



**Handbook of the
Program & Trainee Review Council (PTRC)**

EFFECTIVE 7/1/2020

BOT 10/2003
Rev. BOT 7/2009
Rev. BOT 7/2011
Rev. BOT 7/2012
Rev. BOT 7/2013
Rev. BOT 7/2014
Rev. BOT 2/2015
Rev. BOT 7/2019

TABLE OF CONTENTS	
1	INTRODUCTION.....
2	I.STATEMENT OF PURPOSE.....
3	A. Organization and History
4	B. Functions and Responsibilities
5	II. COUNCIL STRUCTURE AND GENERAL PROCEDURES
6	A. General Aspects of PTRC Membership.....
7	B. Appointment of Officers and Terms of Office
8	C. Appointment of Members and Terms of Office
9	D. Meeting Structure of the PTRC.....
10	E. Executive Committee
11	F. Other Committees.....
12	G. General Procedures of the PTRC.....
13	III. PROGRAM ACTION AND SITE REVIEWPROCEDURES
14	A. Approval of New Programs
15	Error! Bookmark not defined.
16	B. Continuing Approval Program Actions.....
17	6
18	C. Probationary Approvals
19	6
20	D. Denial Actions
21	6
22	E. Types of Site Reviews.....
23	7
24	IV. TRAINEE APPROVAL PROCEDURES.....
25	A. Federal and ACGME/PGY-I Internships
26	Error! Bookmark not defined.
27	B. Residency/ACGME Training.....
	Error! Bookmark not defined.
	V. AGENDA PREPARATION AND PROCEDURE.....
	VI. RECONSIDERATION AND APPEAL OF DECISIONS
	VII. CONFLICT OF INTEREST POLICY.....

HANDBOOK OF THE PROGRAM AND TRAINEE REVIEW COUNCIL

1 INTRODUCTION

2 The Handbook of the Program and Trainee Review Council (*Handbook*) is a procedural guide
3 established for the use of the Program and Trainee Review Council (PTRC) and other AOA
4 officers. This is an official document adopted by action of the AOA Board of Trustees (AOA
5 Board). The *Handbook* includes a description of the purpose, function, structure, and operating
6 procedures of the council. The PTRC serves as a standing council in specified, selective areas of
7 osteopathic graduate medical education (OGME).

8 The PTRC shall conduct itself according to the processes stated in this *Handbook* and shall
9 review the *Handbook* every two years.

I. STATEMENT OF PURPOSE

11 A. Organization and History

12 The current structure and role of the PTRC was created by action of the AOA Board at its
13 February 2003 meeting (see Resolution 53(M)/2003, “Task Force to Study the Structure of the
14 Department of Educational Affairs”) as a functional successor to the former ECCOPT. The
15 PTRC is a representative body composed of members from AOA affiliate organizations created
16 to assure AOA Board, osteopathic medical professional and general public that postdoctoral
17 training programs are operating within approved standards, rules and regulations, and provide
18 educational training satisfactory to the public interest. The PTRC also has the obligation to
19 deliberate and recommend policy revisions to the Bureau of Osteopathic Education (BOE) and
20 the AOA Board for improvements in postdoctoral education.

21 Starting July 1, 2020, the COPT will be disbanded and PTRC will continue to function as the
22 accreditation authority for all AOA-approved programs that do not achieve ACGME
23 accreditation by June 30, 2020.

25 B. Functions and Responsibilities

26 The primary responsibilities of the PTRC are to serve as the decision making body for AOA-
27 approved internship, residency, fellowship and subspecialty training programs and for individual
28 training approvals. In this capacity, actions of the PTRC are final. These actions may be
29 appealed to the BOE Appeal Committee, decisions of which may be appealed to the AOA
30 Board. The council also makes OGME policy recommendations to BOE, including changes to
31 specialty basic standards. The council shall:

- 32 1. Review and take final action on postdoctoral training programs, including
33 consideration of program approvals, denials, and increases in approved positions,
- 34 2. Monitoring of compliance of programs with *AOA Basic Document* and specialty basic
35 standards.

- a. Recommendations on residency and fellowship training programs are received from the educational evaluating committees of the specialty practice affiliates.
3. Reviews all approval and denial recommendation from SPEC of individual trainee's training.
4. Make recommendations to changes to OGME policy for BOE's review.
5. Review changes in specialty basic standards as recommended by the various specialty practice affiliates and make recommendation for BOE's review.

II. COUNCIL STRUCTURE AND GENERAL PROCEDURES

A. General Aspects of PTRC Membership

1. The PTRC has 16 voting members as enumerated in Section II.C.
2. The PTRC has two (2) non-voting liaison members as enumerated in Section II.C with rights to review and debate matters before the PTRC without vote.
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 PTRC 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, the BOE, or any other AOA education or accreditation bureau or council shall simultaneously hold a position on the PTRC.

B. Appointment of Officers and Terms of Office

1. Chair

The Chair will be appointed by the AOA President from among the membership of the PTRC for a two-year term of office.

2. Vice-Chair

The Vice-Chair will be appointed by the AOA President from among the membership of the PTRC for a one-year term of office.

3. Secretary

The Secretary, as determined by AOA, shall be the administrator for the PTRC; shall be responsible for both recording and corresponding secretarial activities of the

1 PTRC; and shall maintain technical expertise in the areas of responsibility of the
2 PTRC and make the PTRC aware of trends in these areas.

3 **C. Appointment of Members and Terms of Office**

4 1. Permanent representation will be as follows for sixteen (16) council positions:

- 5 • At minimum 1 representative from each specialty college evaluating
6 committee that has programs under the restricted accreditation authority of
7 the AOA, appointed for 3 year terms.
- 8 • Additional membership appointed by AOA Board for 3 years terms.

9 2. Non-voting liaison members will be appointed as follows with appointment terms
10 lasting as long as they are serving as a Chair of the relevant BCC:

- 11 • 1 - OGME advisor
- 12 • 1 - Liaison Member from the Bureau of Osteopathic Specialties (BOS)

13 3. Advisors

- 14 • The AOA President, President-Elect, Executive Director, Chair or Vice
15 Chair of the Department of Educational Affairs may meet with the PTRC as
16 non-voting advisors on policies and procedures of the AOA as applicable to
17 the PTRC.

18 4. Observers

- 19 • By precedent meetings of the PTRC are open meetings. Observers are
20 asked to notify the Chair or Secretary of the PTRC of their intent to attend.
- 21 • The presence of observers shall be acknowledged by the Chair and recorded
22 in the PTRC minutes.

23 **D. Meeting Structure of the PTRC**

24 1. The PTRC will meet at least two times a year, in Spring and Fall. Additional
25 teleconferences will be scheduled as necessary.

26 2. The PTRC may as needed take action by mail ballot on the approval of the chair.

27 a. There will be regularly scheduled mail ballots for trainee approval actions
28 scheduled between meetings of the PTRC.

29 b. Mail ballots for program actions will be limited to exceptional need. No
30 recommendation for denial or probationary approval will be conducted by
31 mail ballot. The PTRC will consider Site Review reports and length of
32 continuing approvals only at meetings.

- 1 c. Mail ballot participation and approval will be governed by the same
2 requirements for quorum and majority as in-person PTRC action, per Illinois
3 statute.
- 4 3. Open sessions will be open to all attendees to address issues of interest to all parties,
5 including reports, discussion items, and information items.
- 6 a. The PTRC will utilize consent agendas for program and trainee resolutions as
7 needed.
- 8 6. Executive sessions are closed session to review issues that are of a sensitive or
9 confidential nature. Program or specialty college representatives are invited to the
10 executive session as needed for testimony, and will not be present for deliberations
11 or final decisions.

12 **E. Executive Committee**

13 There shall be an Executive Committee consisting of the Chair, the Vice Chair and three other
14 members appointed from the roster of permanent representatives.

- 15 1. Meetings of the Executive Committee will be called by the chair and may be held by
16 teleconference.
- 17 2. The purpose of the Executive Committee is to act when meetings of the entire
18 PTRC are not possible, and when needed to take timely actions, including:
- 19 a. Consideration of individual training issues
- 20 b. Consideration of disciplinary actions toward individual program or training
21 institutions
- 22 c. Consideration of requests for a full or focused site visit.
- 23 d. Other business as deemed urgent and necessary by the chair
- 24 3. The secretary will take minutes and these will be reported to the full council.

25 **F. Other Committees**

26 The PTRC may approve working groups, or task forces, for special projects or assignments.
27 Minutes or reports will be presented to the full PTRC.

28 **G. Specialty College Evaluating Committees**

- 29 1. Each specialty college that has programs under the restricted accreditation authority
30 of the AOA shall have a specialty college evaluating committee (SPEC)
- 31 2. The SPEC should be a minimum of three members who have experience in medical
32 education.
- 33 3. The SPEC should hold meetings at minimum two times per year prior to the PTRC
34 meetings or as requested by PTRC Chair

- 1 4. SPEC responsibilities
- 2 a. Recommend changes to specialty basic standards
- 3 b. Approve individual resident's training as complete
- 4 c. Review reports provided by programs semiannually
- 5 d. Review resident survey results
- 6 e. Participate in meetings with residents
- 7 5. Should a SPEC no longer be able to function at the specialty college, a subcommittee
- 8 of PTRC will be formed.

9 **G. General Procedures of the PTRC**

- 10 1. The PTRC operates on Robert's Rules of Order, newly revised.
- 11 2. A simple majority of members will constitute a quorum sufficient for conduct of all business.
- 12 3. The PTRC operates within procedures approved by the AOA Board as appropriate. The PTRC will 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 PTRC.
- 13 4. With respect to the areas for which the PTRC retains final decision authority, the PTRC may approve, deny, defer action or remand an item back to the entity submitting that item for the council's consideration.
- 14 5. The PTRC will conduct appropriate orientation activities for its members. The secretary will provide orientation materials to all newly appointed members according to AOA procedure.
- 15 6. The PTRC will be responsible for the expenses incurred by attendance only of such persons invited at the specific request of the Chair or Secretary where there is a written agreement for reimbursement.
- 16 7. The PTRC shall not be responsible for expenses incurred by persons appearing before the PTRC at the request of, or in the interest of, individual trainees or programs, or other organizations or individuals.
- 17 8. The Secretary to the PTRC shall attend all meetings, including the Executive Sessions.
- 18 9. PTRC denial action letters will specifically include language referencing the appeal process.

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

III. PROGRAM ACTION AND SITE REVIEW PROCEDURES

The PTRC shall review and take final action on all recommendations of the specialty affiliates including but not limited to continuing approval of current programs. The AOA Division of Postdoctoral Training will send notification of PTRC actions to programs within 15 days of each meeting. Any extension of this deadline will require prior approval by PTRC.

A. Continuing Approval Program Actions

1. Continuing approval program actions of the PTRC shall be granted annually.
 2. Programs are required to undergo Site Review as needed.
 3. Deficiencies must reference specific standards and will be cited in the PTRC action letter.

B. Probationary Approvals

Probationary approvals shall reflect review and deliberation by the PTRC with explicit reasons for the probationary action.

1. This action is to be used for programs not in compliance with one or more major AOA standards which must be corrected.
 2. Deficiencies must be satisfactorily corrected within 18 months of the citation date. Failure of the program to file a corrective action plan or to file evidence of implementation of corrective actions may result in immediate re-Site Review or denial of continuing approval.
 3. Programs on probationary continuing approval for two consecutive terms shall be terminated effective June 30 of the second year. Any such terminated program may reapply for approval as a new program one year after the date of termination.
 4. Trainees must be notified of program's probationary status.

C. Denial Actions

PTRC action of denial indicates major deficiencies in the program recommended for action. Denial of approval of any agenda item shall reflect review and deliberation by the PTRC with explicit reasons for denial included as part of such actions.

- Denial of continuing approval indicates that the program has violated one or more major requirements making it necessary to terminate the existing program. Denial actions may be taken for programs on probationary approval that have not filed corrective actions.

1 2. Denial of continuing approval to a training program shall be effective on June 30
2 one year from the end of the academic year in which the PTRC action occurs.
3 PTRC reserves the right to establish an earlier termination date as appropriate.

4 **D. Types of Site Reviews**

5 Programs will participate in a full program site review within the term proscribed by the PTRC,
6 which will also have authority to require additional reviews (with or without recommendation of
7 the specialty college).

8 1. Full site review

9 All standards will be evaluated for full site reviews.

10 2. Focused Site Review

11 When a program is deficient in an area that requires a site visit to verify correction of
12 deficiencies prior to the program's next regularly scheduled site review, a focused site
13 review may be required. Notice of a focused site review will include areas of concern
14 or deficiencies to be addressed. Focused site reviews will not be considered as full
15 site reviews.

16 a. Filing of a corrective action plan and/or evidence of implementation of the
17 action plan can result in a specialty college recommendation for waiver of the
18 focused site review.

19 3. Site Review Reports

20 a. Reports from site reviewers will be due at the AOA within 15 days of the site
21 review

22 b. AOA professional reviewer(s) may request additional documents or
23 information be submitted with the report to support the work of the team.

24 c. The site review report shall be forwarded from the AOA to the OPTI and
25 program for review and comment

26 d. The OPTI/program shall have fifteen (15) business days to respond to the
27 report. The OPTI/program may request correction of factual errors.).

28 e. The final site visit report shall include the OPTI/program's comments and
29 shall be forwarded together to the SPEC for review.

31 **V. AGENDA PREPARATION AND PROCEDURE**

33 A. Distribution of Agendas

34 1. The Secretary will send an advanced copy of the agenda to members (voting and
35 non-voting) for review approximately two weeks prior to the PTRC meeting date.

1 This advanced agenda shall contain minutes of previous committee meetings,
2 reports, policy items and issues requiring advanced review, as determined by the
3 Chair.

- 4 2. Copies of the PTRC agenda distributed to the specialty affiliates and guests will be
5 appropriately abridged for purposes of confidentiality and will be distributed
6 electronically.

7 3. If a specialty affiliate has business before the PTRC a representative of the specialty
8 affiliate should be present or available by phone.

9 VI. RECONSIDERATION AND APPEAL OF DECISIONS

10 As PTRC actions are final, programs or individual trainees may request that PTRC reconsider
11 such action under the following circumstances and without filing a formal appeal. The chair will
12 be notified of all requests for reconsideration upon receipt at AOA. A request for
13 reconsideration will not result in a stay of the PTRC action.

- 14 A. A request for reconsideration must be based only on Errors in Fact. Questions
15 regarding fairness of application of standards or policy require an application to the
16 BOE Appeals Committee (see 2 below)

17 B. If an individual trainee believes that an action taken is due to inaccurate
18 information(Errors in Fact) and said physician wishes to have the action reconsidered, a
19 written request must be filed with the AOA Division Of Postdoctoral Training
20 describing the basis for reconsideration and documenting the changes or discrepancies
21 between reported deficiencies and fact. This request must be received within forty (40)
22 days of the date of the letter of notification.

23 C. Programs have the opportunity to provide error in fact documentation before
24 specialty college evaluating committee review and before PTRC action. Programs
25 may not file for reconsiderations. Programs may appeal to the Bureau of
26 Osteopathic Education Appeal Committee.

27 D. If after Site Review a continuing program receives a recommendation of
28 approval with re-Site Review within one year, with or without the ability to
29 recruit, the program may request reconsideration by the PTRC with
30 documentation to refute the reasons for the probationary action. This request
31 must be received within forty (40) days of the date of the letter of notification.

32 E. Upon receipt of the written request from an individual trainee, the Division of
33 Postdoctoral Training shall forward this documentation to the Executive
34 Committee of the PTRC for input. This input shall then be reported to the full
35 PTRC

36 F. Upon receipt of a written request for reconsideration on a program action staff will
37 forward a copy of the request to the specialty affiliate evaluating committee for review
38 with a report to the chair within thirty (30) days.

VII. CONFLICT OF INTEREST POLICY

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

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 BOE and its subordinated Councils. These policies are applicable to members of the AOA Board, the BOE and its subordinated councils, and also to members of the administrative staff, appeals panels and evaluation teams, and to consultants.

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

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

36 The chair of the PTRC will be able to direct an AOA board member to exclude himself/herself
37 from specific discussions in which a conflict may exist. If there is any question of undue

1 influence arising from anything but purely disinterested motives, then discussion should simply
2 be limited to members of the respective bodies.

Matters such as decisions on accreditation status of an AOA-Approved Postdoctoral Training Program 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, and PTRC shall be limited to voting members of the PTRC, the AOA Executive Director, Secretary to the Bureau Council, and by invitation, to those participants deemed appropriate to the discussion.

9 Individuals asked to serve on the PTRC and its councils and other bodies will honestly examine
10 their individual circumstances and determine whether they can render fair and unbiased service
11 in general. Before the body sits down to serve, all of the members must have gone through this
12 self-examination. This is also true for staff and team and panel members. Full disclosure of any
13 doubtful situation to the other members of the body must be made. This is particularly true of
14 situations where the individual may honestly feel that he or she can be fair, but the situation
15 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 and 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 required to make disclosure to the other members whenever there is a question.

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

- 1 3. Being involved with a competitor of the OPTI (competition is often difficult to
2 ascertain -- there is a question of direct or remote competition);
3 4. Having a family or business relationship with others affiliated with the OPTI under
4 consideration.

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

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

12

1

2

3