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## Committee Overview

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In accordance with the bylaws of the Academy and Foundation, AAO-HNS/F committees are broadly separated into standing committees (i.e., those that are mandated by the organization's bylaws), special committees (i.e., the regular clinical committees, faculties, joint committees, and advisory groups), ad hoc committees (also called task forces), and study groups. The current list of all standing and special committees, organized according to their respective steering committee cluster, are included in the Appendices.

### Standing Committees

Standing committees are authorized in the bylaws to perform specific functions. The current standing committees include: the Executive Committee, the Articles of Incorporation and Bylaws Committee, the Audit Committee (Academy only), the Nominating Committee (Academy only), and the Science and Education Committee (Foundation only). Removal of or modifications to the charge and makeup of such a committee requires a change in the bylaws.

### Special Committees

The Academy and Foundation Boards of Directors have the authority to establish, appoint, or terminate committees and give them duties and authority deemed necessary and appropriate. While the types and duties of these committees are proscribed by the Boards of Directors, the structure and appointment of members to the committees is mandated by the bylaws.

In addition to the traditional clinical and cross-functional committees and faculties, joint committees, advisory groups, and steering committees are also considered special committees. Advisory committees or groups are responsible for enhancing the Academy/Foundation's interests, programs, and projects. Occasionally, advisory groups are established to assist in specific committee tasks. In these cases, advisory group members may be allowed to participate actively in the activities of the parent committee, but will not have official voting authority.

### Steering Committee Clusters

Starting in 2007, all special committees are organized under a steering committee. Steering committees group like-minded committees into a cluster designed to foster better coordination, accountability, and communication with Academy/Foundation Boards of Directors. All steering committees are chaired by Board liaisons and membership will consist of the chairs and chair-elects from each committee within that particular cluster. Staff liaisons may serve as consultants to the steering committee.

Steering committees meet during the annual meeting to share and review committee work plans, annual progress reports, and all committee action items within a cluster to eliminate duplicative efforts and ensure that all goals are aligned with the strategic plan. This is the first line of review prior to final approval of action items by the Board.

### Ad Hoc Committees and Task Forces

Ad hoc committees and task forces can be appointed by the Board, or by the President or Executive Vice President/CEO with Board approval. These committees are temporary in nature and charged with addressing specific goals or tasks with a defined conclusion. Task forces are generally made up of fewer members than a committee and are dissolved once the specified tasks are completed.

## Study Groups

Study groups are formed by Academy members to provide an opportunity for case study and comparison in an informal setting. A study group is formed and led by a core of organizers who make all the necessary arrangements for the meeting. Service is open-ended on a study group. Staff support will not be provided from the Academy, although a study group may make arrangements for meeting rooms, AV equipment, and refreshments through the Foundation's Meetings Department. Study groups pay for their own meeting costs.

## Committee Structure and Responsibilities

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### Terms and Positions

Most committees are structured as follows:

- Chair
- Chair-Elect
- Members (maximum of 15)
- Consultants (maximum of 5)
- Staff Liaison
- Society Representation (select committees)

Members can serve on a committee for a maximum of three consecutive two-year terms (up to six years). Upon completion of the third term, they cannot serve as voting members on the same committee until the passage of at least two years. The exception is a committee member who is ending his/her term may be appointed as chair and "start the clock" anew (i.e., the new chair starts a new two-year term and would be eligible for renewal).

All members who have completed their term and are not eligible for reappointment can be appointed as a consultant, at the discretion of the chair and the recommendation of the President-Elect.

Committee chairs who are serving at the beginning of their final term are advised to identify a candidate for chair-elect. The chair-elect will serve a one-year term to allow shadowing the committee chair on his/her final year to facilitate an easier transition of leadership, with increased opportunities to build strategic capacity within each committee. Committee chair and chair-elect appointments are made by the President-Elect.

BOG committee term and positions are structured differently than Academy and Foundation committees. For more information on BOG committees, consult the BOG Rules & Regulations at <http://www.entnet.org/Community/public/bogrulesandregs.cfm>.

### Committee Member Appointment Process

Any voting Fellow or Member of the Academy in good standing can apply to be appointed to an AAO-HNS/F committee. This includes the following membership categories: Fellows, Members, Fellows-in-Training, Members-in-Training, First-Year Fellows, First-Year Members, Scientific Fellows, Life Fellows, Life Members, Retired Fellows, and Retired Members.

Additionally, the following non-voting members may serve as committee members: International Fellows, International Members, International Fellows/Members-in-Training, and Resident Members. All other active members in good standing may be appointed as consultants to an AAO-HNS/F committee.

The call for committees is published annually in the November or December issue of the *Bulletin*. Applicants must submit an online application by February 1 of each year. All applications received by February 1 are processed by AAO-HNS/F staff and distributed to the committee chair and President-Elect. Committee chairs and co-chairs (if applicable) make recommendations to the President-Elect for reappointments, new appointments, and removals. After a thorough review, the President-Elect appoints new members based on the number of current committee obligations they hold and their areas of

expertise. The President-Elect's recommendations are submitted to the Executive Committee for review and the Board of Directors approves appointments during its May/June meeting.

Applicants are notified regarding appointments electronically in June. Terms begin October 1 and end September 30. Newly appointed members are given the opportunity to familiarize themselves with the committee by attending the next committee meeting prior to their term as an invited guest.

## Special Appointments

Coordinators serving on the AAO-HNS/F Boards of Directors may exercise the authority to appoint members to their committees. The appointment process is similar in timing to that of other committees, and all recommendations must be ultimately approved by the Academy or Foundation Board of Directors. Currently, these include appointments to all research and education committees, as well as the Instruction Course Advisory and Program Advisory Committees.

Starting in 2008, following Executive Committee approval, subspecialty societies are invited to identify one or more Academy committee they feel best represents their interests and expertise, to which they will be permitted to have one official society representative. Each participating group will submit two names for appointment to a committee. Submissions will go to the President-Elect for consideration and approval. The society representative will be responsible for submitting a written report to the AAO-HNS committee on actions and activities taking place in their subspecialty society, as well as providing a report back to their respective Board on activity from the AAO-HNS committee. Should any subspecialty society want to have representation on more than one committee, they will be required to make a formal request for additional committee representation through the regular committee application process.

## Limit on Committee Service

To increase member participation, committee membership with voting rights may be limited to only **two** committees at a time. Academy and Foundation policy is to enforce a maximum of 15 voting members on each committee, not including the chair, chair-elect, consultants and ex-officio members. A member must wait two years after the end of their term to reapply for that same committee. However, they may apply for membership on other AAO-HNS/F committees. The target number of consultants within a committee will be limited to three but no more than **five** per committee. Consultants may serve a single two-year term.

## Board and Staff Involvement

Each committee is assigned a Board liaison through their steering committee. Assignment of a Board member to chair a steering committee replaces the need for a Board liaison to serve on each Academy/Foundation committee. The term of service on a steering committee parallels the term of the Board member's elected position on the Board. Whenever possible, Board members are assigned as a liaison to committees consistent with their particular areas of expertise and interest. While Board members are not required to attend meetings of all committees within their cluster, such participation is encouraged whenever possible.

Each committee is assigned a staff liaison. The staff liaison is responsible for distributing materials before meetings, preparing draft minutes of meetings, and assisting committee chairs between meetings. The staff liaison works with the committee chair to develop agendas for upcoming committee meetings and implement any action items.

### Conflict of Interest/Financial Relationship Disclosure

The American Academy of Otolaryngology—Head and Neck Surgery/Foundation (AAO-HNS/F) supports fair and unbiased participation of our volunteers in Academy/Foundation activities. Any real or potential conflicts of interest must be identified and managed. All relevant financial relationships with commercial interests that directly impact and/or might conflict with Academy/Foundation activities must be disclosed, or disclosure that you have no relevant financial relationships must be documented. Other relationships that could cause private interests to conflict with professional interests must also be disclosed. See the Appendices for the complete disclosure statement.

### Antitrust Compliance

The American Academy of Otolaryngology—Head and Neck Surgery/Foundation (AAO-HNS/F) has a strict policy of compliance with federal and state antitrust laws. Antitrust laws prohibit agreements among competitors that restrain trade, and AAO-HNS members may be considered to be competitors for purposes of antitrust challenges even if their practices are not in the same geographic areas. The penalties for violations of the antitrust laws are severe for medical societies and their members.

In all AAO-HNS/F activities, each member, as well as AAO-HNS/F staff, shall be responsible for following the AAO-HNS/F's policy of strict compliance with the antitrust laws. AAO-HNS/F officers, directors, committee chairs, and executive staff shall ensure that this policy is known and adhered to in the course of activities pursued under their leadership. Antitrust compliance is the responsibility of every AAO-HNS member and AAO-HNS/F staff. See the Appendices for the complete antitrust compliance statement.

### Committee Meetings and Minutes

Committee meetings are usually held during the Foundation annual meeting. Some committees also meet in conjunction with the March or June meetings of the Boards. Not all committees meet at each of these times.

The Strategy, Governance, and Member Relations Business Unit sends a blast email to all committee members advising them of the location of the committee schedule on the Academy's website. It is the committee members' responsibility to check the schedule for all conflicts with their annual meeting schedule. Committee members should attend every meeting of their committee. It is the committee members' responsibility to coordinate their schedules to allow for attendance at committee meetings. As a rule, travel expenses are not reimbursed for committee meetings held in conjunction with the Foundation annual meeting and the official societies meetings.

Staff liaisons are responsible for the accurate recording of committee minutes, with the review and approval of the committee chair. Committee minutes are made available to each committee member before the next scheduled committee meeting; a vote to approve the minutes is taken at the next committee meeting. Action items from the committee minutes are published in a subsequent issue of the *Bulletin*. Per the AAO-HNS/F Records Retention Policy, which outlines the retention and removal of all Academy/Foundation records and documents of any nature or kind, whether written or electronic, staff liaisons are responsible for maintaining minutes and historical committee files on the organization's computer server for a period of 10 years.

Committee members **must** have electronic communication capabilities with email and web access. Excused absences should not exceed one meeting per term. Two unexcused absences are grounds for dismissal. Consequently, committee chairs may suggest the names of replacements for appointment by the President-Elect

## **New Committees and Committee Dissolution**

New Academy or Foundation committees can be created by the Boards of Directors or at the request of members. To apply for committee status, a proposed committee must complete two years as a study group and submit an application containing the proposed committee charge, minutes from previous meetings, a description of at least two tasks completed and three proposed tasks for the upcoming year, and a list of 20 potential Academy members interested in serving on the committee. All necessary documents must be submitted to [committees@entnet.org](mailto:committees@entnet.org).

Upon receipt of the necessary information, the Executive Committee reviews the study group's achievements and the proposed charge and committee composition. Once the review process is completed, the Executive Committee renders a decision, which must be approved by the appropriate Board. The study group is then notified of the Board's decision.

Committees can be dissolved by vote of the appropriate Board of Directors. Recommendations for dissolution can come from the following sources: members of the Boards of Directors, chairs of committees, or the Executive Committee of the BOG. The Executive Committee is responsible for analyzing recommendations for committee dissolution and presenting its findings to the appropriate Board of Directors. The appropriate Board of Directors votes for or against dissolution of the committee. The committee chair is then notified of the decision.

## **Development of Official Policies or Education Materials**

Individuals, committees, or groups of members who wish to propose a policy statement for the Academy are welcome to do so. The individual, committee, or group developing the policy statement is expected to compile a report which details the statement, background, possible impact (both negative and positive), and references used in formulating the statement. The Academy or Foundation Board of Directors reviews all proposed policy statements and votes on whether or not to adopt them.

When a committee wishes to develop or refine an educational tool, that committee's staff liaison should contact the AAO-HNS/F Education Business Unit for guidelines on developing an educational product and relay these back to the chair, and/or assist the committee chair in contacting the appropriate Education Steering Committee faculty chair to coordinate efforts. In all instances, the Education Business Unit must be fully informed of all educational projects by Academy committees.

## **Position Statements and Official Spokesperson**

In accordance with AAO-HSN/F policy, coalition letters, position statements, and testimony requested or written by committees must be approved by the Executive Vice President/CEO and two or more of the following elected or appointed officers: President, President-Elect, Immediate Past President, Secretary-Treasurer, Chair of the BOG, Coordinator for Practice Affairs, Coordinator for Governmental Relations, or the Coordinator for Socioeconomic Affairs. Furthermore, no committee member may communicate or disseminate on behalf of AAO-HNS or AAO-HNSF an official statement, policy, or opinion on national health policy issues, without prior approval of the Executive Vice President/CEO; if necessary, the Executive Vice President/CEO will seek the guidance of the President and/or the relevant Executive Committee before providing such approval.

## **Travel and Expense Reimbursement**

Generally, committee members are not reimbursed for travel expenses to participate in committee meetings, as most such meetings are held in conjunction with other meetings for which their attendance is customary. On a case-by-case basis, the Academy and Foundation may reimburse the reasonable travel expenses of members of selected committees and members officially representing the Academy/Foundation at other related meetings. All such reimbursement must receive prior authorization of the Executive Vice President/CEO. All requests for reimbursement must be submitted on the official Board/Committee/Delegate Travel Expense Reimbursement Request form, which contains the policies governing reimbursements, available from the respective committee staff liaison. Travel Expense

Reimbursement Requests, along with original receipts for all expenses, should be submitted within 30 days of the date the travel began. Expenses may not be reimbursed for reports submitted after 90 days from the date the travel began.

## Characteristics of a Model Committee

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Model committees are committees that contribute in ways that lead to the success of the AAO-HNS/F mission: empowering otolaryngologist—head and neck surgeons to deliver the best patient care. Model committees have a passion for the AAO-HNS/F’s vision and for accomplishing the activities outlined in the AAO-HNS/F strategic plan. Model committees are successful because they share specific characteristics, including, but not limited to:

- strong committee chair leadership;
- engaged and active committee members who have a desire to volunteer time and resources;
- committed support from their Board and staff liaisons; and
- a well articulated charge and supporting work plan that is revised at least annually.

Model committees are often responsible for generating the specialty’s body of knowledge that results in the AAO-HNS/F’s ability to provide resources that empower members’ delivery of quality care. Some examples of model committee work products are listed below.

- Represent the Academy to external organizations related to ENT and to medicine; for example, communicating AAO-HNS/F initiatives to members, the public, and the house of medicine.
- Monitor and report on trends in otolaryngology to the Boards of Directors and staff through Board reports, the website, and news/scientific publications.
- Advocate for otolaryngology.
- Help build evidence-based research and conduct research that leads to new clinical guidelines, performance measures, and quality improvement tools.
- Create products that educate physicians, allied health professionals, and patients; for example, participating at the annual meeting, creating content for AcademyU<sup>®</sup>, identifying curriculum for MOC or imaging in otolaryngology, or developing/revising patient information materials.
- Facilitate market research and business intelligence about otolaryngology’s environment through surveys; for example, a patient safety survey, surveys about clinical topics, or opinion surveys about new products/services.

Often, model committees are successful because they have good business practices in place that support their success. These include:

- a work plan in support of the committee’s charge;
- a continued effort to produce and share committee minutes and action items; and
- a community of practice forum for members to share ideas, progress, and to facilitate shared communications.

## Honor Points, Honor Awards, and Distinguished Service Awards

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Honor points, Honor Awards, and Distinguished Service Awards are all part of the Academy's and Foundation's system for recognizing member volunteer activities. Non-members receive honor points but are not eligible for Honor Awards or Distinguished Service Awards. Points earned as a non-member convey if a non-member becomes a member.

### *Honor Award*

The Honor Award (formally the "Honor Society") is the first award a member can obtain for participation in activities that earn honor points. Each member can be awarded only **one** Honor Award in a lifetime. In order to receive an Honor Award, a member must earn ten volunteer service honor points over a minimum of five years. The Honor Award point system is constructed in a manner that promotes recognition not only for the quantity of service, but also for the variety and longevity of service. A maximum of two points, each of which must come from a different category of service, can be accrued each year.

### *Distinguished Service Award*

The Distinguished Service Award is the AAO-HNS/F's recognition of volunteer service beyond the level of an Honor Award. Members who attain 50 honor points, including the ten points received for an Honor Award, receive the Distinguished Service Award. There is no limit on the number of Distinguished Service Awards a member may receive. All honor points, regardless of quantity earned in each category in a year, are credited toward the DSA.

### *How Committee Members Earn Honor Points*

**Committee Participation**—one point is awarded at the end of each term to chairs and members of all AAO-HNS/F committees. Consultants, Board liaisons, society representatives, and ex-officio committee positions **do not** receive an automatic honor point for participation.

**Exceptional Service on a Committee**—committee members, consultants, ex-officio members, and liaisons can earn one point upon recommendation of the committee chair for extraordinary service during the year. Exceptional honor point worksheets are sent to committee chairs in February.

**Officers and Members of the Board of Directors**—one point is awarded to each participant.

## Responsibilities of Steering Committee Chairs

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1. Serve as the primary representative for the Academy and Foundation committees on the respective Board of Directors.
2. Have an email address and web access.
3. Review the agenda for upcoming committee meetings. Staff liaisons will submit a copy of the agenda to the steering committee chair.
4. Present a brief report to the steering committee on the current Academy/Foundation activities as recommended by specific committee chairs.
5. Report to the Boards of Directors any committee actions items. The steering committee chair should act as the committee's advocate, explaining the reason the committee has brought a matter to the Boards' attention.
6. Report to committee chairs and members any actions or strategic discussions by the Boards of Directors that would affect the performance of the committee.
7. Assist the committee with any tasks assigned by the Board.
8. Attend committee meetings within the steering committee cluster (this is not required but is encouraged).
9. Treat other committee members and staff with respect and courtesy.

## Responsibilities of Committee Chairs

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1. Serve as strategic leader who understands the AAO-HNS/F mission, vision, and can link the committee's activities with the strategic goals.
2. Serve as the primary contact for Academy and Foundation inquiries relating to the committee's area of interest or expertise.
3. Have an email address and web access so committee business can be conducted virtually.
4. Prepare a work plan for the year to guide the committee in its actions as outlined by the strategic plan and committee charge. Additionally, submit reports to the Board liaison to keep leadership informed of committee activities.
5. Foster effective two-way communication with the staff liaison and other Academy personnel regarding the scheduling of committee meetings, completion of duties, coordination of mailings, etc.
6. Structure the meeting agenda to ensure that relevant and timely topics of interest are addressed. Minutes from the previous committee meeting and any subcommittee minutes should be the first agenda item for approval during the next committee meeting.
7. Champion accountability and performance evaluation for your committee. Facilitate all committee meetings and conference calls to ensure all agenda items are addressed. Delegate assignments to involve all committee members.
8. Review the committee charge with members at the start of each meeting. Submit recommended changes to the appropriate Board of Directors.
9. At the start of each meeting, remind committee members and meeting attendees of the need to comply with the organization's conflict of interest and anti-trust policies and request that any member disclose any new conflicts.
10. Meet prior to and after the meeting with the staff liaison to summarize the tasks completed and discuss any actions requiring Board approval or awareness.
11. See that draft minutes are submitted by the staff liaison for approval. The chair is responsible for accuracy and completeness of the minutes. Minutes from the previous committee meeting and any subcommittee minutes should be approved by the committee at the next opportunity.
12. Make recommendations to the President-Elect for committee appointments and reappointments, including the appointment of a successor as chair-elect.
13. Award exceptional honor points to members whose contributions have demonstrated exceptional efforts.
14. Between meetings, send a copy of all committee-related correspondence to the steering committee chair and staff liaison.
15. Complete and submit a Conflict of Interest/Financial Relationship Disclosure form annually, and require that one is signed by each member of the committee.
16. Ensure that members abide by their duties as described and recommend action for members and consultants who do not actively participate. Treat other committee members and staff with respect and courtesy.

# Responsibilities of Committee Members, Consultants, and Society Representatives

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## *Members:*

1. Serve a key role on the committees by acting on behalf of the Academy and/or Foundation.
2. Have an email address and web access so committee business can be conducted virtually.
3. Support and further the goals and objectives of AAO-HNS/F.
4. Devote the time and effort required to accomplish the committee's objectives. Come to meetings prepared to discuss agenda items.
5. Fulfill committee assignments on a timely basis as delegated by the committee chair.
6. Review the meeting agenda, minutes from the previous meeting, and any supporting documents for the meeting. Committee members, consultants, and society representatives will receive these materials from their staff liaison prior to the meeting.
7. Attend all committee meetings and participate in conference calls unless excused by the chair. Excused absences should not exceed one meeting per term. Two unexcused absences are grounds for dismissal. Members will be notified of the exact time and place for their next committee meeting. Notify the committee chair and staff liaison if not participating in an upcoming meeting or conference call.
8. Complete and submit a Conflict of Interest/Financial Relationship Disclosure form annually.
9. Agree to comply with the organization's conflict of interest and anti-trust policies and disclose any new conflicts as they arise.
10. Treat other committee members and staff with respect and courtesy.

## *Consultants:*

1. Consultants have the same responsibilities as committee members but **do not** have voting privileges. They are asked to serve on the committees because of their valuable resources and expertise.

## *Society Representatives:*

1. Society representatives have the same responsibilities as committee members, but they **do not** have voting privileges. They are asked to serve in an ex-officio role.
2. Responsible for sharing insights and information specific to their subspecialty society by submitting written reports to the specific AAO-HNS/F committee. In turn, that individual will be asked to provide a report back to their respective subspecialty society on the activities from the AAO-HNS/F committee.

## Responsibilities of Staff Liaisons

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1. Serve as the intermediary between the committee and Academy headquarters.
2. Assist the committee chair with all committee activities and in communicating with committee members.
3. Prepare and distribute meeting materials, including agendas and supporting documents, minutes, etc.
4. Submit attendance rolls to Member Services.
5. Maintain a file containing all committee-related materials and save committee documents on the all-staff server.
6. Assist the chair, co-chair, and/or chair-elect with compiling meeting agendas and necessary documents.
7. Notify committee members of the time and place of the next committee meeting once room assignments have been finalized.
8. Arrive 15 minutes prior to the start of committee meeting to check room set-up and distribute meeting materials.
9. Briefly meet after adjournment with the committee chair and steering committee chair to summarize tasks completed, what follow-up actions are required, and discuss any items for submission to the Boards of Directors as action items. A standard form must be completed for reporting action items.
10. Submit an initial draft of the committee minutes to the chair, co-chair, and/or chair-elect for approval and, after receiving approval, save copy of minutes on the all-staff server. Minutes should be approved as the first agenda topic during the next committee meeting.
11. Find an acting staff liaison in the event the staff liaison is unable to attend the committee meeting. The acting staff liaison is only responsible for attending the meeting, assisting the chair in writing the meeting summary, and preparing draft minutes. The acting staff liaison will submit an electronic copy of the draft minutes to the staff liaison.
12. Complete and submit a Conflict of Interest/Financial Relationship Disclosure form annually.
13. Agree to comply with the organization's conflict of interest and anti-trust policies and disclose any new conflicts as they arise.
14. Treat committee members and other staff with respect and courtesy.

## Appendices

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## Appendix A. Current List of AAO-HNS/F Committees

<p><b>ACADEMY COMMITTEES</b></p> <p><b>Standing Committees</b>            Articles of Incorporation and Bylaws Committee            Audit Committee            Executive Committee            Nominating Committee</p> <p><b>Other Committees</b>            Finance and Investment Subcommittee            Physician Resources Committee            Ethics Committee            CPT &amp; Relative Value Committee            Media and Public Relations Committee</p> <p><b>Head and Neck Steering Committee</b>            Head and Neck Surgery &amp; Oncology Committee            Skull Base Surgery Committee            Microvascular Committee            Endocrine Surgery Committee            Plastic &amp; Reconstructive Surgery Committee</p> <p><b>Hearing and Equilibrium Steering Committee</b>            Equilibrium Committee            Hearing Committee            Implantable Hearing Devices Subcommittee</p> <p><b>Laryngology and Sleep Steering Committee</b>            Airway and Swallowing Committee            Sleep Disorders Committee            Voice Committee</p> <p><b>Member Relations Steering Committee</b>            Credentials and Membership Committee            Young Physicians Committee            Women in Otolaryngology Committee            Section for Residents and Fellows            Diversity Committee</p> <p><b>Patient Groups Steering Committee</b>            Pediatric Otolaryngology Committee            Geriatric Otolaryngology Committee</p> <p><b>Rhinology, Allergy, Immunology &amp; Infectious Diseases Steering Committee</b>            Rhinology and Paranasal Sinus Committee            Allergy, Asthma, and Immunology Committee            Infectious Disease Committee</p> <p><b>Treatment Modalities Steering Committee</b>            Complementary/Integrative Medicine Committee            Medical Devices and Drugs Committee            Medical Informatics Committee</p>	<p><b>FOUNDATION COMMITTEES</b></p> <p><b>Standing Committees</b>            Articles of Incorporation and Bylaws Committee            Executive Committee            Science and Educational Committee</p> <p><b>Other Committees</b>            Development Committee            Finance and Investment Subcommittee            History and Archives Committee            Instruction Course Advisory Committee            Program Advisory Committee</p> <p><b>Education Steering Committee</b>            Certificate Program for Otolaryngology Personnel Committee            Core Otolaryngology &amp; Practice Management Education Committee            Facial Plastic and Reconstructive Surgery Education Committee            General Otolaryngology Education Committee            Head and Neck Surgery Education Committee            Laryngology and Brochoesophagology Education Committee            Otology and Neurotology Education Committee            Pediatric Otolaryngology Education Committee            Rhinology and Allergy Education Committee</p> <p><b>International Steering Committee</b>            Humanitarian Efforts Committee            International Otolaryngology Committee            Panamerican Committee</p> <p><b>Research Steering Committee</b>            CORE Study Section            Outcomes Research and Evidence-Based Medicine Subcommittee            Patient Safety and Quality Improvement Committee</p> <p><b>BOARD OF GOVERNORS (BOG) COMMITTEES</b>            BOG Executive Committee            BOG Development/Fundraising Task Force            BOG Legislative Representatives Committee            BOG Nominating Committee            BOG Nominee Platform Work Group            BOG Rules &amp; Regulations Committee            BOG Socioeconomic &amp; Grassroots Committee</p>
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## Appendix B. Conflict of Interest/Financial Relationship Disclosure

**Statement of Purpose:** The American Academy of Otolaryngology—Head and Neck Surgery/Foundation (AAO-HNS/F) supports fair and unbiased participation of our volunteers in Academy/Foundation activities. Any real or potential conflicts of interest<sup>1</sup> must be identified and managed. All relevant financial relationships with commercial interests<sup>2</sup> that directly impact and/or might conflict with Academy/Foundation activities must be disclosed, or disclosure that you have no relevant financial relationships must be documented. Other relationships that could cause private interests to conflict with professional interests must also be disclosed.

**1. Significant Financial Relationship:** Significant financial relationships are defined as anything of monetary value (within the past 12 months) including, but not limited to:

- Salary or other payments for services (employment, Speaker’s Bureau, Advisory Panel, Expert Witness, etc.)
- Consulting fees or honoraria
- Equity interests including stocks, stock options, or ownership interests (*excluding* diversified mutual funds)
- Intellectual property rights including patents, copyrights, royalties from such rights
- Research funding
- Or other financial benefit

[Note: Significant financial relationships extend to financial relationships of your family and/or business partner(s).]

**2. Other Relationships:** Other relationships that could cause private interests to conflict with professional interests.

### **THE FOLLOWING INDIVIDUALS MUST COMPLETE THIS FORM AS FOLLOWS:**

#### **AAO-HNS/F Committee Membership/Elected Leadership:**

All members of Academy/Foundation committees must complete and sign a disclosure/conflict of interest form in relation to the charge or any activities of the committee to which they are appointed.

#### **AAO-HNSF Otolaryngology-Head and Neck Surgery (Journal):**

Journal Editorial Board members/reviewers/authors must complete and sign a disclosure/conflict of interest form in relation to the development of the Journal.

#### **AAO-HNSF Independence in Continuing Medical Education (CME) Activities:**

Any individual who may be in a position to control CME content must disclose all relevant financial relationships or disclose that he/she has no relevant financial relationships.

**(Complete other side)**

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<sup>1</sup> “Conflict of interest” is defined as any real or potential situation that has competing professional or personal interests that would make it difficult to be unbiased. A conflict of interest may occur when: (1) an individual’s private interest differs from his/her professional obligations, or (2) professional actions or decisions occur that an independent observer might reasonably question. **A conflict of interest depends on the situation and not on the character of the individual.**

<sup>2</sup> “Commercial interest” is defined as any proprietary entity producing health care goods or services, with the exception of non-profit or governmental organizations and non-health care related companies.

**Check the appropriate box(s) to designate your participation in AAO-HNS/F activities:**

- Appointed Committee membership or elected leadership position
- Elected, appointed, or standing guest member of the Academy/Foundation Boards of Directors
- Journal Editorial Board/Reviewer/Author
- Continuing Medical Education Planner/Teacher/Author/Administrator

<b>Date and Title of Presentation:</b>
--

(Check one (1) box only)	
<input type="checkbox"/>	I have nothing to disclose.
<input type="checkbox"/>	I have the following significant financial/other relationship(s):
<u>Name of Commercial Interest(s):</u>	<u>Nature of relationship:</u>
_____	_____
_____	_____
_____	_____
Other relationship(s) that could cause private interests to conflict with professional interests:	
_____	
_____	

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Name (Print)	First	Last	Academy ID#
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Signature <sup>3</sup>	Date
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**Failure or refusal to disclose will result in disqualification to participate in AAO-HNS/F activities.**

<b>Form not submitted at your on-site meeting must be faxed to AAO-HNS Member Services at 1-703-684-4288, ATTN: COI DISCLOSURE</b>
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<sup>3</sup> By affixing your signature, you give permission to the AAO-HNS/F to publish (in any form—print and/or electronic) the information you provide on this conflict of interest/disclosure form.

## Appendix C. Antitrust Compliance Statement

The American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) is a non-profit, national medical association representing physicians and allied health professionals who specialize in the diagnosis and treatment of disorders of the ears, nose, throat, and related structures of the head and neck. AAO-HNS serves its members by facilitating the advancement of the science and art of medicine related to otolaryngology, promoting education and research, and representing the specialty in governmental and socioeconomic issues. The organization’s mission is: “Working for the Best Ear, Nose, and Throat Care.”

AAO-HNS has a strict policy of compliance with federal and state antitrust laws. The antitrust laws prohibit agreements among competitors that restrain trade, and AAO-HNS members may be considered to be competitors for purposes of antitrust challenges even if their practices are not in the same geographic areas. The penalties for violations of the antitrust laws are severe for medical societies and their members.

In all AAO-HNS activities, each member, as well as AAO-HNS staff, shall be responsible for following the AAO-HNS’s policy of strict compliance with the antitrust laws. AAO-HNS officers, directors, committee chairs, and executive staff shall ensure that this policy is known and adhered to in the course of activities pursued under their leadership. Antitrust compliance is the responsibility of every AAO-HNS member and AAO-HNS staff.

### *General Antitrust Compliance Principles*

AAO-HNS will not become involved in the competitive business decision of its individual members, nor will it take any action that would tend to restrain competition. AAO-HNS is firmly committed to the principle of competition served by the antitrust laws, and good business judgment demands that every effort be made to assure compliance with all applicable federal and state antitrust laws and trade regulations.

AAO-HNS members in separate practices cannot come to understandings, make agreements, or otherwise concur on positions or activities that in any way tend to raise, lower, or stabilize prices or fees, allocate or divide up markets, or encourage or facilitate boycotts. Individual AAO-HNS members must make decisions regarding the amounts they charge for their services and other terms of dealing with patients, vendors, and third party payers on their own and without consultation with their competitors or AAO-HNS.

The antitrust laws are complicated and often unclear. If any member is concerned about being in a “gray area,” the member should consult with an antitrust attorney. If the conversation among competitors at an AAO-HNS meeting turns to antitrust-sensitive issues, participants should discontinue the conversation until legal advice is obtained or leave the meeting immediately.

Discussions of pricing or boycotts as part of AAO-HNS-scheduled programs or at AAO-HNS-sponsored meetings could implicate and involve the AAO-HNS in extensive and expensive antitrust challenges and litigation. In addition, the U.S. Supreme Court has determined that an association can be held liable for statements or actions in antitrust-sensitive areas by volunteer leaders who claim to speak for the association, even if they are not authorized to speak in that area. Directors and officers of AAO-HNS must, therefore, make clear whether they are speaking in their official capacity when they address such issues; by contrast, if they are making personal remarks outside of an AAO-HNS setting, the speaker should clearly state that he or she is speaking for him or herself, and not on behalf of the AAO-HNS.

To assist the AAO-HNS staff, officers, directors and committee chairs in recognizing situations that may give the appearance of an antitrust concern, the Board of Directors shall provide to each such person, copies of the this antitrust compliance statement. In addition, this statement shall be referenced at the start of each meeting where AAO-HNS business will be discussed, and this action will be noted in the minutes of the meeting.

Any violation of the antitrust policy will be brought to the attention of the Board of Directors, and the Board will deal with it in a timely and appropriate manner. The Board of Directors will consult with legal counsel when questions arise as to the manner in which the antitrust laws may apply to the activities of AAO-HNS.

### ***Specific Rules of Antitrust Compliance***

AAO-HNS activities shall not be used for the purpose of bringing about, or attempting to bring about, any understanding or agreement, written or oral, formal or informal, expressed or implied, among competitors with regard to prices or fees, terms or conditions of sale, discounts, territories or customers. For example, any agreement by competitors to “honor,” “protect,” or “avoid invading” one another’s geographic areas, practice specialties, or patient lists would violate the law.

AAO-HNS activities and communications shall not include discussion or actions, for any purpose or in any fashion, of prices or pricing methods or other limitations on either the timing of services or the allocation of territories or markets or customers in any way. For example, AAO-HNS members cannot come to understandings, make agreements, or otherwise concur on positions or activities that are directed at fixing prices, fees, or reimbursement levels. Likewise, AAO-HNS members cannot collectively make agreements as to whether they will or will not enter into contracts with certain managed care plans. Even if no formal agreements are reached on such matters, discussions of prices, group boycotts, or market allocations followed by parallel conduct in the marketplace can lead to antitrust scrutiny or challenges. Members may, however, consult with each other and freely discuss the scientific and clinical aspects of the practice of medicine.

AAO-HNS shall not undertake any activity that involves exchange or collection and dissemination among competitors of any information regarding prices, pricing methods, cost of services or labor, or sales or distribution without first obtaining the advice of legal counsel, when questions arise as to the proper and lawful methods by which these activities may be pursued. For example, caution should be exercised in collecting data on usual and customary fees, managed care reimbursement levels, workforce statistics, and job market opportunities. While the mere collection of data on such matters is permissible if certain conditions are met, antitrust concerns may arise if the data become the basis for collective action.

In general, AAO-HNS activities and communications shall not include any discussion or action that may be construed as an attempt to: (1) raise, lower, or stabilize prices; (2) allocate markets or territories; (3) prevent any person or business entity from gaining access to any market or to any customer for goods or services; (4) prevent or boycott any person or business entity, including managed care organizations or other third party payers, from obtaining services freely in the market; (5) foster unfair trade practices; (6) assist in monopolization; or attempts to monopolize; or (7) in any way violate applicable federal or state antitrust laws and trade regulations. The actual purpose and intent of AAO-HNS’s policies and programs are important in this regard. They cannot be aimed at accomplishing anti-competitive objectives.

## Appendix D. Guideline Development Task Force (GDTF)

The AAO-HNS would like to encourage members to submit topics of interest to the Academy's Guideline Development Task Force (GDTF) to be considered for future evidence-based products. The GDTF consists of a broad representation of societies and organizations, with AAO-HNS providing the methodological expertise as well as administrative support, oversight, and strategic direction.

### PROCESS FOR TOPIC SUBMISSION

The cornerstone of the Academy's quality efforts is the development of evidence-based products or knowledge products that support quality measurement and improvement. These products include multidisciplinary clinical practice guidelines, specialty specific clinical practice guidelines, and clinical consensus statements.

### AAO-HNS GUIDELINES DEVELOPMENT PROCESS

*Clinical practice guideline development manual: A quality-driven approach for translating evidence into action* was published as a journal supplement in June 2009. To access the new manual, visit: [www.entnet.org/Practice/ClinicalPracticeguidelines.cfm](http://www.entnet.org/Practice/ClinicalPracticeguidelines.cfm)

### AAO-HNS CLINICAL CONSENSUS STATEMENT PROCESS

Clinical consensus statements are knowledge products developed by a panel that reflect information synthesized by expert opinion. To access the consensus statement manual for a more in-depth description of the process, visit: [http://www.entnet.org/Practice/upload/Clinical-Consensus-Statement\\_June08-2.pdf](http://www.entnet.org/Practice/upload/Clinical-Consensus-Statement_June08-2.pdf)

### GUIDELINES ARE OUT IN FRONT

Six of the Clinical Practice Guidelines produced by the panels appear in the top 15 requested articles for *Otolaryngology – Head and Neck Surgery* from July 2008 through June 2009, for full text on *ScienceDirect*:

Rank	Vol	Issue	Article Title	First Author	Requests
1	139	5	Clinical practice guideline: benign paroxysmal positional vertigo	Bhattacharyya N	4,455
2	137	3	Clinical practice guideline: adult sinusitis	Rosenfeld RM	3,169
3	139	3	Clinical practice guideline: cerumen impaction	Roland PS	1,573
4	130	5	Clinical practice guideline: otitis media with effusion	Rosenfeld RM	1,284
9	137	3	Clinical practice guideline on adult sinusitis (summary)	Rosenfeld RM	906
10	134	4	Clinical practice guideline: acute otitis externa	Rosenfeld RM	888

**The GDTF topic submission form can be downloaded at**  
<http://www.entnet.org/Practice/clinicalPracticeguidelines.cfm>

## Multidisciplinary vs. Specialty Specific Matrix

<b>Attribute</b>	<b>Multi-disciplinary Evidence-Based Guideline</b>	<b>Specialty-Specific Evidence-Based Guideline</b>
<i>Topic selection</i>	Application submitted to GDTF	Application submitted to GDTF
<i>Purpose</i>	Raw material for performance measure, MOC, influencing national health policy; creates clout for AAO-HNS in national health policy arena	Response to specific socioeconomic problem, health policy concern; lays groundwork for evidence-based guideline
<i>Development panel</i>	Comprehensive, involves all relevant disciplines and stakeholders	Limited to otolaryngology or only a few disciplines; include all disciplines needed to properly advise otolaryngologists
<i>Target audience</i>	Otolaryngology and all relevant disciplines	Otolaryngology, or a subspecialty within otolaryngology
<i>Selection of chair</i>	Prior assistant chair of CPG	Prior assistant chair of CPG
<i>Selection of panel</i>	Decisions made by AAO-HNS with input from GDTF, Academy committees, and other involved disciplines	Oversight by AAO-HNS with input from GDTF (or sponsorship by GDTF subspecialty society)
<i>Panel size</i>	15-25 members, with balance among otolaryngology and other disciplines; include 2 co-chairs to learn process	Variable, depending on complexity of problem and number of subspecialty societies involved; should be kept small, ideally 10 or fewer members
<i>Time frame</i>	12 months	6-12 months
<i>Portfolio</i>	2-3 overlapping projects	Potential for many
<i>Support staff</i>	AAO-HNS, with or without staff from other academies	AAO-HNS plus staff from involved specialty society (or societies), depending on available resources
<i>Scope</i>	Limited to about 8-12 key issues deemed most important in assessing quality and performance	Narrow scope based on specific problem or policy issue under consideration; limit key issues to 4-6
<i>Method</i>	Rigorous; follows AAO-HNS endorsed CPG protocol	Rigorous; abbreviated version of AAO-HNS CPG protocol
<i>Literature review</i>	Systematic review, meta-analysis, or both	Systematic review
<i>Ranking of evidence</i>	Mandatory, using a priori scheme	Mandatory, using a priori scheme
<i>Process for making recommendations</i>	Explicit method for assigning a level of strength (e.g., strong recommendation, recommendation, option) based on level of evidence and the balance of harms vs. benefits	Explicit method for assigning a level of strength (e.g., strong recommendation, recommendation, option) based on level of evidence and the balance of harms vs. benefits
<i>Peer review</i>	External multidisciplinary peer review by 20-40 reviewers, followed by AAO-HNS BOD review	Single-specialty peer review by 10-20 reviewers, followed by AAO-HNS and specialty society BOD review
<i>Implementability assessment</i>	Full analysis using GLIA (Guideline Implementability Appraisal) and COGS checklist	May or may not require implementability assessment
<i>Face-to-face meetings</i>	2 meetings: first to develop statements and writing assignments, second to polish text and assign evidence profiles; meetings begin on Friday or Sunday about noon, include dinner, and end next day by 1:00 pm; flexible location based on panel geography	2 meetings: first to develop statements and writing assignments, second to polish text and assign evidence profiles; shorter meetings ideally as a fly-in-fly-out single day event without dinner; keep in proximity to AAO-HNS
<i>Budget</i>	About \$75,000-100,000; AAO-HNS covers costs of all panel members to attend meetings and supplies support staff	About \$25,000; specialty society pays for members to attend meeting and may defray additional costs depending on endowment and resources
<i>Publication</i>	Stand-alone supplement to <i>Otolaryngology – Head and Neck Surgery</i> journal	Invited article in the standard issue of <i>Otolaryngology – Head and Neck Surgery</i> journal

# Appendix E. Guideline Development Task Force Topic Submission Form

Topic: \_\_\_\_\_

Name: \_\_\_\_\_ Society or Committee: \_\_\_\_\_

**Check below if topic predominately affects any of these subpopulations:**

Medicare  Medicaid  Certain race or ethnicity  Other  (specify): \_\_\_\_\_

**Other specialties involved in managing this condition:**

Pediatric medicine  Family medicine  Geriatric medicine   
Internal medicine  Neurology  Infectious disease   
Advanced Nursing  Other  (specify) \_\_\_\_\_

**Do evidence-based guidelines already exist for this clinical condition/topic? Yes  No**

**Briefly describe prevalence, incidence, socioeconomic burden and if possible, provide the percent of patients who are NOT currently receiving optimal care:**

**What is known about poor outcomes (readmissions, delay in diagnosis, treatment, etc.) from suboptimal treatment of this clinical condition/topic?**

**How could a guideline on this topic positively impact clinical practice or patient outcomes?**

**Please list in bullets or questions, the 3-5 most pressing aspects (beneficial or harmful) of care related to this topic.**

**Please indicate any supporting literature (i.e., systematic reviews, guidelines, etc):**

\_\_\_\_\_  
First author last name:

\_\_\_\_\_  
Year:

**Email completed form to [qualityimprovement@entnet.org](mailto:qualityimprovement@entnet.org)**

## Appendix F. Request for Proposal of New Education Activity

The Foundation welcomes ideas for new continuing education activities. Please complete this form if you would like to propose a new activity. You are not required to be a member of the Academy.

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### Tracking Information

1. Name:
2. Committee:
3. Academy Staff Liaison:

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### Proposed Activity

4. Provide a specific title or course topic for proposed activity:
5. Please provide a short abstract of the proposed course:
6. Describe the educational objective(s) of the activity:
7. Why is there a need for this activity? (Please be specific):
8. Who is the intended audience? (Otolaryngologists/Residents/Allied Health/Other):
9. How will this activity improve patient care/outcomes?

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### Planning

10. Who will author this activity (if it is someone other than you)?
11. Use this space for additional comments. Attach additional documents if necessary

**Email completed form to [CE@entnet.org](mailto:CE@entnet.org)**

## Appendix G. Committee Timeline for Staff Liaisons

1. At least six months prior to the annual meeting, Member Services will email meeting time slot notices to committee chairs for their approval.
2. At least three months prior to the annual meeting, Member Services will email all committee members a generic meeting announcement, including a link to the annual meeting webpage. Committee members will be encouraged to check this page frequently for an updated committee schedule, as rooms are subject to change.
3. At least one month before the committee meeting, staff liaisons should send a meeting announcement to all committee members.
4. At least one month before the committee meeting, staff liaisons should assist the committee chair and/or co-chair with compiling meeting agendas and necessary documents for the upcoming committee meeting.
5. At least two weeks prior to the committee meeting, staff liaisons must send reminder notices to committee members including the agenda, minutes from previous meeting, and any supporting documents. Include a RSVP to confirm attendance. Staff liaisons are responsible for compiling all RSVPs and submitting counts to the Meetings Business Unit seven days prior to the meeting date.
6. At least two weeks prior to the committee meeting, staff liaisons are responsible for saving their agendas to the all staff server and naming their agenda as follows: COMMITTEE  
CODE\_MEETING DATE\_Agenda
7. Any items for submission to the Boards of Directors as emergency action items during the annual meeting must be submitted by the staff liaison as an action item within no more than a week of the end of annual meeting.
8. No more than one week after the committee meeting, staff liaisons are responsible for submitting attendance rolls to Member Services.
9. No more than two weeks after the committee meeting, staff liaisons must submit a copy of the draft minutes and any supporting documents to the committee chair and/or co-chair for approval.
10. No more than three weeks after the committee meeting, staff liaisons are responsible for saving their minutes to the all-staff server and naming their minutes as follows: COMMITTEE  
CODE\_MEETING DATE\_Minutes
11. No more than three weeks after the committee meeting, staff liaisons are responsible for sending out the meeting minutes to all committee members.
12. In October, the committee chair and staff liaison are responsible for submitting a written report of goals and achievements of committee activities for the year. This will be published in the December *Bulletin*.