Osteopathic Postdoctoral Training Institutions' 2014 Annual Report

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In 2013, the Board of Trustees of the American Osteopathic Association approved the new mission and vision statements of osteopathic postdoctoral training institutions (OPTIs) to ensure that OPTIs were operating effectively as academic sponsors of osteopathic graduate medical education. Since then, OPTIs have made substantial strides in meeting and exceeding the new mandates. The authors discuss the revised OPTI accreditation standards, the OPTI annual report, and recent activities.

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Osteopathic postdoctoral training institutions (OPTIs) are accountable for American Osteopathic Association (AOA)–approved osteopathic graduate medical education (OGME) programs.[1] Their role as academic sponsors includes ensuring that base institutions are in compliance with AOA policies, providing contract review and oversight, overseeing quality performance, reviewing trainee evaluations, conducting onsite program and internal reviews, monitoring corrective action plans, and establishing core competencies. An OPTI is a community-based training consortium comprising at least 1 college of osteopathic medicine and 1 hospital, and sponsoring 2 programs (1 of which is in family medicine, general internal medicine, obstetrics and gynecology, general surgery, or general pediatrics). Additional community hospitals, teaching health centers, and ambulatory training facilities may also be included in an OPTI. The OPTI system was established by the AOA in 1995. Currently, 20 OPTIs (*Table 1*) operate in 338 locations in the United States with more than 1000 OGME programs.

Recent Activities

The AOA Council on OPTIs (COPTI), led by former chairperson, Lorenzo L. Pence, DO, hosted the 2014 OPTI Workshop and launched the new electronic OPTI Annual Report. In June 2014, leaders from the American Association of Colleges of Osteopathic Medicine (AACOM), the AOA, and the Accreditation Council for Graduate Medical Education (ACGME) were appointed to a Joint Education Committee. The Committee's first initiative was to study the OPTI structure for its viability in the single accreditation system for graduate medical education.

2014 and 2015 OPTI Workshops

The 2014 OPTI Workshop, held in Santa Fe, New Mexico, hosted 68 OPTI leaders, representing all AOA-approved OPTIs. These leaders participated in discussions about strategic planning for the future of OPTIs, best practices in OGME development, and

Table 1.
OPTIs Currently Operating in the United States

Abbreviation	Full Name	Primary Location
A-OPTIC	Appalachian Osteopathic Postgraduate Training Institute Consortium Inc	Pikeville, Kentucky
CEME	Nova Southeastern University College of Osteopathic Medicine Consortium for Excellence in Medical Education	Fort Lauderdale, Florida
CORE	Centers for Osteopathic Research and Education	Athens, Ohio
HEARTland	Health Education and Residency Training Network	Des Moines, Iowa
KCUMB-COMEC	Kansas City University of Medicine and Biosciences College of Osteopathic Medicine Educational Consortium	Missouri
LECOMT	Lake Erie Consortium for Osteopathic Medical Training	Erie, Pennsylvania
MSOPTI	Mountain State OPTI	Lewisburg, West Virginia
MWU/OPTI	Midwestern University/OPTI	Downers Grove, Illinois Glendale, Arizona
NEOMEN	Northeast Osteopathic Medical Education Network	Biddeford, Maine
NYCOMEC	New York Colleges of Osteopathic Medicine Educational Consortium	Old Westbury
OMECO	Osteopathic Medical Education Consortium of Oklahoma	Tulsa
OMNEE	Osteopathic Medical Network of Excellence in Education	Blacksburg, Virginia
OPTI-West	OPTI—West Educational Consortium	Pomona, California
PCOM MEDNet	Philadelphia College of Osteopathic Medicine MEDNet	Pennsylvania
RM OPTI	Rocky Mountain OPTI	Parker, Colorado
RowanSOM OPTI	Rowan School of Osteopathic Medicine OPTI of New Jersey	Stratford
SCS/MSUCOM OPTI	Statewide Campus System/Michigan State University College of Osteopathic Medicine	East Lansing
Still OPTI	Still OPTI	Kirksville, Missouri
Texas OPTI	Texas OPTI	Fort Worth
TOMEC	Tennessee Osteopathic Medical Education Consortium	Harrogate

Abbreviation: OPTI, osteopathic postdoctoral training institution.

the transition to the single accreditation system. The 2015 OPTI Workshop is being held April 21, 2015, and will for the first time be open to all attendees of the Joint AACOM and the Association of Osteopathic Directors and Medical Educators Conference. The morning session will provide insight for completing the ACGME Institutional Sponsorship Application from ACGME staff, promote programs to apply for osteopathic recognition, and provide OPTIs who have applied as an ACGME institutional sponsor to share insights and best practices. The afternoon session will focus on the future of OPTIs and their changing role from an academic sponsor and compulsory organization to a solutions-driven, value-added one.

OPTIs and the Joint Education Committee

The purpose of the Joint Education Committee is to develop an educational curriculum for stakeholders during the transition to the single accreditation system.[2] During their first meetings in June 2014, the Committee quickly determined that the OPTI structure would be a key component in the successful transition of all OGME programs into the single accreditation system.[2] Because OPTIs are uniquely osteopathic structures, the Joint Education Committee met with 7 OPTIs during the summer of 2014 to learn more about their function.

The objectives for the OPTI visits were as follows: (1) to develop an operational understanding as to how 1 OPTI would serve as academic sponsor, (2) to explore fit between current OPTI functions and ACGME institutional standards, (3) to identify operational challenges and strengths to leverage for OPTIs and programs, and (4) to uncover specific educational needs and best methods to support learning between OPTIs. Although each OPTI has different governance, membership, and structure, the Joint Education Committee determined that all OPTIs are clearly engaged in the continuum of undergraduate and graduate medical education and that all OPTIs are committed to moving forward.

Many options exist for OPTIs in the single accreditation system. They will be able to apply as an ACGME sponsoring institution, remain as educational consortiums, and provide cost-effective, value-added services and resources to ACGME institutions and programs.[2] The importance of OPTIs is also seen in the ACGME's "Osteopathic Recognition Requirements," which are effective July 1, 2015.[3] In part (emphasis added):

> III.B.10.a) Programs seeking Osteopathic Recognition should participate in a community of learning that promotes the continuum of osteopathic medical education. This community should include a college of osteopathic medicine, osteopathic medical students, residents in an osteopathic-focused track, and teaching physicians from a variety of settings committed to maintaining these requirements for Osteopathic Recognition. *Such a community can be provided through affiliation with an osteopathic post-doctoral training institution (OPTI)*.[3]

The value of OPTIs as independent organizations dedicated to strengthening community-based medical education will be integral to the success of the single accreditation system.

OPTI Accreditation

On July 1, 2012, the role of OPTIs expanded to include academic sponsorship, which required extensive revisions to "Section IX: Standards for Accreditation of OPTIs" in *The Basic Documents for Osteopathic Post-doctoral Training*[4] and the *OPTI Accreditation Handbook*.[5] The OPTI Inspection Crosswalk[6] was also revised to include the revisions made to the standards and to the Pilot Performance Improvement Program. The COPTI has the authority to make final accreditation decisions for OPTIs. Continuing approval of OPTIs operates on a 5-year accreditation cycle, with electronic data reports submitted to COPTI annually.

The OPTI accreditation standards and crosswalk now include 2 types of standards: "must meet" and "regular."[5,6] Currently, 6 must-meet standards have been identified by COPTI as essential to OPTI function and continuing approval.

In the 11 continuing approval OPTI reviews completed since the OPTI accreditation standards and handbook changes were implemented on July 1, 2012, COPTI cited 30 deficiencies (ie, 30 OPTI accreditation standards were found as "not met") (*Table 2*). Deficiencies were cited most often in Organization, Governance, and Finance (Standard Section B) and in Academic Sponsorship and Oversight (Standard Section C). The OPTI standards that were most often cited as "not met" were Standards B.9.1 and B.9.15 (cited 3 times each), and Standards C.9.7 and C.9.8 (cited 2 times each):

- B.9.1: "The OPTI shall define, through strategic planning, its mission, goals, objectives, and outcomes."
- B.9.15: "Each OPTI shall commit financial resources and define a financial plan and budget that is linked to its strategic plan.
- C.9.7: "The OPTI OGME committee shall review and approve each training institution's core competency plan."
- C.9.8: "Each OPTI OGME committee shall have an OPTI-wide uniform system of continuous improvement in place that includes trainee submission of evaluation of their training programs."[4]

Revisions to Standard C.9.8 were not approved with the July 1, 2012, revisions because the intent of the standard remained unclear to the Council on Postdoctoral Training, the Bureau of Osteopathic Education, and the Board of Trustees, which all need to approve the revisions before enactment. Standard C.9.8 was previously cited 6 times in the 22 OPTI inspections conducted from 2008 to 2012, making it one of the most cited deficiencies. After reviewing the deficiency data, COPTI removed Standard C.9.8 from the OPTI accreditation standards because it was seen as redundant. This standard was removed effective July 1, 2013.

OPTI Annual Report

A subcommittee of COPTI members and other OPTI leaders were tasked with creating fewer yet more effective questions that could provide meaningful measures of a successful OPTI. The revised OPTI Annual Report received COPTI's final approval at its July 31, 2013, meeting. Each OPTI receives its annual report in August and must complete and return it to the AOA no later than October 1, and COPTI reviews the data each year at its fall meeting.[4]

Many OPTI leaders pushed for the OPTI Annual Report changes. Because OPTIs moved to a 5-year accreditation cycle, COPTI wanted a way to ensure that standards were being met between OPTI site visits. The OPTI Annual Report also needed to provide quantitative and qualitative data on individual OPTIs and on OPTIs overall so that stakeholders and other members of the medical education community and public could have information on the OPTI structure and benefits, which is especially important in the transition to the single accreditation system. There was also a need for a secure, Web-based space to be created so that OPTIs and the AOA could share and affirm data on programs.

The OPTI Annual Report is divided into 3 sections. "Section A: Demographics" is prepopulated with data from the AOA master database. The OPTI is required to review and affirm the data on college of osteopathic medicine and hospital OPTI membership and OPTI program sponsorship. Section A also provides space for OPTIs to designate their programs as rural and explain their definition, which is information not previously collected on OGME programs. They also have space to provide data on program changes, including new programs, closures, and leadership changes.

Table 2.
Deficiencies Given to OPTIs for Compliance With AOA OPTI Standards by Standard Section (N=11)

Section	Standard Definition	Deficiencies, No.
A	Prerequisites for accreditation	1
B	Organization, governance, and finance	8
C	Program evaluation	6
D	Research standards	4
E	Faculty and instruction	2
F	Intern and resident status and services	5
G	Curriculum	4
H	Facilities	0
Total		**30**

Abbreviations: AOA, American Osteopathic Association; OPTI, osteopathic postdoctoral training institution.

Table 3.
2013 OPTI Annual Report Summary

Report Item	A-OPTIC	CEME	CORE	HEARTland	KCUMB-COMEC	LECOMT	MSOPTI	MWU/OPTI	NEOMEN	NYCOMEC	OMECO	OMNEE	OPTI-West	PCOM MEDNet	RM OPTI	RowanSOM OPTI	SCS/MSUCOM OPTI	Still OPTI	Texas OPTI	TOMEC[d]	TUMEC[e]	Average	Total
Section A: Demographics																							
1. Member institutions, total[a,b]	15	27	23	5	6	37	11	24	14	29	15	10	24	38	9	12	36	11	10	3	4	17.29	363
2. Member COMs, total[b,c]	3	1	7	1	1	2	1	2	1	2	1	3	1	3	1	1	3	2	1	1	2	1.9	40
4. Sponsored programs, No.[a]	28	86	99	5	8	105	23	50	34	78	44	23	44	90	10	46	222	33	23	0	21	51.05	1072
Internships[a]	2	6	10	0	0	19	5	3	7	13	2	5	6	18	0	3	19	3	1	0	4	6	126
Residencies/fellowships[a]	26	80	89	5	8	86	18	47	27	65	42	18	38	72	10	43	203	30	22	0	17	45.05	946
5. Primary care residencies[a]	23	21	23	4	3	40	13	21	15	26	15	13	13	34	5	10	43	13	7	0	7	16.62	349
Family medicine[a]	19	11	14	3	2	25	9	14	10	15	9	8	8	20	3	5	22	11	4	0	3	10.24	215
Internal medicine[a]	4	7	8	1	1	14	3	7	5	8	4	5	5	13	2	3	17	2	2	0	4	5.48	115
Pediatrics[a]	0	3	1	0	0	1	1	0	0	3	2	0	0	1	0	2	4	0	1	0	0	0.904	19
6. NMM/combined, NMM/NMM+1 residencies, No.[a]	2	4	4	0	0	2	0	1	4	5	1	0	1	2	0	1	6	4	2	0	0	1.86	39
NMM[a]	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	2	1	1	0	0	0.33	7
NMM+1[a]	1	2	3	0	0	2	0	1	4	2	1	0	1	1	0	1	2	1	1	0	0	1.1	23
FM/NMM[a]	1	2	1	0	0	0	0	0	0	1	0	0	0	0	0	0	2	1	0	0	0	0.38	8
IM/NMM[a]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0.05	1
7. OPTI-reported rural programs, No.	28	3	0	0	0	0	7	3	0	1	14	0	0	0	0	0	8	12	0	0	NA	3.8	76
Section B: Accreditation																							
1. Has strategic planning been conducted? (Standard B.9.1)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	NA	NA	NA
2. Have key outcome measures been assessed to document effectiveness of OPTI strategic plan? (Standard B.9.1)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA	NA
3. Did the OGME Committee meet 4 times? (Standard C.9.2)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	NA	NA	NA
4. AOA program and institution site review(s) conducted (Standard C.9.4), No.	5	12	4	0	1	3	4	13	3	8	5	4	3	22	2	2	20	3	4	0	NA	5.9	118

(continued)

Table 3 (continued).
2013 OPTI Annual Report Summary

Report Item	A-OPTIC	CEME	CORE	HEARTland	KCUMB-COMEC	LECOMT	MSOPTI	MWU/OPTI	NEOMEN	NYCOMEC	OMECO	OMNEE	OPTI-West	PCOM MEDNet	RM OPTI	RowanSOM OPTI	SCS/MSUCOM OPTI	Still OPTI	Texas OPTI	TOMEC[d]	TUMEC[e]	Average	Total
5. Institutions scoring <80% on a site visit, No.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Programs scoring <71% on a site visit (Standard G.9.6), No.	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	NA	1
7. Have programs scoring <71% on a site visit been assisted? (Standard G.9.6)	NA	NA	NA	NA	NA	Y	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
8. Program and institution corrective action plan(s) reviewed (Standard C.9.5), No.	5	5	8	0	0	17	3	4	2	1	7	4	2	9	2	4	19	2	3	0	NA	NA	NA
9. Program corrective action plan(s) reviewed for evidence of implementation (Standard C.9.6), No.	5	10	1	0	0	3	3	4	2	3	4	1	2	0	2	4	1	0	2	0	NA	NA	NA
10. Internal/mid-cycle program and institution site review(s) conducted (Standard B.9.8), No.	1	16	4	1	0	9	3	2	7	13	7	2	4	18	0	4	9	2	2	0	NA	NA	NA
11. Institutional Core Competency Plans reviewed (Standard C.9.7), No.	21	17	8	5	5	36	10	15	14	NA	22	9	6	34	6	7	23	9	7	3	NA	NA	NA
12. Has faculty teaching effectiveness been assessed? (Standard E.9.3)	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	NA	NA	NA
13. Has the roster of core faculty been updated? (Standard E.9.1)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA	NA
14. Has a roster of core OPP faculty been developed? (Standard E.9.5)	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA	NA
15. Has research education been conducted? (Standard D.9.2)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA	NA

[a] Based on 2014 American Osteopathic Association (AOA) Census Data (May 30, 2013).
[b] Institutions and colleges of osteopathic medicine (COMs) can be members of multiple osteopathic postdoctoral training institutions (OPTIs).
[c] Does not include additional locations or COMs yet to enroll students.
[d] TOMEC did not begin academically sponsoring programs until July 1, 2013.
[e] Touro University Medical Education Consortium (TUMEC) closed as of July 1, 2013, and was not required to complete the OPTI Annual Report.

Abbreviations: FM, family medicine; IM, internal medicine; N, no; NA, not applicable; NMM, neuromusculoskeletal medicine; OGME, osteopathic graduate medical education; OPP, osteopathic principles and practice; Y, yes. Abbreviations of OPTIs are expanded in *Table 1*.

Table 4.
2014 OPTI Annual Report Summary

Report Item	A-OPTIC	CEME	CORE	HEARTland	KCUMB-COMEC	LECOMT	MSOPTI	MWU/OPTI	NEOMEN	NYCOMEC	OMECO	OMNEE	OPTI-West	PCOM MEDNet	RM OPTI	RowanSOM OPTI	SCS/MSUCOM OPTI	Still OPTI	Texas OPTI	TOMEC[d]	Average	Total
Section A: Demographics																						
1. Member institutions, totala,[b]	15	18	24	6	6	37	11	22	13	31	19	15	24	42	12	10	36	12	12	3	NA	NA
2. Member COMs, totalb,[c]	2	1	5	1	1	2	1	2	1	2	1	5	5	3	1	1	3	2	1	2	NA	NA
4. Sponsored programs, No.[a]	18	92	99	6	6	109	25	49	34	92	46	28	66	101	14	46	227	32	26	3	55.95	1119
Internships[a]	1	6	10	0	0	18	5	2	6	16	2	6	7	16	1	3	18	3	1	0	6.05	121
Residencies/fellowships[a]	17	86	89	6	6	91	20	47	28	76	44	22	59	85	13	43	209	29	25	3	49.9	998
5. Primary care residencies, No.[a]	15	23	24	4	2	38	13	20	14	31	16	16	24	42	7	10	46	12	9	2	18.4	368
Family medicine[a]	13	12	15	3	2	24	9	13	9	17	10	10	15	26	4	5	24	10	5	1	11.35	227
Internal medicine[a]	2	8	8	1	0	13	3	7	5	10	4	6	9	15	3	3	18	2	3	1	6.05	121
Pediatricsa	0	3	1	0	0	1	1	0	0	4	2	0	0	1	0	2	4	0	1	0	1	20
6. NMM/combined, NMM/NMM+1 residencies, No.[a]	2	4	4	0	0	2	2	1	4	5	1	0	3	2	0	1	6	4	3	0	2.2	44
NMM1[a]	0	0	0	0	0	0	1	0	0	2	0	0	0	1	0	0	2	1	1	0	0.4	8
NMM+1[a]	1	2	3	0	0	2	1	1	4	2	1	0	3	1	0	1	2	1	1	0	1.3	26
FM/NMM[a]	1	2	1	0	0	0	0	0	0	1	0	0	0	0	0	0	2	1	1	0	0.45	9
IM/NMM[a]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0.05	1
7. OPTI-reported rural programs, No.	19	3	6	1	0	3	7	3	0	1	16	0	2	0	0	0	4	12	0	0	3.85	77
Section B: Accreditation																						
1. Has strategic planning been conducted? (Standard B.9.1)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA
2. Have key outcome measures been assessed to document effectiveness of OPTI strategic plan? (Standard B.9.1)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA
3. OGME Committee meetings: (Standard C.9.2), No.	10	7	10	4	4	4	9	8	11	4	4	4	4	4	4	6	7	10	4	5	6.15	123
4. Number of AOA program and institution site review(s) conducted (Standard C.9.4)	0	29	6	0	0	27	3	8	9	25	0	1	16	6	1	5	24	0	0	1	8.05	161

(continued)

Table 4 (continued).
2014 OPTI Annual Report Summary

Report Item	A-OPTIC	CEME	CORE	HEARTland	KCUMB-COMEC	LECOMT	MSOPTI	MWU/OPTI	NEOMEN	NYCOMEC	OMECO	OMNEE	OPTI-West	PCOM MEDNet	RM OPTI	RowanSOM OPTI	SCS/MSUCOM OPTI	Still OPTI	Texas OPTI	TOMEC[d]	Average	Total
5. Institutions scoring <80% on a site visit, No.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
6. Programs scoring <71% on a site visit (Standard G.9.6), No.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0.05	1
7. Have programs scoring <71% on a site visit been assisted? (Standard G.9.6)	NA	Y	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
8. Program and institution corrective action plan(s) reviewed (Standard C.9.5), No.	3	14	12	0	0	9	2	14	6	7	4	4	3	6	1	5	45	0	1	0	6.8	136
9. Program corrective action plan(s) reviewed for evidence of implementation (Standard C.9.6), No.	1	4	3	0	0	7	3	1	3	2	3	3	5	6	1	5	15	2	1	0	3.25	65
10. Internal/mid-cycle program and institution site review(s) conducted (Standard B.9.8), No.	1	7	4	0	0	10	8	5	7	7	8	3	17	15	1	11	0	25	2	1	6.6	132
11. Institutional Core Competency Plans reviewed (Standard C.9.7), No.	15	12	8	6	5	31	11	16	14	26	12	9	22	40	13	7	38	10	8	3	15.3	306
12. Has faculty teaching effectiveness been assessed? (Standard E.9.3)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA
13. Has the roster of core faculty been updated? (Standard E.9.1)	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA
14. Has a roster of core OPP faculty been developed? (Standard E.9.5)	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA
15. Has research education been conducted? (Standard D.9.2)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	NA

[a] Based on 2014 American Osteopathic Association (AOA) Census Data (May 30, 2014).
[b] Institutions and colleges of osteopathic medicine (COMs) can be members of multiple osteopathic postgraduate training institutions (OPTIs).
[c] Does not include additional locations or COMs yet to enroll students.

Abbreviations: FM, family medicine; IM, internal medicine; N, no; NA, not applicable; NMM, neuromusculoskeletal medicine; OGME, osteopathic graduate medical education; OPP, osteopathic principles and practice; Y, yes. Abbreviations of OPTIs are expanded in *Table 1*.

"Section B: Accreditation Process Review" is used to directly correlate specific OPTI standards. The data provided by OPTIs on the number of inspections, inspection scores, corrective action plans, and evidence of implementation can be verified by AOA staff.

"Section C: Educational Outcomes" provides qualitative data that COPTI was not able to collect on individual OPTIs previously. Outcome-based questions regarding research, faculty development, osteopathic principles and practice integration, board certification pass rates, and graduate program satisfaction are now beginning to be collected by each OPTI. These data can be measured from year to year and reviewed by COPTI.

For 2013 and 2014, the revised OPTI Annual Reports provided substantially improved data geared toward measuring an OPTI's success (*Table 3* and *Table 4*, respectively).

Conclusion

The role of OPTIs in OGME changed in 2012, and OPTIs have since been inspected in accordance with the revised standards, which have proven to be effective. Through the OPTI Annual Report, COPTI and individual OPTIs can provide quantitative and qualitative data that show their success in providing quality OGME. The role of OPTIs will continue to evolve as OGME programs transition into the single accreditation system.

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