

1 **Centers for Osteopathic Research and Education**
2 **BYLAWS**

3 **ARTICLE I. Establishment of the Centers for Osteopathic Research and Education**

4 The Centers for Osteopathic Research and Education (CORE) System is a consortium
5 formed through affiliations between the Ohio University College of Osteopathic
6 Medicine (OU-COM) and hospitals in the state of Ohio that provide clinical training to
7 osteopathic medical students, interns and residents. The affiliation with the CORE
8 System as formally established is renewed annually through participation agreements
9 executed between each hospital and OU-COM.

10 **ARTICLE II. Name and Acronym**

11 The name of the consortium thus established is the Centers for Osteopathic Regional
12 Education (1995 – 2000) now known as the Centers for Osteopathic Research and
13 Education (effective July 1, 2000). The acronym shall be CORE. The affiliation can also
14 be referred to as the CORE System.

15 **ARTICLE III. Scope**

16 The CORE System is established to support and promote excellence in the continuum of
17 osteopathic medical education that begins with matriculation at an osteopathic medical
18 school and extends through residency training, and beyond into Continuing Medical
19 Education (CME). CORE members agree to collaborate on areas of mutual interest and
20 benefit, including, but not limited to, educational standards, academic programs, grants
21 acquisition, evaluation activities, faculty development, curricular development,
22 continuing medical education, research/scholarly activity, marketing, promotion, and
23 recruitment, realizing that collaborative efforts must also reflect the need for individual

1 members to pursue their own missions, goals and objectives. It is an expectation that
2 CORE members participate in ongoing strategic planning and the production of an annual
3 self-study report analyzing and quantifying established measurement outcomes.
4 Furthermore, the CORE System will operate in accordance with the provisions of the
5 American Osteopathic Association's (AOA) most current Accreditation Document for
6 Osteopathic Postdoctoral Training Institutions (OPTI) and the Basic Document for
7 Postdoctoral Training Programs.

8 **ARTICLE IV. Mission**

9 The CORE System is an osteopathic consortium of hospitals and colleges of osteopathic
10 medicine (COMs) which affirms the commitment to conduct CORE programs according
11 to the Americans With Disabilities Act (ADA) of 1990 and applicable state laws
12 regarding disability and provide equitable treatment for all with regard to race, gender,
13 age, religion, ethnic background, sexual orientation, or socio-economic status. The
14 CORE System exists to:

- 15 • protect the integrity of the osteopathic profession by promoting collaboration
16 among hospitals, colleges of osteopathic medicine (COMs), and physicians.
- 17 • provide quality education for osteopathic students, interns, and residents so that
18 they might better serve the health care needs of the nation.
- 19 • promote innovation, creativity, and excellence in undergraduate and graduate
20 medical education.

- 1 • support the development of osteopathic primary care physicians and specialists
2 who, recognizing the interdependence of the body's systems and the ability of the
3 body to heal itself, are committed to providing holistic health care.
- 4 • foster research in basic sciences, clinical medicine, behavioral medicine, health
5 systems, osteopathic principles and practices, educational strategies and methods,
6 and in public health policy.
- 7 • develop appropriate numbers of community-based faculty to teach and administer
8 training programs by providing financial support, faculty appointments, and faculty
9 development programs in a collegial, academic environment.
- 10 • support and promote the development of an infrastructure that results in appropriate
11 numbers of osteopathic physicians who are educators, researchers, and
12 administrators to continue to expand and enhance the osteopathic contribution to the
13 nation's health care system.

14 **ARTICLE V. Membership in the CORE System**

15 SECTION 1. Conditions of Membership

16 Conditions of membership in the CORE System shall be established by the CORE Board
17 (CB), hereafter referred to as "the Board". Interest of an Ohio Hospital's membership in
18 the CORE System shall be disclosed in advance to affected member hospital(s) in the
19 same geographic area for the opportunity to provide input to the Executive Committee of
20 the CORE Board. Acceptance of a new hospital member shall be affirmed or denied
21 based on demonstrated quality academic programming for osteopathic medical education.
22 AOA and/or Joint Commission accreditation shall be a requirement for Central and

1 Participating membership. All participating hospitals will: 1) establish Osteopathic
2 Departments/Sections of Osteopathic Services and provide some method of support to be
3 determined by each individual hospital; 2) be members of the American Osteopathic
4 Association Council of Hospitals; 3) provide in their Hospital Bylaws that they recognize
5 and accept specialty certification through the AOA on an equal basis with those
6 certifying boards recognized by the American Board of Medical Specialties (ABMS) for
7 the purpose of hospital privileges; 4) obtain Federal Wide Assurance as of July, 2002;
8 5) institute and maintain an Institutional Review Board (IRB) according to federal
9 regulations; 6) notify the OPTI Central Site office at OU-COM of any substantive
10 program change(s) that have been made with follow-up notification to the appropriate
11 AOA Specialty College; and 7) implement Osteopathic Postdoctoral Training Institution
12 (OPTI) standards, policies and procedures. As a result of Co-sponsored Graduate
13 Medical Education Programs, the OPTI is accountable for compliance and quality of all
14 training programs within its consortium. Thus, all CORE Hospitals with GME programs
15 regardless of category of membership must have their residents participate in respective
16 RPAC. Also, the hospitals and the college are required to respond to corrective action
17 plans to all deficiencies cited by program inspections in accordance with established
18 policy. Institutions that comprise the consortium will acknowledge and abide by the
19 OPTI requirements by reviewing and accepting the annual report 30 days prior to the
20 deadline for submission to the AOA's Council on Postdoctoral Training Institutions
21 (COPTI). The Board reserves the right to establish additional reasonable standards and
22 requirements as needed for participation in the CORE System. Upon proper notice to the

1 member, the privileges of membership (e.g., use of the OU-COM name, inclusion in
2 CORE advertising, participation in CORE activities, use of CORE resources, etc.) may be
3 suspended, limited, or canceled by the Board when individual members do not meet
4 established standards and requirements for membership. Such suspension or limitation
5 may be removed at any time as determined by the Board.

6 SECTION 2 A. Membership Status

7 The CORE System shall include five categories of membership - Central, Participating,
8 Associate, Affiliate, and Ancillary. Each membership category has specific requirements
9 and privileges established by the Board. Charter and system hospitals shall have special
10 designations in addition to their category of membership.

- 11 • **Central Membership** – Ohio University College of Osteopathic Medicine (OU-
12 COM), because of its central role in executing contracts with individual hospitals
13 and in providing the largest single financial and in-kind contribution to the support
14 of the CORE System, is recognized as the **Central Member**. OU-COM serves as
15 the College of Osteopathic Medicine member, along with other hospital partners,
16 needed to comprise an Osteopathic Postdoctoral Training Institution (OPTI). OU-
17 COM shall establish a CORE office at or near each Participating Hospital to
18 provide student support services. The CORE office staff will schedule students for
19 rotations at all CORE member hospitals and within hospital systems.
- 20 • **Participating Membership** - Hospitals with AOA-approved Graduate Medical
21 Education (GME) programs and participate as full members in the CORE System,
22 shall be recognized as **Participating Members**. The past and present Participating

1 Hospitals are listed in Addendum 1*. Osteopathic medical students will be based
2 only at Participating Member hospitals. The addition of new Participating
3 Members and the methods of their incorporation will be defined by all existing
4 Participating Members in conjunction with the Central Member. Recommendations
5 must be submitted to the CORE Finance Committee (CFC) for consideration.
6 Approval will require a super-majority or two-thirds vote of the Board. Conditions
7 and payments for becoming a Participating Member shall be established by the CFC
8 and ratified by the Board in accordance with the approved fiscal year (July 1- June
9 30) CORE System budget.

- 10 • **Associate Membership** – Hospitals and Clinics with or without AOA and/or
11 ACGME-approved Graduate Medical Education (GME) programs that do not
12 become full Participating Members in the CORE System shall be recognized as
13 **Associate Members**. The past and present Associate Members are listed in
14 Addendum 2*. Osteopathic medical students will not be based at Associate
15 Member hospitals. The addition of new Associate Members and the methods of
16 their incorporation will be defined by all existing Participating Members in
17 conjunction with the Central Member. Recommendations must be submitted to the
18 CFC for consideration. Approval will require a super majority or two-thirds vote of
19 the Board. Conditions and payments for becoming an Associate Member shall be
20 established by the CFC and ratified by the Board in accordance with the approved
21 fiscal year (July 1 – June 30) CORE System budget.

- 1 • **Affiliate Membership** - Colleges of Osteopathic Medicine (COM) other than OU-
2 COM that participate in the CORE System shall be recognized as **Affiliate**
3 **Members**. The past and present Affiliate Colleges of Osteopathic Medicine
4 (ACOM) are listed in Addendum 3*. The addition of new Affiliate Members and
5 the method of incorporation will be defined by the CORE Academic Steering
6 Committee (CASC). Recommendations must be submitted to the CFC for
7 consideration. Approval will require super-majority or two-thirds vote of the CORE
8 Board. COM Affiliate Members must belong to the American Association of
9 Colleges of Osteopathic Medicine (AACOM). Additional conditions and
10 requirements for becoming a COM Affiliate Member shall be established by the
11 Board.
- 12 • **Ancillary Membership** – Hospitals or clinics that do not meet the requirements to
13 be an Associate Member, non-osteopathic colleges or other universities that
14 participate in the CORE System shall be recognized as Ancillary Members. The
15 past and present Ancillary Members are listed in Addendum 4*. Recommendations
16 must be submitted to the CFC for consideration. Conditions as well as the required
17 initial and annual payments for becoming an Ancillary Member shall be established
18 by the Board on an individual basis.

19 SECTION 2 B. Special Designations

- 20 • **Charter Hospital** - Those hospitals that initially participated in organizing the
21 statewide osteopathic medical education consortium, provided a direct financial
22 contribution to establish the CORE System, and formally became a CORE member

1 within two months of its establishment in 1995, shall be designated as a **Charter**
2 **Hospital**. The original eleven (11) Charter Hospitals, of which nine (9) remain in
3 the CORE System, are listed in Addendum 5* with history of name changes. Any
4 Charter Hospitals undergoing mergers or acquisitions that intend to retain Charter
5 status must send a letter of intent to the Chairperson of the Board and specify if
6 there has been a change in the name of the hospital.

- 7 • **System Hospital** – Those Participating and Associate Members that belong to the
8 same healthcare system (e.g., OhioHealth, SUMMA Health System, Humility of
9 Mary Health Partners, Cleveland Clinic Health System, etc.) and want to support
10 osteopathic medical education shall be designated as system hospitals. A system of
11 hospitals must be comprised of at least one Participating Member and either
12 additional Participating Member(s) and/or Associate Member(s).
- 13 • **Provisional Hospital** – All newly accepted hospitals shall be given a provisional
14 membership designation for a minimum of one (1) year which could remain in
15 effect for up to five (5) years. The CORE Board or Executive Committee of the
16 CORE Board determines if a new hospital is given provisional membership status.
17 This designation allows full participation in the CORE System while the institution
18 demonstrates quality academic programming for osteopathic medical education. A
19 hospital's provisional membership status will be reviewed annually by the CORE
20 Academic Steering Committee (CASC) to determine progress towards meeting
21 quality measures. The CASC will approve removal of the provisional membership
22 designation with ratification by the CORE Board.

1 SECTION 3. Membership Application and Fees

2 Membership in the CORE System will follow a prescribed procedure and will become
3 effective upon completion of contractual arrangements. Every application for
4 membership must specify the level of membership desired and shall be accompanied by a
5 one-time application fee established by the CORE Finance Committee. Start up costs
6 determined by the CORE Finance Committee are to be borne by the applicant.

7 Participating Hospitals are required to make an upfront contribution to the CORE
8 Reserve (*See Article VII, Section 3*). All members must pay annual dues and fees as
9 required and outlined in the CORE Participation Agreements.

10 SECTION 4. Membership Standing

11 Any member whose dues are fully paid, or who has met requirements for the level of
12 membership elected, and who is not in arrears in any other fees, dues, charges, or
13 responsibilities shall be considered in good standing and, unless otherwise provided in
14 these Bylaws, shall be entitled to all the CORE services and rights provided for that level
15 of membership. Members who are late making their payments to the CORE System shall
16 not be considered in good standing and shall be subject to the delinquent payment
17 procedures stated in the Participation Agreements. A hospital not in good standing shall
18 become ineligible for refunds or revenue distribution including its portion of the CORE
19 Reserve.

20 SECTION 5. Membership Renewal

21 The Board may place reasonable limits upon the renewal of any membership. The offer
22 of renewal of membership including any conditions or limitations with respect thereto

1 shall be established during the contract renewal process. Signing a new Participation
2 Agreement with OU-COM shall constitute acceptance of such offer. Any member
3 wishing to change its CORE association must send a letter of intent, prior to September 1,
4 to the Chairperson of the Board specifying the requested change in venue.

5 SECTION 6. Membership Termination

6 Members may terminate their membership pursuant to the terms of their Participation
7 Agreement with OU-COM. A hospital intending to terminate its membership for the
8 subsequent fiscal year (July 1 – June 30) must submit written notice to the Chair of the
9 CORE Finance Committee no later than September 1.

10 SECTION 7. CORE Operations Manual

11 A manual regarding CORE operations shall be approved by the Board to address policies,
12 procedures, protocols, and process for the CORE System and OPTI. The CORE System
13 has a transfer policy for interns and residents consistent with AOA requirements and
14 language in AOA postdoctoral training documents as cited in the CORE Operations
15 Manual.

16 **ARTICLE VI. Affiliations with Other Colleges of Osteopathic Medicine**

17 SECTION 1. Agreements

18 The CORE System shall execute agreements with other Colleges of Osteopathic
19 Medicine (COMs) to bring students from those Colleges into the CORE for clinical
20 training. Affiliate COM Members are represented on the Board. As with membership in
21 the CORE System, such affiliations will be formally established through an Affiliate
22 COM Agreement between OU-COM and each of the other Colleges. The purpose of

1 such agreements is to benefit the CORE System statewide by bringing more osteopathic
2 students, interns, and residents into Ohio and to promote quality and efficiency through
3 collaboration between COMs and hospitals in education, research, scholarly activity,
4 grantsmanship, and service.

5 SECTION 2. Distribution of Students

6 Distribution of students from Affiliate Members to Participating Hospitals throughout the
7 CORE System shall be defined by the CORE Academic Steering Committee (CASC) and
8 coordinated through the office of Graduate Medical Education at OU-COM. Affiliate
9 COMs will be consulted and shall abide by established guidelines pursuant to the terms
10 of their Affiliate COM Agreement with OU-COM.

11 **ARTICLE VII. Assets**

12 SECTION 1. Use of Assets

13 The funds and assets of the CORE System shall be used to provide services to CORE
14 members consistent with CORE objectives stated herein. No part of CORE funds or
15 assets shall inure to or be distributed to members except for services to benefit the CORE
16 System as determined by the CORE Finance Committee with ratification by the Board.

17 SECTION 2. Annual Budget

18 The fiscal year for the CORE System shall be July 1 through June 30. The CORE
19 Finance Committee (CFC) shall approve the CORE operating and capital budget that
20 specifies both income and expenditures in November preceding the subsequent fiscal
21 year. The sources of income reflected in the final approved budget shall constitute the

1 annual contributions for the members, and shall be specified in the annual contracts
2 between OU-COM and CORE System Members.

3 SECTION 3. CORE Reserve

4 The CORE Reserve is an interest bearing account established from collective
5 contributions initially made by the Central Member and Charter Members and required of
6 all new Participating Members. Valuing each hospital's or OU-COM's share of the
7 CORE Reserve shall be defined as the initial contribution made by the hospital or the
8 college plus the accrued interest on that initial contribution. A new Participating Member
9 shall be obligated to pay into the CORE Reserve upon entry into the CORE System an
10 amount specified by the CORE Finance Committee.

11 SECTION 4. Dissolution of the CORE System

12 Upon dissolution of the CORE System, any funds or assets remaining after termination of
13 contractual obligations have been discharged shall be redistributed to the members
14 according to the terms of the individual Participation Agreements, governed by
15 regulations regarding public assets pertaining to the OU-COM.

16 **ARTICLE VIII. CORE Board**

17 SECTION 1. Powers

18 The control and management of the affairs of the CORE System shall be vested in the
19 CORE Board (CB) pursuant to the scope of the CORE System outlined in Article III.
20 Authority within the CORE System is vested with the Board, which is responsible for
21 setting policies based on deliberations within the Board and recommendations from the
22 CORE Academic Steering Committee (CASC) and other CORE committees.

1 SECTION 2. Conflict of Interest

2 This policy statement governs matters of conflicts of interest and appearances of
3 impropriety as they may occur in the respective evaluations, deliberations,
4 recommendations, and actions of the Board. All members of the Board must sign a
5 CORE System Conflict of Interest Statement annually (typically in November) and make
6 known situations of clear conflict as well as those which may give rise to the appearance
7 of impropriety. The Conflict of Interest Statement for signature by individual Board
8 members is provided as Addendum 6. The Addendum depicting the “Conflict of Interest”
9 Statement may be revised without prior CORE Board Approval (*See Article X, Section*
10 *4*). The goal is to make sure that discussions and actions are participated in only by those
11 who have no conflict and, to the extent possible, that such discussions and actions avoid
12 the appearance of conflicts. It is expected that members of the Board will honestly
13 examine their individual circumstances and determine whether they can render fair and
14 unbiased service in general. However, a person can feel that he or she can render such
15 disinterested service in general and still have particular situations, which involve conflict.
16 Full disclosure of any doubtful situation must be reported to the Chair of CORE Board as
17 well as to the other members of the Board. This is particularly true of situations where
18 the individual may honestly feel that he or she can be fair, but the situation gives rise to
19 an appearance of impropriety. The decision to withdraw from discussions and/or not to
20 vote should initially come from the individual, but the final decision must come from the
21 Chairperson or the majority of the other members. If the Chairperson rules, such ruling
22 should be subject to a call for a vote by voting members of the Board. The Chairperson

1 may feel that he or she should not substitute his or her judgment for that of a majority and
2 may want to call for a vote at the outset. It may be that one member may bring to the
3 attention of the Board a possible conflict situation involving another member. Each
4 member should keep in mind that he or she should disclose his own possible conflict, so
5 as not to put that sort of burden on a fellow member. It may be that the very presence of
6 a member with a conflict would inhibit the discussions and actions of the Board, so it is
7 not unwarranted for the Chair of the CORE Board to ask a member to absent himself or
8 herself from the deliberations in some circumstances.

9 SECTION 3. Election of Officers, Terms

10 Every other year at the spring meeting (usually in April), the Board shall elect a Vice-
11 Chairperson from the ranks of either the hospital (beginning 1995) or college (beginning
12 1997) representatives to the Board depending on the cycle. It is the intent that the office
13 of Chairperson and Vice-Chairperson will alternate between a hospital representative and
14 a college representative every two (2) years (odd) with the Vice-Chairperson
15 automatically succeeding the Chairperson. The Vice-Chairperson will be elected from
16 the ranks of hospital representatives of the Charter Members for the first eight (8) years
17 (1995-2003) after the inception of the CORE System when it is the hospital's turn to have
18 a representative elected to the Chairperson position. The Chairperson and Vice-
19 Chairperson shall have terms of two (2) years before electing a new Vice-Chairperson.
20 Neither the Chair nor Vice-Chair may succeed themselves in their current positions so as
21 not to serve two (2) consecutive terms. However, the Chairperson could be considered
22 for election to a successive term as Vice-Chairperson, not to exceed two (2) successive

1 terms. The Treasurer shall be the OU-COM Chief Financial Officer. The Secretary shall
2 be the Assistant Dean for CORE Operations and Academic Affairs at OU-COM. The
3 Board also shall elect additional officers as the Board may designate.

4 SECTION 4. Nominating Committee

5 A five (5) member Nominating Committee with appropriate representation from OU-
6 COM and the CORE Hospitals will be appointed by the Chairperson. The charge of this
7 committee is to submit the slate of candidates for required offices of the Board according
8 to specifications and terms as well as to fill any positions that have become vacant before
9 an individual's term is completed. OU-COM representation to the committee will
10 nominate college candidates and CORE Hospital representation to the committee will
11 nominate hospital candidates.

12 SECTION 5. Voting Members

13 Voting members of the Board shall include representatives of OU-COM, COM Affiliate
14 Members, Charter Members, and Participating Members. Each Participating
15 Hospital will be represented by its President or Chief Executive/Operating Officer or
16 designee, and by its Director of Medical Education (DME) or designee. OU-COM shall
17 be represented by the Dean of the College, the Associate Dean for Graduate Medical
18 Education, the Associate Dean for Predoctoral Education, the Chief Financial Officer, the
19 CORE Assistant Deans, and other selected college administrators designated by the OU-
20 COM dean. **The number of college voting members shall be contingent upon the**
21 **number of Participating Hospitals based on two (2) votes for each Participating**
22 **Hospital (i.e., CEO and DME) with the college having an equal number of votes.**

1 **Designees may vote for representatives in their absence upon submitting to the**
2 **Chairperson prior to the meeting written permission signed by the respective voting**
3 **member.** The voting membership shall be reviewed annually by the Board at its
4 November meeting. Additional voting membership can be granted by the Board based on
5 changes in the proportion of financial contributions between colleges and the hospitals.
6 Except as otherwise provided in these Bylaws, each CORE member shall set the term of
7 office for each of its representatives.

8 SECTION 6. Nonvoting Members

9 Associate Members shall be represented on the Board by one nonvoting member. Guests
10 may be invited by members at the discretion of the Chairperson. Nonvoting members
11 and guests may be given the floor if recognized by the Chairperson.

12 SECTION 7. Quorum and Order of Business

13 One-half of the voting membership plus one voting member shall constitute a quorum at
14 any regular or special meeting of the Board. The affirmative vote of the super-majority
15 of voting members physically present or their specified designees who are in attendance
16 shall be necessary for the approval of any action. The order of business, except when
17 otherwise determined by a vote of the Board representatives present, shall be conducted
18 from a set agenda to be determined by the Chairperson of the Board and distributed in
19 advance of the scheduled meeting. All CORE meetings shall be conducted according to
20 Robert's Rules of Order.

1 SECTION 8. Notice of Regular or Special Meetings

2 The Board shall meet biannually (usually November and April), unless otherwise ordered
3 by the Board. Attendance is required at one (1) regularly scheduled meeting per year
4 (50%). Special meetings of the Board may be called at any time by the Chairperson, by
5 any three members of the Board or a majority of the remaining Board representatives.

6 The call shall state the purpose, date, time, and location of the special meeting.

7 Discussion and action shall be limited to the matters contained in the call. Written notice
8 of any meeting shall be mailed to each Board representative at the address last known to
9 the Secretary, at least five (5) days prior to the date of such meeting. The notice of any
10 special meeting shall contain briefly the subject or objects thereof.

11 SECTION 9. Executive Committee of the Board

12 An Executive Committee of the Board, chaired by the president of the CORE Board,
13 shall be established to meet when necessary to address CORE issues of an unprecedented
14 nature and be empowered to take action on behalf of the Board between biannual Board
15 meetings when a situation warrants it. Action taken relative to significant issues must be
16 presented to the Board at its next regularly scheduled meeting for approval and/or
17 ratification. Membership of the Executive Committee of the Board shall include: Board
18 Officers (Chair, Vice-Chair, Treasurer, and Secretary), the Dean of OU-COM, two
19 hospital Chief Executive Officers - one who is appointed by his/her peers to the CORE
20 Finance Committee, and one who holds either the office of Chair or Vice-Chair of the
21 Board and one Director of Medical Education who represents the Ohio Osteopathic
22 Directors of Medical Education (OODME) at CORE Finance Committee meetings and is

1 appointed by his/her peers. **All members of the Executive Committee have one vote**
2 **except for the Secretary who is a non-voting member for a total of six (6) votes.**
3 **Two-thirds of the committee membership shall constitute a quorum with a required**
4 **super-majority (4 out of 6) votes to pass motions.** The Executive Committee of the
5 Board is empowered to make financial decisions within the parameters authorized by the
6 CORE Finance Committee (up to \$10,000 beginning 2001-2002) without obtaining prior
7 approval from the CORE Finance Committee.

8 SECTION 10. Dispute Resolution

9 In the event that a voting member has a major dispute regarding a decision or action, he
10 or she is entitled to due process. At the request of the member, the Chairperson of the
11 Board shall appoint a panel of at least five (5) individuals (members of the CORE) who
12 do not have a conflict of interest and have pertinent knowledge relative to the situation in
13 question and make a nonbinding recommendation regarding the dispute to the Board
14 before the next scheduled Board Meeting or within a mutually agreed upon time frame.

15 **ARTICLE IX. Officers of the Board and Their Powers and Duties**

16 SECTION 1. Chairperson

17 The Chairperson shall preside at all meetings of the Board as well as the Executive
18 Committee of the CORE Board (*See Article VIII, Section 9*) carry out such other actions
19 that shall be necessary to the performance of the duties of this office, or as may be
20 designated by the Board. The Chairperson shall be responsible for providing notice to
21 Board representatives of all Board meetings, and for preparation and distribution of the
22 agenda and minutes for said meetings. The Chairperson shall be given notice of all

1 meetings of standing committees, and shall have the right to attend meetings of those
2 committees of which he/she is not a member and speak, but not vote.

3 SECTION 2. Vice-Chairperson

4 The Vice-Chairperson shall perform the duties of the Chairperson during the absence or
5 at the request of the Chairperson.

6 SECTION 3. Secretary

7 The Secretary shall be the Assistant Dean for Academic Affairs and CORE Operations at
8 OU-COM. The Secretary, with the assistance of OU-COM's Administrative Associate in
9 the office of Graduate Medical Education as his/her designee, shall be the recording
10 officer of the Board and ensure the preparation and distribution of the minutes of the
11 Board meetings under the direction of the Chairperson and/or Vice Chairperson.

12 SECTION 4. Treasurer

13 The Treasurer shall be the OU-COM Chief Financial Officer. The Treasurer shall chair
14 the Finance Committee, and render an account of all transactions and of the financial
15 condition of the CORE upon request, to the Chairperson, and at regular meetings of the
16 Board or whenever the Board may so require.

17 SECTION 5. Officer Vacancy

18 In the event of a vacancy in the Office of Chairperson, the Vice-Chairperson shall
19 succeed to the vacant office for the un-expired term. The vacancy created in the Vice-
20 Chairperson office shall be filled by the next appropriate representative (College or
21 Hospital) in the cycle of terms. In the event of a vacancy in any other office, the Board

1 may fill the vacancy at a subsequent meeting of the Board based on recommendations
2 from the Nominating Committee.

3 **ARTICLE X. Committees**

4 SECTION 1. CORE Standing Committees

5 The committees described in the following sections of this Article shall serve as the
6 CORE Standing Committees. The Board shall appoint and establish charters for ad hoc
7 committees as needed to accomplish CORE business. Committees not so designated will
8 recommend their Chairperson appointments to the CORE Academic Steering Committee
9 and Board for approval. Those CORE Standing Committees that report directly to the
10 Board include the CORE Academic Steering Committee, CORE Bylaws Committee,
11 CORE Finance Committee and CORE Research Committee.

12 SECTION 2. CORE Academic Steering Committee (CASC)

13 The CORE Academic Steering Committee is the strategy-building forum responsible for
14 planning, developing, and implementing all curriculum policies and academic programs.
15 **The CASC reports directly to the CORE Board** and will make recommendations to
16 the Board when appropriate for review, discussion, approval, and eventual
17 implementation. The CASC will be chaired by the OU-COM Associate Dean for
18 Graduate Medical Education. Members of the CASC shall include: OU-COM's
19 Associate Dean for Predoctoral Education, the Assistant Dean for Academic Affairs and
20 CORE Operations, all CORE Assistant Deans, the Chair of the Department of
21 Biomedical Sciences, the Chair of the Department of Social Medicine, the Chair of OU-
22 COM's Curriculum Advisory Committee, the Chair of the CORE Osteopathic Principles

1 and Practices Committee (COPPC), all Directors of Medical Education, the Director of
2 Faculty Development, Assistant Directors of Faculty Development, the Director of
3 Evaluation, the Director of CORE Research, the Director of Predoctoral Education, the
4 RPAC Director, one CORE Administrator, one Hospital Medical Education Coordinator,
5 one Osteopathic Resident Advisory Committee (ORAC) representative, and one
6 representative of each Associate Member. **All members shall have a vote.** The CORE
7 Administrators shall elect/select their representative every two years. The Hospital
8 Medical Education Coordinators shall elect/select their representative every two years
9 (beginning May 2008). Directors of Medical Education shall represent their appointed
10 Residency Programs Advisory Committee. Chairpersons from other CORE committees
11 shall be invited by the Chairperson of the CASC as needed. Other members of the
12 academic community and individuals from OU-COM shall be invited at the discretion of
13 the Chairperson of the CASC. Any committee that does not have representation on the
14 CASC and wishes to address this committee may request approval to attend from the
15 Chairperson. The CASC will be scheduled to meet monthly except for June, July, and
16 December.

17 SECTION 3. CORE Finance Committee (CFC)

18 **The CORE Finance Committee reports directly to the CORE Board** and will be
19 responsible for planning, developing, and implementing financial plans and programs for
20 the CORE System. The CFC will: 1) direct and review CORE budget (operating and
21 capital) development and implementation; 2) develop the necessary budget guidelines to
22 clarify the levels of authority in the implementation process which will speak to limits for

1 unbudgeted capital and operating expenditures, inter-budget transfers, emergency needs
2 and reportable variances; 3) set an annual calendar of meetings to accommodate the
3 budgeting process and periodic review of items reportable to the Board (meet
4 electronically, if necessary): and 4) have the final authority to approve or disapprove the
5 annual CORE budget. The OU-COM Chief Financial Officer shall chair the CFC. This
6 committee will be composed of: four (4) CEO representatives (who are also CORE Board
7 members) elected/selected by peers; four (4) OU-COM representatives appointed by the
8 Dean of OU-COM; and one Director of Medical Education who represents the Ohio
9 Osteopathic Directors of Medical Education (OODME). The OODME representative
10 must be from a non-provisional Participating Member hospital and may not be from the
11 same healthcare system as the elected/selected CEO representative. Ex officio members
12 will include the secretary to the CORE Board and the College Chief Information Officer.

13 **All members of the CFC except for the OODME representative and ex officio**
14 **members have one vote for a total of eight (8) votes. When the Chair of the Board is**
15 **a member of the CFC she/he will serve in an ex officio capacity and shall not**
16 **exercise voting privilege. In this instance, he/she may submit written permission to**
17 **the chairperson to relinquish his/her vote for the duration of his/her term as CORE**
18 **Board Chair. If a CEO representative, his/her vote would go to the OODME**
19 **representative. If a College representative, his/her vote would go to the College**
20 **Chief Information Officer. Three-fourths of the committee membership shall**
21 **constitute a quorum with a required super-majority (6 out of 8) votes to pass**
22 **motions.** Designees may vote for representatives in their absences upon submitting to

1 the Chairperson written permission signed by the respective voting member. The CFC
2 meets quarterly.

3 SECTION 4. CORE Bylaws Committee (CBC)

4 **The CORE Bylaws Committee reports directly to the CORE Board** and will be
5 responsible for accepting recommendations from
6 all CORE committees, reviewing recommendations, and revising Bylaws for approval by
7 the Board. All recommendations forwarded to the CBC for change must be in the way of
8 an approved motion by the respective committee and the CORE Board. The committee
9 shall consist of a minimum of five (5) members appointed by the Chairperson of the
10 Board having at least one OU-COM, CEO, and DME representative. **All members shall**
11 **have a vote.** The CORE Bylaws Committee Chairperson shall be appointed by the
12 Chairperson of the Board. The CORE Bylaws Committee is empowered to: 1) make
13 minor editorial revisions to the CORE Bylaws (e.g., changes in names of hospitals, new
14 titles of committee members, and addendums) with such changes subject to reported
15 notice and ratification by the Board; and 2) conduct a complete review of the CORE
16 Bylaws every two (2) years with any conflicts in practice reportable to the Board for
17 consideration and action. The CBC will meet at least annually and as needed or
18 requested.

19 SECTION 5. CORE Osteopathic Principles and Practices Committee (COPPC)

20 **The CORE Osteopathic Principles and Practices Committee reports to the CORE**
21 **Academic Steering Committee (CASC).** This committee will plan, develop, and
22 recommend policies, procedures, and programs to strengthen and promote the practice of

1 osteopathic principles throughout the educational continuum for consideration and
2 implementation by other CORE standing committees and hospitals. The Chairperson of
3 COPPC will be selected/elected from active members (beginning July 2004). Members
4 will include the Chairperson or designate of the OU-COM section of Osteopathic
5 Principles and Practices (chaired committee from 1995-2004), representatives appointed
6 by each Participating Member, and other representation from the ranks of CORE
7 Assistant Deans, Directors of Medical Education, Assistant Directors of Faculty
8 Development, and Residency Program Directors as deemed necessary and appropriate.
9 **All members shall have a vote.** The COPPC will meet at least quarterly.

10 SECTION 6. CORE Research Committee (CRC)

11 The CORE Research Committee (CRC) in partnership with the CORE Research Office
12 (CRO) shall support the clinical research and scholarly activities of CORE members and
13 organizations. The CRC Chairperson shall be appointed by the OU-COM Associate
14 Dean for Graduate Medical Education from the membership. **All members shall have a**
15 **vote.**

16 Committee membership includes:

- 17 • CORE Research Director representing the CRO
- 18 • members representing OU-COM and CORE institutions
- 19 • organizations that are actively involved in research activities
- 20 • CRO Director – 1 with 1 alternate
- 21 • IRB Representative – 1 with 1 alternate
- 22 • Residency Program Director – 1 with 1 alternate

- 1 • Resident – 1 with 1 alternate
- 2 • Pre-doctoral Trainees – 1 with 1 alternate
- 3 • Office of Research and Grants – 1
- 4 • OU-COM Clinical Faculty – 1
- 5 • OU-COM Biomedical Faculty – 1
- 6 • System Representative (e.g., Kettering, Cleveland Clinic, etc.) – 1 with 1 alternate
- 7 • Faculty Development Representative -- 1

8 The CRO, as represented by its Director, will provide expertise in research education,
9 implementation, and infrastructure while the different memberships will serve as
10 institution-based voices and experts on research needs and requirements of pre- and post-
11 doctoral CORE trainees and authorities on clinical and biomedical field topics.

12 **The CRC reports directly to the CORE Board** and will serve as an oversight
13 committee instead of a working committee. This committee is charged with making
14 policy recommendations regarding research under the auspices of OU-COM, to the OU-
15 COM Dean, and it will provide guidance when requested to CORE institutions regarding
16 appropriate research policies and practices. The CRC will also be responsible for
17 selecting CORE trainees to receive competitive funding made available by the CORE.

18 Ad hoc committees will be formed on an as-needed basis to review proposals for funding
19 requests. Content experts external to the CRC membership may be included as
20 necessary. The CRC, through the CRO, will act as a liaison between CORE institutions
21 and organizations and the Ohio University Institutional Review Board (IRB) and provide

1 assistance to CORE trainees in research methodologies, interpretation, and dissemination.

2 The CRC will meet on a quarterly basis.

3 SECTION 7. Osteopathic Residency Advisory Committee (ORAC)

4 The Osteopathic Residency Advisory Committee serves as a forum to improve the quality
5 of Osteopathic Graduate Medical Education (GME), service, research and professional
6 identity at the local, state (CORE) and national level. **This committee reports directly**
7 **to the CORE Academic Steering Committee (CASC)** and is comprised of interns and
8 residents representing osteopathic GME programs at each teaching hospital participating
9 in the CORE System. **All members shall have a vote.** The ORAC will be chaired by a
10 physician in training selected/elected from interns and residents serving on the committee
11 in accordance with an established process. The chair of ORAC or his/her designee has a
12 voice and vote on the CORE Academic Steering Committee (CASC). The purpose is to
13 facilitate communication regarding postdoctoral medical education issues through
14 intern/resident representation on CASC. The chair of ORAC or his/her designee is a
15 voting member of the Ohio Osteopathic Association (OOA) Board of Trustees. Also,
16 ORAC is responsible for determining appropriate representation to the annual Congress
17 of the AOA's Council of Interns and Residents (CIR). ORAC will meet at least every
18 other month.

19 SECTION 8. CORE Communications Committee (CCC)

20 **The CORE Communications Committee (CCC), which reports to the CORE**
21 **Academic Steering Committee (CASC),** will act as advisors for CORE communications
22 policies, procedures, and programs designed to assist CORE in achieving its mission.

1 This committee may interact with, and make recommendations to, other CORE
2 committees. The CCC will be chaired by the OU-COM Director of Communications. Its
3 members will be appointed by the CORE Board chairperson. The committee may
4 include representatives from: CASC, OU-COM staff, residency program directors,
5 Osteopathic Residency Advisory Committee (ORAC), and Residency Programs Advisory
6 Committees (RPAC). **All members shall have a vote.** The CCC will meet quarterly
7 and/or as needed.

8 SECTION 9. Residency Programs Advisory Committees (RPAC)

9 Each residency discipline (Family Medicine, Internal Medicine, Obstetrics and
10 Gynecology, General Surgery, Orthopedics, Emergency Medicine, Anesthesiology, and
11 Otorhinolaryngology - Head and Neck Surgery) will be organized into a statewide
12 consortium. Each consortium will be administered by a Program Advisory Committee to
13 be comprised of the program directors or a designee from each hospital residency in the
14 state who attends meetings regularly and Resident Representatives from each Graduate
15 Medical Education program consortium who report to the committee on a regular basis.
16 Every two years (beginning July 1996) a Program Director or designee will be
17 recommended by each RPAC and approved by the Board to serve as Chairperson.
18 OU-COM's Associate Dean for Graduate Medical Education will supervise all the RPAC
19 Chairs. Each RPAC selects/elects a Vice Chairperson from the ranks of Program
20 Directors serving on the respective committee in accordance with an established process.
21 The CORE Osteopathic Principles and Practices Committee (COPPC) shall serve as a
22 resource to each RPAC as needed. A Basic Science Liaison shall be appointed as

1 requested/needed to each RPAC by the Chairperson of OU-COM's Department of
2 Biomedical Sciences. The Chair of the Ohio DMEs will appoint a Director of Medical
3 Education to each RPAC. OU-COM administrative and educational representatives will
4 also participate (e.g., CORE Assistant Deans, Faculty Development Coordinators, etc.).
5 Each RPAC will meet as required by the CORE Academic Steering Committee. RPAC
6 members are required to attend scheduled meetings in accordance with CORE Academic
7 Steering Committee policy. **All members shall have a vote. Each RPAC Chair will**
8 **be required to report annually to the CORE Academic Steering Committee (CASC).**
9 Due process for failure to comply with attendance and reporting policies shall be
10 addressed in the RPAC Directors Handbook (Volume 2 of the CORE Operations
11 Manual).

12 SECTION 10. CORE Strategic Planning Committee (CSPC)

13 **The CORE Strategic Planning Committee will report directly to the CORE Board.**

14 This committee is charged by the CORE Board to create a shared sense of purpose and
15 direction for the CORE System while creating a culture of ongoing assessment, planning,
16 effectiveness, and improvement taking into consideration the needs of the consortium
17 partners. Areas to be addressed by the CSPC include but are not limited to: beneficiaries
18 and constituencies; programs and services; leadership and communication; challenges
19 and opportunities; outcomes and achievements. The CSPC chairperson is appointed by
20 the CORE Board Chair. Committee membership is comprised of CORE Hospital and
21 College representatives holding various leadership positions as well as having a broad

1 spectrum of experience and expertise. Individuals are selected to serve by the CSPC and
2 CB chairs. **All members have a vote.** The CSPC will meet quarterly.

3 **ARTICLE XI. Rules Governing Committees**

4 SECTION 1. Meetings, Notice

5 Meetings of all CORE standing committees may be called by the Chairperson of the
6 Board, the Chairperson of the Committee, or by written request of any three (3) members
7 of said committee. A notice giving the time and place of said committee meeting shall be
8 given to each member of the committee at least five (5) days prior to the date of the
9 meeting. Written notice is effective upon mailing.

10 SECTION 2. Quorum, Voting

11 One half of the committee membership plus one (1) member shall constitute a quorum for
12 the transaction of business at standing CORE Committee Meetings. The affirmative vote
13 of a majority of those physically present or via distance technology shall be necessary for
14 the approval of any action (N.B., for exceptions regarding the CORE Board and
15 Executive Committee of the CORE Board refer to Article VIII, Section 7 and 9
16 respectively; for exceptions regarding the CORE Finance Committee, refer to Article X,
17 Section 3). **Only members in attendance may vote. In the absence or
18 disqualification of a committee member, the qualified voting members present at a
19 meeting, whether or not they constitute a quorum, may unanimously appoint a new
20 member to act at the meeting in place of the absent or disqualified member.**

1 SECTION 3. Official Repository

2 Within one month of all regular and special meetings of the Board and all CORE
3 committees – standing and adhoc - copies of minutes shall be forwarded by the
4 Chairperson to the Office of Graduate Medical Education at OU-COM. The Office of
5 Graduate Medical Education at OU-COM shall serve as the official repository for said
6 records except those for each Residency Programs Advisory Committee (RPAC) and
7 Osteopathic Residency Advisory Committee (ORAC) to meet Osteopathic Postdoctoral
8 Training Institution (OPTI) Accreditation Standards. All RPAC and ORAC records (e.g.,
9 committee rosters, attendance sheets, meeting minutes, etc.) shall be maintained on file in
10 the central RPAC office. All meeting minutes are to indicate a summary of substantive
11 actions taken by the respective committee.

12 **ARTICLE XII. Ohione & COREnet Telehealth Networks**

13 CORE members will establish a distance learning network named COREnet and contract
14 with the Ohione network for teleconferencing services. COREnet's financial support
15 will be shared among all of the Participating Members and Associate Members. The
16 COREnet staff will be responsible for planning, developing and recommending policies,
17 procedures and programs to promote the use and efficiency of distance learning
18 technology throughout the CORE System. The Ohione Executive Director, COREnet
19 Distance Learning Coordinator and staff will develop strategies, programs and facilitate
20 physician education, patient education and administrative meetings. The Ohione
21 network Executive Director is appointed by the Dean of Ohio University College of
22 Osteopathic Medicine and will serve on the CORE Board as a voting member. The

1 OhiONE Executive Director will be responsible for quarterly updates to the Board and
2 providing supplemental information as requested. The OhiONE Executive Director will
3 also serve as a non-voting member of the CORE Finance Committee. The *COREnet*
4 Distance Learning Coordinator is appointed by the OhiONE Executive Director in
5 consultation with the CORE Academic Steering Committee. The *COREnet* Distance
6 Learning Coordinator will be a voting member of the CORE Board and CORE Academic
7 Steering Committee. The *COREnet* Distance Learning Coordinator will be responsible
8 for the day-to-day operations of the *COREnet* network and will consult with, receive
9 guidance, and provide information and report to the CORE Academic Steering
10 Committee. To assist the *COREnet* Distance Learning Coordinator and staff with its
11 charge, *COREnet* members will be encouraged to develop distance learning teams to help
12 facilitate distance learning initiatives and to promote advanced approaches to and
13 appropriate uses of instructional technology. Local Distance Learning Teams (DLT)
14 should include CORE staff, hospital and university librarians and each
15 Participating/Associate Member's technical support staff.

16 **ARTICLE XIII. Amendments to the Bylaws**

17 These Bylaws may be amended by the Board at any meeting but at least annually in April
18 upon the affirmative vote of the super-majority of the voting members of the Board
19 physically present or their specified designees who are in attendance at a duly called
20 meeting, provided not less than five (5) days prior written notice of the proposed
21 amendment shall have been given. Rules governing the operational aspects of the CORE

- 1 System may be added to or changed in these Bylaws by super-majority vote of the
- 2 members of the Board.