The COM can assist with components that are not available as resources within a community hospital, with education specialists from the COM assisting in the faculty and curriculum development and evaluation. The hospital clinical faculty should combine efforts with the college faculty in related specialties to offer trainees clinical and academic exposure. This combination, in essence, creates an academic medical center beyond walls. It is available within the OPTI so that a true continuum of osteopathic medical education will occur, rather than the segmented units of clerkship, internship, and residency. This educational continuum should be strengthened with time.

**Small states' concerns**

Small states with no or minimal current training opportunities, AOA-accredited hospitals, or COM affiliations have raised a number of concerns regarding the OPTI. Although the Council on Osteopathic Postdoctoral Training (COPT) and the Bureau of Professional Education will attempt to assist and to maintain all the existing training opportunities, it is understood that some may not survive. It is important that all geographic regions continue to support osteopathic postgraduate training; however, affiliations and alliances will be forced to develop with larger programs to strengthen the smaller programs' didactic opportunities and size, and to become competitive. A training program for AOA consultants is planned to assist them in helping institutions or regions with the development of suitable OPTI models in their area.

Postgraduate osteopathic medical education must survive, because it is essential, high quality, and competitive. It should not survive merely because our profession is smaller than our allopathic counterpart, or because it is community-based.

**Comment**

Despite all our past successes, our continual striving for higher quality achievement in undergraduate and postdoctoral osteopathic medical education is absolutely essential. The OPTI was developed in an attempt to simply adopt well-accepted educational principles as guiding standards by which to accredit organizations for providing high-quality AOA-GME program sponsorship. These standards will assure a new level and perception of quality and preparedness of osteopathic physicians for practicing in today's sociomedical environment by communities and third-party payers. These standards are not specialty specific; specialty college basic standards will continue to be maintained. Although the OPTI represents a radical change from the past, it must be approached with a positive attitude and enthusiasm as a means to keep osteopathic postdoctoral training funded, competitive, and viable in this new healthcare environment.